



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, January 05, 2018

Volume 9, Issue 01



This-N-That

Well here we go again with yet another SNAFU with the VA! More than 4,000 retired Tricare Prime users in the northern U.S. may not have paid their January enrollment fees due to a glitch caused during a contractor change this month.

The problem affects 4,053 retired Tricare Prime users in the current North region who pay their annual fees by paycheck allotment on a prorated monthly basis. Rather than pull those payments from their upcoming paycheck as would normally happen, the system skipped over those users.

Then we have an 81-year-old veteran who hobbled into the emergency room at the rural Veterans Affairs hospital in December, malnourished and dehydrated, his skin flecked with ulcers and his ribs broken from a fall at home.

A doctor examining the veteran — a 20-year Air Force mechanic named Walter Savage who had been living alone — decided he was in no shape to care for himself and should be admitted to the hospital. A second doctor running the inpatient ward agreed.

But the hospital administration said no even though records showed they had plenty of vacant beds to be used! But the nurse in charge of admissions said "not sick enough to qualify for admission!"

The denial appeared to be part of an attempt by members of the Roseburg Veterans Administration Medical Center to limit the number of patients it admitted to the hospital in an effort to lift its quality-of-care ratings. This happened twice, but his second visit the doctor admitted against the admission nurses rejection, and within 24 hours he was shipped to a nursing home, yet to keep their ratings high.

This only goes further to prove that bonuses must be stopped!

A now the VA is offering to all retirees from the VA a

chance to come back to work!

So how on earth is Secretary Shulkin justifying these actions?

You can't tell me there aren't enough civilian people to fill the jobs! Nurses and doctors both are graduating schools every year, taking the state boards, passing and getting their licenses to practice. So why would anyone want to bring back retiree's?

Why would those currently working in VA hospitals pulling crap like in Roseburg be allowed to remain on the payroll?

Then in Manchester New Hampshire the urgent care clinic was closed down due to an infestation of bed bugs! What ever happened to following properly outlined medical procedures for cleaning rooms after the room has been vacated?

These kinds of problems have been decimating healthcare since long before I came to the front lines to fight and that's been eleven years now.

And all this leads to asking the question, If Veteran want top quality healthcare, and benefits claims processed and approved quicker, why will they not just simply put away the pride issue and help speak out with all the groups involved?

None of us can do it alone, and those of us who are fighting for the better benefits, better care, better treatment, we simply cannot do it with just a small handful of Veterans!

If we all fought as one, I could almost guarantee we could stop Veteran Suicides, Veteran Homelessness, Veterans deaths due to waiting for proper medical care and benefits to be approved, the list goes on and on and on.

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



**2018 CONUS COLA Rates
Released**

DOD has released the 2018 CONUS COLA rates, and approximately 7,000 less military members will be eligible for the pay in the coming year. CONUS COLA is paid to military members stationed in hi-cost areas in the US. It is a taxable pay that is paid in addition to regular pay and station allowances. The rate varies by geographic location, rank, years of service, and dependency status. For more information, see this [article](#).



VA Disability Rating Criteria Update

The U.S. Court of Appeals for Veterans Claims issued a decision last month that could make it easier for

veterans with injuries to the back, neck, and joints to obtain higher disability ratings, even in cases where veterans are already receiving disability benefits for such injuries. The recent case, called *Sharp v. Shulkin*, reviewed the Department of Veterans Affairs' current system for assessing the origin and extent of a veteran's disability and clarified the responsibilities of Compensation and Pension examiners and the Board of Veterans Appeals when it comes to giving an opinion on pain flare-ups caused by musculoskeletal disabilities. The court ultimately ruled that the system was inadequate, because not all C&P examiners consider flare-ups and pain when determining what disability rating a veteran should receive.

Bobby P. Sharp, an Army Korean War veteran who suffers from numerous musculoskeletal injuries, argued that VA medical examinations he received were inadequate because the examiner failed to "ascertain adequate information — i.e., frequency, duration, characteristics, severity, or functional loss — regarding his flares by alternative means," according to court documents. Sharp contended that the 10% disability rating he received for his injuries was insufficient because his "September 2015 evaluation was inadequate for evaluation purposes and the Board's finding to the contrary was clearly erroneous." In September 2017, the claims court agreed.

The court's decision means that the VA must now

enact measures to ensure that C&P examiners do not overlook flare-ups and pain when assessing a disabled veteran. The VA must attempt to schedule a C&P examination when the veteran is experiencing a flare-up, but if it can't the practitioner is still expected to offer a professional opinion on how the veteran could be "functionally limited during a flare-up," notes Military1. In theory, this will give examiners a more comprehensive understanding of the injury in question. If this isn't feasible, the examiner must prove they've collected as much information and evidence as possible before saying to the board that they can't offer a medical opinion "without resorting to speculation." Further, the appeals board bears the burden of ensuring the examiner has done their due diligence or find an examiner experienced enough to offer a more informed medical opinion.

So, if a C&P examiner doesn't witness the flare-up, how can they form a non-speculative opinion about it? As Military 1 reported, the court decided that veterans themselves can submit evidence for consideration, such as their own description of the flare-ups and pain they experience, or "buddy statements" — written statements from people who know the veteran and can testify to the extent of their suffering. All of which will make it a lot easier for veterans to secure higher disability ratings for injuries they sustained in the military.

Meanwhile, the Sharp v. Shulkin case, which ruled that Sharp was entitled to another C&P assessment consistent with the new guidelines set by the court provides a precedent for other veterans who want to challenge their disability ratings. If you think this applies to your case, then it is recommended you reach out to a veteran service officer to help you navigate the appeals process.

Source: Task & Purpose



4 Keys to a VA Loan Approval

VA loan approval may be easier than many think. Understanding the VA requirements can help borrowers know what to expect during the [VA home loan](#) process.



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 **3,800,122** 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 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: 7,037)
- 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





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!



**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.

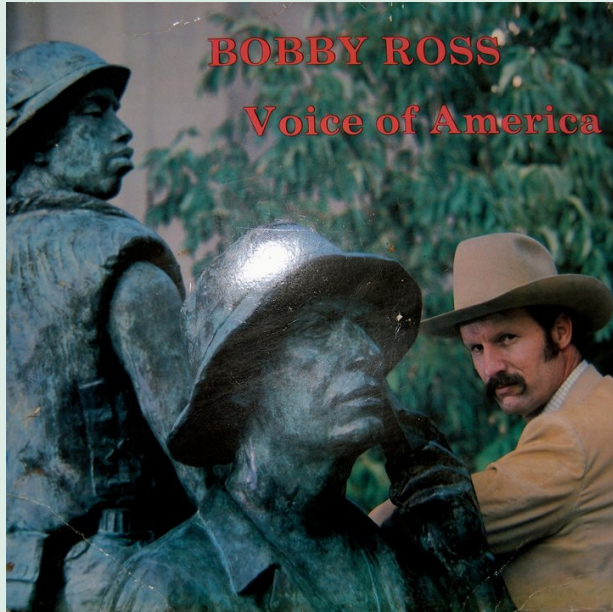
Thanks
SSgt Ralph Roberts!

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



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>





The Vietnam Blue Water Navy Status Dec 2017

The BWNVVA counsel is afraid to bring these actions because "I don't want to piss them off" [leadership]. My thought is who cares if we piss them off. They have let us hang and denied passage of the Blue Water Navy Bills for at least 10 years. Although discharge petitions have not been very successful in the past, some have done what they intended. The thought of embarrassing the leadership is fine with me. They should be embarrassed! Pissing them off does not affect the outcome of the BWNVVA bill status, because we will lose nothing. We do not have presumptive status. Congress denies us at every turn. Since that is a fact we lose nothing. Perhaps this will turn it around. We can keep begging for our rights for another 10 years, or

bring this to closure now. Let it be known that I do not represent the BWNVVA in any capacity.

It's not clear to me whether a discharge petition was used in 1991 for HR 566. I do know there was a suspension of the rules to bring it to the floor for a vote. Whatever you call it, the bill was passed unanimously in both the House and Senate.

"A discharge petition is a means of bringing a bill out of committee and to the floor for consideration without a report from the committee and usually without cooperation of the leadership by "discharging" the committee from further consideration of a bill or resolution.

563 discharge petitions were filed between 1931 and 2003, of which only 47 obtained the required majority of signatures. The House voted for discharge 26 times and passed 19 of the measures, but only two have become law. However, the threat of a discharge petition has caused the leadership to relent several times; such petitions are dropped only because the leadership allowed the bill to move forward, rendering the petition superfluous. Overall, either the petition was completed or else the measure made it to the floor by other means in 16 percent of cases."

PL 102-4 Actions H.R.556 — 102nd Congress (1991-1992) 01/30/1991

Senate

Received in the Senate, read twice, considered, read the third time, and passed in lieu of S. 238 without amendment by Yea-Nay Vote. 99-0. Record Vote No: 9.

01/29/1991-2:26pm

House

On motion to suspend the rules and pass the bill, as amended Agreed to by the Yeas and Nays (2/3 required): 412 - 0 (Roll No. 16).

For more information go to Text:

<https://www.congress.gov/bill/102nd-congress/house-bill/556>

Source: Ray Melninkaitis



**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!

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**Our values
match yours.**



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VA Medical Marijuana Update

The Department of Veterans Affairs has been credited with major medical advancements since its research office was created in 1925 -- the cardiac pacemaker, shingles vaccine and the first successful liver transplant topping its list of accomplishments. Now, a

group of lawmakers want VA researchers to turn their attention to marijuana. Lawmakers on the House Committee on Veterans' Affairs – led by the highest-ranking enlisted soldier to ever serve in Congress – are calling on the VA to initiate research into the efficacy of medical cannabis. In a letter Thursday to VA Secretary David Shulkin, the lawmakers cited the country's opioid crisis and the growing demand from veterans and major veterans service organizations that want cannabis available as a treatment option for chronic pain and post-traumatic stress disorder.

VA research into medical marijuana, the lawmakers wrote, is integral to the advancement of health care for veterans and the nation. "There's the possibility research can help inform not just veterans' care, but everyone's care," said Griffin Anderson, press secretary for Democrats on the committee. Rep. Tim Walz (D-MN) is the ranking Democrat on the committee and a retired command sergeant major with the Minnesota Army National Guard. He's one of nine Democrats and an Independent who signed the letter 26 OCT. The others are: Reps. Mark Takano (D-CA).; Julia Brownley (D-CA).; Ann Kuster (D-NH).; Beto O'Rourke (D-TX); Kathleen Rice (D-NY); J. Luis Correa (D-CA).; Kili Sablan, I-Northern Mariana Islands; Elizabeth Esty (D-CT)., and Scott Peters (D-CA). The letter marks the first instance that the leadership of veterans' affairs committee in the House or Senate has urged a VA secretary to conduct research on medical

marijuana, Anderson said. Only recently, medical marijuana was thought of as a “fringe issue” by staff of committee Democrats. The timing of the letter was based on Shulkin’s comments regarding medical marijuana in May, followed by months of advocacy from groups such as the American Legion. During a “State of the VA” address at the White House, Shulkin – who is also a practicing physician -- acknowledged there was some evidence marijuana could be effective as a medical treatment and said he was open to learning more about it.

“The secretary expressed interest to look into this. I think he was speaking from a personal standpoint, but it was on a public stage,” said Megan Bland, a staff member for committee Democrats. “When you look at that, and take the veterans’ suicide rates, the opioid crisis and the complexity of post-traumatic stress disorder, it just makes so much sense that if there’s a solution, we should explore it.”

Since May, the American Legion has strongly advocated for more research into medical marijuana. At its national convention in August, the organization adopted a resolution urging the VA to allow doctors to discuss and recommend medical marijuana in states where it’s legal. That’s in addition to a resolution that the group passed the previous year asking for marijuana to be removed from the list of Schedule I drugs, which include with heroin, LSD, ecstasy and

others designated as having no medical use. The Legion has been supportive of research in Phoenix, Ariz., that is the first federally approved study of marijuana's effects on veterans with PTSD. Louis Celli, a leader within the Legion, said the organization is trying to prove to lawmakers that medical marijuana is a politically safe topic. Celli described the letter that lawmakers sent Thursday as "the beginning of the snowball." He noted it carried weight being led by Walz, whom Celli called a "major player in the veteran community." "The U.S. government has to address this issue... they can't turn a blind eye and pretend it's not coming to critical mass," Celli said. "If veteran research could lead the way for a national, medical shift in the efficacy of cannabis and start that dialogue, that's good for America."

Staff for Democrats on the House committee found no regulatory barriers that would prevent the VA from immediately researching medical marijuana. Bland said the VA already possesses a Schedule I license, which is required by the Drug Enforcement Administration to study marijuana. Lawmakers asked Shulkin to respond to their letter by 14 NOV, with either a commitment to develop research into medical marijuana or a detailed reason for why the VA can't. "Everything we looked at suggests the VA can pursue this tomorrow," Bland said. "And if they can't, we want them to tell us why they can't, with the idea that hopefully we'd be able to help them overcome those barriers in the next year."

Source: Nikki Wentling



VA to Expand Telehealth Services

The Department of Veterans Affairs (VA) has proposed new initiatives to expand its [telehealth services](#) in more than fifty specialties by overriding licensing restrictions and allowing VA providers to treat patients across state lines. Two VA web-enabled applications are set for a nationwide rollout in the coming year: (1) VA Video Connect, which connects Veterans with providers via mobile phone or PC; and (2) Veteran Appointment Request (VAR), which simplifies the scheduling process for veterans. This will increase the availability of critical mental health and specialty treatment. For more information, read the VA [VAntage Point Blog](#).



NO VET SHOULD GO WITHOUT

FOOD
HOUSING
HEALTH CARE
WORK
RESPECT



Just a few words about VA Report, a sister website.

I started the site to help Vets with their VA problems. Along the way I got the idea for something different, NVAC or the National Veterans Action Committee. I

envisioned it working something like a PAC, only without the fundraising and bribery that usually happens with Pacs.

Here's what I'm proposing...

THE NATIONAL VETERAN'S ACTION COMMITTEE.. NVAC

I'm not talking about a traditional PAC that gathers together billions of dollars and then uses that money to bribe politicians with junkets and campaign contributions and promises of future consulting jobs and exorbitant speaker fees...

We would only do four things...Organize....Provide information to politicians on matters that concern us (no campaign contribution, no information junket to Bermuda, not even lunch) Watch what they do...and VOTE...

Here's a link that describes it...

<http://donavantwebsites.com/veterans-political-action-committee/>

Here's a link to the website...

<http://donavantwebsites.com/>

Join the NVAC Facebook group...[HERE](#)

Sign up for the newsletter VA REPORT [HERE](#)

NVAC dues are free for now...BUT IF YOU WANT TO HELP THE CAUSE YOU CAN DO IT HERE:

<https://www.patreon.com/nvac>

You can also receive Steps to a Fully Developed Claim, a guide for Veterans applying for VA Benefits by clicking [HERE](#)



New Blended Retirement Goes Into Effect

One of the most significant changes to military pay over the last 70 years goes into effect Jan. 1, 2018 with the implementation of the [Uniformed Services Blended Retirement System](#) (BRS). Nearly 1.6 million current servicemembers will have the option to choose the BRS. A list of linked to designated resources to opt into BRS is available on the [U.S. Air Force website](#). The Department of Defense (DoD) endorses several informational tools including the BRS [Opt-In Course](#), the BRS [Comparison Calculator](#) and numerous online BRS [resource materials](#). Service members can also receive no-cost, personal support from an accredited personal financial manager at their installation's military and family support center or by calling [Military OneSource](#) at 1-800-342-9647. For more details on BRS, see this [article](#).



Paycheck Chronicles: Financial Surprises That Shouldn't Be Surprising

There's one certain aspect of personal finance, and maybe particularly military personal finance, that a lot of folks have a hard time grasping: most financial surprises aren't actually all that surprising. In [this week's Paycheck Chronicles mailbag](#), we address some of these "surprises," and how you can prevent them from becoming a surprise.



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



VA Rapid Appeals Program

Veterans and their family members will now have more options for how their compensation appeals will be processed. On Nov. 1, the Department of Veterans Affairs launched the Rapid Appeals Modernization Program (RAMP) with the goal of providing eligible veterans with the earliest possible resolution of their disagreement with VA. RAMP is voluntary and will first be offered to claimants with some of the oldest pending appeals in VA's inventory. Over the next several months, VA will send out notices to Veterans eligible to participate in RAMP. For more information, read the [VA Vantage Point Blog](#). To learn more about the new appeals process, visit the VA website. For more on claims and appeals, see this [article](#).



New Hyperbaric Therapy for PTSD

Hyperbaric therapy uses pressure to increase the body's oxygen supply and promote healing. Hyperbaric oxygen therapy (HBOT) is now being offered through the Department of Veterans Affairs (VA) to a small number of veterans diagnosed with post traumatic stress disorder (PTSD). Use of HBOT for PTSD is conducted under a physician's guidance and is off-label, meaning the Food and Drug Administration has not officially approved the therapy for PTSD. However, health care providers may prescribe it when they believe it is medically appropriate for a patient. For more information, read the VA [VAntage Point Blog](#).



Links to Other Stories

- 1) [“A Purse With a Purpose” Initiative Pays Tribute to Women Veterans](#)
- 2) [At Veterans Hospital in Oregon, a Push for Better Ratings Puts Patients at Risk, Doctors Say](#)
- 3) [Bed Bugs Force Closure of Urgent Care at Veterans Center](#)
- 4) [Chairwoman and New Members Appointed to VA Advisory Committee on Women Veterans](#)
- 5) [City thanks women Veterans](#)
- 6) [Compensation and Pension Exams](#)
- 7) [Couple helps keep Knoxville homeless Veterans](#)

warm during bitter cold weather

- 8) Exposures and Military Bases in the United States
- 9) Group hopes to house homeless veterans in tiny homes by end of January
- 10) Home opens for homeless women Veterans
- 11) Leaving The Military Wasn't My Idea: How Separation Status May Affect Homelessness in Women Veterans
- 12) NeuroRx Signs Agreement With U.S. Dept. of Veterans Affairs and Baylor College of Medicine for Clinical Trial of First Drug
- 13) Research Builds Balance and Strength in Veterans
- 14) The PTSD Presumption – How this is Important for Your VA Claim
- 15) Tricare Payment Glitch Snags 4,000 Retirees
- 16) VA blasted for problems plaguing \$543M technology contract
- 17) Veterans Affairs expands with two new health clinics in Ann Arbor

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





5 Tips for a New Career in the New Year

5 Tips to help you be prepared for new career opportunities in 2018: (1) refresh your social media profiles; (2) update your resume; (3) redefine your career priorities and plan for your future; (4) boost your digital skills; and (5) connect with people. For more information, read the [VA Vantage Point Blog](#).

For more transition and veteran job guides, job and job fair postings, and tips, visit the [Veteran Jobs section](#).



VA Hospitals Update

Many of the worst VA hospitals in the country last year remain among the worst this year, according to internal rankings released 25 OCT by the Department of Veterans Affairs. Nearly a dozen of the medical centers who received one out of five stars in quality ratings this

year received the same low score in 2016. They include three veterans' hospitals in Tennessee — in Nashville, Murfreesboro, and Memphis, where threats to patient safety have skyrocketed in recent years. Also among them is the Phoenix VA, where veterans died waiting for care touching off a national scandal in 2014. Two hospitals in Texas — in El Paso and Big Spring — and two in California — in Loma Linda and Fresno — also made the list of two-time, one-star facilities.

At the same time two hospitals managed to shake their one-star status. Facilities in Detroit and Fayetteville, N.C., improved to two-star VA hospitals. The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death and infection rates, instances of avoidable complications and wait times. The agency uses a five-star scale with one being the worst and five being the best. The rankings compare VA hospitals against each other but the number of one-star hospitals is not constant. Medical centers in that bracket can be elevated to two stars based on quality-of-care factors. The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time last December. The VA then committed to posting them annually.

VA Secretary David Shulkin, who took over in February, has said he is committed to making the VA “the most transparent organization in government.” VA Press Secretary Curt Cashour said 25 OCT, .

"Secretary Shulkin has been clear that transparency is a crucial component of our efforts to reform the department. That's why we're posting these important end-of-year ratings, which document improvements at 64% of rated VA medical centers." How does your VA stack up? To check it out refer go to <https://www.usatoday.com/story/news/politics/2017/10/25/new-va-hospital-star-rankings-worst-still-worst/800303001> and search on a city, state or star rating to see this year's ratings and how they compare to last year.

Source: USA TODAY



VA to Modernize Online Services

Facebook has announced the launch of Facebook Cybersecurity (CS) University for Veterans. If you are a veteran with a CS background, or a student veteran studying CS, this a great opportunity to learn more about this emerging field. Through the course, students will gain hands-on, real-world cybersecurity skills. The program is hosted onsite at Facebook HQ in Menlo Park, CA and starts on February 3rd, 2018. It is hosted every Saturday for 12 weeks. There is no cost to enroll in the program but spots are limited. The application window closes January 18, 2018. For more information, visit the [Facebook Cyber University website](#).



Helping our Heroes - Congressman Gus Bilirakis (FI- R-12) Addresses Blue Water Navy Vietnam Veterans in His News Letter

As Vice-Chairman of the Veterans Affairs Committee, I have had the privilege of working on a variety of initiatives to help Veterans this year. We continued to provide substantial increases in VA funding, with more

than a 70% increase in funding since 2009. Even so, we have seen that more money doesn't always translate into better results, which is why we remain committed to providing ongoing oversight and accountability. The Accountability and Whistleblower Protection Act was signed into law this summer after multiple VA scandals. It puts meaningful reforms in place to ensure VA employees are fulfilling their duty to serve Veterans. This commonsense, bipartisan legislation grants the VA Secretary the authority to fire any employee for misconduct and protects those employees who report problems from retaliation. The Harry W. Colmery Veterans Educational Assistance Act which will improve and extend GI benefits was also signed into law this year. It contains language I authored that will modernize the VA information technology systems. Another priority issue has been reducing the time it takes for the VA to process compensation and pension claims, as well as appeals. The Veterans Appeals Improvement and Modernization Act of 2017 was signed into law this year. It is designed to streamline the process and get Veterans the benefits they have earned more quickly. Additionally, legislation to improve problems with the VA CHOICE program, which allows Veterans to seek private care when the VA can't see them in a facility near their home in a timely manner, is moving through the legislative process. I co-sponsored all of these bills, and have worked hard to ensure their passage.

There is still more work to be done to ensure that our Veterans receive the care and benefits to which they are entitled. I am particularly concerned about the transition process for Veterans as they re-integrate into civilian life. We spend at least six months preparing military personnel for their service and less than a week preparing them for a successful transition back into civilian life. I have assembled a work group of leaders in the local Veteran community to make recommendations about how to improve this process and have participated in hearings on the subject. This is a priority for me throughout this year.

I also have filed the VET CARE bill, to expand Veterans' access to dental care, while saving the VA money. Many people do not realize that very few Veterans receiving health care through the VA qualify for dental care. Oral health is an important part of overall wellness and studies show that preventative dental treatment of patients with certain chronic illnesses provides long-term savings in health care costs for treating the medical illness. I hope to demonstrate those potential savings in a pilot project that can be replicated for all Veterans in the years to come.

Accessing the Veteran's health care system is difficult for some of our Veterans who have been exposed to dangerous conditions during their service. Veterans who were exposed to toxic chemicals in burn pits

during their deployments are battling illness. The VA is working on a study of the issue and has begun a database of exposed Veterans, but that does little to help those Veterans who are suffering now and need access to healthcare and compensation. This is especially heartbreaking given the fact that other federal agencies have already determined that exposure to many of the chemicals that were in the burn pits do contribute to many of the diseases with which these Veterans are being diagnosed. Similarly, I am continuing to fight for Blue Water Navy Veterans who served in the hostile territorial waters of Vietnam, providing mission critical direct combat support operations. Agent Orange contained deadly toxins and those exposed during their service have suffered tremendously. This small group of Blue Water Navy Veterans were undoubtedly exposed to these same deadly toxins and suffered greatly, yet they are being denied the service-connected medical care and compensation to which they should be rightfully entitled. I intend to do everything I can to advocate for both of these underserved groups until they are treated fairly. Defending those who have sacrificed to defend our country will always remain my highest priority in Congress.



**“We Proudly Support our
Military Personnel & Families”**



Early Opt In for New Retirement Boosts Your TSP

This week active duty service members and drilling Reserve and Guard members became eligible to opt out of the High-3 military retirement plan into the new portable Blended Retirement System (BRS) with government matching of thrift savings contributions and early vesting. Service members who plan to opt in need to know that delaying could mean reduced returns on their Thrift Saving Plan. For more details, see this [Military Advantage post](#), and for an overview of BRS, see this [article](#).



Army Ending Temporary Early Retirement Authority Program

The [Army](#) will end a program in 2018 that allowed some soldiers to receive [retirement benefits](#) without serving a full 20 years in uniform, the service's top civilian recently announced in a memorandum. The Temporary Early Retirement Authority, or TERA, program allowed soldiers who had served at least 15 years but less than the 20 years typically needed to secure full retirement entitlements to receive those benefits if they had been selected for a discharge as part of the Army's drawdown. It also allowed some officers to receive those benefits if they had not been selected for a promotion. For more details, see this [article](#).



Transgender Recruitment to Begin Unless Courts Intervene

The military will begin accepting transgender recruits this week unless courts intervene to grant a delay on rulings against President Donald Trump's proposed ban. In its latest legal setback, the Trump administration lost again last week on its appeal for a temporary restraining order to block a series of lower court rulings ordering the military to begin taking in transgender recruits on Jan. 1. For more details, see this [article](#).



VA Rehiring Retired Employees

The Veterans Benefits Administration (VBA) is offering positions that enable retired federal employees to return to service as rehired annuitants. Rehired annuitants at VBA enjoy a competitive salary and other perks, including a supplement toward your retirement income with a potential increase in your retirement benefits; flexible work schedules; and potential eligibility for federal health benefits. To apply, please submit your notice of interest and resumé to OCHCOOperations.VBACO@va.gov and an HR Specialist will contact you soon. For more information, read the [VA Vantage Point Blog](#).

For more transition and veteran job guides, job and job fair postings, and tips, visit the [Veteran Jobs section](#).



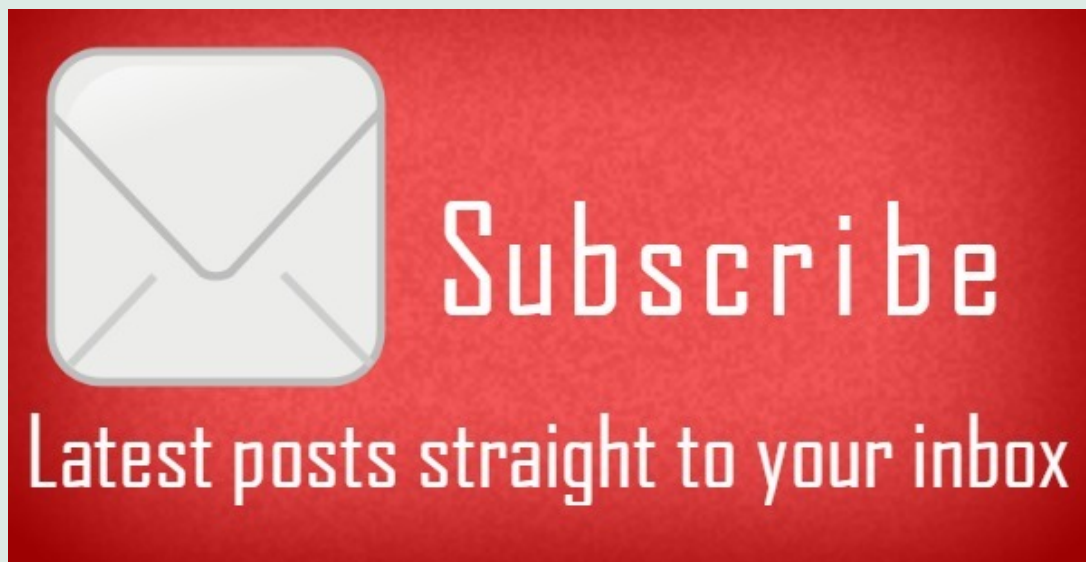
TRICARE Philippine Demonstration Ends, New Preferred-Provider Network Begins

Beginning Jan. 1, 2018, a preferred-provider network (PPN) will be available in the Philippines. The establishment of the PPN by the Defense Health Agency marks the end of the Philippine Demonstration. Any provider currently approved in the Philippine Demonstration will be available as part of the PPN.

Read the full article [here](#).



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