



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, March 11, 2018

Volume 9, Issue 10



This-N-That

Fore warning, this issue is packed full of information and is rather long, but there simply was no way to limit the amount of news and information to provide to you as it's our obligation to keep you informed as best we can with current information.

As many of you know, this past two to three years has been filled with news about the various scandals within the VA, primarily the wait lists

which only benefited the various VA directors bonuses and certainly not the Veterans in need of medical care.

News has been rather silent at best since the original news came out on CNN three years ago and I'm sure many people have thought the problem(s) had been resolved, but they haven't. News has been rather silent in retaliation to President Trump which just isn't right.

But we continue to do our level best to bring it all to you and keep you up to date and also to let you know all the various scandals, theft, collusion, etc. continues to this day.

I continually receive E-Mails from Veterans and their family members asking what we're doing about these issues.

Every Monday and Wednesday we send a fax blast to all members of congress outlining one problem with a solution and also asking why they have not taken appropriate actions to stop and/or prevent the problem.

Then every Friday another fax blast is sent out with each problem and solution in bullet point format just to stay in their face constantly, however, we're just one small organization fighting for you, and as I've said many times over, we simply cannot do it alone.

We need the help from every Veteran who is able, ignoring the fact that you will receive a canned reply, or a statement from the Congressman's or Senator's staff that they "will pass on your comments!"

With 40 million plus Veterans, if only 10%, 4 million Veterans were to jump on the band wagon and help, just imagine all the good we could accomplish and quickly vs. waiting years or even decades.

As General George Patton would say "Never tell people how to do things. Tell them what to do and they will surprise you with their ingenuity!"

If Veterans don't speak up, who in the hell is going to hear them?

1. Alexander Graham Bell created the telephone to communicate.
2. We had dozens of scientists and programmers who created the internet also to communicate
3. We have Alexander Bain who created the fax machine, also to help communicate.

All it takes it just a little time every week to stay on the backs of those in Congress, and the more we stay in their face the better our chances are of success!

And you never have to leave you home, and it doesn't cost you a single penny as most have unlimited long distance, and some if not most have an all in one printer which means there are fax capabilities.

So if you planned on 30 minutes a week, and encouraged others to help. Even if it takes a year to get things done, don't you feel the effort is worth it?

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



TRICARE West Region Handoff Not Going Well

Tricare beneficiaries in the West region have been facing widespread issues ever since United Health Care handed off responsibility for managing to the new provider, Heath Net Federal Service on January 1, 2018.

Families are facing problems getting referrals to specialists, they are having trouble finding area doctors and other medical providers that are in the Tricare network, they are experiencing enrollment delays, and they are waiting sometimes 45 minutes or more when they call customer service.

"The DHA recognizes the issues with backlogs, call wait times and the number of provider choices for beneficiaries in the West Region. We are committed to working with Health Net Federal Service to resolve them in a timely manner," said

Ken Cannestrini, acting director of Tricare Health Plan.

The Defense Health Agency has been working with Health Net Federal Services to address the problems. One action the agency has taken is to allow Health Net to waive its usual authorization process for Tricare Prime referrals in the West region through March 18.

This means that beneficiaries can get a referral from their primary care provider, download a referral and authorization letter, then seek outpatient specialty care services that are covered by Tricare. These waiver approvals are valid for services received through June 15.

As of Jan. 1, Tricare in the U.S. shrank from three regions to two. The geographic area of Tricare West didn't change, but the contractor changed to Health Net Federal Services.

Tricare North and Tricare South combined to form Tricare East, with the contractor Humana Military, which previously had the contract for Tricare South.

The TRICARE West Region includes the states of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (except the Rock Island Arsenal area), Kansas, Minnesota, Missouri (except the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (areas of Western Texas only), Utah, Washington, and Wyoming.

Along with the change in contractors, Tricare has undergone a number of other changes, including replacing Tricare Standard and Tricare Extra with a single plan dubbed Tricare Select. Some beneficiaries will be grandfathered into the system.

Patients waiting to see oncologists, surgeons and other specialists for life threatening concerns that are forced to wait for referrals to be approved, or they are forced to pay for services out of their own pocket

There is a wait time of anywhere from 45 to 93 minutes when providers call to ask about referrals.

A lot of the issues stem from the fact that Health

Net has had to create a new network of providers, and is having challenges building that network. United did not transfer their provider network after they lost the contract, possibly in an attempt to re-bid on the contract in the future.

The call volume at the contractors' call centers for both the West and East regions has been overwhelming because while beneficiaries have had questions about the new contract, they have also been calling about the new prescription drug co-pays.

The East region has been able to roll with the punches more effectively than the West region, at this point in time. TREA has heard that there is a 70,000 call backlog at Health Net's call service center. Health Net is hiring additional temporary staff and cross-training at their call center, according to the announcement.

There's also an enrollment backlog, partly because of the required system-wide three-week enrollment freeze in December. To address the enrollment backlog, Health Net is allowing beneficiaries in Tricare Prime whose primary care

manager isn't in the network, or who haven't yet been assigned one, to see any Tricare-authorized PCM through March. 31. Point of service charges won't apply.

TREA: The Enlisted Association will keep beating the drum until these problems are resolved.

Source: TREA



REMEMBER THOSE WHO SERVED



ALL GAVE SOME, SOME GAVE ALL



**Veterans with Mental Illnesses Sue
Navy over Discharges**

Navy and Marine Corps veterans of Iraq and Afghanistan with mental health problems were unfairly given less-than-honorable discharges by the Navy, preventing them from getting Veterans Affairs benefits and other support, according to a lawsuit filed Friday. The lawsuit filed in federal court in Connecticut seeks class-action status for thousands of Navy and Marine Corps veterans. The veterans are represented by students with Yale Law School's Veterans Legal Services Clinic, which filed a [similar lawsuit against the Army last year](#). For more details, see this [article](#).



Almost 500 New Commissary Brand Products Now on Shelves

Introduction of the commissary's new brands continue to chug along, with 467 different items currently on shelves stateside, officials said. For more details, see this [article](#).



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 2,100 hits per day, and downloads average 1,200 per day with a total **3,932,550** 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 16,387 documents on-line (Updated: 02/20/18)
- 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 (Counselor Needed)
 - 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: 01/11/18)
 - News (Articles On-Line: 7,179)
 - Polls
 - Web Links, more than 3,625, Added 6 New Links (Updated: 02/19/18)

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



Volunteer to test new treatments for MCI, Alzheimer s, related dementias

Interested in volunteering for research on Alzheimer's, related dementias, and cognitive health? [Search for clinical trials and studies](#) near

you with NIA's clinical trials finder.

Below are the newest listings. Click on the trial name for details, including contact information.

Cognitive Aging

- [Role of the Nicotinic System in Cognitive Aging](#) (Burlington, VT)

Drugs

- [Healthy Volunteers for Donepezil Skin Patch for Alzheimer's](#) (Tempe, AZ)
- [Valacyclovir for Mild Alzheimer's Disease](#) (New York, NY)
- [BIIB092 for Progressive Supranuclear Palsy](#) (multiple sites)

Treatment Interventions

- [Cognitive Behavioral Therapy for African Americans with MCI](#) (Atlanta, GA)
- [Improvisational Movement for People with Memory Loss and Their Caregivers](#) (IMOVE) (Winston-Salem, NC)
- [Coaching for Cognition in Alzheimer's and MCI](#) (COCOA) (Newport Beach, CA)
- [Early-Stage Partners in Care for Memory Loss](#)

and Dementia (EPIC) (Phoenix, AZ)

Online Study

- [Alzheimer's Prevention Trials \(APT\) Webstudy](#) (nationwide)—enroll to track memory and thinking skills and learn about Alzheimer's trials.

Registries

- [Alzheimer's Prevention Registry](#) (nationwide)—get information and updates about participating in future Alzheimer's prevention trials.
- [GeneMatch](#) (nationwide)—enroll to get matched to Alzheimer's genetics studies.
- [Brain Health Registry](#) (nationwide)—sign up for an online study of brain health and learn about possible research-study opportunities.

[Get more information about these and other Alzheimer's clinical trials.](#) Or, call the ADEAR Center at 1-800-438-4380 (toll-free) or email adear@nia.nih.gov.

Help us spread the word about Alzheimer's and related clinical trials!

- Forward this email to anyone who may be interested.

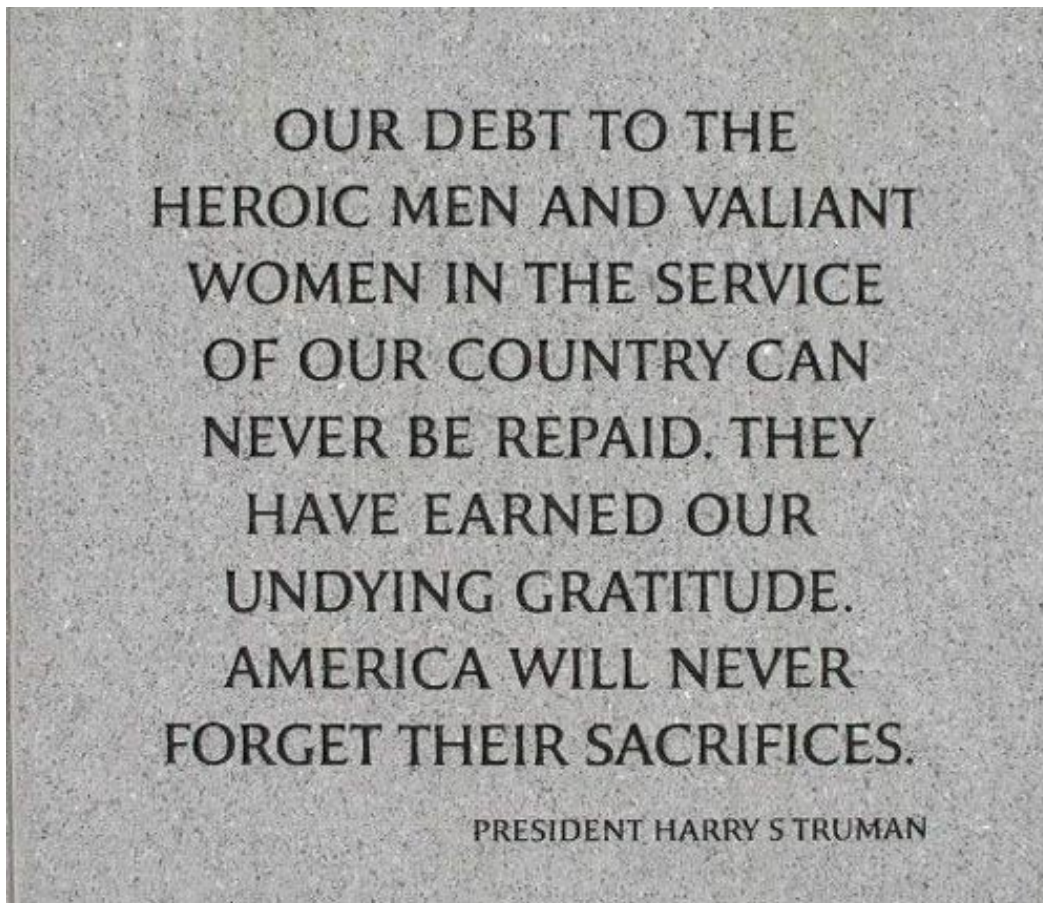
- Share via social media:

Looking for #Alzheimer's and related dementias #clinicaltrials? Find the latest information here:

<http://1.usa.gov/Y1zmEN>

Share this infographic from NIA about participating in clinical research:

Learn how older adults can play a role in disease prevention/treatment by volunteering for research studies: <http://go.usa.gov/x9sv8>



Red Cross Officials Warn of New Scam

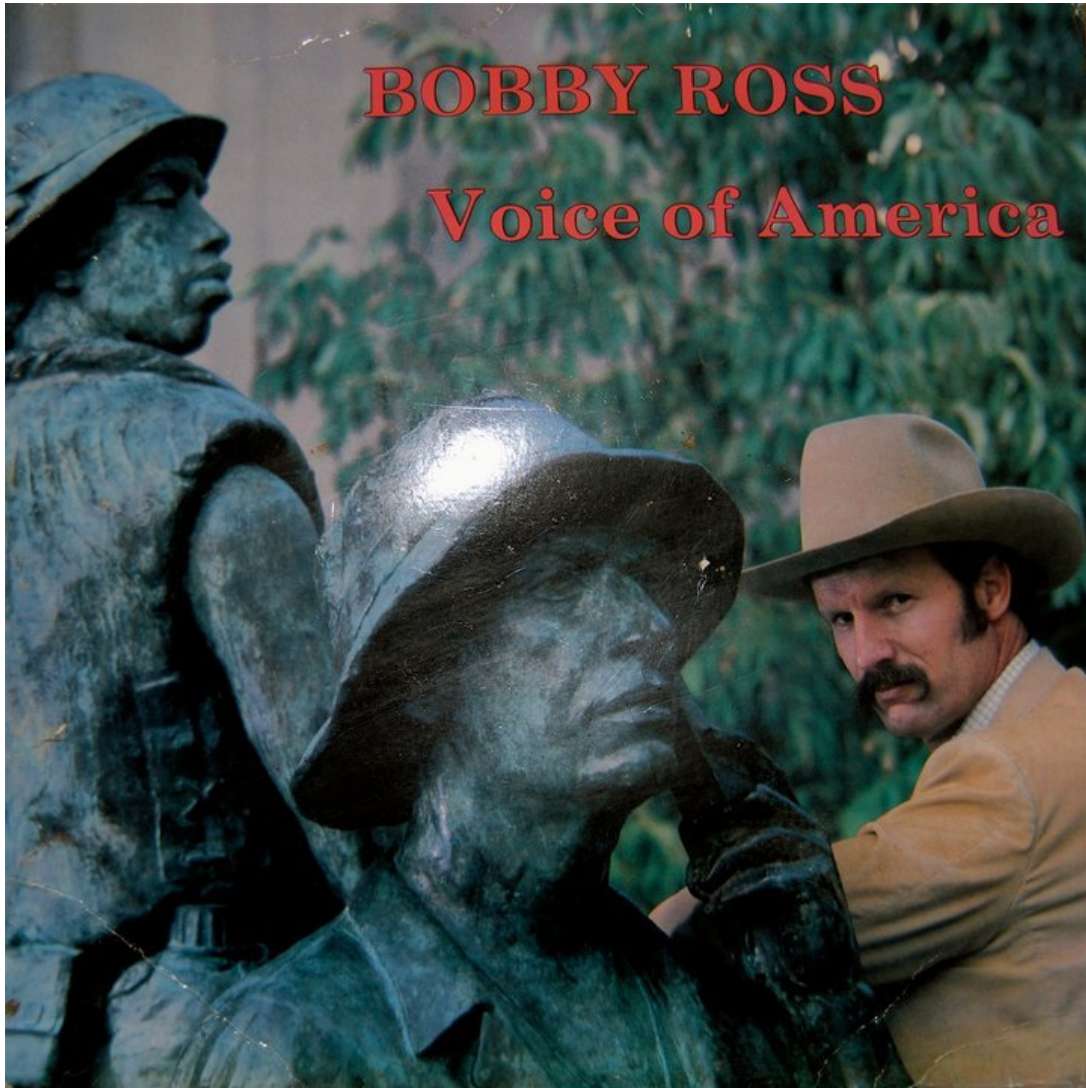
Military families in Maine have been targeted by scammers pretending to be with the Red Cross. The scammers claim families must give them hundreds of dollars for deployed troops' items to be shipped home. For more details, see this [article](#).



Schools, Spouse Licensure Will Impact Future Basing: Pentagon

Whether or not school systems and state professional licensing requirements are friendly to military kids and [spouses](#) will help officials choose where to station future troops, the Pentagon's top civilian officials wrote in a letter last week. For more details, see this [article](#).





LT Bobby Ross

February's Featured Song

JACK

LT Bobby Ross

PATRIOTIC MUSIC

Remember this site is an Internet Adventure. All you need do is click on the pictures and any highlighted word, and you are launched to another world in Cyberspace. Try it! So much fun!



Exposed to burn pits? Here's three things you should know about the Burn Pit Registry:

- Registry participants can get a free medical evaluation to discuss their concerns and completed questionnaire with a knowledgeable VA provider. Call a local [Environmental Health Coordinator](#) today to schedule your evaluation.
- Joining the registry is faster than ever. We've updated the eligibility verification process—greatly shortening or eliminating previous delays resulting from manual eligibility checks.
- The registry is not just for Post-9/11 Veterans. Many #Veterans who deployed after 1990 qualify.

Check your eligibility and sign up:

<http://go.usa.gov/xnH8J>



TRICARE Drug Copay Hikes Cause Confusion

Over the last few weeks TREA: The Enlisted Association has heard from many Tricare for Life (TFL) beneficiaries who were surprised that the recent increase to pharmacy costs affected them as well. In case you weren't aware, generic drugs that had been completely free if received by mail order are now \$7 for a 90-day supply.

Drug prices increased Feb. 1 for all TRICARE users, including retirees over 65 on TFL.

A 90-day supply of generic drugs received through the system's Express Scripts mail-order pharmacy went from free to \$7. Co-pays on brand-name drugs received through the mail went from \$20 to \$24 and from \$49 to \$53 for non-formulary drugs.

For prescriptions filled at retail pharmacies, a 30-day supply for generic drugs increased from \$10 to \$11, while brand-name drugs went from \$24 to \$28; non-formulary drugs went from \$49 to \$53.

Drugs filled at a military treatment facility continue to be free.

Many people had read that changes to TRICARE that happened January 1 didn't affect them. They still don't, but the prescription drug program is actually separate from the TRICARE benefit itself, so TFL users are caught up in any changes to the prescription drug program.

TREA: The Enlisted Association apologizes for the lack of clarity, and we will try to do a better job

of communicating what is coming next time.

Source: TREA



Fuel Your Body during National Nutrition Month

If you made New Year's resolutions that are starting to fizzle, don't despair. March is National Nutrition Month -- the perfect time to assess and adjust your healthy living goals and behaviors. Whether you're just trying to firm up, eat a more balance diet, or lose weight, the results make a big impact on your overall health. Check out the TRICARE monthly tips to discover small changes that will make a big difference during National Nutrition Month.

Read the full article [here](#).





Retention Rules Tighten on Members Not Medically Fit to Deploy

Defense Secretary Jim Mattis is concerned enough about strengthening the lethality of U.S. Forces that he broke with tradition last month to impose a first-ever “universal retention policy” across the four service branches. For decades the secretaries of the Army, Navy and Air Force have been responsible for retention rules that dictate whether individuals get to stay in, and for how long, based on needs of service branches including the Marine Corps. For more details, see this [article](#).



**CONTACT YOUR
MEMBERS OF CONGRESS!**

To Call your Representative:

202-225-2305

To Call your Senators:

202-224-3841 or 202-224-3553

To call Different Members of Congress:

202-224-3121

TOLL FREE: 866-272-6622

PLEASE... STOP Making Excuses!

www.veterans-for-change.org



Sesame Street Helps Military Medical Providers

Health care providers now have exciting new resources to help them work with patients from military families, thanks to research-based content on the Sesame Street for Military Families [website](#). Topics on the website are broken into three steps called 'Watch. Ask. Share.' The idea is for providers to watch the short videos and use what they learn to ask military patients about relevant issues in their lives. Short videos also feature military parents and spouses discussing their deployments, homecomings, and relocations. For more information, visit the Sesame Street for Military Families [website](#).



New Tax Scam Popping Up

With tax season upon us, it pays to be aware of new ways that criminals are targeting your tax refund.

The Washington Post reported last week that the criminals who make official-sounding telephone calls and claim that you'll be arrested if you don't

pay up on an old tax debt that you don't actually owe. However, "because many more people have become aware of the telephone tax-payment trick and learned to ignore the threats, the schemers had to evolve."

Now the IRS is warning taxpayers about a scam in which a fraudulently obtained tax refund is deposited into a victim's actual bank account - and then they try to trick you into sending it to them.

Here's the scam: cybercriminals steal people's data from tax professionals, including routing and bank account numbers. They file fraudulent tax returns. Fake refunds are then direct deposited into taxpayers' real bank accounts - that's the only place the IRS will send the money.

In one version of this scam, the criminals then contact victims claiming to be from a debt-collection agency, and they say the refunds were deposited in error and that they are now trying to get the refund back for the IRS.

In another version of this racket, a taxpayer gets a

menacing recorded telephone message about the deposited refund. Someone claiming to be from the IRS threatens the person with arrest, criminal fraud charges and a warning that his or her Social Security number will be "blacklisted." People are given a case number and then a telephone number to call to arrange the return of the refund, the IRS said.

Do not call back any number left by anyone claiming to work for the IRS or on the agency's behalf. The IRS NEVER makes calls - they only send letters in the mail.

The important point to remember here is that you need to return the money that was deposited in your bank account without your consent, but you need to give it to the IRS, not the scammers. If the scammers get the money YOU will be on the hook to the IRS.

In addition to having to figure out how to properly give back the refund to the IRS, you need to close your bank account and contact your tax preparer.

As for returning the fraudulent refund, you should go to [irs.gov](https://www.irs.gov) and search for "Topic Number: 161 -

Returning an Erroneous Refund - Paper Check or Direct Deposit." Then follow the steps.

If the fraudulent refund was direct deposited into your bank account, contact the "Automated Clearing House" (ACH) department of your financial institution. See if you can have the deposit returned directly to the IRS. You'll also need to call the agency to explain why the refund is being returned. Individuals should call 800-829-1040. If you're a business, call 800-829-4933.

If the erroneous refund came as a paper check, write "void" on the back where you would normally endorse it. You'll have to send the check to the IRS location based on the city listed on the refund check. You should include a note explaining why you are returning the refund. Copying the check and returning it via certified mail is a good idea as well.

Return the money as soon as you can. By law, interest may have accrued on the fraudulent refund.

This is another reason why you shouldn't

procrastinate in filing your return. But if you do find that you've fallen for a tax scam, read the IRS' "Taxpayer Guide to Identity Theft" at [irs.gov](https://www.irs.gov).

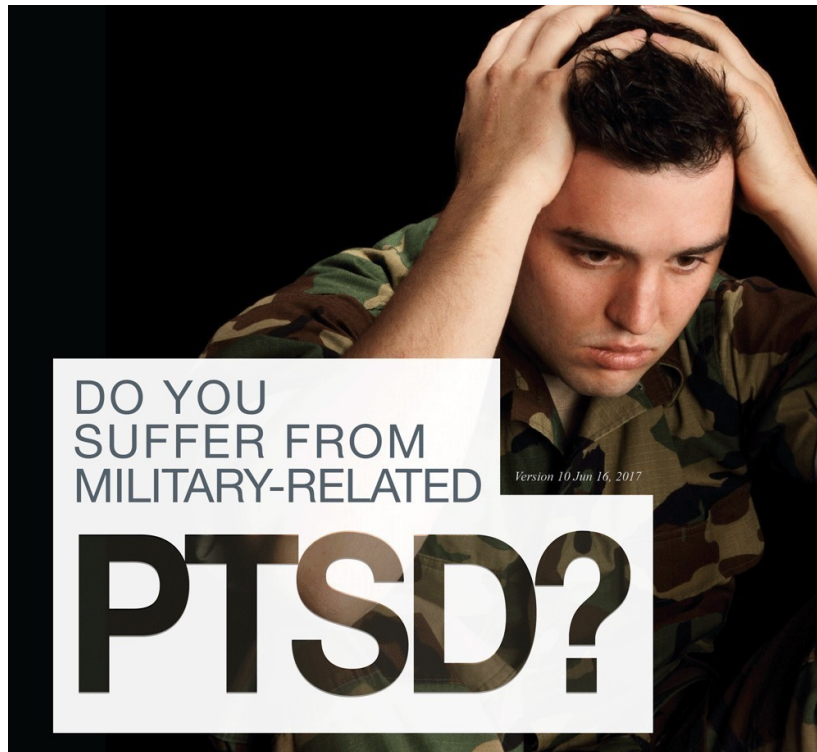
Signing up for an IRS online account is one way to monitor your tax records. Here's the link to set up an account:

<https://www.irs.gov/individuals/online-services-account-activation>.

You may not be able to immediately set up an account because of security measures. If you have a credit freeze on your Experian credit file, you'll have to temporarily lift it. Once your account is set up, you can see what return has been filed and get a payment history.

Source: TREA



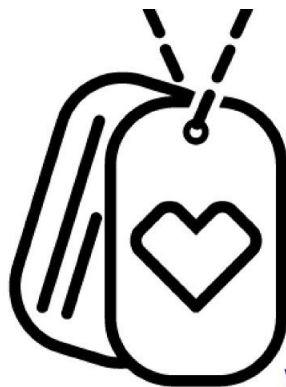


**Veterans Crisis Line:
1-800-273-8255 & Press 1
Ntl Call Center for Homeless Vets
1-877-424-3838**



**Army and Air Force Botched
Adoptions of Military Working Dogs,
Report Finds**

The [Army](#) failed in oversight of adoptions and placements of its tactical explosive detection dogs once their work in Afghanistan ended, the Pentagon's Inspector General's office said Thursday. The [Air Force](#), as the agent for the Defense Department's Military Working Dog Program, also "did not provide sufficient management and oversight of the Army's plan and process to dispose of its TEDDs," the IG's report said. For more details, see this [article](#).



**Our values
match yours.**



www.veterans-for-change.org



Why Did Tricare for Life Prescription Co-Pays Go Up?

Tricare for Life users were not exempt from the pharmacy cost increases that hit Feb. 1. Congress approved that price hike last year as a way to pay for a fix to a problem known as the “widow’s tax.” For more details, see this [article](#).



Proposal Would Give Employers Military Spouse Tax Credit

A new proposal on Capitol Hill would give businesses a tax credit for hiring military [spouses](#), much like the credit they can currently receive for hiring veterans. For more details, see this [article](#).



The Worst WWII Home Front Disaster

On July 17, 1944, a massive explosion occurred at the ammunition depot of Port Chicago, Ca. It was the worst home front disaster in World War II. Over 10,000 tons of explosives detonated, sinking two ships and killing over 300 sailors, most of whom were African-American. Many of the sailors that died in the Port Chicago disaster are now buried at Golden Gate National Cemetery.

Through the Veterans Legacy Program, students and faculty of San Francisco State University created a series of short films about the stories that they discovered at Golden Gate and San Francisco National Cemeteries. One of the films highlights the Port Chicago disaster and shares the legacies that came from it. For more information, see this [article](#).





Outgoing Sailors Can Earn 'Golden Ticket' Back to the Navy

In its latest initiative to retain sailors, the [Navy](#) on Wednesday announced an incentives program that takes a nod from Willy Wonka himself. The Targeted Re-entry Program allows commanding officers to recommend eligible outgoing sailors for "golden tickets" or "silver tickets" that would expedite their re-entry processes should they wish to re-enlist. For more details, see this [article](#).



VA Secretary: Expand Comprehensive Caregiver Benefits to Severely Injured Veterans of Past Wars - But Restrict Eligibility

Congress created the VA caregiver program in 2010 for veterans who sustained serious injuries after 9/11. As a result, the approximately 26,000 caregivers who are enrolled in the program receive monthly stipends, as well as other benefits, such as medical training, counseling and respite care.

There has been pressure on Congress to extend the program to all veterans going back to WWII. Legislation has been introduced in both the House and Senate but there have always been differences because of the desire of congressional leaders to expand the program but not expand the cost.

In his recent testimony before Congress VA Secretary David Shulkin explained another option to lawmakers.

Post-9/11 veterans now qualify for the comprehensive benefits if their physical or mental injuries prevent them from performing one or more

activities of daily living, such as bathing, preparing meals or dressing themselves.

Shulkin has proposed limiting eligibility for the caregivers program to the most severely injured and ill veterans which he says would accomplish the goals of expanding the program to veterans of all eras without inflating costs. The 26,000 caregivers already enrolled into the program should still receive the benefit with the old rules, Shulkin said, but the new rules would apply to all new enrollees.

House VA Committee Chairman Phil Roe (R-Tenn.) plans to hold a roundtable on March 6 to discuss the plan and then hold hearings in an effort to move legislation forward.

If you have an opinion on this we urge you to contact your own Senators and Representative and let them know.

Source: TREA





VA Partners to Provide Mental Health Resources

The U.S. Department of Veterans Affairs (VA) and the Cohen Veterans Network, Inc. (CVN) have announced a new partnership to increase Veterans' access to mental health resources in order to reduce Veteran suicides. VA and CVN will (1) work together on potential mental health education initiatives; (2) discuss potential locations for Cohen Clinics in regions believed to have underserved Veterans; and (3) collaborate to share VA-developed educational resources for health care providers. For more information, visit the VA Mental Health [webpage](#) and the Cohen Veterans Network [website](#). If you are a veteran in crisis, or know a veteran who is, call the Veterans Crisis Line toll-free at 800-273-8255 and press 1, [chat online](#), or text to 838255.



TRICARE Webinar for Guard and Reserve

On Tuesday, March 6, from 1 to 2 p.m. (ET) TRICARE is sponsoring the “[TRICARE Choices for National Guard and Reserve Members](#)” webinar. National Guard and Reserve members experience various stages of activation throughout their military careers. Learn about these stages and the impact on your health care eligibility, as well as your medical, dental and pharmacy options. Register for the webinar [online](#).



'We Want to Connect With Veterans Before They Know They Need Us': VA launches Concierge for Care program

Last week the U.S. Department of Veterans Affairs (VA) announced the launch of Concierge for Care, a health-care enrollment initiative that connects with former service members shortly after they separate from the service.

"Our goal is to give transitioning service members one less thing to worry about," said VA Secretary David J. Shulkin. "We know that more than a third of Veterans who haven't yet visited our facilities

indicated they are not aware of VA health care benefits, while a quarter reported they do not know how to apply."

As part of Concierge for Care, VA staff members are personally contacting recently separated service members to answer questions, process their health-care enrollment applications over the phone and help schedule eligible Veterans' first VA medical appointment, if needed. Each week, VA receives a list of separating service members from the Department of Defense. The goal is to make contact with them within a month of discharge.

Certain Veterans who served in a theater of combat operations are eligible to enroll and receive cost-free health care for medical conditions related to their military service during the five-year period after discharge. Information about VA health care and the application process can be found at <https://www.vets.gov/health-care/apply/>.

Source: TREA



Army Emergency Relief Offers Support

The annual Army Emergency Relief (AER) campaign began March 1. AER assists Soldiers and their family members in emergency situations to avoid financial hardship. Monetary assistance is given in the form of interest-free loans, grants or a combination of the two. Army Emergency Relief is the only organization that provides financial assistance to active-duty, retired, Army Reserve and National Guard Soldiers and their family members as well as survivors of Soldiers that died while on active duty. AEF also provides need-based undergraduate college scholarships for spouses and children of active-duty and retired Soldiers. For more information, visit the Army Emergency Relief [website](#) or contact your unit AER representative.





Never forget our fallen!



New Study Casts More Doubt on Sending Veterans into the Private-Sector

As an article in Militarytimes.com reported last month, "House and Senate lawmakers are currently crafting separate but similar measures which would ease access for veterans to receive health care from doctors in their communities at the federal government's expense."

But TREA: The Enlisted Association does not believe the private sector is capable of, or should have, an ever-increasing role in caring for veterans. That does not mean we don't support allowing veterans access to private medical care if they need but can't get quick access to medical

care.

But we oppose what some in the Administration and Congress apparently want to do: provide access to more private-sector care while diminishing VA-provided care. By providing more access to private care, Congress is now eroding or erasing existing VA services by spending VA funds outside of the VA instead of improving VA's own internal programs.

What's more, a recent study by a reknowned think-tank, the Rand Corporation, shows that the private-sector does not provide the specific kind of care that veterans need, and that they get, in the VA.

Although it only involved a study of medical care in New York state (which has a very dense population of healthcare providers, compared to some other states), the Rand study came to these conclusions:

"The authors determined that while timeliness was not a problem, the number of prepared providers dropped precipitously when factoring in such qualities as familiarity with military culture and

screenings for military affiliation or for conditions common among veterans."

It contained these key findings:

Access to Timely Care

- Researchers found that almost all of the New York providers reported accepting new patients and most (61 percent) reported that new patients would be able to get a visit within two weeks, with almost half (45 percent) indicating that most patients could get a same-day appointment.

Access to Culturally Competent Care

- Only 20 percent of New York-licensed health care professionals reported routinely screening their patients for a military or veteran affiliation, with significant differences across provider types and by region. As a result, many providers are missing an opportunity to begin a conversation about how having a military history and background might have contributed to their veteran patients' current medical condition. Providers are also missing an opportunity to understand how military culture could shape veterans' preferences and attitudes about treatment.

Access to Quality Care

- To understand whether veterans would be assessed to detect service-connected conditions in non-VA settings, the survey examined how often community-based providers screen for specific health concerns that are common among veterans (e.g., sleep-related problems, pain-related concerns, physical impairments). Despite a relatively low threshold of screening for at least half of these common conditions, only 43 percent of providers routinely conducted such screenings.

Overall Provider Readiness

- The survey determined that while 92 percent of New York health care providers were accepting new patients, only 2.3 percent met all criteria for effectively serving the veteran population.

So while TREA: The Enlisted Association supports access to private care for veterans who can't get into a VA facility in a reasonable amount of time, we oppose taking funds that should be spent providing care in the VA and improving VA programs and instead using them for what appears to be a push to privatize VA medical

care.

Source: TREA



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



**No-Cost Flu Shots for VA Patients at
Walgreens**

Walgreens, in collaboration with the Department of Veterans' Affairs, is providing no-cost flu shots for VA patients now through March 31st, 2018.

"This flu season VHA has again teamed up with national retail pharmacy Walgreens to provide no-cost quadrivalent flu vaccinations for enrolled Veterans through the VA Retail Immunization Care Coordination Program.

This partnership offered greater access to flu vaccine, and as a result more than 70,000 Veteran patients received flu shots at a local Walgreens last year. We expect even more will this year. The partnership between VA and Walgreens continues to grow and the current vaccination period is now through March 31, 2018."

Link to Walgreens' form (must be filled out prior to getting your shot):

https://www.walgreens.com/images/adaptive/pdf/84924_VA_Flu_Voucher_2016.pdf

Source: TREA



Tricare for Life Users React to Pharmacy Co-Pay Increases

A stream of Tricare for Life users emailed Military.com to complain that the cost increases represent a broken promise. For more details, see this [article](#).



Links to Other Stories

- 1) [7 ways you can stamp out Veteran homelessness](#)
- 2) [8 Ways to Negotiate a Military Discount](#)
- 3) [DC VA Medical Center Demonstrates Significant Improvement](#)
- 4) [DC Veterans Affairs hit by scathing report citing 'failed leadership at multiple levels'](#)
- 5) [Father missing in action in Vietnam inspires daughter to serve Veterans](#)
- 6) [Former Veterans Affairs Official Agrees to Plead Guilty to Federal Charges after Taking Bribes for Years from Parking Lot Operator](#)

- 7) Investigation: Denver VA hospital used improper waitlist for Veterans' mental health care
- 8) Judge strikes down stadium lease for UCLA baseball on VA campus
- 9) Koch-backed group puts \$1.6M into ads hitting Wis. senator over VA scandal
- 10) Lung cancer screening saves Veterans lives
- 11) Marine Corps Face Significant Data Breach
- 12) Military Spouse: 7 Reasons to Start Your Own Business
- 13) Mosul to Maine – For this Veteran, a journey of trauma and recovery
- 14) New initiative aims to raise awareness of women as Veterans
- 15) Remember the VA healthcare scandal? It's still happening
- 16) Report reveals staggering deficiencies at VA hospital in D.C.
- 17) Report: Miami VA Slammed For Giving Veterans Wrong HIV Results
- 18) The value of recognizing Vietnam Veterans 50 years later
- 19) VA Announces Launch of 'Lighthouse Lab'
- 20) VA continues to study and improve care for Gulf War Veterans
- 21) VA Launches Telehealth Program for Rural

Vets with PTSD

22) VA ORD Health Inequities Among Various Groups of Veterans

23) VA secretary David Shulkin is said to be acting erratically amid reports of a new internal investigation

24) VA's Center for Women Veterans to highlight, connect and inform women Veterans through outreach and social media

25) Veteran Service Animal Bill In Mississippi Lands On Governor's Desk

26) West Los Angeles VA finally returning to homeless mission

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**President John Adams to testify
before Joint HVAC/SVAC Hearing on
March 14th**

Next Thursday TREA: The Enlisted Association's National President John Adams will testify before a Joint Hearing of the House Veterans Affairs Committee and the Senate Veterans Affairs Committee on our legislative goals for veterans issues. The hearing will be held in the Dirksen Senate Office G50 at 10:00 a.m. He will be accompanied by his wife Nenita, TREA: The Enlisted Association Board of Directors member and Legislative Committee Chairman Aaron Reed, 1st Vice President Ed Cates, The Senior Citizens League (TSCL) Board of Trustees' Legislative Liaison Joe Kluck, as well as the DC staffs of TREA: The Enlisted Association's Washington Office and TSCL.

It should be an exciting morning. If any of you are interested in attending, please do so. If you need any more information on it-please call us at 703 684-1981.

Source: TREA





VA Honors Vietnam War Veterans

In 2017, President Trump [signed the Vietnam War Veterans Recognition Act](#) designating [March 29](#) of each year as [National Vietnam War Veterans Day](#). As a commemorative partner, VA joins nearly 10,000 organizations across the nation supporting the Department of Defense in this mission to honor and thank our Vietnam Veterans. The commemoration recognizes all men and women who served on active duty in the U.S. Armed Forces during the United States' involvement in Vietnam from November 1, 1955 through May 7, 1975. Nine million Americans served during that period. For more information, read the [VA Vantage Point Blog](#).



U.S. Government Accountability
Office Reports

- 1) [Actions Needed to Improve Data Quality and Transparency for Reporting on Mission Performance and Capital Planning](#)
- 2) [Budget Issues: Continuing Resolutions and Other Budget Uncertainties Present Management Challenges](#)
- 3) [Continuing Leadership Focus Needed to](#)

Modernize How SSA Does Business

- 4) DHS Needs to Take Urgent Action to Identify Its Position and Critical Skill Requirements
- 5) Federal Prisons: Information on Inmates with Serious Mental Illness and Strategies to Reduce Recidivism
- 6) Medicaid Assisted Living Services: Improved Federal Oversight of Beneficiary Health and Welfare is Needed
- 7) Medicaid Demonstrations: Evaluations Yielded Limited Results, Underscoring Need for Changes to Federal Policies and Procedures
- 8) Medicare Fee-For-Service: Modernizing Cost-sharing Design Would Involve Trade-offs, the Results of Which Would Depend on Time Horizon
- 9) Military Personnel: Additional Actions Needed to Address Gaps in Military Physician Specialties
- 10) Substance-Affected Infants: Additional Guidance Would Help States Better Implement Protections for Children



Costs for Iraq and Afghanistan Wars Continue to Climb

Ahead of and shortly after the US invasion of Iraq

in 2003, a number of officials, including former Defense Secretary Donald Rumsfeld and his deputy Paul Wolfowitz suggested the war could be done on the cheap and that it would largely pay for itself. In October 2003, Rumsfeld told a press conference about [President Bush's](#) request for \$21 billion for Iraq and Afghan reconstruction that "the \$20 billion the president requested is not intended to cover all of Iraq's needs. The bulk of the funds for Iraq's reconstruction will come from Iraqis -- from oil revenues, recovered assets, international trade, direct foreign investment, as well as some contributions we've already received and hope to receive from the international community."

Now, however, a new report from the Congressional Research Service reports that the Defense Department has obligated \$1.47 trillion for war-related costs since Sept. 11, 2001.

The report also says the average monthly war-related spending in 2017 was \$3.9b, up from average of \$3.5b in 2016. That means every three months we spend what Rumsfeld said the entire war would cost.

Another report out of Washington says, " One of Congress' top defense policy voices said he is open to discussion about increasing available fitness waivers for some new enlistees in light of the [dwindling number of eligible recruits](#)."

According to a story in MilitaryTimes.com, House Armed Services Committee Chairman Mac Thornberry (R-TX) recently said that for certain high demand areas such as computer experts, especially those with cybersecurity expertise, current physical fitness standards may not be necessary.

The article cites a study by the Heritage Foundation in Washington, D.C., that reported that "more than 70 percent of 17- to 24-year-olds in America today are ineligible to join the military under current Pentagon requirements. About half of that group did not meet physical fitness or health requirements for service."

Incidentally, back in 2003 then-Defense Secretary Donald Rumsfeld's also said the war would last "Five days or five weeks or five months, but it certainly isn't going to last any longer than that."

So as America continues fighting in a war that began in 2001 (Afghanistan), when the U.S. is in the process of sending additional troops to a war that began in 2003 (Iraq), when lawmakers are worried because they can't find enough people who are fit enough to qualify for military service, when U.S. military equipment is wearing out because it has been used so much, and when there are warnings that our troops are also wearing out because of so many deployments, Congress decides to make military retirees pay more for their health care.

If this upsets you, you need to let your Senators and Representatives know.

Source: TREA



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



PREDICTION: By End of 2018 VA-Enrolled Veterans Will Be Cured of Hepatitis C

A wonderful piece of news appeared in the VA's 2018 Budget in Brief and announced by VA Secretary Shulkin- by the end of this year all VA enrolled veterans who are infected with Hepatitis C who are willing to be treated and able to be treated should be cured. Of course that follows the wonderful news in 2014 that a 12 week/1 pill a day cure (not merely treatment) had been developed.

Many veterans of the Vietnam War had been infected with Hepatitis C . It had stayed silently in their bodies for years but was by 2014 causing liver disease, cirrhosis and liver cancer and death And then Gilead developed Sovaldi and we had a cure. But it was a cure that cost \$1,000 a day or \$84,000 for the full course of treatment.

In 2014 146,000 enrolled veterans were infected with Hepatitis C and many believed that the VA could not or would not pay such a bill. But this would save thousands of lives.

With new drugs almost immediately on the market and the VA's ability to negotiate with various companies the price dropped. Last week Dr. Shulkin announced that in 2017 the drugs cost \$748.8 million for 31,200 treatments and will increase to \$751.2 million for 28,000 treatments in 2018.

That means that the last 59,200 infected U.S. veterans will be cured with drugs costing \$25,300 a person rather than the \$84,000 it cost just 3 years earlier.

Source: TREA



Still Waiting for Defense Allocation

The House Defense Appropriation Committee is still waiting for a final topline figure so that they can start to create full year defense spending legislation.

When that number becomes known we will let you know, as well as the impact on the defense budget.

Source: TREA



**CalVet Receives National
Recognition for DVBE Program
Success**

Washington, D.C. – The California Department of Veterans Affairs (CalVet) was awarded the Pillars of Excellence for Innovative State Programs for its Disabled Veteran Business Enterprise (DVBE) Program this week by the U.S. Department of Veterans Affairs (VA) and the National Association of State Directors of Veterans Affairs (NASDVA) during the organization’s annual conference in Washington, D.C.

As the state advocate for DVBEs, CalVet Secretary Dr. Vito Imbasciani accepted the award from VA Secretary Dr. David Shulkin and National Association of State Directors of Veterans Affairs President and Director of the Alaska Office of Veterans Affairs Verdie Bowen.

California’s DVBE program was created to ensure at least 3 percent of all state contracting dollars are awarded to DVBEs. That 3 percent means millions of dollars annually go directly to veteran-owned businesses, enabling them to create jobs and expand their businesses. The program seeks to level the playing field, enabling DVBEs to compete more fairly and effectively for a portion of the state’s contracting dollars.

“I am proud to note that the state of California has met or exceeded that 3 percent goal for each of the past five years,” Dr. Imbasciani said. “In fact, as a single agency, CalVet nearly quadrupled that goal this past year by spending 11.82 percent of our contracting budget doing business with the veterans we serve.”

The program, administered by California’s Department of General Services in close consultation with CalVet, has been tremendously successful. In the 2015-2016 fiscal year, the DVBE program exceeded the 3 percent goal by awarding 4.3 percent of contracts to veteran-owned small businesses. That is \$439 million dollars of contracts awarded to our nation’s heroes.

“Veteran-owned small businesses and disabled-veteran business enterprises are essential to the good health of our economy and are a principal source of new jobs in California,” Imbasciani said. “Our team at CalVet, including our Deputy Secretary for Veterans Services, Keith Boylan, our Assistant Deputy Secretary Michael Magee, our program manager for DVBE outreach Jamie

Jones, as well as her staff, have gone to great lengths to ensure that California veterans get a shot at doing business with the state.”



Udall, Duckworth, Murkowski Introduce Bipartisan Legislation to Help Ensure Servicemembers Don't Go Hungry

U.S. Senators Tom Udall (D-NM), Tammy Duckworth (D-IL.), and Lisa Murkowski (R-AK) introduced bipartisan legislation this week to help prevent troops and military families from going hungry so that no one willing to serve this nation in uniform struggles to feed their families.

The Military Hunger Prevention Act fixes a quirk in federal law and eliminates inconsistencies that prevent many low-income servicemembers from accessing federal food assistance programs like the Supplemental Nutrition Assistance Program (SNAP)-commonly referred to as "food stamps"-and several others. The current flaw in federal law often forces those military families to instead rely on food pantries and food banks for emergency

food assistance when the nation they are serving owes them much more.

When the military is unable to provide servicemembers with housing wherever they are stationed, servicemembers receive a Basic Allowance for Housing (BAH) to pay for off-base or privatized military housing. Because of how the qualification calculations for federal food assistance programs like SNAP currently work, many low-income servicemembers can be excluded from receiving food assistance benefits if they receive BAH funding. This is despite a demonstrated need that results in servicemembers and their families having to rely on local food pantries. The Military Hunger Prevention Act would fix this flaw.

A 2013 Census Bureau survey found that 23,000 active-duty servicemembers depend on food stamps and a 2016 Government Accountability Office report found servicemembers spent \$21 million in SNAP benefits between September 2014 and August 2015, indicating that many servicemembers are having difficulty making ends meet. However, the military does not collect data

on how many military families struggle with hunger, which makes it difficult to determine how widespread food insecurity is among military families.

As a result, Senator Duckworth passed an amendment in the FY 2018 National Defense Authorization Act (NDAA), which was recently signed into law, that will require the U.S. Department of Defense (DOD) to finally begin collecting data on how many servicemembers rely on federal hunger assistance programs to help our military and our nation make sure no military family has to struggle with food insecurity.

Source: TREA



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