February 3, 2019

VETERANS
MONTHLY INFORMATION PACKAGE

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FOR IMMEDIATE RELEASE
January 28, 2019

Secretary Wilkie: Revolutionizing VA Health Care

WASHINGTON – Today Secretary of Veterans Affairs Robert Wilkie released the following statement:

Revolutionizing VA Health Care
By Secretary Robert Wilkie

The past two years have been an exciting time for Veterans and for the Department of Veterans Affairs.
Under President Trump’s leadership, VA has enacted more reforms across the organization than at any other time since the 1990s, with key advances in the areas of transparency, accountability and customer service.

VA will soon build on this progress by rolling out a plan that will revolutionize VA health care as we know it.

This week, as part of VA’s implementation of the MISSION Act, the department will introduce long-awaited access standards on community care and urgent care that will take effect in June and guide when Veterans can seek care to meet their needs – be it with VA or with community providers.

VA’s current patchwork of seven separate community care programs is a bureaucratic maze that’s hard to navigate for Veterans, their families and VA employees.

Our new access standards will form the basis of a federal regulation that will consolidate VA’s community care efforts into a single, simple-to-use program that puts Veterans at the center of their VA health care decisions. Strict and confusing qualification criteria like driving distances and proximity to VA facilities that don’t offer needed services will be replaced by eligibility guidelines based on what matters most: the convenience of our Veteran customers.

Although these new standards represent an important win for America’s Veterans, they will not be without controversy. Some will claim falsely and predictably that they represent a first step toward privatizing the department.

Here are the facts: under President Trump, VA is giving Veterans the power to choose the care they trust, and more Veterans are choosing VA for their health care than ever before.

Since 2014, the number of annual appointments for VA care is up by 3.4 million, with over 58 million appointments in fiscal year 2018. Simply put, more Veterans are choosing to receive their health care at VA. Patients’ trust in VA care has skyrocketed – currently at 87.7 percent – and VA wait times are shorter than those in the private sector in primary care and two of three specialty care areas.

In other words, VA is seeing more patients than ever before, more quickly than ever before, and Veterans are more satisfied with their care than they have been previously.

And why should we be surprised?
A 2018 Rand study found that the VA health care system “generally delivers higher-quality care than other health providers.”
A 2018 Dartmouth study found that “Veterans Health Administration hospitals outperform non–Veterans Health Administration hospitals in most health care markets.”
A 2019 study in the Journal of the American Medical Association (JAMA) shows that VA wait times are shorter than those in the private sector in primary care and two of three specialty care areas.

These studies provide verification of the fact that VA has made great strides since 2014, and now compares favorably to the private sector for access and quality of care – and in many cases exceeds it.

And VA employees are noticing improvements as well. VA ranked sixth out of 17 federal government agencies in the Partnership for Public Service’s annual “Best Places to Work” tabulation, up from 17th last year.

We know that to keep the trust of our Veterans we must continue to deliver. Our medical services must meet our Veterans’ needs and reinforce the trust that forms the basis for every interaction with VA. We will constantly innovate, upgrade, and pursue ways to serve our nation’s heroes as best we can.

Our new access standards are a vital part of this effort.
Most Americans can already choose the health care providers that they trust, and President Trump promised that Veterans would be able to do the same.

With VA’s new access standards, the future of the VA health care system will lie in the hands of Veterans – exactly where it should be.

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FOR IMMEDIATE RELEASE
January 18, 2019

VA wait times for new appointments equal to or better than those in private sector

JAMA study compared four VA specialty care services with private care

WASHINGTON — A study published today in the Journal of the American Medical Association (JAMA) shows VA significantly reduced wait times for Veteran patients in primary care and three specialty care services between 2014 and 2017.

The study, titled “Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers,” compared wait times between VA and private-sector clinicians in 15 major metropolitan areas for appointments in primary care, dermatology, cardiology and orthopedics.

For all specialties except orthopedics, VA wait times were similar to private-sector wait times in 2014, and were shorter in 2017.

“Since 2014, VA has made a concerted, transparent effort to improve access to care,” said VA Secretary Robert Wilkie. “This study affirms that VA has made notable progress in improving access in primary care, and other key specialty care areas.

“This progress represents another reason Veterans Choose VA for their health care, following on a recent Dartmouth study that found VA medical centers ‘outperform private hospitals in most health care markets’ throughout the country, and the Partnership for Public Service ranking VA as one of the top 6 Best Places to Work in the federal government.”

According to the JAMA study, average wait time in 2014 for a VA appointment in one of these specialties was 22.5 days, compared with 18.7 days for private-sector physicians. In 2017, the average VA wait time was 17.7 days, while the private-sector average was 29.8 days. That translates to a shorter average wait time of 12 days in VA, compared with the private sector.

Primary care, dermatology and cardiology wait times were all shorter than in the private sector in 2017. While orthopedic wait times were longer for VA in both 2014 and 2017, they did decrease during the study period.

According to the study, the number of patients seen yearly in VA increased slightly between 2014 and 2017, to around 5.1 million. VA patient satisfaction has also risen, according to patient surveys cited in the study.

For more information about VA access to health care, visit https://www.va.gov/health-care/about-va-health-benefits/.

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VA, DAV to co-host National Disabled Veterans Winter Sports Clinic: Hundreds of disabled Veterans to take on life-changing adaptive sports challenge

January 22, 2019, 10:06:00 AM

_Hundreds of disabled Veterans to take on life-changing adaptive sports challenge_

WASHINGTON — Today the Department of Veterans Affairs (VA) announced that the National Disabled Veterans Winter Sports Clinic will take place March 31 to April 5 in Snowmass, Colorado.

The annual clinic, hosted by the Department of Veterans Affairs (VA) and DAV (Disabled American Veterans), serves as a world leader in adaptive winter sports instruction for injured Veterans, and promotes sports therapy and rehabilitation through adaptive Alpine and Nordic skiing, rock climbing, sled hockey, scuba diving and other adaptive sports and activities.

“Adaptive sports therapy gives freedom to those heroes who have fought for our freedom,” VA Secretary Robert Wilkie said. “This clinic empowers Veterans to move past perceived limitations, reach their own personal victories and prove the impossible is possible.”

For many of the hundreds of Veterans who participate in the clinic, the adaptive sports journey is just beginning. For others, it becomes a way of life in Snowmass and is a passion they take back home. The hope is Veterans will build upon this experience and continue to lead active, healthy lives. Nearly 390 Veterans participated in the event in 2018.

“For those of us who were seriously injured in military service and have spent years being told our abilities are now limited, there is nothing more empowering than coming to this clinic and being able to prove how much we really can do,” said DAV National Commander Dennis Nixon, a Vietnam Veteran and amputee. “It’s a dose of confidence and self-reliance that can — and does — truly change lives.”

Hundreds of volunteers, strategic corporate partnerships, nonprofit organizations and individual donors make this life-changing clinic possible. Interviews, b-roll, photos and other media opportunities are available leading up to and including the week of the event. For more information, contact: VA’s Jill Atwood at 801-330-1198, jill.atwood@va.gov; and DAV’s Todd Hunter at 321- 217-8255, thunter@dav.org.
Week of January 28, 2019
Military.com

The Department of Veterans Affairs has announced that a new procedure for appealing disability claims decisions will begin Feb. 19, 2019. The new system, known as the Rapid Appeals Modernization Program (RAMP), is touted by the VA as a major improvement in the claims appeals process. It is meant to fix the dismal delays veterans face when appealing the VA’s decisions on disability claims. This new program was mandated by Public Law 115-55, The Veterans Appeals Improvement and Modernization Act of 2017. Read more about the new process on Military.com.

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Why Does the VA Need to Change the Claims Appeals Process?
Previously, if you disagreed with the VA’s decision on your disability claim, your only recourse was to appeal to the VA's Board of Veterans' Appeals, a process that could take years.

In fact, in its Federal Register filing, the VA itself said that, under the current appeal process (which will be replaced by the RAMP program in February), veterans who appeal wait an average of three years for a final decision, and an average of seven years if they continue their appeal to the board.

Under RAMP, the VA estimates the average time to complete an appeal will be approximately two years less than under the legacy appeals process.

What Exactly Is Different About the New Appeals Process?
The new law created three different ways for you to appeal the VA's decision on your disability claim:
1. A Supplemental Claim Lane. This is done by submitting new evidence to the same office that originally denied your claim. It will then re-examine everything and make a new decision.

2. A Higher-Level Review. If you already gave the VA all the evidence you have, but believe it made a mistake or missed something, you can request a higher-level review that may, or may not, be at the same office that originally denied your claim.

3. An Appeal to the Board of Veterans' Appeals. This is basically the same option as you currently have, except that you can now choose between three options:
   - A Direct Review. If you have no additional evidence to submit and don't want a hearing, you can request the board to review the decision made by the original office.
   - Additional Evidence Submission. Choose this option if you don't want a hearing but have additional evidence to submit.
   - The Choice of a Hearing. If you want your day in court to submit evidence and testify to the judge, choose this option.

The VA says that cases appealed under the first two methods should be decided in four months or less. It also says that diverting a majority of cases from the Board of Veterans' Appeals to a lower-level authority should speed up the time it takes cases to be resolved.

**Stay on Top of Your Benefits**

Military benefits are always changing. Keep up with everything from pay to health care by signing up for a free Military.com membership, which will send all the latest benefits straight to your inbox.
What is Veteran-Directed Care?
Veteran-Directed Home and Community Based Services gives Veterans of all ages the opportunity to receive the Home and Community Based Services they need in a consumer-directed way.

Veteran-Directed Care is for Veterans who need skilled services, case management, and assistance with activities of daily living (e.g., bathing and getting dressed) or instrumental activities of daily living (e.g., fixing meals and taking medicines); are isolated or their caregiver is experiencing burden.

Veterans in this program are given a flexible budget for services that can be managed by the Veteran or the family caregiver. Veteran-Directed Care can be used to help Veterans continue to live at home or in their community.

As part of this program, Veterans and their caregiver have more access, choice and control over their long term care services. For example, Veterans can:

- Decide what mix of services will best meet their needs
- Hire their own personal care aides (which might include their own family member or neighbor)
- Buy items and services that will help them live independently in the community

Am I eligible for Veteran-Directed Care?
Since Veteran-Directed Care is part of the VHA Standard Medical Benefits Package, all enrolled Veterans are eligible IF they meet the clinical need for the service and it is available. NOTE: This is a new VA program and is only available in certain locations.

There is no copay with this program. However, you may still have a copay if you use Home and Community Based Services.

Find out more by visiting the Paying for Long Term Care section at www.va.gov/Geriatrics.

What services can I get?
If you are enrolled in this program, you can decide what mix of Home and Community Based services will best meet your needs.
Veteran-Directed Care

**How do I decide if it is right for me?**
You can use a **Shared Decision Making Worksheet** to help you figure out what long term care services or settings may best meet your needs now or in the future.

There's also a **Caregiver Self-Assessment**. It can help your caregiver identify their own needs and decide how much support they can offer to you. Having this information from your caregiver, along with the involvement of your care team and social worker, will help you reach good long term care decisions.

Ask your social worker for these Worksheets or download copies from the **Shared Decision Making** section at [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics).

Your physician or other primary care provider can answer questions about your medical needs. Some important questions to talk about with your social worker and family include:

- How much assistance do I need for my activities of daily living (e.g., bathing and getting dressed)?
- Can I select and coordinate the services I need?
- What are my caregiver's needs?
- Is my caregiver able to assist me with coordinating the services I select?
- How much independence and privacy do I want?
- What sort of social interactions are important to me?
- How much can I afford to pay for care each month?

If Veteran-Directed Care seems right for you, talk with your VA social worker and find out if it is available in your location.
More Than 17,000 Uniformed Medical Jobs Eyed for Elimination

10 Jan 2019
Military.com | By Tom Philpott

The Army, Navy and Air Force are finalizing plans to eliminate over the next few years more than 17,000 uniformed medical billets -- physicians, dentists, nurses, technicians, medics and support personnel.

The reduction will allow those billets to be repurposed as war fighters or combat-support skills to increase lethality and size of operational units. Another goal is to deepen the workload of remaining medical billets at base hospitals and clinics to strengthen medical skills and also to improve quality of care for beneficiaries, defense officials explained.

One senior service official shared the latest figures he has seen showing the uniformed Army medical staff falling by almost 7,300, the Navy by almost 5,300 and the Air Force by just over 5,300.
Spread across a combined medical force of 130,000, both active-duty and reserve, the planned cuts would lower uniformed medical strength by roughly 13 percent, a drop steep enough to alarm some health care leaders as well as advocates for military health care beneficiaries.

"If the goal is to tear down the military health system, this would be a reasonable way to do it," warned one service health official who asked not to be identified.

Given the numbers involved, said retired Navy Capt. Kathryn M. Beasley, director of government relations for health issues at the Military Officers Association of America, the staff cuts eyed are worrisome for patient access, particularly to physicians young families rely on such as pediatricians and obstetricians.

"We need to see the final numbers to understand the impact," she said.

But senior defense officials, who say they collaborated closely with the services on overall staff reduction plans, contend the current force is larger than needed to meet today's operational missions and is overloaded with skill sets not useful for deployment and delivering of battlefield care.

Also, they contend, the oversized staffs harm quality of care because, at too many base hospitals and clinics, these care providers don't treat enough patients to keep skills sharp.

"So, part of this drill is to realign our people to the appropriate level of workload so that their skills, both for battlefield care and for beneficiary care, improve," said one Defense Department official.

Top defense officials agreed to discuss reasons behind the planned staff cuts for the military health care system, but declined to confirm any numbers for medical slots targeted, which some service officials did share, because no figures will be firm until the fiscal 2020 defense budget request is approved by the White House and sent to Congress in February.

If Congress approves the cuts, to be presented billet by billet, the reductions would begin to take effect in fiscal 2021.

Preliminary Navy documents show uniformed staff at Walter Reed National Military Medical Center falling by 534 personnel, with, for example, 82 taken from director of clinical support, including 28 of 39 corpsmen, 5 of 12 radiological diagnosticians, 4 of 7 pharmacists, 8 of 19 pharmacy techs, and 9 of 45 medical lab technicians.

Defense officials described a year-long collaboration between service medical departments, the Joint Chiefs, the Defense Health Agency and CAPE, the Cost Analysis and Program Evaluation Office of the Secretary of Defense. The force cuts are just one part of an enormous transformation occurring across military medicine.

Control of all medical facilities is being transferred to the Defense Health Agency (DHA), where functions of the three separate service medical departments already are being consolidated to streamline health care operations, slash support costs and standardize practices and procedures,
from scheduling appointments to reporting on provider errors. Meanwhile, the military health system is adopting MHS Genesis, a new electronic health record system.

Just as Congress directed these changes, it told the secretary of defense in its fiscal 2017 National Defense Department Authorization Act to collaborate with service branches on defining medical and dental personnel requirements to ensure operational readiness, and to convert military medical positions to civilian positions if deemed unnecessary to meet operational readiness needs.

The medical force reduction effort, however, isn't being funded for a mass conversion of military billets to civilian medical positions. Instead, the emphasis is on providing more effective and efficient care, on battlefields and through military treatment facilities to troops, families and retirees, using smaller staffs that are sized to gain more experience and be better trained for military operations.

To understand what's about to happen, said a senior official familiar with the staff cut plans, it is helpful to grasp a notion that sounds counterintuitive: "Reducing the number of people providing a particular service within a facility does not mean a degradation of care within that facility."

A "truism in the medical arena," he added, "is that the more times a provider performs a procedure, the better that provider is at performing that procedure."

If a military hospital now staffed with five orthopedic surgeons performs 10 knee replacements a month, that's only two operations per surgeon. If staff is cut to one surgeon able to still comfortably perform 10 procedures a month, both quality of patient care and the readiness of that surgeon for war will improve.

That argument for a careful reduction of staff isn't persuasive to some career medical personnel. One said he is worried that staff cuts this deep could leave hospitals short of personnel to deploy or to receive patients if old wars escalate or new ones break out in Korea, Eastern Europe or the South China Sea. He also worries about finding civilian replacements when needed, noting chronic staff shortages within the Department of Veterans Affairs medical system that can't be filled even in peacetime.

"I don't believe it's doable when you take your platforms down to this degree and you're still putting people on [forward] deployment schedules," said this senior service official. "You can argue on the margins whether you need quite as many people here or there. But these hospitals support training as well as provide care and [they] keep people in operational units."

After deep staff cuts, "you're going to have a very hard time keeping docs, especially in uniform," he said.

Ironically, he added, these staff cut plans arise near the end of wars in Iraq and Afghanistan where U.S. military medicine produced "the best outcomes in combat casualty care in the history of the world."
Senior defense officials answered such concerns with assurances DHA and the services are giving careful consideration to readiness needs, including wartime requirements. Military facilities still will have robust civilian staffs, they added, and will be able to backfill with reserve medical personnel and civilian contracts.

Officials conceded the staff cuts, and refocusing on deployable skills, over time will change the mix of providers delivering care on base, forcing more family care off base and onto Tricare provider networks.

"We will expect to see an increase in certain skill sets [and] a decrease in other skill sets. More trauma surgeons, fewer pediatricians, for example. Those kinds of changes are right at the heart of what Congress has directed us to do," said one official.

The same shift in medical skill sets for hospital staffs will begin to reshape graduate medical education pipelines.

"The reason why we do graduate medical education is to be able to supply that ready medical force," said another senior official. "We need to expand our capacity in some areas" but will see them "contract" in others.

Some critics of the staff cuts suggest a desire for budget savings is a key factor. Navy documents identify "expected total savings of $1.14 billion" from that service's uniformed medical "end-strength divestiture" plan.

Senior defense officials deny that's the case, citing an "unwavering commitment" to improving medical readiness and quality of care.

"How do we get higher levels of medical readiness for the next major conflict? That central question is going to drive a lot of changes throughout the military health care system."
2019 Brings Major Changes to State and Federal Veterans' Benefits

3 Jan 2019
Military.com | By Jim Absher

It's a new year, and with a new year come new laws and regulations. Let's take a look at which ones will affect veterans and military members across the nation, both at the federal level and state-specific.

Check out our listing of all state veterans benefits.

Federal Veteran Benefit Changes for 2019

GI Bill
A provision of the Forever GI Bill that provides more benefits for science, technology, engineering and math (STEM) Programs will become effective Aug. 1, 2019.

The VA will provide up to nine additional months of Post-9/11 GI Bill coverage to certain eligible individuals who are enrolled in a STEM program and use up all their GI Bill benefits.
This applies only to veterans who already have completed at least 60 semester or 90 quarter hours and are in a STEM program that requires more than the standard 128 semester or 192 quarter hours for a degree.

The VA can pay up to nine additional months of GI Bill benefits or $30,000, whichever is less. Those using the Yellow Ribbon program and dependents using transferred benefits are not eligible.

**Space-A Travel**
Disabled veterans with a 100-percent disability rating are now eligible for Space-A travel.

**New UCMJ Article**
Article 128b will be added to the Uniform Code of Military Justice, addressing domestic violence. It includes assault, intimidation, violation of a protective order, and damaging property or injuring animals in a domestic-assault situation.

More UCMJ changes can be found here.

**High-Deployment Allowance for Reservists**
A new law adds reservists mobilized under Section 1104(b) to those eligible for the high-deployment allowance of up to $1,000 per month.

**New Tricare Retiree Dental Program**
The big news in Tricare coverage is the replacement of the Tricare Retiree Dental Plan (TRDP) with the FEDVIP program. Also, family members of active-duty personnel are now eligible for vision insurance through FEDVIP.

**Stay on Top of Your Benefits**
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A congressionally mandated commission is weighing whether women should be required to register for the Selective Service System, or whether the U.S. needs a draft registration system at all.

The National Commission on Military, National and Public Service, created in 2016, spent the past year reviewing public service options in the U.S., including the armed forces, AmeriCorps, the Peace Corps, federal employment and more.

Members released an interim report Wednesday that offers some radical proposals for the Selective Service System, which requires all 18-year-old men to register for a potential draft.

Among the options under consideration is whether women should be required to register, if the Selective Service System could be used to find candidates to fill critical military billets, or whether the system should be scrapped entirely.

The commission is not ready to make recommendations, said panel chairman Joe Heck, a former Republican congressman from Nevada and retired Army Reserve brigadier general. Instead, its
members are continuing to collect information for the final report, due to Congress and the White House by March 2020.

"We want to hear from the American public. What I can tell you, though, as we've gone around the country, people have an opinion [on women registering for Selective Service]." Heck said. "There aren't that many people sitting on the fence. ... They either say it's a matter of equality, or they shouldn't [register] because women hold a special place in U.S. society."

Panel members said that, in visiting 24 sites around the country, they found alarming misunderstandings of military and public service among students as well as shortfalls in civic education -- knowledge they say is essential to raising interest in public service.

According to the panel, young people who receive quality civics education are four times more likely to engage in public service, but education is sorely lacking. One survey said just 26 percent of Americans can name all three branches of government.

"Civic education is front and center to this," said co-chairman Mark Gearan, who served as director of the Peace Corps during the Clinton administration. Hence, the committee also will make recommendations on how the nation can "reinvigorate civic education."

The most controversial options the commission is weighing, however, are changes to Selective Service and whether universal service -- either military, volunteer national or public service -- should be mandatory.

Members said a mandatory service proposal is unlikely. Heck said that commission members have found that young people "overwhelmingly want to serve, they just don't want to be told to do it."

"We are considering ways which the U.S. could offer universal service opportunities to young people," he said.

But regarding the Selective Service, all options are on the table. Under current law, all men ages 18 to 25 are required to register for Selective Service, a database for the country to draw on in the event of a national emergency requiring a draft. The system dates to 1917 and, while military conscription was abolished in 1973, more than 90 percent of all eligible men are enrolled in the system.

According to Heck, since the intent of the draft was to help backfill combat jobs in the event of a large war, only men were required to register. With the opening of all combat jobs in the past several years to women, however, it made sense to revisit the laws that govern Selective Service.
"Generation Z represents a huge potential for this country, if we can find ways to encourage a greater number of them to serve," he said.

Heck encouraged the public to send comments to the panel and read the interim report via the commission's website.

-- Patricia Kime can be reached at patricia.kime@military.com. Follow her on Twitter @patriciakime.
WASHINGTON — The U.S. Navy is denying thousands of claims from service members and their families who were exposed to contaminated drinking water decades ago at Camp Lejeune in North Carolina.

Navy Secretary Richard Spencer told reporters Thursday that at least 4,400 claims totaling $963 billion are being denied because there is no legal basis for paying them. He said it was a difficult decision but suggested that claimants could go to Capitol Hill to seek legislation providing restitution.

The Department of Veterans Affairs has estimated that as many as 900,000 service members were potentially exposed to tainted water at the Marine base between 1953 and 1987.

Spencer said the first civil claims came in around December 1999 and new claims are submitted "virtually every week." He said the legal reasons the Navy can't pay out the claims are rooted in
three separate laws. He said there is a North Carolina law that puts a 10-year statute of limitations on such cases, a federal law that limits government liability unless actual negligence is found, and a Supreme Court decision that said the U.S. is not liable for injuries to military members injured while on duty. "There's no legal basis nor ability for the Department of Navy to pay these claims," said Spencer. "I am perfectly cognizant of the fact this will be disappointing to the claimants."

The VA decided in 2017 that eligible veterans stationed at the Marine base for at least 30 cumulative days between Aug. 1, 1953, and Dec. 31, 1987, could get government disability benefits. The agency estimated it would cost about $2.2 billion over five years.

The Veterans Affairs secretary at the time, Bob McDonald, determined there was "sufficient scientific and medical evidence" to establish a connection between exposure to the contaminated water and eight medical conditions for purposes of awarding disability compensation.

The decision covered active duty, Reserve and National Guard members who developed one of eight diseases: adult leukemia, aplastic anemia, bladder cancer, kidney cancer, liver cancer, multiple myeloma, non-Hodgkin's lymphoma and Parkinson's disease.

Documents uncovered by veterans groups over the years suggest Marine leaders were slow to respond when tests first found evidence of contaminated groundwater at Camp Lejeune in the early 1980s. Some drinking water wells were closed in 1984 and 1985, after further testing confirmed contamination from leaking fuel tanks and an off-base dry cleaner.

The Marine Corps has said the contamination was unintentional, occurring when federal law didn't limit toxins in drinking water.

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January 25, 2019

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6. VA Wait Times Improve, Equal to or Better Than Private Sector
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1. VFW Presents the Independent Budget to Congress: This week, VFW National Legislative Service Deputy Director Pat Murray joined representatives from Paralyzed Veterans of America (PVA), and Disabled American Veterans (DAV) to present the Independent Budget policy recommendations to dozens of Capitol Hill staff members. The Independent Budget is a collaboration between the VFW, PVA and DAV to provide independent and veteran-centric recommendations for VA policy and budget improvements. The three organizations have partnered to produce the Independent Budget for over three decades, and is a valuable tool for congressional offices to use in crafting legislation or policy proposals. Read the Independent Budget.

2. Expanding Military, National and Public Service Opportunities: On Wednesday, VFW National Security and Foreign Affairs Director John Towles attended an interim progress update hosted by the National Commission on Military, National and Public Service (NCOS). After a year of examination, the commission released its Interim Report regarding options it is examining to increase participation not only in military service but also in national and public service. Recommendations will be included in the commission’s final report, due March 2020. According to Military Times, some of the options in the final report could lead to a recommendation that women ages 18 to 26 begin registering for the draft just like their male counterparts. The commission might also recommend more local volunteer opportunities while in high school, simplify the process for applying to federal jobs, better promote federal service organizations like the Peace Corps, and use the Selective Service System to better identify military recruits. The final report could also recommend that the Selective Service System be disbanded altogether. More details to come. Learn more or read the Interim Report.

3. VA Secretary Holds Virtual Town Hall: Last week, VA Secretary Robert Wilke, along with the leadership from all the divisions within VA, held a virtual town hall to give a status update of the state of VA and answered questions submitted by veterans. One of the main points highlighted during the briefing was the new VA Welcome Kit, which gives VA users a more streamlined and easier to understand packet of information about what the VA offers for its users. The secretary and his undersecretaries answered questions ranging from health care
concerns, education benefits, and IT issues. The virtual town hall was a way to have VA leadership interact with the veterans they serve, and we look forward to more of these informative sessions. Watch the virtual town hall. View or download the VA Welcome Kit.

4. Concurrent Receipt Legislation Reintroduced: This month, Congressman Gus Bilirakis and Senator Jon Tester reintroduced the VFW-supported Retired Pay Restoration Act, to ensure full concurrent receipt of military retirement pay and VA disability compensation. Presently, concurrent receipt of these benefits applies only to those with a 50 percent VA disability rating or higher. The VFW continues to advocate for the end of this offset for all military retirees regardless of their VA disability rating. Learn more.

5. Repeal of SBP/DIC Offset Reintroduced: The VFW-supported H.R. 553, Military Surviving Spouses Equity Act, which would repeal the requirement for surviving spouses to offset Survivor Benefit Plan (SBP) benefits with Dependency and Indemnity Compensation (DIC) was reintroduced this past week. SBP and DIC are different benefits, which are earned for different reasons. The full repeal of this unjust offset remains a top legislative priority for the VFW. Learn more about H.R. 553.

6. VA Wait Times Improve, Equal to or Better Than Private Sector: A study published in the Journal of the American Medical Association titled, “Comparison of Wait Times for New Patients Between the Private Sector and the United States Department of Veterans Affairs Medical Centers” found VA wait times significantly reduced for primary care and three other specialty services between 2014 and 2017. According to the study, in 2014 the average wait time for VA appointments was 22.5 days, and 18.7 days for the private sector. By 2017, the average wait time for VA was 17.7 days and 29.8 days for the private sector. Read more or access to the study.

7. MIA Update: This week, the Defense POW/MIA Accounting Agency announced five new identifications. Returning home with full military honors are:
   -- Mr. Edward J. Weissenback was an employee of Air America Incorporated, and a crewman aboard an Air America C-123K. On Dec. 27, 1971, his aircraft was on a routine resupply mission between Thailand and Laos when radio contact was lost northeast of Sayaboury, Laos. Search and rescue efforts continued through Dec. 31, 1971, but no sign of the aircraft or the four crewmembers were found, including Weissenback. Interment services are pending. Read about Weissenback.
   -- Mr. Roy F. Townley was an employee of Air America Incorporated, and a co-pilot aboard an Air America C-123K. On Dec. 27, 1971, his aircraft was on a routine resupply mission between Thailand and Laos when radio contact was lost northeast of Sayaboury, Laos. Search and rescue efforts continued through Dec. 31, 1971, but no sign of the aircraft or the four crewmembers were found, including Townley. Interment services are pending. Read about Townley.
   -- Army Sgt. Frank J. Suliman was a member of Headquarters and Headquarters Company, 9th Infantry Regiment, 2nd Infantry Division. On Dec. 1, 1950, the convoy of trucks Suliman was riding in was halted by a roadblock and the soldiers were commanded to dismount to get through the roadblock on foot. Fellow soldiers reported that Suliman was captured and taken to a prisoner
of war camp at Pukchin-Tarigol, North Korea, where he reportedly died in March 1951. Interment services are pending. Read about Suliman.

-- Army Pvt. Floyd A. Fulmer was a member of Company A, 1st Battalion, 110th Infantry Regiment, 28th Infantry Division. He was reported missing in action on Nov. 14, 1944, after fierce combat in the Raffelsbrand sector of the Hürtgen Forest, near the village of Simonskall, in Germany. Due to ongoing enemy activity in the area, his remains could not be recovered. On Nov. 15, 1945, the War Department declared him deceased. Interment services are pending. Read about Fulmer.

-- Baker 2nd Class David L. Kesler was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The battleship sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Kesler. Interment services are pending. Read about Kesler.


As always, we want to hear your advocacy stories. To share your stories or photos with us, simply email them directly to vfwac@vfw.org.
Military personnel, retirees and their family members now have access to an exclusive discount travel website managed by Priceline.

American Forces Travel is a full-service travel booking site, offering hotel, flight, car rental and cruise deals as well as bundled or package deals that Priceline spokesman Devon Nagle said can save travelers an average of $240 per person.

The site, which is available to active-duty military, National Guard members, Reservists, retirees and family members, as well as 100 percent disabled veterans and civilian Defense Department employees, officially went live Tuesday after having been beta-tested on several military bases for the past three months. According to Nagle, the site offers discounts that have been negotiated specifically for military personnel, including hotel deals up to 60 percent off and cruise deals up to 80 percent off.
Roughly 1.2 million hotels can be booked through the site, as well as the most popular flight and car rental brands, he said. Brett Keller, Priceline chief executive officer, said that the company was thrilled to be selected by the DoD to "bring the site to life."

"American Forces Travel was developed for a simple reason. The people who support the United States of America through military service have earned access to the world's most exclusive travel deals," Keller said.

A recent review of the site by Military.com found hotel deals in San Diego ranging from $20 to $50 off prices found on non-military travel websites, and car rental discounts ranging from $10 to $18 off per day for a minivan, SUV or convertible.

A non-stop round trip airline fare from the Washington, D.C., area to San Diego for a weekend in February was available for $323 on Alaska Airlines, while the same flight was advertised as $354 on other travel websites. Still, non-stop flights for the same weekend on United could be purchased for significantly less on another website -- between $200 to $400 less.

Advantages to booking air travel through American Forces Travel include reduced fees for reservation changes and all flights being cancellable within 24 hours, according to the site. For cars, benefits include free cancellation on post-paid cars and larger discounts for prepaid rates.

Each AmericanForcesTravel.com transaction also will generate a commission that will go to the military services' Morale, Welfare and Recreation and quality-of-life programs.

Nagle described the new site as a "labor of love for Priceline." "Members of the military are a unique community and deserve the opportunity to access great deals when they take vacations. With American Forces Travel, they can search for deals 24 hours a day," he said.

Users can access the site by inputting their last name, date of birth and last four digits of their Social Security number when prompted. The DoD then verifies the information, and future travelers are ready to shop.

Nagle said Priceline does not capture or retain any of the verification data that is provided.
In addition to Defense Department service members, National Guard and Reserve and civilian employees, Coast Guard men and women and their families also can use the site.

Military members have had access to travel deals through base ticket and tour offices, as well as lodging through the Armed Forces Vacation Club, a no-fee membership group that offers week-long stays at resorts, apartments, condominiums and homes -- usually timeshare destinations -- in more than 100 countries on a space-available basis for about $350 a week.

Armed Forces Vacation Club is managed by Wyndham Worldwide. According to Nagle, Priceline was chosen to run AmericanForcesTravel.com by a competitive bidding process. Company executives said they -- and the Defense Department -- see their website as a way to thank the military community.

"Until now, leisure travel was typically handled by travel agents on military bases. The DoD chose to create a new online platform that was modern, fast and widely accessible and to populate the site with the broadest and deepest collection of travel deals," the Priceline release states.

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