January 8, 2018

FLAGLER COUNTY

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Feel free to make copies and distribute throughout your organization.
FOR IMMEDIATE RELEASE
December 6, 2017

Statement by Secretary Shulkin - Homeless Funding

There will be absolutely no change in the funding to support our homeless programs.

We will not be shifting any homeless program money to the Choice program.

The President has increased VA homeless program funding by $66 million in his fiscal year 2018 budget.

Over the next six months, I will solicit input from our local VA leaders and external stakeholders on how best to target our funding to the geographical areas that need it most.

Based on that input we will come forward with proposals for fiscal year 2019 on how to improve the targeting of our homeless program funding.
FOR IMMEDIATE RELEASE
January 2, 2018

Chairwoman and New Members Appointed to VA Advisory Committee on Women Veterans

WASHINGTON — Today the U.S. Department of Veterans Affairs (VA) announced the appointment of a new chairwoman and four new members to the Advisory Committee on Women Veterans, an expert panel that advises the VA Secretary on issues and programs of importance to women Veterans, their families and caregivers.

“As VA continues to work toward modernization, the committee’s guidance will assist the department in meeting the important and evolving needs of women Veterans,” said VA Secretary Dr. David J. Shulkin. “The new chairwoman and new appointees’ deep and broad perspectives are invaluable in anticipating these needs.”

Established in 1983, the committee provides policy and legislative recommendations to the Secretary.

Current member Octavia Harris, a retired U.S. Navy command master chief petty officer from San Antonio, Texas, is appointed as the new chairwoman of the committee. The following are new members of the Advisory Committee on Women Veterans:

• Moses McIntosh, of Hephzibah, Georgia, is a retired U.S. Army chief warrant officer and immediate past national commander of the Disabled American Veterans, where he served as the official spokesman and provided leadership to the National Executive Committee.
• Yareli Mendoza, of Iowa City, Iowa, is a U.S. Air Force Veteran. She is pursuing a doctorate of philosophy degree in higher education and student affairs, with a specialization in higher education administration and policy.
• Keronica Richardson, of Gaithersburg, Maryland, is a U.S. Army Veteran with deployments in support of operations Enduring Freedom and Iraqi Freedom. She serves as the assistant director for Women and Minority Veterans Outreach at the American Legion.
• Wanda Wright, of Tempe, Arizona, is a retired U.S. Air Force colonel, currently serving as the director of the Arizona Department of Veterans Services, where she is a state cabinet member, providing leadership and direction for administering benefits and services to Veterans and their dependents.

In addition, committee members Dr. Kailyn Bobb, a U.S. Air Force Veteran, from Plumas Lake, California, and Commander Janet West, of the U.S. Navy, are reappointed for an additional term.

For information about VA’s benefits and services for women Veterans, visit www.va.gov/womenvet or contact the Women Veterans Call Center at 855-829-6636. The call center is available to address concerns of women Veterans, their families and caregivers from Monday to Friday, 8 a.m. to 10 p.m. (EST), and Saturday, 8 a.m.-6:30 p.m. (EST).

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FOR IMMEDIATE RELEASE
December 7, 2017

VA Exploring Alternative Treatments for TBI and PTSD

WASHINGTON — Today the U.S. Department of Veterans Affairs (VA) announced that it will use two innovative treatments to ease the everyday challenges associated with living with traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD).

“We know that for a small group of Veterans, a traditional approach to health care may not be the most effective,” said VA Secretary Dr. David J. Shulkin. “This is particularly true with certain chronic medical and mental health conditions. For Veterans who don’t improve, we have to look for innovative, evidence-based approaches that may help them restore and maintain their health and well-being.”

Veterans with a history of mild to moderate TBI now have access to light emitting diode (LED) therapy contained in a lightweight frame that is placed on the head and a clip placed inside the nose. Results of some studies show that LED improves brain function including attention and memory, emotions and sleep. LED therapy has begun at the VA Boston Healthcare System, Jamaica Plain campus, this month. LED also is available for Veterans to use in their homes.

Providers at the Long Beach VA Medical Center have begun using stellate ganglion block (SGB) to treat Veterans with PTSD symptoms. SGB is safe and may ease PTSD symptoms, such as the feelings of anxiety and constantly being on alert. It involves an injection, or shot, of medication into the neck to decrease the symptoms of PTSD.

VA remains a world leader in the development and use of innovative therapies, such as telehealth, yoga and other approaches to improve health and well-being.

For more information about other emerging therapies aimed at enhancing Veterans’ physical and mental well-being, visit VA’s Center for Compassionate Innovation at: https://www.va.gov/healthpartnerships.

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GETTING THE MOST FROM THE BURN PIT REGISTRY: COMPLETING AN IN-PERSON MEDICAL EVALUATION

The Airborne Hazards and Open Burn Pit Registry is the next generation in VA environmental exposure registries. Unlike other more established VA registries in which you begin by going to your VA medical center and completing a survey, or completing a survey over the telephone, you can join this registry online. During the survey process, Veterans and service members are asked to answer questions about their military service, exposures, and health history. This creates a snapshot in time of the participant’s current health status. The information can be printed and shared with any health care provider.

To get the most out of the burn pit registry, Veterans can do more than just participate in the registry online. The next step is for Veterans to schedule an appointment for a free medical evaluation with a local VA provider. This service is optional, but it can help a Veteran understand any possible health problems related to their deployment. Veterans can talk to a knowledgeable health care provider about their concerns related to airborne hazards and open burn pits. The exam is specific to each Veteran and focuses on their individual health conditions and concerns. The health information from the evaluation complements the registry data to create a complete picture of the Veteran’s health status.

Veterans must contact an environmental health coordinator near them to schedule an appointment for a medical evaluation, since completing the registry online does not cue VA to call to schedule an exam. A list of environmental health coordinators and their contact information is available at https://www.publichealth.va.gov/exposures/coordinators.asp. Service members can obtain a free health evaluation from a Department of Defense (DoD) provider.

As of September 6, 2017, 116,643 Veterans and service members have completed and submitted their registry questionnaire. However, only three percent have had the in-person health exam. Eligible Veterans and service members may complete the registry online at https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/, and then schedule a free health exam. Veterans who served in the Southwest Asia theater of operations after August 2, 1990, or in Afghanistan or Djibouti, Africa, after September 11, 2001, are eligible to enroll.

Registries are not used for disability compensation or pension purposes. Information about disability compensation is available online at http://www.benefits.va.gov/compensation/. Additional information about the registry can be found at https://www.publichealth.va.gov/exposures/burnpits/registry.asp. Read about recent milestones reached by the registry on page 2.
CARING FOR VETERANS AND SERVICE MEMBERS EXPOSED TO CHEMICAL WARFARE AGENTS

As a part of an effort to identify and care for military personnel exposed to chemical warfare agents (CWA), the Department of Defense (DoD) interviewed service members and Veterans, including National Guard and Reserve component members, who may have been exposed to CWAs. DoD interviewed 5,818 individuals to assess their exposure to CWAs as of August 3, 2017, and this program remains open to new participants. CWAs include nerve agents (e.g., sarin), blister agents (e.g., sulfur mustard), and toxic industrial chemicals (e.g. chlorine). Service members may have been exposed while destroying or handling explosive ordnance, including improvised explosive devices (IEDs), while serving in Iraq in support of Operation Iraqi Freedom and Operation New Dawn between 2003 and 2011.

DoD offered a clinical assessment to the approximately 350 individuals found to have had confirmed or likely exposure to CWAs. DoD communicated the results of these clinical assessments to the affected individuals. VA’s Veterans Benefits Administration plans to send a letter to each Veteran explaining the disability compensation process. A VA work group is planning how best to provide services to these Veterans over the long term.

For more information on exposure to CWAs, visit www.publichealth.va.gov/exposures/chemical-warfare-agents-oif.asp.

THE BURN PIT REGISTRY: REACHING MILESTONES IN 2017

The Airborne Hazards and Open Burn Pit Registry is a large database of self-reported information on deployment-related exposures to airborne health hazards, medical histories, and demographic information. Eligible Veterans and service members can participate by completing a survey online and then following up with a free in-person medical evaluation. The burn pit registry reached four important milestones in 2017:

1. In February, the registry surpassed 100,000 participants. As of September 6, 2017, there were 116,643 Veterans and service members enrolled in the registry.
2. June marked the third anniversary of the registry’s inauguration in June 2014.
3. In January, the National Academies of Sciences, Engineering, and Medicine issued an important Congressionally-mandated report: Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry. The report is available online for free download at http://www.nationalacademies.org/hmd/Reports/2017/Assessment-of-the-VA-Airborne-Hazards-and-Open-Burn-Pit-Registry.aspx. VA is reviewing the report’s recommendations on making improvements to the registry.
4. In May, VA and the Department of Defense (DoD) held an invitation-only symposium to review the National Academies of Science report and to discuss collaborations in research, clinical care, policy, education, and outreach on airborne hazards exposures. Representatives from Veterans Services Organizations, including Veterans of Foreign Wars, The Sergeant Sullivan Circle, Burn Pits 360, and Disabled American Veterans, participated.

Are you interested in participating in the burn pit registry? Learn more about the registry, eligibility, and how to sign up: www.publichealth.va.gov/exposures/burnpits/registry.asp. If you have already completed the registry questionnaire online, schedule your free medical evaluation by contacting an environmental health coordinator.

Registry Eligibility for Veterans with Service between 1990-1998

VA uses individual deployment history information provided by the Department of Defense to determine eligibility to participate in the registry. Deployment history from 1990-1998 is frequently incomplete. As a result, VA must manually review eligibility for some applicants. VA is working to streamline and accelerate the eligibility review process.

THE BURN PIT REGISTRY: REACHING MILESTONES IN 2017

continued on next page
How to Schedule a Free Medical Evaluation

1. Complete and submit the Airborne Hazards and Open Burn Pit Registry online questionnaire.
2. Contact the environmental health coordinator at your VA medical center https://www.publichealth.va.gov/exposures/coordinators.asp
3. Request a medical evaluation.
4. Print a copy of your completed questionnaire and take it to your provider.

To the right is a snapshot of self-reported information, including demographics and exposures, from participants in the registry.

A Look at the Participants in the Airborne Hazards and Open Burn Pit Registry

June 1, 2014 – June 1, 2017

Total participants:

109,000

Gender:

Male (89.2%)  Female (10.8%)

Year of birth:

1960-1969 (20.2%)  1970-1979 (34.2%)  1980 or later (41.5%)  Missing Data (0.09%)

Branch of service:

Air Force (18.6%)  Army (61.8%)  Marine Corps (10.8%)  Navy (5.9%)  Coast Guard (0.09%)  Missing Data (2.7%)

Frequency of self-reported exposures*:

Burn pit exposures (94.0%)  Particulate matter (84.0%)  Weapon combustion gases (81.7%)  Fuel vapors (65.2%)  Engine combustion products (39.7%)  Oil well fires (7.5%)

*Participants can report more than one exposure

Medical evaluations completed:

Less than 3% of participants have completed the optional medical evaluation.
MEDICAL SCREENING OF QARMAT ALI VETERANS

In 2009, VA and the Department of Defense (DoD) conducted a no-cost medical screening as a part of the Qarmat Ali Medical Surveillance Program. This program is designed for Veterans and Service members who guarded the Quarmat Ali Water treatment facility in the Basrah oil fields in Iraq during the spring and summer of 2003.

The Qarmat Ali Water treatment facility was contaminated with sodium dichromate, a chemical compound used in water treatment in the oil industry. Personnel performing guard duty at the treatment facility may have inhaled sodium dichromate dust. Sodium dichromate contains hexavalent chromium Cr (VI), a chemical known to cause medical conditions, including lung cancer, nasal and skin irritation, and respiratory problems.

In a review of the health status of screening participants, no abnormalities specific to hexavalent chromium exposure (e.g., nasal septum perforation) were found. Read a summary of the findings at https://www.ncbi.nlm.nih.gov/pubmed/27046175. VA and DoD are planning a second round of medical screening. Eligible Veterans will be notified by mail when the medical screening is available.

FINDINGS ABOUT HEALTH FROM A LARGE SCALE SURVEY STUDY

The National Health Study for a New Generation of U.S. Veterans is a large-scale study of Veterans who served during Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) (the deployed group), and Veterans who served elsewhere during the same time period (the non-deployed group). Researchers compared these two groups by asking scientifically selected individuals to complete a 16-page survey on their current health. In the survey, participants reported on a wide variety of their physical and mental health conditions, health behaviors, exposures, and military experience. In total, 20,563 Veterans from across the country participated between 2009–2011.

Researchers have been analyzing responses from the survey to learn about the health issues facing OEF/OIF-era Veterans. So far, researchers have focused on respiratory health, pregnancy and infertility, mental health, and cigarette smoking, and reported the following findings in scientific publications:

Respiratory health: Among both the deployed and the non-deployed Veterans, researchers found that the prevalence of at least one respiratory exposure, such as dust or sand, burning trash or feces, or smoke from oil fires, was high (95 percent among the deployed Veterans and 70 percent among the non-deployed Veterans). Those with a respiratory exposure were at an increased risk of a respiratory disease among the entire study population.

Deployed Veterans were 29 percent more likely to report that they were diagnosed with sinusitis compared with non-deployed Veterans. Researchers found no significant difference in asthma or bronchitis between the deployed and non-deployed Veterans.

Pregnancy and infertility: Researchers looked at preterm birth, low birth rate, and macrosomia (high weight in a fetus) in pregnancies among non-deployed women and in pregnancies among women who had a baby before, during, and after deployment. The researchers found a greater risk of preterm birth in pregnancies among non-deployed women and in women who had their baby after deployment, compared to women who had a baby before deployment. Researchers found a

FINDINGS ABOUT HEALTH FROM A LARGE SCALE SURVEY STUDY continued on page 5
FINDINGS ABOUT HEALTH FROM A LARGE SCALE SURVEY STUDY  
continued from page 4

similar pattern for low birth rate. They found no association between deployment and macrosomia.

As many as 15.8 percent of women and 13.8 percent of men who participated in this study reported that they had experienced infertility. Infertility is defined as trying with a partner to get pregnant for more than 12 months. Infertility among the general population in the U.S. ranges from 8 percent to 20 percent, depending on the definition used.

Mental health: 13.5 percent of study participants screened positive for posttraumatic stress disorder (PTSD)—15.7 percent of the deployed Veterans screened positive for PTSD, and 10.9 percent of non-deployed Veterans screened positive.

For deployed and non-deployed Veterans combined, 41.5 percent of women and 4 percent of men experienced military sexual trauma.

Cigarette smoking: Among the deployed and non-deployed Veterans combined, 42.7 percent were non-smokers, 32.5 percent were current smokers, and 24.8 percent were former smokers. Compared to non-smokers and former smokers, a greater percentage of current smokers were 24-34 years old, earned less than $35,000 per year, were separated or divorced, or never married or single.

Read more about the National Health Study for a New Generation of U.S. Veterans, and find links to summaries of the research findings at https://www.publichealth.va.gov/epidemiology/studies/new-generation/index.asp

RESEARCHERS STUDY LUNG HEALTH IN DEPLOYED IRAQ AND AFGHANISTAN VETERANS

Researchers from the Airborne Hazards Center of Excellence at the New Jersey War Related Illness and Injury Study Center (WRIISC) help Veterans and VA to better understand the potential health effects of airborne hazards exposure. Recently, the team conducted a study on pulmonary (lung) function and lung diffusing capacity in deployed Iraq and Afghanistan Veterans. Lung diffusing capacity is the lungs’ ability to let oxygen to diffuse to the blood, and the ability for carbon dioxide to diffuse from the blood to the lungs.

Researchers reviewed records from 143 Veterans referred to the WRIISC for post-deployment health concerns. All of these Veterans had pulmonary function tests. More than 75% of the Veterans had normal lung volumes and spirometry (breathing capacity) tests. However, researchers also found an isolated reduction in lung diffusing capacity in 30% of the patients. An isolated reduction in lung diffusing capacity may be associated with underlying pulmonary disease.

To read a summary of the research findings, go to https://www.ncbi.nlm.nih.gov/pubmed/27614096. Veterans with concerns about their respiratory health should talk to their primary health care provider.

ENVIRONMENTAL HEALTH COORDINATORS AND CLINICIANS : HELPING VETERANS CONCERNED ABOUT EXPOSURES

VA’s environmental health registries include free medical exams for Veterans who may have been exposed to environmental hazards during military service. Veterans can have a comprehensive health exam, including an exposure and medical history, laboratory tests if needed, and a physical exam. These registries help VA understand the health of specific groups of Veterans. Registries can help Veterans become aware of their possible health problems related to environmental exposures. VA offers registries for Veterans with service after 9/11, including the Gulf War Registry and the Airborne Hazards and Open Burn pit Registry (an online registry and optional in-person medical evaluation).
Environmental Health Coordinators and Clinicians: Helping Veterans Concerned About Exposures

continued from page 5

As a part of participation in a registry, an environmental health coordinator guides Veterans through the process of getting an exam, and the environmental health clinician performs the medical evaluation. Together, the coordinator and clinician can also answer questions about health concerns related to military exposures and direct Veterans to other VA services related to exposure concerns, such as benefits services.

Below is an introduction to an environmental health coordinator and environmental health clinician, and the work they do to facilitate registry exams for Veterans:

William Kingsberry – Environmental Health Coordinator

William Kingsberry has been an environmental health coordinator at the Charlie Norwood VA Medical Center in Augusta, GA for 13 years. He has worked at VA for 28 years, after serving in the U.S. Army for seven years.

Mr. Kingsberry receives requests for registry exams, contacts Veterans to let them know about the exams they will take, and sets up appointments for exams. He helps Veterans with the preliminary interview and worksheet needed before they start their exam.

“I explain everything to them and give them an appointment,” said Mr. Kingsberry. “I let them know what the registry is about. If they have any presumed illnesses, I’ll ask them if they know where they can file a claim. If they don’t know, I let them know, whether it is by telephone or the address to the nearest office they can go to, or I send them in the hospital where there are claims representatives.”

Mr. Kingsberry mainly helps Veterans interested in the in-person health exams with the Gulf War Registry and the Agent Orange Registry. For Veterans interested in the Airborne Hazards and Open Burn Pit Registry, he initially refers them to the web to complete the online portion of this registry.

Dr. Jerrold Flyer, Environmental Health Clinician

Dr. Jerrold Flyer, Associate Chief of Staff, Non-Institutional Care, at the Boise VA Medical Center has been an environmental health clinician for almost seven years. He is a 30 year Veteran of the Air Force, with multiple deployments and service in Operating Enduring Freedom.

“My main role is to perform environmental registry exams on Veterans who are requesting enrollment into a specific registry,” said Dr. Flyer. “I also serve as a resource regarding environmental exposures for both Veterans and other clinicians.” Dr. Flyer is the VISN 20 Lead Environmental Registry Clinician, and communicates information from VA’s Central Office to the lead clinicians in VISN 20. VISN 20, the Northwest Health Network, includes the states of Alaska, Washington, Oregon, Idaho, and one county each in California and Montana.

Veterans can obtain assistance from environmental health coordinators and clinicians for any of the registries from which they qualify. Other VA registries and related programs include the Ionizing Radiation Registry, Depleted Uranium Follow-Up Program, and the Toxic Embedded Fragment Surveillance Center.

VA encourages you to join a registry. To start the process, find an environmental health coordinator near you https://www.publichealth.va.gov/exposures/coordinators.asp.

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Here's How the 2018 Tricare Changes Impact Retirees

A series of changes to Tricare ushered in through a periodic contractor update or ordered by Congress have major impacts on current and future military retirees, including how they enroll in coverage and what they pay out of pocket.

**FAST FACTS:**

- Tricare for Life users will only be impacted by an update to when deductibles and catastrophic caps reset.
- Tricare plan names, region borders and managing contractors are changing Jan. 1.
- All Tricare Standard retirees and Tricare Retired Reserve users will see point-of-service fee changes.
Retirees of the future force will face annual enrollment fees for all plans; current retirees continue to pay an enrollment fee for Tricare Prime only.

Read how the changes impact other users, including active-duty families and those with Tricare Reserve Select.

**CONTRACTOR, REGION AND PROGRAM NAME CHANGES**

Starting Jan. 1, Tricare's Extra and Standard plans will be rolled into one system known as Tricare Select, thanks to legislation passed by Congress last year.

At the same time, a regular Tricare contract update is ushering in changes to Tricare's regions and contractors.

Rather than the three region system used today, Tricare will divide into two regions -- Tricare East and West.

Tricare East will be managed by Humana Military. Tricare West will be managed by Health Net Federal Service.

Related Content:

- Many Tricare Users Will Face Higher Out-of-Pocket Costs in 2018
- Here's How Tricare's 2018 Changes Affect You
- Obamacare Repeal Would Increase Uninsured Veterans: Report

**CHANGES TO HOW -- AND WHEN -- YOU ENROLL**

Currently, all Tricare users, including retirees, can switch between coverage plans throughout the year for any reason.

But beginning in 2019, all Tricare users will be blocked from switching between plans at will.

Instead, they will need to wait for a "qualifying life event," such as the birth of a baby or a move, or change during an annual open enrollment period each fall.
During open enrollment, users have two options, Tricare officials said. They can choose to change their plan, or they can do nothing and stay in their current plan.

Retirees who want to use Tricare Prime will also need to pay their annual enrollment fee, just as they do now, officials said.

Whether Tricare users must take action each fall or risk losing their plan has been a point of confusion as the new system rolls out.

Tricare clarified Oct. 6 that all users will remain enrolled year after year, assuming they pay their enrollment fees and remain eligible for coverage, officials said.

Users do not need to do anything to remain in their current plan other than pay any annual fee during or after open enrollment, they said.

**ENROLLMENT FEE TIMING MOVED**

Right now, Tricare Prime retiree users pay an annual enrollment fee every October. Starting in 2018, however, Tricare will switch to a calendar year system.

That means users will start paying those annual fees -- $282.60 for an individual user and $565.20 for a family -- in January instead.

The fee amounts are adjusted annually based on a cost-of-living calculation. The enrollment fee also counts toward the annual $3,000 "catastrophic cap" -- the most any retiree family will pay out of pocket per year.

For the remainder of this year, retirees will pay a pro-rated enrollment fee. Tricare officials said users will be contacted by the current regional contractors with more information on where and how to pay that fee.

Thanks to the contractor change, some Prime users will also need to change where they send that annual payment starting in January. Officials said those users will be contacted by the new contractors with that information.
THREE MONTHS OF 'FREE' COVERAGE

In the past, annual deductibles and caps have reset on Oct. 1 with the start of the new fiscal year. But because the system is switching to a calendar year system, caps will instead now reset in January.

That means for 2017 only, all users who have hit their cap have an extra three months -- October, November and December of this year -- to receive care without additional fees.

Those who have not yet hit their cap or deductibles will continue to pay toward the fee ceilings.

RETIREES COULD FACE HIGHER FEES LATER

Starting in 2021, retirees who use Tricare Standard, which will be known as Tricare Select, may also face an annual enrollment fee of $150 for an individual and $300 for a family.

That change, however, is dependent on future congressional action and Tricare meeting a series of benchmarks between now and then.

FLAT RATE OUT-OF-POCKET COSTS

Thanks to a change in how point-of-service charges are calculated, some users, including retirees in the new Select system, may see higher out-of-pocket fees.

Currently, those costs are based on a "percentage of allowable charges" system predicated on a variety of factors, such as region, type of doctor and type of appointment.

Going forward, however, Tricare is moving to a flat-rate system based on average costs across the system. That means while some users will pay less at appointments, others will pay more.

Starting in January, retirees on Tricare Select, currently known as Tricare Standard or Tricare Extra, will pay $35 per visit for in-network primary care and $45 per visit for in-network specialty care until they hit their cap. In-
network emergency room visits will run $116, and in-network urgent care use will cost $35.

Retirees who use Prime will pay $20 at point-of-service outside a military treatment facility for in-network primary care; $30 for in-network specialty care; $60 for in-network emergency room use; and $30 for in-network urgent care.

All other fees are available on Tricare's website.

**FUTURE TROOPS WILL FACE DIFFERENT, OFTEN HIGHER, FEES**

Troops who join after Jan. 1, 2018, and later retire, commonly called "future retirees," will face an entirely different series of costs, including new and higher registration fees, higher catastrophic caps and a different series of flat fees at the point of service.

-- Amy Bushatz can be reached at amy.bushatz@military.com.
On November 9, 2017, Representative Charlie Crist (FL) and Representative Jeff Denham (CA) introduced H.R. 4345, the Veteran Treatment Court Coordination Act of 2017.

The bill would create coordination between the Secretary of Veterans Affairs and the Attorney General to provide grants and technical assistance to the State circuit court systems that have adopted Veteran Treatment Court Programs or have filed a notice of intent to establish a Veteran Treatment Court Program with the Secretary.

There are currently over 200 Veteran Treatment Courts in the United States. These courts seek to treat veterans suffering from a substance abuse and/or mental health disorder, while helping ensure public safety. They combine rigorous treatment and personal accountability, with the goal of breaking the cycle of drug use and criminal behavior. Veteran Treatment Courts require regular court appearances, as well as mandatory attendance at treatment sessions, and frequent and random testing for drug and alcohol use. Veterans respond favorably to this structured environment, given their past experiences in the Armed Forces.

Veteran Treatment Courts keep veterans out of jail and prison and connect them with the benefits and treatment they have earned, all while saving tax dollars for our country. Nationwide, these courts have produced a statistically significant reduction of recidivism rates in veterans.

H.R. 4345 would create a single office in the Department of Justice to coordinate the provision of grants, training, and technical assistance to help State, local, and Tribal governments develop and maintain Veteran Treatment Courts.

In accordance with DAV Resolution No. 105, calling for the continued growth of Veteran Treatment Courts for justice-involved veterans, DAV supports this bill. Please use the prepared electronic letter or draft your own to urge your Representative to cosponsor H.R. 4345.

We appreciate your support for DAV and your grassroots efforts through DAV CAN. Your advocacy makes DAV a highly influential and effective organization in Washington, DC. Your voice makes a difference and we would not be as effective without you.

Click the link below to log in and send your message:
https://www.votervoice.net/BroadcastLinks/6kD3dPyCvTVyGGwQ35CrFA
Volunteers offer last honor to veterans at Haven Hospice

BY JOE DARASKEVICH joe.daraskevich@jacksonville.com

Volunteers Robin McKenzie, a retired Navy nurse corps captain (right), and Scott Killen, a Marine veteran, salute World War II veteran Tal Motes, 97, during a Nov. 21 pinning ceremony at Haven Hospice. Haven has a program to honor new patients who are veterans. Volunteer vets read a thank-you letter and present them with a card, quilt and pin. (Photos by Will Dickey/Florida Times-Union)

Each patient at Haven Hospice who served in the military is offered a final salute from a fellow veteran as a way to say thank you.

Some have few breaths left in their bodies.

Others are close to the end, but still have time to say goodbye to friends and family.

After 97 years and serving in World War II with the Army, Tal Motes didn’t have much left when family gathered around his bed last month when he was admitted to hospice care.

Two veterans who volunteer for Haven Hospice were there to honor his service the same day. He would die that night.

Motes received a certificate, thank-you card, small American flag, quilt and lapel pin, while loved ones quietly showed respect.

Veterans Robin McKenzie and Scott Killen then stood at attention and saluted Motes one last time.

“No matter how sick they are, they try to salute back,” said Sandra Francis, a volunteer coordinator at Haven Jacksonville and Orange Park.

Francis has a group of six dedicated volunteers who perform pinning ceremonies for new veteran patients. Not every veteran chooses to utilize the program, she said, but it means a lot to the ones who do.

“A lot of people were never told that, they were just discharged and sent home. I love to be able to convey that to them because to me it’s important that every single veteran hears those words.”

All Haven locations across Northeast Florida offer the service. In 2016, 854 veterans
were admitted and about 275 of them elected to take part in the pinning ceremony, according to Haven.

“It’s important because you don’t know if they’ve ever been told thank you,” Killen said.

Killen served in the Marines during the Vietnam War and started volunteering at Haven about two years ago. He said there were no parades or pats on the back when he came home from war.

“Most of us were met at airports by protesters,” Killen said. That’s what sticks in his mind when he performs the pinning ceremonies and thanks the veterans for their service.

“A lot of people were never told that. They were just discharged and sent home,” Killen said. “I love to be able to convey that to them because to me it’s important that every single veteran hears those words.”

Killen said he keeps a few certificates in his car in case he gets a call from Francis asking him to drop everything and perform a ceremony. He always dresses nice in a white shirt and a pair of black slacks, but he said that’s just because he no longer fits in his uniform.

McKenzie and Mike DelPizzo are able to include that added element. “We wear our uniform whenever we do these ceremonies,” McKenzie said. “The family, patient and staff appreciate seeing that.”

She spent 30 years in the Navy before retiring in 2008. She then met Francis and immediately offered her time to Haven.

McKenzie said the presentation of the certificate feels very similar to an official military honor or award. They address the patient by rank and name, just like they do in the service, she said.

Most of the time, the ceremony is very somber, but McKenzie said sometimes it turns out to be a joyous celebration, complete with battle stories or memories from days in the military.

She said she once spent three hours with a patient and about 10 family members, eating and sharing stories.

Now McKenzie helps teach others how to perform the ceremony.
Stolen Valor: Fake Green Beret Forced to Shut Down Honor Guard Group

Pictured here, Papotia Reginald Wright's military record does not support his claims to have been in Special Forces. According to investigations by multiple groups, the supposed Special Forces veteran vastly inflated his military service to include medals for valor. (COURTESY OF GUARDIANS OF THE GREEN BERET)

Stars and Stripes 3 Jan 2018 By Stephen Carlson

WASHINGTON -- Papotia Reginald Wright started the 8th Special Forces Regiment New York Honor Guard more than a year ago to perform burial services for veterans. But according to investigations by multiple groups, the supposed Special Forces veteran vastly inflated his military service, including medals for valor, and his group has since shut down.

Wright claimed to be a retired command sergeant major from Special Forces and used his fraudulent claim to run a veterans service organization with no official nonprofit status in Brooklyn, N.Y., according the state Attorney General's office. Military records seen by Stars and Stripes show he served in the Army from 1982-90 as a truck driver who never ranked higher than a specialist -- a far cry from his claims of combat service.

Photographs show Wright in full dress uniform at promotional events including a New York Giants game. Most of his decorations -- a Bronze Star, Purple Heart and others -- are allegedly fake, according to Steve Antson from Guardians of the Green Beret, a
watchdog group that works to expose people pretending to be part of Special Forces. According to federal law under the Stolen Valor Act, it is a crime to lie about military awards for monetary or other tangible benefits. Wright, who goes by "Reggie," told Stars and Stripes that his rank is honorary, not an attempt to mislead.

"Because I started the unit (the Honor Guard), I was the top NCO there," he said. Wright has said he never claimed to be in Special Forces specifically, but that he drove trucks for the 75th Ranger Regiment and 5th Special Forces Group as an attachment. As part of the Army's Authorized Provider Partnership Program, organizations like Wright's can perform military honors for funerals of former military personnel or honor guard ceremonies for events. "When they couldn't take up the slack, we were called," Wright said of the Army.

According to its now-defunct Facebook page, the "8th Special Forces Regiment New York Honor Guard is a Veteran Service Organization (VSO) that renders final honors to Veterans with an Honorable Discharge or General Discharge with Honorable conditions." It is based at the Park Slope Armory building on 8th Avenue in Brooklyn. The name is an apparent reference to the 8th Special Forces Group, which conducted counterinsurgency operations and training in the backdrop of the Cold War in Latin America. The unit was disbanded in 1980.

The Guardians of the Green Beret said they have been aware of the Honor Guard for about two months, after being alerted by another watchdog organization called Guardian of Valor that Wright was exaggerating his military service to promote the Honor Guard. Wright claimed he had been part of the "Black Hawk Down" incident in Mogadishu in 1993 that led to the deaths of 18 U.S service members, Antson said. Wright's service ended in 1990, according to his personnel record. Multiple people confirmed to Antson that Wright told the story of an enemy fighter who snuck up behind him and cut his kidney out. "He's saying he is walking around with half a kidney," he said. Wright never received a Purple Heart, according to his military records.

An official at Fort Hamilton in Brooklyn, who wasn't permitted to talk on the record, said no one questioned Wright's rank and credentials at the base, and he used that to gain access to government vehicles "for whatever reason." Jeffrey Johnson, a former Army major, joined the Honor Guard to help veterans, he said. Wright immediately asked Johnson to work promotional events with him. The pace was frenetic, Johnson said. They
attended an annual Heroes Gala event by Iraq and Afghanistan Veterans of America where he met former Army Gen. David Petraeus and other well-known military figures. He worked with Wright at a New York Giants game and at the Nov. 10 reopening of the Times Square recruiting station after its renovation.

"I got caught up so quickly in the events," he said, eventually leaving the group because of the time commitment it required. He said he was "crushed" by the revelations about Wright's inflated service record and self-promotion. "I believed in the organization. It was a feeling of pride to put on the uniform again since I was always proud of my military service," he said. "It sunk my heart." The Honor Guard website was taken down after accusations of fraud were made. Its Facebook page states in its last post on Nov. 29 that "information has been posted on the Internet which we were not aware of until this month of November 2017. As a result we will look into the matter, therefore we will be closing our social media until further notice."

The post was signed by Maj. Tammy Feliciano from the group's S-1 office, referring to personnel management sections in Army headquarters units. The Guardians of the Green Beret claim they have been able to find no evidence that Feliciano served in the military after a Freedom of Information Act request to the National Personnel Records Center. "She is calling herself a major. She was not active duty, she was not in the Guard, she was not in the Reserves," Antson said. Wright says Feliciano is a civilian and the title was honorary. "She's never been in the military and she's never portrayed herself to be in the military."

She could not be reached by Stars and Stripes for comment. The 8th Special Forces New York Honor Guard is officially defunct, Wright told Stars and Stripes in December. "If people don't want us to bury veterans, that's a shame. That is what our mission was," he said.
Former POW Bill Robinson, the longest held enlisted military captive during the Vietnam War – will speak in Palm Coast

March 14, 2018 in two separate sessions: 2 p.m., and 6 p.m.
- Tickets are required for entry but are FREE. -

Don’t miss this rare opportunity to hear and meet a POW. DON’T MISS IT!

Come hear his story... Bill spent 2,703 days in captivity; longer than any other enlisted service member in U.S. history! He has a lot to say about his experiences...

Time will be available after Bill’s talk for hand shaking, photo opportunities, and book signing. So plan on the event lasting 90-120 minutes.

HOW TO GET YOUR FREE TICKET:

Tickets are available from our local: VFW, The American Legion, DAV, AMVETS, MOAA, and MCL organizations.

Alternative 1: stop by the Flagler County Veterans Service Office, Mon-Fri • 8 a.m. to 5 p.m. (closed noon to 1 p.m.) in Building 2, Suite 108, at 1769 E. Moody Blvd., Bunnell; Phone: 386-313-4014

Alternative 2: An individual reservation can be made on-line (for the 6 p.m. session only): Make the reservation at www.FlaglerVeteran.com and then pick up the actual ticket at Will Call (outside the VFW main entrance) approximately 1-hour prior to the event.

Event Location: VFW (Veterans of Foreign Wars): #8696, 47 Old Kings Rd N, Palm Coast, FL 32137; Phone (386) 446-8696
ABOUT. As a US Air Force HH-43 Huskie crew chief, A1C Robinson was taken prisoner on 9-20-1965 after the rescue helicopter he was on crashed during a mission over North Vietnam. He spent 2,703 days in captivity! The longest duration of captivity of an enlisted US service member. He will speak in Palm Coast March 14, 2018. Don’t miss it!! Time will be available after Bill’s talk for picture taking, book signing (see book title below), and hand shaking. This is a rare opportunity to meet a POW up close.

DETAIL. Robinson is identified as being held as a prisoner of war longer than any other enlisted man in U.S. history. He was held in a variety of POW camps in Vietnam, including the infamous Hanoi Hilton, the Briarpatch and The Zoo, for seven years and five months. Robinson was a crew chief on a Huskie rescue helicopter and was only scheduled for a four-month tour in Vietnam. The helicopter was shot down Sept. 20, 1965, in the Ha Tinh Province and 22-year-old Robinson and his crewmates were captured. For the next seven and a half years, he endured being beaten, interrogated and starved while witnessing the deaths of many fellow POWs. Just days after his capture, Robinson was shown in a photograph with a female North Vietnamese prison guard that became a widely circulated propaganda picture for the Viet Cong, even being turned into a postage stamp. He was released Feb. 12, 1973, and returned to the US on Valentine’s Day. Robinson retired from the Air Force in 1984 as a captain. He has shared his story of endurance in the book: The Longest Rescue: The Life and Legacy of POW William A. Robinson. (Books will be for sale at the event and are also available on Amazon.)

He says he survived over seven years in prison camps by telling himself each day that he was only in Vietnam for three days. “I was shot down yesterday; today was today; and I was going to the house tomorrow,” Robinson says is what he told himself every day of his captivity. He is one of only 23 enlisted men to receive the Air Cross and also was awarded the Silver Star, Legion of Merit, Bronze Star, POW Medal and two Purple Hearts.

ABOUT THE EVENT

March 14, 2018. Tickets are required for entry, but are FREE. Tickets are specific to either the 2 p.m. or the 6 p.m. session, and are NOT interchangeable. Each ticket admits (1) person.

Event Location: VFW (Veterans of Foreign Wars): #8696, 47 Old Kings Rd N, Palm Coast, FL 32137; Phone (386) 446-8696
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as we give thanks to those in the community
who have given their time, money and support
for our combat veterans.

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A meal will be provided for all to enjoy.

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TO LEARN MORE CONTACT MICHAEL ANTHONY, EXECUTIVE DIRECTOR
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