



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, July 10, 2016
Volume 7, Issue 25

This-N-That

It seems the VA study on Veteran Suicide says 20 Veterans per day commit suicide, down from 22 and they appear to be "proud" that the number has declined.

Why did they waste the money on doing a study vs. dealing with the issue to knock that number down to ZERO?

It doesn't matter how many or why, the point is and has been even just ONE is one too many!

Pushing pills and keeping anyone in a doped up state is NOT the answer, never was, never will be!

Providing the services needed such as one on one counseling, group counseling and alternative medical treatment other than these powerful psychotropic drugs to me would be a far better solution. And when someone applies for benefits for these issues, damn, just start the treatments and worry about the darn paperwork later.

To me if some clown in the VBA can't keep up with the work load, or is known for just automatically denying a claim, we should still be providing care and treatment to prevent all these suicides from happening.

How many lives does it cost to finally determine and proper and expeditious way of helping vs auto denials?

And when it comes right down to it, I personally believe that number is much greater than being touted.

They (The VA) could never provide even close to accurate how many Veterans are homeless, so how can we believe their number of twenty per day?

I was back in Orange County yesterday and I made it a point to go check the one site where there was a homeless tent city and from a couple weeks ago to yesterday it has almost doubled in size.

There were tents under HWY 57, Orangewood Bridge, and up along the side of the 57 and they're all in the Santa Ana riverbed which that in itself is dangerous should there be any kind of flash flood or heavy rains.

And I saw nor heard from anyone in Orange County there was anything being done to help these people, most of them being Veterans.

I don't know about you but both these issues make me very angry, and I'm always faxing and calling the reps in each district, as well as both my Senators, and several other members of Congress continually staying on their backs till I get answers and hopefully results.

A little fact you might not be aware of is that Veterans make up 8-9% of the voting population. That very same 8-9% can make or break any bid for election or re-election.

If your Congressman or Senators are up for re-election, and they're not doing what they have promised, what you expected or when you voiced and opinion and don't fulfill your expectations then please do NOT re-elect them.

We desperately need to clean both the House and Senate and get people who want to get the job done in those seats! And something else we need are term limits to match that of the POTUS, two terms and no more. If they can't get a job done within two terms, it's time to replace them.

If you have check out the VFC Website, you might want to visit today. Over the past couple of weeks and additional 500+ documents have been added.

On behalf of myself and Volunteers nationwide, we wish you and your family good health and a happy and safe 4th of July!

Respectfully,
Jim Davis
Founder
Jim.Davis@Veterans-For-Change.org

Congress May Impose Military Pay Caps - Again

A House-Senate conference committee negotiating final details of the fiscal 2017 defense authorization bill will decide this summer whether to impose a fourth straight cap on the annual military pay raise set for Jan. 1. The fate of that half-percentage point in basic pay swings on what weight conferees assign to compensation over other defense priorities. For more details, see [this Military Advantage blog post](#).

Legislation to Improve Servicemembers' Protections Introduced in Congress

Last week Senator Richard Blumenthal (D-Conn.) introduced the Justice for Servicemembers Act, a bill that would improve the protections that were already supposed to have been given to individuals who leave their civilian jobs temporarily to perform active duty military service. The bill is in response to employers who have found a loophole in the original Uniformed Services Employment and Re-employment Act (USERRA) that was passed in 1994.

The original USERRA legislation was supposed to guarantee that a person who goes on active military duty has the right to return to his or job under the following conditions:

The pre-service employer must reemploy servicemembers returning from a period of service in the uniformed services if those servicemembers meet five criteria:

- ◆ The person must have been absent from a civilian job on account of service in the uniformed services;
- ◆ The person must have given advance notice to the employer that he or she was leaving the job for service in the uniformed services, unless such notice was precluded by military necessity or otherwise impossible or unreasonable;
- ◆ The cumulative period of military service with that employer must not have exceeded five years;

- ◆ The person must not have been released from service under dishonorable or other punitive conditions; and
- ◆ The person must have reported back to the civilian job in a timely manner or have submitted a timely application for reemployment, unless timely reporting back or application was impossible or unreasonable.

According to the 1994 law in brief, USERRA protects civilian job rights and benefits for veterans and members of Reserve components.

It establishes the cumulative length of time that an individual may be absent from work for military duty and retain reemployment rights to five years, with certain exceptions.

It provides protection for disabled veterans, requiring employers to make reasonable efforts to accommodate the disability.

USERRA provides that returning service-members are reemployed in the job that they would have attained had they not been absent for military service (the long-standing "escalator" principle), with the same seniority, status and pay, as well as other rights and benefits determined by seniority.

Health and pension plan coverage for service members is provided for by USERRA.

However, many employers have taken advantage of an apparent loophole in the law by claiming the law was voluntary and that returning servicemembers could be forced into arbitration, thus denying them the opportunity to take an employer that refused to reinstate them under the terms of the USERRA law to court. At least two federal courts have ruled that Congress was not clear about the enforceability of the law.

This new legislation aims to clarify the original law and make it clear that returning servicemembers can be forced into arbitration. Currently the Senate version of the bill, S. 3402 has only Democratic sponsors, but past legislation dealing with servicemembers employment issues have been bi-partisan and the same is expected this time.

The House version of the bill is H.R 5426 and it has an equal number of Republican and Democratic sponsors. However, major corporations and the U.S. Chamber of Commerce are opposed to the legislation and a difficult fight is expected in trying to gain passage.

TREA Legislative Director Larry Madison helped lead the effort to gain support for the legislation from 30 different military and veterans groups. The letter of support was presented at a press conference given by Senator Blumenthal last Wednesday.

Source: TREA

Recent Focus on Health Equity and Action Cyberseminar Largest Single Session to Date

Thank you to those who have participated in the [Focus on Health Equity and Action Cyberseminar series](#). The FY16 series wrapped up with a panel discussion on Veteran TBI disparities. The number of registrants and attendees for this session were the highest since the [VA HSR&D Cyberseminar series](#) began.

The panel featured VA TBI expert Dr. David Cifu along with Dr. Bennet Omalu, whose research and discovery inspired the 2015 motion picture *Concussion* starring Will Smith. The distinguished panelists highlighted TBI-related morbidity and mortality among vulnerable Veteran groups including chronic traumatic encephalopathy. The session has been archived at the following link:

http://www.hsrdr.v.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=1169.

To Contact your Members of Congress

To Call your Representative: 202-225-2305

To call your Senator: 202-224-3841 or 202-224-3553

To call different members of Congress: 202-224-3121

Toll FREE Number: 866-272-6622

Operation Mail Call



Operation Mail Call needs your help! We need cards and letters to send to our troops currently serving on foreign soil.

Doesn't have to be anything special, just words of support and thanking them for their service.

If you're a school teacher, please contact me at my E-Mail address at the top, our troops love to hear from kids too!

For more information, visit: <http://veterans-for-change.org/5439-operation-mail-call-2>

Government Accountability Reports

Gun Control: Analyzing Available Data Could Help Improve Background Checks Involving Domestic Violence Records.
<http://www.gao.gov/products/GAO-16-483>

U.S.-China Cooperation: Bilateral Clean Energy Programs Show Some Results but Should Enhance Their Performance Monitoring. <http://www.gao.gov/products/GAO-16-669>

Information Security: FDA Needs to Rectify Control Weaknesses That Place Industry and Public Health Data at Risk.
http://www.gao.gov/restricted/restricted_reports

Compact of Free Association: Proposed U.S. Assistance to Palau for Fiscal Years 2016 to 2024.

<http://www.gao.gov/products/GAO-16-788T>

Federal Real Property: Opportunities Exist to Enhance Information on and Coordination among Federal Entities with Leasing Authority. <http://www.gao.gov/products/GAO-16-763T>

Supplemental Nutrition Assistance Program: Policy Changes and Calculation Methods Likely Affect Improper Payment Rates, and USDA Is Taking Steps to Help Address Recipient Fraud. <http://www.gao.gov/products/GAO-16-708T>

Drug Shortages: Certain Factors Are Strongly Associated with This Persistent Public Health Challenge.
<http://www.gao.gov/products/GAO-16-595>

Highway Safety: More Robust DOT Oversight of Guardrails and Other Roadside Hardware Could Further Enhance Safety.
<http://www.gao.gov/products/GAO-16-575>

Tax Expenditures: Opportunities Exist to Use Budgeting and Agency Performance Processes to Increase Oversight.
<http://www.gao.gov/products/GAO-16-622>

Unauthorized Grazing: Actions Needed to Improve Tracking and Deterrence Efforts.
<http://www.gao.gov/products/GAO-16-559>

Defense Weather Satellites: DOD Faces Acquisition Challenges for Addressing Capability Needs.
<http://www.gao.gov/products/GAO-16-769T>

Maritime Security: Progress and Challenges in Implementing Maritime Cargo Security Programs.
<http://www.gao.gov/products/GAO-16-790T>

Polar Satellites: NOAA Faces Challenges and Uncertainties that Could Affect the Availability of Critical Weather Data.
<http://www.gao.gov/products/GAO-16-773T>

Still No Agreement on NDAA

Senate Democrats united late Thursday to block the chamber's consideration of the annual Pentagon spending bill.

The vote was 50-44 on a motion to invoke cloture on the motion to proceed to the bill — a procedural vote to advance the measure that fell short of the 60 votes required for adoption.

Democrats saw the move as a show of opposition to certain GOP budget maneuvers. However, Senate Majority Leader Mitch McConnell, R-Ky., depicted the Democrats' decision as a case of jeopardizing money meant for U.S. troops.

The vote appears to make more likely a continuing resolution to keep funding government agencies at current levels. With lawmakers scheduled to leave town July 15 for a seven-week recess, there's little time remaining on the congressional calendar before current government funding expires Sept. 30, and jockeying over a stopgap funding measure has already started.

Source: NAUS

Can the VA Be Modernized?

Department of Veterans Affairs (VA) Secretary Bob McDonald recently spoke on the question “Can the Department of Veterans Affairs be modernized?” McDonald’s first comment was “Absolutely, yes.” Some recent improvements include: (1) a mobile app allowing veterans to schedule, reschedule, or cancel appointments on their smartphone. It is expected to be fully available later this year. (2) Veterans will be able to enroll for health care online or over the phone beginning this summer. (3) Employees are invited to [identify and submit ideas](#) for best practices to be implemented where they are needed most; and (4) automated kiosks gathering feedback from the veterans. For more information watch Secretary McDonald’s address on [C-Span](#).

Critical Vote on Veterans Legislation Needed in the Senate

The Senate Veterans’ Affairs Committee has approved and reported a nearly 400-page omnibus measure now pending a vote by the full Senate. This bill, S. 2921, the Veterans First Act, contains numerous DAV legislative priorities that would expand and improve benefits and services for injured and ill veterans, including DAV members and their families.

This legislation would extend comprehensive caregiver support to veterans of all eras; increase veterans’ options for long-term care through medical foster homes; enhance VA’s efforts to recruit and retain the best and brightest medical professionals; reform claims and appeals processing by creating a fully developed appeals pilot program; and, make dozens of other positive changes to improve the lives of those who served.

With the House having already passed nearly two dozen measures to strengthen veterans programs, we look forward to working together with leaders in both chambers of Congress, the VA and other key stakeholders to enact comprehensive legislation to help keep the promise to America’s veterans, particularly those who were injured or made ill from their service.

Please use the prepared message to write your Senators today to ask them to work for a final vote on S. 2921, the Veterans First Act, which will improve the lives of millions of America’s veterans, as well as their families and survivors.

As always, thank you for your support of DAV’s legislative efforts. Your participation in DAV CAN makes DAV a more effective advocate to protect and enhance the interests of veterans who have sacrificed in military service to America.

Have a safe and enjoyable Independence Day!

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

Source: DAV

VA Fights Bill to Help WWII Vets Exposed to Mustard Gas

Last week the Department of Veterans Affairs (VA) announced that they do not support proposed legislation by Senator Claire McCaskill (D-MO) which would make it easier for World War II veterans intentionally exposed to mustard gas in U.S. military experiments to get medical benefits.

These veterans have been blocked for decades from receiving VA benefits because of an oath of secrecy they were forced to take at the time. The VA argues that the plan could unintentionally expand coverage to all WWII veterans, but that they “fully support delivering benefits to veterans and survivors as quickly as possible,” according to David McLenachen, deputy undersecretary for disability assistance.

Senator McCaskill's legislation mandates a review of previously denied claims, lowers the bar to get the benefits, revamps the VA's application and adjudication process and mandates an investigation by the VA and Pentagon to determine what went wrong with the process. The bill would mandate that during the review of previous claims, the VA must presume a veteran was exposed to mustard gas until proven otherwise.

Only 40 WWII veterans are receiving benefits for mustard gas exposure, and up to 90 percent of the disability claims filed from 2005 to 2015 with the Department of Veterans Affairs have been denied, according to McCaskill. Further, her office says the burden of proof would only be flipped for those who have already filed a claim, and there are only 400 of them left alive.

It is unclear why VA believes all WWII veterans would be covered by the presumption of mustard gas exposure, but if they make their position clear we will let you know.

Source: TREA



Care for the Caregiver

As a Caregiver, the very best thing you can do for those who depend on you is to take care of yourself. VA's Caregiver Support Line offers monthly telephone education groups to support your role as a Caregiver. During these calls, you will receive self-care tips and support on a variety of topics. You will also have the opportunity to comment and ask questions at the end of each call.

Recordings, transcripts, and handouts from past presentations are available, as well as information on how to register to attend future sessions. Visit www.caregiver.va.gov/support-line/presentations.asp today to find out if these calls are right for you.



With VA's Caregiver Support Line assistance is just a quick phone call away. Whether you're in need of immediate assistance or have questions about what services you may be eligible for, the caring licensed professionals who answer the support line can:

- ◆ Tell you about the assistance available from VA.
- ◆ Help you access services.
- ◆ Connect you with the Caregiver Support Coordinator at a VA Medical Center near you.
- ◆ Just listen, if that's what you need right now.

If you're just getting started with VA, calling the Caregiver Support Line is a great first step to take to learn more about the support that's available to you.

VA Announces Elimination of Signature Requirement

The VA has announced it has eliminated paper signature requirements for veterans wishing to enroll in VA health care. Effective immediately, VA has amended its enrollment regulations to allow Veterans to complete enrollment applications for enrollment in VA health care by telephone without the need for a paper signature. This action also accelerates VA's effort to enroll all Combat Veterans with pending enrollments as part of its ongoing Veterans Enrollment Rework Project (VERP).

By adding this telephone application option to VA's regulations with this amendment, VA will now offer three ways to enroll under 38 CFR 17.36(d) (1). This option provides veterans a convenient third enrollment option in addition to the paper VA Form 10-10 EZ and the online health care application. To apply, call 1-877-222-VETS (8387), Mon-Fri between 8 am and 8 pm, EST.

Source: NAUS

TRICARE and Your New Baby

If you have a new baby or have adopted a child, take the necessary steps to give your child access to health care: (1) register your child, newborn or adoptee, in the [Defense Enrollment Eligibility Reporting System \(DEERS\)](#). You need to register in DEERS to get TRICARE. You do not have to wait the 2-6 months it may take for a formal state department birth certificate; (2) enroll your child in Prime by calling your regional contractor or by submitting a Prime enrollment form. If your family is growing with an adopted child, start the process as soon as you have the information to register them in DEERS. For more information, visit the Enroll or Purchase a Plan webpage on the TRICARE [website](#). You can find the nearest DEERS registration site [here](#).

3 Things to Know About the TRICARE Dental Change

You may have heard that TRICARE is saying "bye-bye" to Metlife and switching back to United Concordia for coverage for active duty families, as well as Guard and Reservists and their families. But what does this mean, exactly? For three key facts about the change, see [this Spousebuzz post](#).

Benefit Spotlight: VA Telehealth

Veterans Administration Telehealth Services uses health informatics and telehealth technologies to improve healthcare services. Home Telehealth provides a home messaging device at no cost to veterans. Veterans who participate in the program use the device daily to send data such as weight, blood sugar and blood pressure to a registered nurse who reviews the information, documents findings in the patient medical records and assist the primary care provider with care management. Non-emergency healthcare advice and treatment can be obtained without having to drive to the VA medical center. For more information, visit the VA Telehealth Services [webpage](#) or contact your nearest VA medical center.

Veterans fought for us; we continue to fight for our Veterans!

VA and Your Health Records

Connecting your docs with the Virtual Lifetime Electronic Record (VLER) Health program shares important parts of your veteran health record between the Department of Veterans Affairs (VA) and your community health care providers who participate in this program. This allows your health care providers to access important information about your health, so they can provide you the best possible care. This program is free and voluntary for veterans, but VA needs your consent to share your health records (VA Form 10-0485). Sign up on the [VLER Health website](#). If you have technical difficulties, please call 1-800-983-0937 for assistance.

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

The Commission on Care Releases Final Report

On Tuesday the Commission on Care released its long-awaited final report. The Commission was established by Congress under the Veterans Access, Choice, and Accountability Act of 2014, to examine veterans' access to VA health care and to examine strategically how best to organize the Veterans Health Administration, locate health resources, and deliver health care to veterans during the next 20 years.

Below are the Commission's final recommendations:

1. Across the United States, with local input and knowledge, VHA should establish high-performing, integrated community health care networks, to be known as the VHA Care System, from which veterans will access high-quality health care services.
2. Enhance clinical operations through more effective use of providers and other health professionals, and improved data collection and management.
3. Develop a process for appealing clinical decisions that provides veterans protections at least comparable to those afforded patients under other federally supported programs.
4. Adopt a continuous improvement methodology to support VHA transformation, and consolidate best practices and continuous improvement efforts under the Veterans Engineering Resource Center.
5. Eliminate health care disparities among veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the VHA Health Equity Action Plan is fully implemented.
6. Develop and implement a robust strategy for meeting and managing VHA's facility and capital-asset needs.

7. Modernize VA's IT systems and infrastructure to improve veterans' health and well-being and provide the foundation needed to transform VHA's clinical and business processes.
8. Transform the management of the supply chain in VHA.
9. Establish a board of directors to provide overall VHA Care System governance, set long-term strategy, and direct and oversee the transformation process.
10. Require leaders at all levels of the organization to champion a focused, clear, benchmarked strategy to transform VHA culture and sustain staff engagement.
11. Rebuild a system for leadership succession based on a benchmarked health care competency model that is consistently applied to recruitment, development, and advancement within the leadership pipeline.
12. Transform organizational structures and management processes to ensure adherence to national VHA standards, while also promoting decision making at the lowest level of the organization, eliminating waste and redundancy, promoting innovation, and fostering the spread of best practices.
13. Streamline and focus organizational performance measurement in VHA using core metrics that are identical to those used in the private sector, and establish a personnel performance management system for health care leaders in VHA that is distinct from performance measurement, is based on the leadership competency model, assesses leadership ability, and measures the achievement of important organizational strategies.
14. Foster cultural and military competence among all VHA Care System leadership, providers, and staff to embrace diversity, promote cultural sensitivity, and improve veteran health outcomes.
15. Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.
16. Require top executives to lead the transformation of HR, commit funds, and assign expert resources to achieve an effective human capital management system.
17. Provide a streamlined path to eligibility for health care for those with an other-than-honorable discharge who have substantial honorable service.
18. Establish an expert body to develop recommendations for VA care eligibility and benefit design.

To read the final report of the Commission on Care and learn specific details of the recommendations, please visit this [website](#).

Source: NAUS

Court Upholds Texas Rules in Vets Education Act

A federal appeals court has upheld a much-watched Texas program that promises free college educations to military veterans if they lived in the state when they enlisted. The Hazlewood Act dates to the 1920s. State lawmakers expanded the program in 2009 to include the veterans' children. Veterans also qualified if they entered military service at a Texas installation.

Program for Native American Veterans

An estimated 500 Native American Veterans are expected to benefit from housing and supportive services provided under the first-ever Tribal HUD VASH program. 26 tribes will share the \$5.9 million in assistance. American Indian and Alaska Native veterans who are homeless or at risk of homelessness and who are living on or near a reservation or other Indian areas are eligible for this assistance. The program will provide Native American veterans in need with tenant- or project-based assistance from HUD and supportive services from VA. For more information, read the [VAntage Point Blog](#) and the [TRIBAL HUD VASH Supportive Housing Program rules](#).

Veterans-*For-Change* Website

If you haven't visited in a while, maybe you should visit today! Since we went back on-line in October 2012 average visitors have been around 1,700 per day and we've had a total of **2,851,668** visitors.

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.

We feel we have the largest One-Stop-Shop Veterans website available, and 100% user friendly.

There are era Forums, VA Forums, Mental Health Forum with a licensed clinical worker, and much much more!

www.veterans-for-change.org

- ◆ Documents Library with over 15,000 documents on-line (Updated: **06/28/16**)
- ◆ FAQ's with more than 1,600 FAQ's and answers (Updated: **02/20/16**)
- ◆ Multiple Forums
- ◆ Job Postings (Updated: **06/26/16**)
- ◆ Memorial Pages (Updated: **01/02/16**)
- ◆ News (Articles On-Line: **5,842**)
- ◆ Polls
- ◆ Web Links, more than 3,436, Added 1 New Links (Updated: **06/05/16**)

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

Chairman Introduces New VA Accountability Bill

On Tuesday, House Veterans' Affairs Committee Chairman Rep. Jeff Miller (R-FL) introduced [H.R. 5620](#), the **VA Accountability First and Appeals Modernization Act of 2016**. The bill would strengthen protections for whistleblowers and help fix the Department of Veterans Affairs' biggest problem – its pervasive lack of accountability for misbehaving employees. Additionally, the bill would reform the department's disability benefits appeals process – a top priority for VA leaders and many veterans service organizations. Specifically, the bill would:

- ◆ Shorten the firing/demotion/appeals process for rank-and-file VA employees from more than a year on average to no more than 77 days
- ◆ Remove entirely the Merit Systems Protection Board from the firing/demotion/appeals process for VA senior executives
- ◆ Provide VA whistleblowers with a means to solve problems at the lowest level possible, while offering them protection from reprisals and mandating strict accountability for those who reprise against them
- ◆ Give the VA secretary the authority to recoup bonuses and relocation expenses from misbehaving employees
- ◆ Give the VA secretary the authority to reduce the pensions of senior executives convicted of felonies that influenced their job performance
- ◆ Reform the department's broken disability benefits appeals process

Source: NAUS

REACH Helps Wounded Vets Start Careers in Medicine

The REACH program is a Navy Medicine initiative to recruit, teach and employ wounded warriors into medical professions within the federal government. The program provides education, guidance and training for careers in the health care field and helps support a college degree. People participating in this program are eligible to begin within 90 days of their discharge date. After completing education and training, participants have the opportunity to get full-time employment in Navy Medicine. For more information on the REACH program visit the REACH Program [website](#) or contact the NHCP program director Lt. Cmdr. Ramaud Love at 760-763-5771 or Career Coach Jeff Tanner at jtanner@myvetadvisor.com.

Navy to Host Warrior Games

The U.S. Navy will host the 2017 DoD Warrior Games in Chicago in June, 2017. The Warrior Games was created in 2010 as a way to enhance the recovery and rehabilitation of wounded warriors through participation in adaptive sports. This year's DoD Warrior Games featured five U.S. Teams representing the Army, Marine Corps, Navy/Coast Guard, Air Force and the Special Operations Command, as well as a British armed forces team. During the games, teams competed in seven sports, including archery, cycling, shooting, sitting volleyball, swimming, track and field and wheelchair basketball. For more information, visit the DoD Warrior Games website at [website](#).

Treating Post-Traumatic Stress Disorder

Post-traumatic stress disorder can be debilitating in some patients, but thanks to advancements in research and the continued training of mental health providers, treatments are getting better all the time. Mental health providers use evidence-based, trauma-focused therapies. These treatments break the cycle of avoidance. Most patients can make substantial improvement within 6-12 weeks with dramatic reductions in distress and symptoms. For most, the therapy is not as bad as they think it is going to be. People who have been through a traumatic event should seek out a mental health provider and request a screening. For more information, visit the Department of Veterans Affairs National Center for PTSD [website](#).

Follow us on Twitter



<https://twitter.com/Veterans4Change>

VA Rule Would Expand Nursing Roles

A recently proposed rule by the Department of Veterans Affairs (VA) would give Advanced Practice Registered Nurses (APRNs) full practice authority when acting within the scope of their VA employment. With this new rule, APRNs at VA would have the opportunity to provide primary health care and other services to even more patients. APRNs are clinicians with advanced degrees and training who provide primary, acute and specialty health care. The proposal has drawn the support of the American Nurses Association. For more information, read the article on the [VA website](#). Read the proposed rule on the [Regulations.gov website](#).

Links to Other Stories

- 1) [US Veterans commit suicide at rate of 20 a day, VA says](#)
- 2) [VA health care is both good and in need of 'dramatic change'](#)
- 3) [Veterans Affairs Is Off Its Leash Again](#)
- 4) [What's being done to prevent Veteran suicide?](#)

You can help VFC by reading articles posted and commenting at the bottom and rate the articles. If you don't have an account, sign up today, it's FREE. Your comments and rankings tell us what type of information you want most.

Check us out today: www.veterans-for-change.org



Are you seeking employment? Been looking and not found the right job?

Well Veterans-For-Change is working hard to bring you more information on Job Fairs and Job postings available across the country.

<http://veterans-for-change.org/documents-library/category/167-job-fairs-job-postings>

If you're an employer and have a job to post, send and E-Mail to: Jim.Davis@veterans-for-change.org

VA Commission on Care Issues Its Final Report

On July 6, 2016, the Congressionally mandated Commission on Care delivered its [final report](#) to the President through the VA Secretary. This report culminates 10 months of study and analysis of the VA health care system by the Commission and numerous consultants. Also, the national veterans organization community testified before the Commission multiple times and [provided information](#) to the Commission on our concerns as well as our ideas for reform to address a number

of VA's longstanding problems.

It should be remembered that veterans, especially those who were injured or made ill because of military service rely heavily on VA's many services; our investigations reveal a very high level of satisfaction with most of these services. However, we have also noted both to the Commission and to the Congressional veterans committees, that VA's chronic underfunding contributed directly to many of the problems identified in an [independent assessment](#). These problems exploded in 2014 and resulted in Congress enacting Public Law 113-146, the Veterans Access, Choice and Accountability Act of 2014. That act, among many features, established this Commission and gave it its mandate to review VA health care and provide a report for changes that need to be made over the next 20 years to ensure veterans have access to high quality, timely health care.

The Commission made nearly two dozen recommendations that DAV is studying intensively. While we have not conclusively supported all of these recommendations, many of them are aligned closely with DAV's reform proposal submitted to Congress, VA and the Commission earlier this year. The Commission's report will be the subject of Congressional hearings following the Summer recess.

Executive Director, Washington Headquarters Garry Augustine issued an [initial reaction](#) on behalf of DAV. We anticipate, as our analysis continues, to further advise you and all DAV members of the actions we intend to take in response to the Commission's recommendations.

No action is requested at this time from our membership. As always, thank you for your interest in the legislative activities of the DAV.

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

Source: DAV

~We Proudly Support our Military Personnel & Families~

Please remember these women who died during July while serving our country in or during war times

Jul 1863:	Frances Day, disguised as SGT Frank Mayne, CIVIL WAR
Jul 1999:	USA CPT Jennifer Odom,
2 Jul 2010:	USA SPC Morganne M McBeth, 19, non-combat murder, IRAQ
2 Jul 2013:	USA SPC Hilda I (Ortiz) Clayton, 22, non-combat mortar explosion, AFGHANISTAN
4 Jul 1944:	WASP Susan Parker Clarke, WW II
4 Jul 2004:	USAR SPC Julie Rochelle Hickey, 20, AFGHANISTAN
5 Jul 1950:	USA ANC MAJ Genevieve Smith, C-47 plane crash on way to her new assignment as Chief Nurse of the 8th US Army in the Korean Theater
5 Jul 2007:	USA SPC Michelle R Ring, 26, IRAQ
6 Jul 2007:	USN ABH2 Karen M Boado Tumbaga, 25, buried in CA
7 Jul 1944:	WASP Paula Ruth Loop, WW II
8 Jul 1944:	WASP Bettie Mae Scott, WW II
8 Jul 1968:	USA ANC 2LT Pamela Dorothy Donovan, 26, VIETNAM
8 Jul 2008:	USA ANC 2LT Holly Wimunc, 24, murdered by estranged US marine husband in Fayetteville, NC murdered, Fayetteville, NC
8 Jul 2012:	USA SPC Erica (Alecksen) Bailey, 21, IED, AFGHANISTAN
8 Jul 2013:	USA CSM Andrea E Powell, 43, vehicle accident in SC

9 Jul 2003: USA SGT Melissa Valles, 26, non-combat gunshot, IRAQ
10 Jul 1991: USAR LT Lorraine Lawton, accident in Saudi Arabia, DESERT STORM
10 Jul 2007: USA CPT Maria I Ortiz, 40, IRAQ
11 Jul 2004: NEARNG SFC Linda Ann Tarango-Griess, 33, IRAQ
13 Jul 2009: USN IS2 Amanda J Snell, 20, murdered, JB Myer-Henderson Hall, DC
14 Jul 2005: NEARNG SSG Tricia L. Jameson, 34, IRAQ
16 Jul 1943: USA WAAC PVT Angela Becker, vehicle accident, Fort Riley, KS
17 Jul 2008: USAF T/SGT Jackie L Larsen, 37, natural causes, IRAQ
17 Jul 2011: USA SGT Deirdre Aguigui, 24, murdered by soldier husband at Ft Stewart, GA
17 Jul 2012: USA SPC Krystal M Fitts, 26, indirect fire, AFGHANISTAN
18 Jul 1944: WASP Beverly Jean Moses, WW II
19 Jul 2005: USA PVT Lavena L. Johnson, 19, non-combat incident gunshot and burned, IRAQ
19 Jul 2015: USA CWO3 Tania Dunbar, 40, died at a campground in NC
20 Jul 2006: USAF COL Judith (Lombeida) Backlin, 57, auto accident, buried at USAFA
20 Jul 2012: USAF Civilian Rebecca (Hernandez Wygal) Wingo, 32, shot & killed in Aurora, CO
22 Jul 2004: USA SGT Tatjana Reed, 34, IRAQ
23 Jul 1999: USA CPT Jennifer (Shafer) Odom, anti-drug mission, Columbia
23 Jul 2011: USA SSG Christina Joe, 32, died in vehicle accident near Rehoboth, NM
24 Jul 1944: ANC 2LT Catherine Price, C-54 crash during Normandy WWII
24 Jul 1945: USA ANC 2LT Nancy J Leo, 23, jeep accident in Paris, buried in Luxembourg American Cemetery
24 Jul 2004: USA SGT Erin E Edwards, 24, murdered by soldier husband, Killeen, TX
25 Jul 2008: USA SPC Seteria L. Brown, 22, AFGHANISTAN
26 Jul 2006: CIVILIAN Donna Marie Kerns, 54, in Jordan but training Iraq police
27 Jul 1943: ANC 2LT Ruth Gardiner, C-47 plane crash near Nanek, AK
27 Jul 1944: USA PVT Marjory L Babinetz from Bairdford, PA, RA-24 plane crash over Stillwater, OK during a recruiting stunt
27 Jul 2013: USA SPC Caryn E Nouv, 29, IED and small arms fire, IRAQ
30 Jul 2015: USAR SGT Blanca Riviera, 29, shot in home by husband, El Paso, TX

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