



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, October 23, 2016
Volume 7, Issue 39

This-N-That

As you may know, the average wait time for a decision on a Veteran's benefit claim is 273 days. The average wait time in California, which has one of the nation's largest populations of Veterans, is often much higher, reaching 506 days in Los Angeles.

And there are currently 500,000 claims that are 30+ days old and yet not one person in the VA is addressing this problem !

On March 28, 2013, Senator Feinstein (D-CA) joined five of her Senate colleagues in sending a letter to Secretary of Defense Hagel to express my deep concern regarding the severe backlog of Veterans' disability claims. In the letter, we also urged greater coordination between the Department of Defense and the VA in computerizing military service records and reducing the time it takes to transfer the records of transitioning Veterans from the military service departments to the VA.

But even at that level, we still see no real action, no real change and certainly no improvement. And most of all we still see and hear absolutely no action on the part of the nationally chartered Veteran Service Organizations. WHY?

It was suggested in a conversation not more than 24 hours ago that it's time for a March on DC.

Personally I don't feel it would ever happen even though it should, but so many of our Veterans are living hand to mouth, and some on even less, and those who have their benefits already wouldn't dream of getting involved to help their fellow Veteran get theirs too.

Not to mention all the added costs for permits, liability insurance, hotels and motels, meals and transportation. It all adds up and fast and most just can't afford that.

BUT, Veterans can make phone calls, send faxes and E-Mails and spread the word all by computer and all from the comfort of their own home and it would cost you absolutely nothing but time.

Even though there are about twenty-two million Veterans, if we only had four million take the few minutes each week or month to voice concerns, expectations and demands to those they put in office, imaging what changes could be effected and rather quickly.

Stop and think, are you still in limbo waiting, or do you finally have your benefits and care and how long were you forced to wait until you finally were awarded yours.

If you would like talking points, or points to address in a fax or E-Mail, please contact me and I will be more than thrilled to assist.

If you have had problems or are still having problems I would love to hear from you as well as I take all the E-Mails I get weekly, redact all personal information showing only the issue or problems and do a weekly fax blast to all 535 members of congress. This way there is just no way on this planet they can ever say they didn't know.

On behalf of our Volunteers nationwide and myself, we wish you and your family good health!

Respectfully,

Jim Davis

Founder

Jim.Davis@Veterans-For-Change.org

Ending Benefits Claims Backlog

The funding in this bill continues the efforts started in FY 2014 by Senator Mikulski to reduce the backlog of pending disability claims and begins to shift the VA focus to reducing the large inventory of appeals. In March 2013, the disability claims backlog (claims pending longer than 125 days) stood at over 611,000 claims. As of September 17, 2016, the backlog stood at 77,041.

This bill will continue the VA's efforts to break the backlog as well as focus on the soaring number of appeals. Specifically, funding is provided to the Veterans Benefits Administration to hire an additional 300 new employees focused on non-rating and appellate work, as much of the appeals work is done at the regional office level well before it gets to the Board of Veterans Appeals. In addition, the bill also includes \$156.1 million for the Board of Veterans Appeals, an increase of \$46 million over current funding, to hire more than 240 new employees at the Board focused solely on working cases that reach the Board.

Senator Mikulski's objective is to end the benefits claims backlog, and ensure Veterans and their families have access to the care and benefits they've earned and deserve. To continue progress toward achieving this goal, the legislation:

- Provides \$2.86 billion to support the reduction of claims backlog, an increase of \$30 million over the budget request. This increase will hire and train 300 new claims processors. Claims processors are in charge of collecting data in order to process claims. The collection of data can be done through medical professionals, government agencies, or other authorities. Once all data is collected the claims processor will recommend final benefits for the Veteran.
- This includes \$180 million to sustain and enhance the electronic claims processing system, increasing its functionality and efficiency. In 2015, there were nearly 1.4 million claims filed nationwide, 67,000 more than the year prior, and the highest number of claims ever received by the VA. Senator Mikulski has worked aggressively with the VA officials to create a plan for the Baltimore Regional Office in order

to reduce Maryland's backlog by more than fifty percent. Today, the Baltimore Regional Office is handling less than 4,500 benefits claims, down from a high of nearly 10,000 in 2013.

- It also includes \$153 million to improve to the Veterans Claims Intake Program (VCIP). This is \$10 million over the budget request to continue to convert paper documentation to electronic files. The purpose of VCIP is to help the VA end its dependence on paper-based claims. The document conversion service, has been implemented in all fifty-six VA regional claims processing offices across the country, including the Baltimore Regional Office. The conversion of these records cuts processing time down by more than two weeks.

In addition, the legislation continues to require the U.S. Department of Defense (DOD) and the VA, to establish and transmit to Congress a coherent governance plan for modernization and enhanced interoperability of Electronic Health Records (EHR) among each agency and the private medical facilities who support Veterans. In the past, despite multiple agreements to focus on this issue, the VA and DOD have both failed to make the necessary improvements. The bill fences seventy-five percent of EHR funding until several requirements are met. Among these conditions are for the VA to provide the Appropriations Committee the Analysis of Alternatives and Business Case outlining the need for continuing modernizing the legacy system versus purchasing a commercial off the shelf platform; and a strategic plan (including security requirements analysis) identifying metrics and timelines for future development.

Source: TREA

Congress Remains on Election Break

Both the House and Senate are scheduled to return on November 14. They have a lot of work to accomplish. The only bill to make it through before this recess was the Military Construction/VA funding. The remainder of the bills must be passed before the end of the year which probably means another "omnibus" bill to include everything.

Source: NAUS



Hurricane Matthew: Emergency Prescription Refills

TRICARE Emergency Refills are in effect for many areas affected by Hurricane Matthew. All updates about emergency prescription refills are posted on TRICARE's Hurricane Matthew [webpage](#). To get an emergency refill, beneficiaries can take their prescription bottle to any TRICARE retail network pharmacy. To find a network pharmacy, call Express Scripts at 1-877-363-1303 or search the [network pharmacy locator](#). Beneficiaries can visit the pharmacy where the prescription was filled or: (1) if beneficiaries use a retail chain, fill the prescription at another store in that chain; (2) if the primary care provider is available, he or she may call in a new prescription to any network pharmacy; and (3) beneficiaries can request assistance at another pharmacy, but it is at that pharmacy's discretion to help.

COLA Approved for 2017

Injured and ill veterans their dependents and survivors in receipt of VA compensation benefits will receive a 0.3% Cost of Living Adjustment (COLA) increase beginning January 1, 2017.

On July 22, 2016, H.R. 5588, the Veterans' Compensation COLA Act of 2016, was signed into law by the President and became Public Law 114-197. The bill did not contain the contested round-down provision, which would have resulted in compensation rates being rounded down to the nearest whole dollar. Instead, VA compensation beneficiaries will receive their full COLA.

On October 19, 2016, the Social Security Administration announced that Social Security beneficiaries would receive a 0.3% COLA increase. Because veterans COLAs are tied to Social Security adjustments, veterans compensation rates will increase by 0.3% effective December 2016 and will be realized in compensation payments beginning January 1, 2017.

At our August 2016 National Convention, DAV members adopted Resolution No. 013, which calls on Congress to support legislation to provide more realistic COLAs. DAV appreciates the COLA increase for 2017, but we will continue to press Congress for COLA increases that better reflect and keep pace with increased living expenses and are in line with the hardships and unique circumstances of our nation's injured and ill veterans, their dependents and survivors.

Source: DAV

Ending Veteran's Homelessness

The legislation includes \$1.62 billion, an increase of \$30 million above the budget request, to continue to reduce Veteran's homelessness. There are an estimated 48,000 homeless Veterans in America. Between 2010 and 2015, the estimated number of homeless Veterans has been reduced by 36 percent, a decline of more than 26,360. This includes a nearly 50 percent drop in the number of unsheltered Veterans sleeping on the street.

Funding included in this legislation will support the Supportive Services for Veterans Families program, which works to quickly offer shelter to homeless Veterans. The goal of the program is to promote housing stability among very low-income Veteran families who reside in or are transitioning to permanent housing.

It also supports the HUD – Veterans Affairs Supportive Housing (HUD-VASH) Program, which combines rental assistance from HUD with case management and clinical services provided by the VA. Through the program, local public housing authorities provide rental assistance to homeless Veterans while nearby VA Medical Centers (VAMC) offer supportive services and case management. VAMCs work closely with homeless Veterans then refer them to public housing agencies for these vouchers, based upon a variety of factors, most importantly the duration of the homelessness and the need for longer term more intensive support to obtain and maintain permanent housing. Veterans participating in the HUD-VASH program rent privately owned housing and generally contribute no more than thirty percent of their income toward rent.

Source: TREA

Emergency Centers Open for Hurricane Matthew

When Hurricane Matthew evacuees are able to return to their installations in the tri-base area around Jacksonville, Fla., they will have help waiting for them. Emergency Family Assistance Centers (EFAC) will be open at Naval Station (NS) Mayport, Naval Air Station (NAS) Jacksonville, Fla., and at Naval Submarine Base (NSB) Kings Bay, Ga. Fleet and Family Service Centers (FFSC) will operate the EFACs, providing a wide-range of services to personnel. Evacuees can visit an EFAC at the Fleet and Family Service Center on board NAS Jacksonville or NSB Kings Bay. The location of the EFAC for NS Mayport will be posted on the [Navy Region Southeast Facebook page](#). Personnel and families are asked to check this Facebook page regularly.

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

Justice Department Ordered Not to Hire Non-Vet

Facing allegations it manipulated two veterans' employment preference, the Justice Department has been ordered not to hire a non-veteran. The Merit Systems Protection Board (MSPB) issued the order Sept. 30 and prohibited the hiring for 45 days. The order concerns allegations that the Justice Department essentially cheated two veterans out of assistant director positions. The Office of Special Counsel is investigating.

West L.A. Veterans Hospital, Land and Homeless Veterans – VAL-OR

Tracy, "Jared's mom", and Paul, Veterans News Today, are representing VAL-OR, USA in DC at this moment. They visited the Special Assistant to Secretary McDonald, the non-veteran bureaucrat was over the "first" draft settlement plan that President Obama made law with the swipe of his pen. Tracy and Paul are also stopping in on responsible legislators, educating them on the fraud and half-truths that resulted from the

January 28, West LA, CA Matter paper that ended when the Secretary unveiled his flawed plan at the end of 2015. The sole purpose of the settlement plan was to keep non-veteran, non-profit and for-profit (oil drilling) on the gift-land for Veterans for another 50 years.

Tracy's family lost Jared to PTSD symptoms on May 4, 2016. That combat Veteran died on skid row after a court judge held him until the VA picked him up only to give him bus tokens back to skid row. Tracy and VAL-OR, USA contend that if the VA was as concerned about doing its job to heal disabled Veterans as it is about baseball stadium, a private school and non-veteran housing leases he would be alive today. VAL-OR, USA contends that the funds the VA HQ collects from the non-transparent oil drilling agreement would eliminate the need for "Enhanced Use Leases" altogether but no one, including the President or Congress will force the VA to come clean.

Instead, predictable media blitz to legitimize the land-heist charade, like the Stand Down at West Los Angeles going on now, the Town Hall meeting that, as requested by advocates, never produced the official boundaries of the gift-land and UCLA's 7-Point Plan to provide services that the VA should have already provided are now part of the special interest rush to rebuild a Chapel, make moderate changes to a Triple A baseball stadium and, in the process, bury the Act of 1887 and Deed of 1888.

If you'd like to read the document signed on January 28, 2015, by and between the Secretary and Ron Olson, Esq. who specializes in federal land use please E-Mail and request a copy using the E-Mail address below. At the unveiling of the flawed settlement plan that resulted from this document all stated that it is in line with what is mandated by the Act and Deed. VAL-OR, USA contends that this document sealed-the-deal for special interests and Veteran input was just a loose formality, equivalent to urinating on the public's head (during severe drought condition) and telling all that it is raining.

by: Francisco Juarez
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VA to Cover Fertility Treatment and Adoption Costs

The Department of Veterans Affairs (VA) will begin covering costs for in vitro fertilization (IVF) and adoptions for combat-wounded veterans struggling with infertility because of their injuries. President Obama signed a bill recently that allows the agency to pay the costs for the next two years from existing VA health-care funds. VA supports legislation that would permanently establish IVF as part of the medical services it offers.

Advance Appropriations for Veterans Benefits

This year's budget provides full advanced funding for VA mandatory benefit programs totaling \$66.4 billion. Senator Mikulski ensured the bill includes advanced funding for Veterans' pensions, compensation for service-related injuries and education benefits. This change in law, which she initiated in the Consolidated and Further Continuing Appropriations Act of 2015 (Public Law 113-235), ensured that beginning in FY16, Veterans and military families have certainty in the benefits they've earned and deserve, regardless of shutdowns or gridlock in Congress.

Advance funding provides certainty for Veterans' benefits including compensation for illnesses and injuries while serving in the military such as combat wounds, hearing loss and PTSD. It also provides funding for

pensions for those who have been permanently disabled while serving in the military, education benefits, including the G.I. Bill, ensuring military Veterans get assistance with college education, housing, books and board while in school, and spousal support for deceased Veterans.

Source: TREA

Operation Mail Call



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

Our men and women in uniform often go months without hugging their children, walking through the park with a significant other or enjoying Mom's home-cooked Sunday dinners.

Ask them where they'd go if they had a free plane ticket anywhere in the world, and the overwhelming majority would say, "home."

Of course, we can't replace the hugs, the love or the secret family chili recipe – but with your help, we can provide them a connection to their fellow Americans who are grateful for their service.

Now, we're hoping you'll take your support to the next level by sending more cards and letters. Hand made cards by your children, or class mates are a terrific means of putting smiles on their faces even if only for a moment.

Cards and Letters of encouragement to help boost moral and let them know we sincerely appreciate the job they are doing and look forward to they day they are all brought home. Your card or letter will show your appreciation and help thousands more American heroes feel connected to the people they love and the country they serve.

Please help us to make a powerful expression of how much their fellow Americans care about them.

Thank you so much for all you're doing to show our service men and women they are appreciated missed and loved.

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

Federal Reserve: Observations on Regulation D and the Use of Reserve Requirements.

<http://www.gao.gov/products/GAO-17-117>

Global Positioning System: Observations on Quarterly Reports from the Air Force.

<http://www.gao.gov/products/GAO-17-162R>

Medicare: CMS's Round 2 Durable Medical Equipment and National Mail-order Diabetes Testing Supplies Competitive Bidding Programs.

<http://www.gao.gov/products/GAO-16-570>

Military Personnel: Performance Measures Needed to Determine How Well DOD's Credentialing Program Helps Servicemembers. <http://www.gao.gov/products/GAO-17-133>

U.S. Customs and Border Protection: Contracting for Transportation and Guard Services for Detainees.

<http://www.gao.gov/products/GAO-17-89R>

Water Infrastructure: Information on Selected Midsize and Large Cities with Declining Populations.

<http://www.gao.gov/products/GAO-16-785>

Federal Courthouses: Actions Needed to Enhance Capital Security Program and Address Collaboration Issues.

http://www.gao.gov/restricted/restricted_reports

Breast Cancer Education: HHS Has Implemented Initiatives Aimed at Young Women.

<http://www.gao.gov/products/GAO-17-19>

Security Assistance: Guidance Needed for Completing Required Impact Assessments Prior to Presidential Drawdowns. <http://www.gao.gov/products/GAO-17-26>

Immigrant Investor Program: Proposed Project Investments in Targeted Employment Areas.

<http://www.gao.gov/products/GAO-16-749R>

TRICARE to Not Offer Nasal Flu Vaccine

TRICARE announced that the intranasal flu vaccine known as FluMist will not be available at Department of Defense (DoD) facilities or covered by TRICARE during the 2016-17 influenza season

The Centers for Disease Control and Prevention (CDC) recommended against using FluMist this year, due to several studies showing it is not effective in preventing influenza among certain age groups.

This season, the DoD's entire supply of flu vaccine will be injectable. It is recommended for everyone, ages six months and older. The DoD expects to have enough supply of injectable vaccine at military treatment facilities (MTFs) for all age groups.

The DoD follows the recommendations of the CDC Advisory Committee on Immunization Practices, which recommended in July not to use the live, intranasal vaccine. This was based on studies that showed FluMist's wasn't very effective against H1N1, a common strain of the flu which caused the 2009 pandemic. The live, intranasal vaccine was found to be ineffective against H1N1 during the 2013-14 and 2015-16 seasons in children ages 2 to 17.

Vaccine effectiveness refers to the ability of a vaccine to prevent actual cases of disease in real-world settings. How effective the flu vaccine is can vary widely from year-to-year, depending on the "match" between the circulating flu viruses and the viruses used to produce the vaccine. The vaccine can also vary in effectiveness based on the age and overall health of the person getting immunized.

Another recent report suggested that older people, or those with other serious medical conditions, should wait until later in the fall to get the flu vaccine, so the protection doesn't wear off before flu season ends.

However, the CDC recommends that people get the flu vaccine as soon as it becomes available. While delaying immunization could have some benefit, waiting could result in missed opportunities to immunize. In other words, it's better to get immunized early than not at all.

The DoD expects to reach its goal of 90 percent of the total force immunized by Dec. 15, 2016.

Source: NAUS

TRICARE Referral Waivers Due to Matthew

Hurricane Matthew affected several areas where TRICARE beneficiaries live. All updates about blanket referral waivers and emergency prescription refills are posted on [TRICARE's Hurricane Matthew webpage](#). There are waiver of referral requirements for beneficiaries enrolled in TRICARE Prime and TRICARE Prime Remote throughout Florida and within 100 miles from the coast of: Georgia, South Carolina, North Carolina, Virginia, Maryland, Delaware, New Jersey, Pennsylvania, New York, Massachusetts, Connecticut, Rhode Island, New Hampshire and Maine. To get an emergency refill, beneficiaries can take their prescription bottle to any TRICARE retail network pharmacy.



Supporting Veterans Health Care

The bill includes \$64.4 billion dollars for Veterans Medical Care. It also makes sure we are meeting our commitment to our most recent generation of Veterans, those who fought in Iraq and Afghanistan. The bill provides \$5.66 billion to meet the health care needs of the over 923,000 Iraq and Afghanistan Veterans who utilize the VA for their healthcare.

Senator Mikulski fought to provide \$675.4 million for medical and prosthetic research, and charges the VA to integrate complementary and alternative medicine to ensure America's heroes receive the full spectrum of treatment available. This is a funding increase of \$44.6 million over the current funding level and \$12 million over the request.

Source: TREA



Habitat for Humanity Helps Veteran Families

The Macomb County Habitat for Humanity in Michigan is seeking two different families of veterans to occupy newly-built homes. One home is in Eastpointe, Mich., and the other home is being built in Clinton Township. The veteran needs to earn at least \$23,000 per year and has to be able to show the need. For more information on the qualifications and how to apply for these homes, call 586-263-1540 or visit the Macomb County Habitat for Humanity [website](#).

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

TRICARE Adds Cardiac Care Diagnosis

Congestive Heart Failure is now a covered diagnosis under the TRICARE cardiac rehabilitation benefit.

Heart failure occurs when the heart is unable to pump enough blood to meet the body's needs. This may happen when the heart muscle itself is weaker than normal or when there is a defect in the heart that prevents blood from getting out into the circulation. The American Heart Association lists several signs of heart failure:

Shortness of breath
Chronic coughing or wheezing
Build-up of fluid
Fatigue or feeling light headed
Nausea or lack of appetite
Confusion
High heart rate

If you are experiencing these symptoms, talk to your health care provider. If you have been diagnosed with heart failure, it's important for you to manage and keep track of [symptoms](#) and report any sudden changes to your healthcare team.

Providers of cardiac rehabilitation services must be TRICARE-authorized hospitals or freestanding cardiac rehabilitation facilities. All cardiac rehabilitation services must be ordered by a physician.

Source: NAUS

Veterans-For-Change Web Site

The Veterans-For-Change website has been under construction since day one back in 2009 and every day since then. The looks pretty much stay the same, but in the background constant improvement and change is being done to make our website the most user friendly "One-Stop-Shop" website to find almost everything you might have tried to find searching the internet.

Almost a hundred people have been involved; collecting web links to documents now houses on the VFC website, collecting thousands of web links for various issues, illnesses and benefits. Creating forums for all eras of service and two forums one just for men and one just for woman where you can go question, comment, share medical and personal concerns, what ever you'd like it to be.

We also have a forum with a licensed Mental Health Worker, again where you can seek help or just ask questions.

We average 1,700 hits per day, and downloads average 1,400 per day with a total **3,051,666** visitors as of Friday.

If you subscribe you will have full access to the entire website and best of all it's **FREE** of charge! You just need a valid E-mail address so the system can send you a confirmation E-Mail. Once received, click on the link to be authorized automatically.

www.veterans-for-change.org

- Documents Library with over 15,616 documents on-line (Updated: **08/02/16**)
- FAQ's with more than 1,600 FAQ's and answers (Updated: **02/20/16**)
- Multiple Forums
- Job Postings (Updated: **09/15/16**)
- Memorial Pages (Updated: **10/10/16**)
- News (Articles On-Line: **6,073**)
- Polls
- Web Links, more than 3,444, Added 1 New Links (Updated: **09/19/16**)

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

Scholarships available for women soldiers... and their children... and grandchildren

The Army Women's Foundation awards educational scholarships to women who are now or have served honorably in our Army. That is the active duty, National Guard or Reserves and to their linear decedents.

The Scholarship application period is open now and runs through January 15th!

If you are interested please read the following announcement and then go to their website.

The Army Women's Foundation recognizes the importance of education and the role it plays in personal, professional and economic fulfillment. The foundation operates a Legacy Scholarship program to help female soldiers, past and present, and their children attain their educational goals.

The Army Women's Foundation offers tuition assistance for post-secondary education to women who are currently serving or have served honorably in the U.S. Army, U.S. Army Reserve, or Army National Guard, and to their lineal descendants. The Legacy Scholarship program offers scholarships for certificate, community college, undergraduate and graduate coursework. Applications for assistance for the 2017-2018 academic

year must be submitted online by Jan. 15, 2017. For more details and to access the online form, please go to <http://awfdn.org/scholarships.shtml>.

The Army Women's Foundation is a 501(c)(3) organization that honors the service and sacrifice of women who serve in the active and reserve components of the U.S. Army.

Source: TREA



<https://twitter.com/Veterans4Change>

Links to Other Stories

- [*1\) Advance Appropriations for Veterans Benefits*](#)
- [*2\) AF issues implementation guidance for transgender Airmen*](#)
- [*3\) Bibles banned! VA removes Good Book from clinic*](#)
- [*4\) Ending Benefits Claims Backlog*](#)
- [*5\) Ending Veteran's Homelessness*](#)
- [*6\) Feds look into claim of unofficial VA wait lists in Colorado*](#)
- [*7\) Half a Million Vets Waiting Over 30 Days for VA Care*](#)
- [*8\) International leaders to discuss 21st century military health, warrior care priorities*](#)
- [*9\) Lawmakers Concerned 'New' VA Leadership Transferred From Within Department*](#)
- [*10\) Medicare Changes the Way It Pays Doctors and Clinicians*](#)
- [*11\) Navy Medicine is prepared to care for women at sea*](#)
- [*12\) Scholarships available for women soldiers... and their children... and grandchildren*](#)
- [*13\) Supporting Veterans Health Care*](#)
- [*14\) Transgender Airmen Can Now Seek Temporary Exemptions*](#)
- [*15\) VA acting director was flagged for discipline in 2012*](#)
- [*16\) VA and Stanford to Pursue the Nation's First Hadron Center*](#)
- [*17\) Veteran families now have a place to stay at VA Long Beach*](#)

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 an E-Mail to: Jim.Davis@veterans-for-change.org

Veterans and PTSD: What Families Should Know

The first step to helping a loved one cope with a diagnosis of [post-traumatic stress disorder](#) is research. In order to help and not harm the situation, you need to understand what PTSD is, how it affects a person, and what you should and should not do to help. [Here are a few things you should know about PTSD in veterans.](#)

Medicare Changes the Way It Pays Doctors and Clinicians

Last week the Center for Medicare Services (CMS) unveiled an overhaul of how it pays doctors and other clinicians.

The goal is to reward quality, penalize poor performance, and avoid paying piecemeal for services. Whether it succeeds or fails, it's one of the biggest changes in Medicare's 50-year history.

The complex regulation is nearly 2,400 pages long and will take years to fully implement. It's meant to carry out bipartisan legislation passed by Congress and signed by President Barack Obama last year.

The concept of paying for quality has broad support, but the details have been a concern for some clinicians, who worry that the new system will force small practices and old-fashioned solo doctors to join big groups. Patients may soon start hearing about the changes from their physicians, but it's still too early to discern the impacts.

The Obama administration sought to calm concerns Friday. "Transforming something of this size is something we have focused on with great care," said Andy Slavitt, head of the federal Centers for Medicare and Medicaid Services.

Officials said they considered more than 4,000 formal comments and held meetings around the country attended by more than 100,000 people before issuing the final rule. It eases some timelines the administration initially proposed, and gives doctors more pathways for complying.

The American Medical Association said its first look suggests that the administration "has been responsive" to many concerns that doctors raised.

In Congress, staffers were poring over the details. Rep. Tom Price, R-Ga., who worries that Medicare's new direction could damage the doctor-patient relationship, said he's going to give the regulation "careful scrutiny." Sen. Orrin Hatch, R-Utah, chairman of a panel that oversees Medicare, called it an "important step forward," but said the administration needs to keep listening to concerns.

MACRA, the Medicare Access and CHIP Reauthorization Act, creates two new payment systems, or tracks, for clinicians. It affects more than 600,000 doctors, nurse practitioners, physician assistants and therapists, a majority of clinicians billing Medicare. Medical practices must decide next year what track they will take.

Starting in 2019, clinicians can earn higher reimbursements if they learn new ways of doing business, joining a leading-edge track that's called Alternative Payment Models. That involves being willing to accept financial risk and reward for performance, reporting quality measures to the government, and using electronic medical records.

Medicare said some 70,000 to 120,000 clinicians are initially expected to take that more challenging path. Officials are hoping the number will quickly grow.

Most clinical practitioners - an estimated 590,000 to 640,000 - will be in a second track called the Merit-Based Incentive Payment System. It features more modest financial risks and rewards, and accountability for quality, efficiency, use of electronic medical records, and self-improvement.

Finally, about 380,000 clinicians are expected to be exempt from the new systems because they don't see enough Medicare patients, or their billings do not reach a given threshold.

For more information, go [here](#):

Source: TREA



TRICARE and Flu Shots

The Centers for Disease Control and Prevention (CDC) recommend that everyone six months and older get the flu vaccine every year. TRICARE beneficiaries can get the flu shot at no cost from their doctor, a [participating retail network pharmacy](#) or from a military hospital or clinic. If you get the shot at a pharmacy, make sure that you get it from the pharmacist. Call the military hospital or clinic to find a good time and to make sure it is available. Military hospitals and clinics will not offer FluMist this year, and TRICARE will not cover FluMist if you get it from a pharmacy or doctor. TRICARE covers the flu shot for all beneficiaries. For more information, visit the [TRICARE Flu Resources webpage](#).

VA Eases Hearing Exam Appointment Process

The Department of Veterans Affairs (VA) is recognizing October as Audiology Awareness Month by highlighting important VA research on the subject and advances made in treating veterans with hearing loss. Hearing loss is the most prevalent service-connected disability among veterans. Veterans who need routine audiology appointments will now be able to directly schedule them without the need for a referral from their primary care provider. The move is expected to get veterans into appointments more quickly. For more information VA's audiology services, visit the [National Center for Rehabilitative Auditory Research website](#). Information about VA research on audiology is available on the [VA Hearing Loss webpage](#).

VA Seeks to Extend Gulf War Claim Filing Deadline

The VA is seeking to expand the time limit that veterans can claim disability benefits for Gulf War Syndrome by five years. In a document to be published in the Federal Register on October 17, the VA seeks to expand the time limit that veterans of the Gulf War may claim disability benefits for the chronic multi-symptom illness known as Gulf War Syndrome from December 31, 2016 until December 31, 2021.

Outdoor Adventure Therapy Program for Veterans

Zero Hour Expeditions in Boise, Idaho, plans to offer a 30-day program that takes veterans with post-traumatic stress disorder (PTSD) and other conditions out into the wilderness to heal using therapy, nutrition and holistic methods like yoga and meditation. The program is still in development and isn't currently accepting reservations. For more information, follow [Zero Hour Expeditions](#) on its [Facebook](#) page and watch its video on [YouTube](#).

~We Proudly Support our Military Personnel & Families~

If you received this newsletter as a courtesy or a forward from a friend or relative, you can sign up to receive in your E-mail every week.

***This Month Please Remember These Women Who Died During October While Serving
Our Country in During War Times***

1 Oct 1918: ANC Ethel Leach, died at Edgewood Arsenal, MD
1 Oct 2003: USA PFC Analaura Esparza Gutierrez, 21, IRAQ
1 Oct 2003: USA SPC Tamarra Joharidelonda Ramos, 24, IRAQ
1 Oct 2006: NYARNG SGT Denise A Lannaman, 46, non-combat gunshot, KUWAIT
1 Oct 2007: USN MASA Apprentice Shayna Ann Schnell, 19, non-combat vehicle accident, Dubai
1 Oct 2012: USA SGT Donna R Johnson, 29, suicide bomber, AFGHANISTAN
1 Oct 2015: USMM Danielle Randolph, 34, lost at sea on El Faro
2 Oct 1918: ANC Flora Ruth, died at Camp Pike, AR
2 Oct 1944: WASP Marie Michell Robinson, WW II
2 Oct 2015: USAF A1C Kcey E Ruiz, 21, plane crash, AFGHANISTAN
3 Oct 1944: WASP Peggy Wilson Martin, WW II
3 Oct 2004: USA SSG Gina R Sparks, 35, non-combat incident, died at Fort Polk, LA
3 Oct 2012: USA SGT Camella M Steedley, 31, died in AFGHANISTAN
4 Oct 1918: ANC Rose Rapp, died during WWI
5 Oct 1943: WASP Virginia C. Moffatt, WW II
5 Oct 2007: USAR SPC Rachael L Hugo, 24, IRAQ
6 Oct 2004: ILARNG SPC Jessica Lynn Cawvey, 21, IRAQ
6 Oct 2011: USA SGT Catalina M Ruiz, 27, murdered at Fort Bragg
6 Oct 2013: USA 1LT Jennifer Moreno, 25, IED, AFGHANISTAN
7 Oct 2010: USA SGT Amanda A Sheldon, 24, suicide, Cape Fear, NC
8 Oct 1918: ANC Florence Leclare, pneumonia, Camp Devens, MA
8 Oct 1918: ANC Grace Buell, WWI
10 Oct 2007: USAR SSG Lillian (Cobbin) Clamens, 35, IRAQ
11 Oct 2004: USA SGT Pamela G. Osbourne, 38, IRAQ
11 Oct 2008: USMC SGT Denise M Quintero SanFillipo, 25, died 2 weeks after giving birth to daughter in Camp Pendleton
11 Oct 2015: USAF MAJ Phyllis J Pelky, 45, helicopter crash, AFGHANISTAN
12 Oct 2000: USN CSSN Lakeina Monique Francis, 19, USS Cole, ADEN, YEMEN
12 Oct 2000: USN SN Lakiba Nicole Palmer, 22, USS Cole, ADEN, YEMEN
12 Oct 2014: USA SGM Jody A George, 48, died from Agent Orange complications, Temple, TX
13 Oct 2012: USA SPC Brittany B Gordon, 24, IED, AFGHANISTAN
14 Oct 2006: USA SPC Latosha B. Vines, 22, struck by train, Germany
14 Oct 2006: USA PFC Lena Karungi, 21, struck by train, Germany
15 Oct 1898: Army Contract Nurse Carolina Wolfe (Nun—Sister Caroline), Typhoid Fever, SPANISH AMERICAN WAR
15 Oct 2005: USAF SSG Elizabeth M Johnson, 22, buried in FL
16 Oct 1944: WASP Marjorie "Margie" Laverne Davis, WW II
16 Oct 1944: WASP Jeanne Lewellen Norbeck, WW II
17 Oct 1898: Army Contract Nurse Margaret Greenfield, Typhoid Fever, SPANISH AMERICAN WAR
18 Oct 2006: USN Jeanne "Linda" Michel, 33, suicide in her home, Clifton Park, NY
19 Oct 2008: USMC L/CPL Stacy Dryden, 22, IRAQ
19 Oct 2009: USAF A1C Lauren Lagudi, 20, struck by train in Italy
21 Oct 1918: ANC Flossie E Brownlee, died in NYC
21 Oct 1944: USA ANC LT Frances Slinger, WW II
22 Oct 1915: ANC Margaret Hamilton, WWI
22 Oct 1944: USA ANC 2LT Sara Vance, Italy, WW II
22 Oct 2007: USN MASN Anamarie Sannicolas Camacho, 20, murdered by US sailor, Bahrain
22 Oct 2007: USN MASN Genesis Mattril Gresham, 19, murdered by US sailor, Bahrain
22 Oct 2010: USA SSG Aracely Gonzalez O'Malley, 31, non-combat incident, AFGHANISTAN
22 Oct 2011: NCARNG 1LT Ashley I (White) Stumpf, 24, IED, AFGHANISTAN
23 Oct 1898: Army Contract Nurse Mary Sweeney (Nun—Sister Mary Agnes), Typhoid Fever, SPANISH AMERICAN WAR
25 Oct 1994: USN LT Kara Hultgreen, 26, plane crash aboard USS Abraham Lincoln
25 Oct 2003: USN FN Jakia Sheree Cannon, 20, IRAQ
25 Oct 2008: USA PFC Cori Feltner, 22, died in St Louis hotel enroute to her first assignment in Korea
25 Oct 2009: USA Eduviges G Wolf, 24, AFGHANISTAN

26 Oct 1918: ANC Hannah L Burden, pneumonia, Camp Sherman, OH
 26 Oct 1944: WASP Gertrude V. Tompkins-Silver, WW II
 26 Oct 2003: USA PFC Rachel K. Bosveld, 19, IRAQ
 28 Oct 1898: Army Contract Nurse Clara Ward, Typhoid Fever, SPANISH AMERICAN WAR
 28 Oct 2005: MOARNG 1LT Debra (Butler) Banaszak, 35, non-combat incident, KUWAIT
 29 Oct 2009: USCG AET2 Monica L Beacham, 29, plane/chopper crash in Pacific
 31 Oct 1918: ANC Grace Copland, WWI



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Riverside County, CA

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US Marines	23,292

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Please do not reply to this E-Mail, this is an unattended E-Mail address, please send all correspondence to: Jim.Davis@veterans-for-change.org