



Disabled American Veterans Department of Florida Newsletter

By Al Linden, Executive Director



July 31, 2015

As of July 31, 2015 our membership was 59,797. The goal for life membership for this year 1,709 are needed.

Commander Buddy Rickman's Message

Did you know that the DAV is the #1 Veteran's Service Organization on Facebook with over a million followers? Facebook is a great way to get our message out. Also, there are 30,000 twitter followers. Use the technology available to keep up with happenings and issues that affect all of us.

The DAV now has reached over 1 million Power of Attorneys to help with service claims. The backlog of claims is down from 600,000 to 123,000 claims. Our Service Officers are working hard to eliminate the backlogs. When you receive a message from the National Commander, pass it on to your politicians. Numbers Work.

I encourage each of you to go to your local chapter meetings, state and national conventions and conferences. If I can assist you in anyway, please feel free to contact me at anytime.

[MyVA: A message from Sec. Bob McDonald](#)

07/30/2015 10:45 AM EDT Today we're sharing the latest integrated view of how we are going to work together to achieve the MyVA vision.

The post [MyVA: A message from Sec. Bob McDonald](#) appeared first on [Vantage Point](#).

[VA Urges Congress to Act & Transfer Funds for Veterans' Care](#): Yesterdday, VA urged Congress to act expeditiously and approve its pending request for fiscal year 2015 budget flexibility. The request, formally transmitted on June 23rd, seeks the transfer of funds from the Choice Program to continue VA's efforts to increase Veterans' access to care and life-saving pharmaceuticals. "It is essential that Congress pass legislation to provide the requested budget flexibility by the end of July 2015," Deputy Secretary Sloan Gibson wrote. "This is necessary to replenish critical operations funding that VA had to reallocate from other medical services programs to sustain Care in the Community, after those funds were depleted

Also be reminded that **Chapter Annual Financial Reports are due by September 30 each year.** **Chapter Officers Reports** are due within 10 days after installation each year or when changes are made.

| | | |
|---------------------------------|----------------------|----------|
| | BALANCE SHEET | |
| | As Of July 31, 2015 | |
| TOTAL ASSETS | \$1,231,634 | |
| TOTAL LIABILITIES | | \$80,512 |
| | ----- | |
| TOTAL LIABILITIES&FUND BALANCES | \$1,231,634 | |

| | |
|------------------|--------|
| Bay Pines VAVS | \$2090 |
| Gainesville VAVS | \$1600 |
| Tampa VAVS | \$1370 |
| Lake City VAVS | \$3809 |
| WPB VAVS | \$0 |
| Miami VAVS | \$2600 |
| Orlando VAVS | \$2900 |
| Eglin CBOC | \$0 |

**It doesn't cost much
to show you care**



**about
Disabled
American
Veterans**

**☒ on your next
drivers license application,
then they know you care!**

BOOKS. VERY FEW CHAPTERS ARE TAKING ADVANTAGE OF THE LEE GREENWOOD GIFT BOOK "GOD BLESS THE USA". WHAT AN EASY WAY FOR YOUR CHAPTER TO MAKE MONEY. YOU MUST HAVE BOOKS ON HAND AT YOUR CHAPTER, AND USE THEM EVERY TIME YOU HAVE A FUNCTION AT YOUR CHAPTER OR COMMUNITY. THE BOOKS WILL SELL IF YOU PRESENT. BOOKS COST YOUR CHAPTER \$1.50 AND CAN EASILY BE SOLD FOR \$5.00. 100 BOOKS SOLD WILL NEW YOUR CHAPTER \$350.00. YOU DO NOT HAVE TO GET APPROVAL FROM THE DEPARTMENT OR PAY 10%. PLEASE CALL OR EMAIL ME AT dav150jack@gmail.com, Or 352-250-4743. I ALSO HAVE ABOUT 600 OF HIS BIOGRAPHY, SAME DEAL.

New VA Leaders Shulkin and Council Take Oath of Office

WASHINGTON – Dr. David J. Shulkin and LaVerne Horton Council today took the oath of office where they will serve respectively as Under Secretary for Health and Assistant Secretary for Information and Technology and Chief Information Officer for the Department of Veterans Affairs (VA). Both were nominated by President Obama and confirmed by the Senate on June 23.

“Dr. Shulkin and Ms. Council bring stellar experience and exceptionally strong leadership to their posts,” said Secretary of Veterans Affairs Robert A. McDonald. “Both will play critical roles in making VA a stronger organization for America’s Veterans, and I am looking forward to working with them.”

Dr. Shulkin comes to VA immediately from the position of President at Morristown Medical Center, Goryeb Children’s Hospital and Atlantic Rehabilitation Institute, part of Atlantic Health System. Prior to joining Morristown Medical Center and Atlantic Health, Dr. Shulkin served as President and CEO of Beth Israel Medical Center in New York, where he led a financial turnaround and rebuild of the \$1.3 billion organization.

Dr. Shulkin also has served in numerous physician leadership roles at the University of Pennsylvania Health System, the Hospital of the University of Pennsylvania, Temple University Hospital and the Medical College of Pennsylvania Hospital. He is a board-certified internist, a fellow of the American College of Physicians, Professor of Medicine at Mt. Sinai School of Medicine and a Senior Fellow at the Health Research and Education Trust of the American Hospital Association. He earned his medical degree from the Medical College of Pennsylvania and completed his internship at Yale University School of Medicine.

As Under Secretary for Health, Dr. Shulkin will direct a health care system with an annual discretionary budget of approximately [\\$60 billion](#), overseeing the delivery of care to more than 9 million enrolled Veterans. VA, the nation’s largest health care system, employs more than 350,000 total employees including over 305,000 health care professionals and support staff at more than 1,200 sites of care, including hospitals, community based outpatient clinics, nursing homes, domiciliaries and 300 Vet Centers.

Ms. Council most recently held the positions of CEO at Council Advisory Services, LLC and Chair of the National Board of Trustees for the March of Dimes. In December 2011, she retired from Johnson & Johnson after serving as Corporate Vice President and Chief Information Officer for Johnson & Johnson’s global IT group. In this capacity, she was responsible for managing IT and related systems for the \$61.6 billion Johnson & Johnson worldwide enterprise. She was a member of the Corporate Global Operating Committee and her organization included more than 250 operating companies with more than 4,000 information technology employees and 7,000 contractors.

Before joining Johnson & Johnson, Ms. Council was Global Vice President for IT, Global Business Solutions, and Development Services for Dell, Inc. She also was previously a partner with Ernst and Young and led the company's Global Supply Chain Strategy practice.

Ms. Council earned a Master’s of Business Administration in Operations Management from Illinois State University with a Bachelor of Science in Business from Western Illinois University. In 2010, Ms. Council was presented with a Doctorate of Business Administration, Honoris Causa from Drexel University.

INCOME / EXPENSES VS BUDGET

July 31, 2015

| | | Actual | Budget | Difference |
|------------------------------------|---|------------|------------|------------|
| Ordinary Income/Expense | | | | |
| Income | | | | |
| 6001 - Convention Income | | | | |
| | 6003.2 - Convention Chptr Rm Income | 550.00 | 0.00 | 550.00 |
| | 6006.2 - Convention Men Registration | 0.00 | 58.06 | -58.06 |
| | Total 6001 - Convention Income | 550.00 | 58.06 | 491.94 |
| | 6050 - Dues from National | 146,506.00 | 140,330.81 | 6,175.19 |
| | 6200 - Chapter & Unit 10% | 1,232.86 | 5,145.19 | -3,912.33 |
| 6315 - Orange City Income | | | | |
| | 6317 - Other Orange City Income | 3,000.00 | 2,903.23 | 96.77 |
| | Total 6315 - Orange City Income | 3,000.00 | 2,903.23 | 96.77 |
| | 6330 - Lake Panasofkee | 341.68 | 661.32 | -319.64 |
| | 6331 - Lakeland Bldg Mortgage | 2,730.00 | 1,304.14 | 1,425.86 |
| | 6332 - Sarasota rent | 0.00 | 241.94 | -241.94 |
| | 6350. - Drivers License Income | 0.00 | 4,736.52 | -4,736.52 |
| | 6411 - Service Program Donations | 0.00 | 611.14 | -611.14 |
| 6450 - VAVS Donations | | | | |
| | 6455.3 - Donations VAVS-Miami | 300.00 | 0.00 | 300.00 |
| | 6460.3 - Donations VAVS-Bay Pines | 250.00 | 193.55 | 56.45 |
| | 6470.3 - Donations VAVS-Lake City | 150.00 | 96.77 | 53.23 |
| | Total 6450 - VAVS Donations | 700.00 | 290.32 | 409.68 |
| | 6800 - Miscellaneous | 251.91 | 1,662.64 | -1,410.73 |
| | Total Income | 155,312.45 | 157,945.31 | -2,632.86 |
| Gross Profit | | | | |
| | | 155,312.45 | 157,945.31 | -2,632.86 |
| Expense | | | | |
| 7000.2 - Convention Expense | | | | |
| | 7006.2 - Convention supplies | 238.01 | 0.00 | 238.01 |
| | Total 7000.2 - Convention Expense | 238.01 | 0.00 | 238.01 |
| 7040.1 - Service Expenses | | | | |
| | 7070.1 - Auto | 154.61 | 262.01 | -107.40 |
| | 7091.1 - Contingency, Misc. | 204.90 | 337.84 | -132.94 |
| | 7130.1 - Employee Benefits | 961.89 | 0.00 | 961.89 |
| | 7134.1 - Employee's Insurance(WC) | 383.00 | 674.65 | -291.65 |
| | 7150.1 - Equipment Maintenance | 343.70 | 2,112.82 | -1,769.12 |
| | 7200.1 - Office Supplies | 559.76 | 668.25 | -108.49 |
| | 7210.1 - Payroll Taxes | 2,393.12 | 939.56 | 1,453.56 |
| | 7230.1 - Postage & shipping Expense | 334.97 | 304.93 | 30.04 |
| | 7250.1 - Printing & Publication | 123.86 | 22.09 | 101.77 |
| | 7260.1 - Hdq Facility Maint. Ex | 442.85 | 970.65 | -527.80 |
| | 7270.1 - Salaries, Benefits, & | | | |
| | Payroll Expenses-sick lv | 1,183.00 | 3,296.03 | -2,113.03 |
| | 7270.1 - Salaries, Benefits, & - Other | 28,569.76 | 25,269.48 | 3,300.28 |
| | Total 7270.1 - Salaries, Benefits, & | 29,752.76 | 28,565.51 | 1,187.25 |
| | 7271.1 - Employee Medical Benef | 1,593.00 | 1,199.52 | 393.48 |
| | 7272.1 - Employee 401k Benefit | 0.00 | 419.13 | -419.13 |
| | 7330.1 - Taxes & Licenses | 0.00 | 126.77 | -126.77 |
| | 7350.1 - Telephone | | | |
| | Telephone-Miami Office | 30.00 | 0.00 | 30.00 |
| | 7350.1 - Telephone - Other | 1,271.38 | 918.68 | 352.70 |
| | Total 7350.1 - Telephone | 1,301.38 | 918.68 | 382.70 |
| | 7430.1 - Travel-Service & Train | 797.47 | 1,057.99 | -260.52 |
| | 7441.1 - Commander Nat Travel-Svc | 496.18 | 0.00 | 496.18 |
| | 7442.1 - SVC Travel | 0.00 | 741.21 | -741.21 |
| | 7446.1 - Commanders per diem | 0.00 | 401.28 | -401.28 |
| | 7450.1 - Director per diem | 113.20 | 0.00 | 113.20 |
| | 7515.1 - NSO Travel & Office Ex | 0.00 | 168.19 | -168.19 |
| | 7524.1 - Service Outreach Program | 221.96 | 1,201.91 | -979.95 |
| | Total 7040.1 - Service Expenses | 40,178.61 | 41,092.99 | -914.38 |
| 8000.3 - VAVS Expenses | | | | |
| | 8012.3 - Bay Pines | 100.00 | 0.00 | 100.00 |
| | Total 8000.3 - VAVS Expenses | 100.00 | 0.00 | 100.00 |
| 8260 - Headquarters Expense | | | | |
| | 8310.2 - Bank Charges | 0.00 | 274.18 | -274.18 |
| | 8360.2 - Conferences, Conventions, Mtg | 0.00 | 63.38 | -63.38 |
| | 8380.2 - Contingency | 0.00 | 241.94 | -241.94 |
| | 8561.2 - Natl.Convent,Exec Dir & Asst | 610.00 | 0.00 | 610.00 |
| | 8820.2 - Payroll Taxes | 6.29 | 52.03 | -45.74 |
| | 8840.2 - Postage & Printing | 0.00 | 213.47 | -213.47 |
| | 8870.2 - Hdq Facility Maint. Exp | 225.79 | 267.11 | -41.32 |
| | 8880.2 - Salaries & Wages | 1,324.64 | 0.00 | 1,324.64 |
| | 8940.2 - Telephone & Telegrams | 120.00 | 483.87 | -363.87 |
| | 9200.2 - Travel Miscellaneous | 0.00 | 223.05 | -223.05 |
| | 9215.2 - Travel Finance Committ | 0.00 | 208.84 | -208.84 |
| | Total 8260 - Headquarters Expense | 2,286.72 | 2,027.87 | 258.85 |
| Total Expense | | | | |
| | | 42,803.34 | 43,120.86 | -317.52 |
| Net Ordinary Income | | | | |
| | | 112,509.11 | 114,824.45 | -2,315.34 |
| Net Income | | | | |
| | | 112,509.11 | 114,824.45 | -2,315.34 |



**MEMBERSHIP
FOR
JULY 31, 2015**

| Chapter | Last yr | trial | part life | full life | total | Goal | % goal | goal var | chapter name | 6/29/2015 |
|-------------|---------|--------|-----------|-----------|--------|--------|--------|----------|--------------|----------------------------|
| 1 | | 1,923 | 4 | 173 | 1,667 | 1,844 | 1,757 | 95.% | -90 | JACKSONVILLE #1 |
| 2 | G | 10,503 | | 1,234 | 8,188 | 10,329 | 8,182 | 100.% | 6 | EVERGLADE STATE #2 |
| 4 | | 2,544 | 1 | 150 | 2,349 | 2,500 | 2,429 | 97.% | -80 | JOHN C MCCARTHY II #4 |
| 5 | | 572 | 0 | 63 | 499 | 562 | 532 | 94.% | -33 | THE TALLAHASSEE #5 |
| 6 | | 271 | 0 | 22 | 249 | 271 | 259 | 96.% | -10 | ST AUGUSTINE #6 |
| 7 | | 748 | 0 | 235 | 560 | 795 | 683 | 82.% | -123 | W WASHINGTON #7 |
| 11 | | 1,679 | 0 | 92 | 1,545 | 1,637 | 1,590 | 97.% | -45 | CLEARWATER #11 |
| 12 | | 1,472 | 0 | 91 | 1,359 | 1,450 | 1,405 | 97.% | -46 | CORAL GABLES #12 |
| 13 | | 2,486 | 0 | 98 | 2,332 | 2,430 | 2,383 | 98.% | -51 | BAY PINE HLDY ISL #13 |
| 14 | | 310 | 0 | 22 | 282 | 304 | 294 | 96.% | -12 | JOHN D STROUD #14 |
| 16 | | 2,765 | 0 | 198 | 2,489 | 2,687 | 2,593 | 96.% | -104 | CENTRAL #16 |
| 17 | | 730 | 0 | 30 | 690 | 720 | 704 | 98.% | -14 | PANAMA CITY #17 |
| 18 | | 1,716 | 0 | 146 | 1,528 | 1,674 | 1,607 | 95.% | -79 | MANATEE COUNTY #18 |
| 20 | | 348 | 0 | 19 | 323 | 342 | 333 | 97.% | -10 | LAKE CITY #20 |
| 22 | | 312 | 0 | 18 | 285 | 303 | 295 | 97.% | -10 | JACKSON COUNTY #22 |
| 23 | | 2,131 | 1 | 89 | 2,010 | 2,100 | 2,055 | 98.% | -45 | AL GRAY #23 |
| 29 | | 592 | 1 | 44 | 537 | 582 | 558 | 96.% | -21 | PEMBROKE PINES-MIRAMAR #29 |
| 30 | | 1,305 | 0 | 94 | 1,146 | 1,240 | 1,195 | 96.% | -49 | SEMINOLE #30 |
| 32 | | 1,351 | 1 | 90 | 1,201 | 1,292 | 1,244 | 97.% | -43 | J L GOLIGHTLY #32 |
| 38 | | 1,527 | 0 | 196 | 1,241 | 1,437 | 1,345 | 92.% | -104 | ORANGE PARK #38 |
| 42 | | 1,818 | 0 | 86 | 1,697 | 1,783 | 1,738 | 98.% | -41 | WEST PALM BEACH #42 |
| 49 | | 313 | 0 | 18 | 279 | 297 | 288 | 97.% | -9 | RIDGE #49 |
| 50 | | 234 | 0 | 12 | 215 | 227 | 222 | 97.% | -7 | CENTRAL BREVARD #50 |
| 57 | | 431 | 0 | 25 | 388 | 413 | 401 | 97.% | -13 | CRESTVIEW #57 |
| 63 | | 166 | 0 | 9 | 152 | 161 | 157 | 97.% | -5 | TRI-COUNTY #63 |
| 65 | | 542 | 0 | 28 | 498 | 526 | 512 | 97.% | -14 | ZEPHYRHILLS #65 |
| 67 | | 1,265 | 0 | 62 | 1,154 | 1,216 | 1,184 | 97.% | -30 | HERNANDO COUNTY #67 |
| 70 | | 611 | 0 | 30 | 546 | 576 | 562 | 97.% | -16 | GERALD A SHONK #70 |
| 73 | | 354 | 2 | 22 | 318 | 342 | 329 | 97.% | -11 | TAMARAC #73 |
| 78 | | 1,201 | 0 | 49 | 1,110 | 1,159 | 1,132 | 98.% | -22 | NEW PORT RICHEY #78 |
| 82 | | 1,094 | 0 | 56 | 1,021 | 1,077 | 1,048 | 97.% | -27 | R L COCHRAN JR #82 |
| 83 | | 958 | 0 | 122 | 825 | 947 | 887 | 93.% | -62 | C W BYERS SR #83 |
| 84 | | 1,325 | 0 | 53 | 1,191 | 1,244 | 1,219 | 98.% | -28 | GREATER DAYTONA #84 |
| 85 | | 1,150 | 0 | 42 | 1,077 | 1,119 | 1,101 | 98.% | -24 | SOUTH MARION #85 |
| 86 | | 605 | 0 | 58 | 535 | 593 | 566 | 95.% | -31 | JIM BOOE #86 |
| 87 | | 740 | 0 | 33 | 683 | 716 | 701 | 97.% | -18 | SGT WM E HILL #87 |
| 90 | | 880 | 0 | 71 | 785 | 856 | 822 | 96.% | -37 | GATOR #90 |
| 94 | | 1,069 | 0 | 43 | 997 | 1,040 | 1,017 | 98.% | -20 | C GUSTAFSON #94 |
| 97 | | 545 | 0 | 32 | 504 | 536 | 521 | 97.% | -17 | BEE RIDGE #97 |
| 98 | | 242 | 0 | 12 | 224 | 236 | 230 | 97.% | -6 | EUCHEE VALLEY #98 |
| 101 | | 796 | 0 | 41 | 742 | 783 | 763 | 97.% | -21 | VENICE GULF #101 |
| 108 | | 589 | 0 | 53 | 546 | 599 | 572 | 95.% | -26 | JAMES D RADER #108 |
| 109 | | 498 | 0 | 25 | 468 | 493 | 479 | 98.% | -11 | TITUSVILLE #109 |
| 110 | | 483 | 0 | 27 | 451 | 478 | 464 | 97.% | -13 | SUN CITY CENTER #110 |
| 111 | | 89 | 0 | 2 | 84 | 86 | 85 | 99.% | -1 | PEACE RIVER #111 |
| 112 | | 755 | 1 | 37 | 702 | 740 | 721 | 97.% | -19 | BAY AREA #112 |
| 113 | | 687 | 1 | 33 | 637 | 671 | 652 | 98.% | -15 | PORT ST LUCIE #113 |
| 119 | | 383 | 0 | 14 | 348 | 362 | 354 | 98.% | -6 | ANTHONY P DADDI #119 |
| 122 | | 499 | 0 | 57 | 438 | 495 | 467 | 94.% | -29 | MARATHON #122 |
| 123 | | 620 | 0 | 18 | 594 | 612 | 600 | 99.% | -6 | SPACE COAST #123 |
| 125 | | 542 | 0 | 19 | 511 | 530 | 520 | 98.% | -9 | CPL P D LYON JR #125 |
| 126 | | 176 | 0 | 9 | 164 | 173 | 169 | 97.% | -5 | SUWANNEE MEM #126 |
| 129 | | 365 | 0 | 18 | 334 | 352 | 344 | 97.% | -10 | SO BREVARD BCHS #129 |
| 133 | | 922 | 0 | 80 | 833 | 913 | 874 | 95.% | -41 | THE GOLD COAST #133 |
| 144 | | 97 | 0 | 10 | 85 | 95 | 91 | 93.% | -6 | LA BELLE #144 |
| 148 | | 803 | 0 | 71 | 717 | 788 | 753 | 95.% | -36 | AGNES M TAYLOR #148 |
| 150 | | 788 | 0 | 40 | 819 | 859 | 835 | 98.% | -16 | ORANGE BLOSSOM GDNS #150 |
| 152 | | 692 | 0 | 31 | 643 | 674 | 658 | 98.% | -15 | SOUTH PALM BEACH #152 |
| 155 | | 369 | 0 | 9 | 346 | 355 | 351 | 99.% | -5 | SEBASTIAN RIVER AREA #155 |
| 158 | | 118 | 0 | 33 | 143 | 176 | 161 | 89.% | -18 | CRYSTAL RIVER #158 |
| Dept. Total | | 61,099 | 1,246 | 4,267 | 54,284 | 59,797 | | | | |



**Legislation
FOR
July 31, 2015**

Subject: The Affordable Care Act, your taxes and you

Under the Affordable Care Act (ACA), all Americans including all military members (active duty, retired, Selected Reserve, or Retired Reserve) and their eligible family members must have health care coverage that meets a minimum standard called minimum essential coverage or pay a fee. Your TRICARE coverage meets the minimum essential coverage requirement under the ACA.

"The term "active duty" means full-time duty in the active service of a uniformed service for more than 30 consecutive days".

Beginning in January 2016, DFAS will be providing IRS Form 1095-C to all U.S. military members, and IRS Form 1095-B to all Retirees, Annuitants, former spouses and all other individuals having TRICARE coverage during all or any portion of tax year 2015. An IRS Form 1095 documents you (and your family members, if applicable) have the minimum essential coverage. More information will be forthcoming about the delivery method of these forms.

These forms will document the information that DFAS will provide to the IRS on yourself and your authorized family members. The forms will be required to be reported with your 2015 federal tax return. DFAS will provide you with IRS Form 1095 series forms no later than Jan. 31, 2016

You can find more information about the impact of the Affordable Care Act on your federal income tax at: <http://www.irs.gov/Affordable-Care-Act>, or <http://www.dfas.mil/taxes/aca.html>.

Orlando VAMC Lists New Main Telephone Number

Orlando's Veterans now have a new main telephone number to call for Orlando VAMC services: 407-631-1000.

Thursday, July 9, 2015

The change comes with the facility's move to the Lake Nona Medical Center, which has become the main hub for Orlando VAMC operations. The former location at Lake Baldwin has been reclassified as an Outpatient Clinic, and now sits as one of three OPCs in the Orlando VAMC network, including the Viera OPC, and the William V. Chappell Jr OPC in Daytona Beach. Orlando also has Community-Based Outpatient Clinics at Kissimmee, Orange City, Clermont and Leesburg.

Veterans seeking services or needing information can call the new telephone number 407-631-1000, and choose from a menu of options that include pharmacy, appointments, eligibility, and healthcare services. Veterans can also use the web-based telephone directory found at the Orlando VA Medical Center web page, www.orlando.va.gov. Choose the Contact Us option from the drop down bar on the left side of the page, and select Phone Directory, which includes an alphabetical listing of Orlando VAMC services available at Lake Nona and Lake Baldwin. Locations, contact telephone numbers, and driving directions for all Orlando VAMC points of care are available under the Locations & Directions drop down menu option on the front page of the Orlando VA Medical Center website.

- See more at:

http://www.orlando.va.gov/ORLANDO/features/OVAMC_Main_Telephone_Number_Changes.asp#sthash.Idr8OIxb.dpuf

While we fully support the Department of Veterans Affairs (VA) and believe the VA health care system is the best model of care to treat service disabled veterans, DAV *is not* satisfied with the state of VA today. VA absolutely must reform from top to bottom and must refocus its work squarely on veterans.

As we reported last week, there are some key reforms that are essential for building a healthy and robust VA health care system for the 21st Century. Congress must commit to provide the VA the resources it needs to modernize, **rebuild** and sustain its internal capacity to provide timely, high-quality health care. To better serve veterans, VA needs to **restructure** and consolidate all non-VA care programs into a single integrated Extended Care Network. VA must also **realign** and expand its health care services to meet the diverse needs of all generations of veterans, beginning with establishing new urgent care centers out in the community, and continue its extended operating hours. Finally, VA must **reform** its management culture through increased transparency and accountability.

As we previously noted, some elected officials are proposing additional reforms in VA health care that we believe would ultimately weaken the system and move VA in the wrong direction. We have warned that these types of proposals risk eliminating VA as a direct care provider-and will fracture the care that veterans would be able to find for themselves. Overly simplistic "choice" proposals sound good, unless you are a wounded, injured or ill veteran with complex and specialized medical needs who is left on his or her own to find care in the private sector, equipped only with a card.

DAV needs grassroots support, and your direct experience with VA, to remind Congress-and even your own VA facility, why the VA system is essential and important to you as a disabled veteran. Most importantly, please tell them we want to ensure veterans have the **choice** to get all or most of their care from VA, and for VA to have the resources and flexibility to provide coordinated care in the community when necessary.

In Washington, DAV continues to work with our service organization partners, and with the Administration and Congress, to address the problems that have been identified. We must work together to ensure a viable health care system for ourselves now, and for future generations of disabled veterans.

We hope in these messages that we have been able to convey the seriousness of the situation, what is at stake for you, and for all veterans nationwide. We are approaching a Presidential election year and it is more important than ever to collectively make our voices heard. Between now and the November 2016 election, it is likely the future course of veterans health will be decided. Please let your elected officials know what is important to you as disabled veterans, and what we need, deserve, and expect from our VA.

DAV hopes this information has helped you understand and appreciate why we are steadfast in our belief that VA is a vital national asset to disabled veterans. We recognize that some veterans have had a negative experience at VA and we appreciate you providing us that feedback.

DAV's goal is to ensure VA is reformed and services improved so that all veterans who chose VA are treated with the dignity and respect they deserve and most importantly get the care they need in a timely manner.

Please join us in this battle.

Click the link below to log in and send your message:

https://www.votervoice.net/BroadcastLinks/fgW8sCIPU4rNS_EDU34H4Q

Veterans Choice Program Toolkit for Outreach Partners

The fact sheets, social media content, frequently asked questions and other materials in this toolkit are designed to make it easy to share information and spread awareness about the Veterans Choice Program. It includes sample communications and templates you can customize for specific events.

[Click here](#) to download the entire Toolkit (all resources) .

Individual Grab-and-Go pieces:

- [Veterans Choice Program: 101 For Veterans](#)
- [Veterans Choice Program: 101 For Partners](#)
- [Veterans Choice Program Flyer](#)
- [Pocket References](#)
- [Questions and Answers by Topic](#)
- [Sample Briefing Slides](#)
- [Facebook Graphic](#)

DAV Joins Forces with USAA

Disabled American Veterans is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. We accomplish this by ensuring that veterans and their families can access the full range of benefits available to them, fighting for the interests of America's injured heroes on Capitol Hill, connecting veterans and their families to employment resources, working to address the unique needs of America's women veterans and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life. Since 1920, we have been fulfilling promises to the men and women who served. As an organization of military professionals and veterans, we have an opportunity from time to time to provide additional benefits to our members. We are pleased to announce an exciting new relationship between DAV and United Services Automobile Association (USAA). USAA is an organization that began in 1922 with a small group of officers who offered to insure each other's vehicles when no one else would. Since then, USAA has grown into a respected organization offering a wide range of financial services to the military and veteran community.

As of today, USAA Bank is the exclusive credit card provider to DAV. Available in both American Express® and MasterCard®, the Disabled American Veterans USAA Rewards™ credit cards support DAV by giving back to its programs through everyday purchases— all with competitive rates and legendary customer service from USAA Bank.

For more information about USAA, call **844-328-8722 (844-DAV-USAA)** or visit usaa.com/dav.

DAV Position on VA Health Care

Over the coming weeks leading to DAV's 2015 National Convention in Denver, Colorado, we will be alerting you, other DAV supporters, and convention delegates to the critical issues and emerging threats facing VA health care in the aftermath of the 2014-2015 access-to-care crisis and how DAV believes the system can be reformed to better serve the health care needs of the men and women for whom this system was designed. This alert is the first of those messages. Please send any feedback via email to legislativepublic@davmail.org.

Millions of veterans need and rely on the VA for health care and DAV intends to ensure that those veterans continue to have access to high quality, timely health care when and where they need it. We are convinced that VA is the best health care system to treat the unique needs of wounded, injured and ill veterans for a number of reasons. First, VA is structured to treat the whole veteran - that means both their basic primary care, as well as their specialized and service connected conditions. Quality health care must focus on the entire patient, not just certain injuries or illnesses. VA specializes in holistic and preventative care which is more likely to lead to better health outcomes for veterans. VA offers a veteran-centric culture and has developed expertise treating veterans of all generations, particularly for war-related injuries, such as those resulting from exposure to military toxic and environmental hazards. VA has a national, integrated network of health care and benefits that also provides comprehensive and interrelated transition and readjustment services to help veterans throughout their post military lives.

While there are still areas where it can and must improve, VA health care has been consistently judged to be among the best health care systems in the world when measured by objective standards for quality and safety. VA offers numerous specialized programs to treat the physical and mental health challenges of veterans that simply don't exist in general health care, or are very rare and scarce. All DAV members served during wartime, and most are enrolled in VA care because of VA's expertise in treating their wounds, illnesses and injuries.

VA has a track record of providing direct health care to veterans (as well as world class biomedical research programs and graduate medical education for future doctors), but VA has too often been hampered due chronic underfunding of its health care program. DAV and our Independent Budget partners have documented these funding shortfalls annually for more than a decade, a fact that was independently identified as far back as 2003 in an authoritative report of The Presidential Task Force on Improving the Delivery of Health Care to Our Nation's Veterans. And as both the Report and DAV predicted, chronic underfunding leads to a lack of access and waiting lists for veterans, which is exactly what occurred last year.

In response to the problems uncovered last year, Congress and the Administration have made changes to a wide variety of VA policies, programs and activities, including the creation of a temporary, 3-year "choice" program to increase non-VA care options. While these changes are designed to help VA address the access crisis in the short term, it is imperative that we start to focus on about how best to reform VA for the long term. Our goal must be to ensure that wounded, injured and ill veterans have timely access to high-quality health care, which we believe requires a strong and robust VA at its core.

Some groups and even some Members of Congress are calling for the "choice" program to be made permanent and expanded to all veterans. Others have called for VA to greatly shrink or restrict its direct health care mission to combat-related injuries. There is even a proposal to convert VA to an insurance program forcing veterans to receive their care in the private sector.

As Congress and others start to consider these proposals, it is essential that we begin by focusing on what is best for the veterans. "Choice" may be a great sound bite, but it is not a solution that will adequately meet the needs of our nation's wounded, ill and injured veterans. Rather than simply giving veterans a card to find care in the private sector on their own, our goal must be to reform VA so that it can remain the best, most accessible choice for veterans, delivering high-quality, high-value health care.

VA is already the world leader treating PTSD, spinal cord injury, blindness, amputation and other wartime injuries. VA is a proven leader in preventative care for veterans. VA clinicians spend more time with their

Continued on page 12

patients, ensuring they treat the whole veteran. Independent studies show that VA screens for service-related conditions that are often overlooked by or irrelevant to private sector providers.

This is not to say that we are satisfied with state of VA health care today. Too much of what has been uncovered in the VA health care system is inexcusable and needs reform today. No veteran should have to wait too long or travel too far to get health care. But rather than privatize, downsize or eliminate VA altogether, we believe that veterans need a stronger, healthier VA to ensure they get the care they have earned.

Next week DAV will share its plan to reform the VA health care system to ensure all enrolled veterans, especially those wounded, injured or made ill as a result of military service receive timely, high-quality health care services that meet their unique needs. We welcome your ideas, suggestions and comments which can be sent to: legislativepublic@davmail.org.

Click the link below to log in and send your message:
<https://www.votervoice.net/BroadcastLinks/JQmLt8Enh3qn16cn9azPMQ>

VISN 8 Information

- VISN 8 has a 46% market share rate (enrolled Veterans divided by Veteran population) which is the highest of any VISN
- We served more Veterans than ever before including **57,598 first time users** of our health care in VISN 8 – accounts for 10% of all users
- We offered more care options with **171,219** referrals for Veterans to receive care in the private sector (traditional non-VA care)
- We now have 3 major Medical Centers that **serve more than 100,000 Veterans a year** (North Florida, Orlando and Bay Pines)
- We spent **\$531.5 Million in community** care for Veterans
- We recruited to fill physician and other staff vacancies, and hired a total of **2,315 new employees** –
- We continued **expanding our hours in Primary Care** adding evening and weekend hours
- We brought the care to Veterans, providing **virtual and in-home care** where and when appropriate. In 2015 (through May 31), **210,483 Veterans in VISN 8 used Virtual Care**. There were **34,192 eConsults**, giving Veterans and their providers increased access to specialty care services. And Veterans took great advantage of premium features in My HealtheVet with **159,305 secure messages** sent from patients directly to their VA health care team. (source: Michelle Winslow, Virtual

85 years of quality care

July 21 marks the 85th anniversary of Veterans Health Administration. And through the years, our mission has never changed – to provide the best possible care for our Veterans. Despite our accomplishments, we are more passionate than ever, and we need talented and dedicated health care professionals like you to help us forge ahead into the future. To help our Veterans heal, VA has remained at the forefront of medical research through the decades. From effective tuberculosis treatments after WWII to the invention of the implantable cardiac pacemaker to the first successful liver transplants, our researchers, physicians and nurses have made the difference.

VBA Accomplishments

1. Reduced backlog from peak of **611,000** in March '13 to **119,710** this week, an **80%** reduction in 28 months – the lowest it's been since we started measuring the backlog in 2007; reduced inventory from peak of **884,000** in July '12 to **379,370**, a **57%** reduction and new low since FY08; and increased claim-level accuracy from **83%** in 2011 to **91%** – at the issue-level accuracy is **96%**
2. Met goal of completing a record-breaking **1.32M claims** in FY14 – over **150K** more than FY13, which was also a record-breaking **1.17M-claim** year; today, Veterans with a pending claim are waiting, on average, **166 days** less for a claim decision, from a peak of 282 days in March 2013 to **116 days** today
3. Productivity **rose 67% on medical issues per FTE** since 2009; helped mitigate effects of a **154% increase in workload** since 2007 (820K claims, 2.1M medical issues in 2007 vs. 1.32M claims, 5.5M medical issues in 2014)
4. Added **1.7M+** Veterans to compensation rolls since 2008 (**1.1M** net), and added **26%** more Veterans and Survivors to compensation and pension caseload (from **3.8M** to **4.8M**)
5. Went from touching **5,000 tons of paper annually** to processing **95% of disability claims electronically**, with **360K claims** in electronic inventory – only **20K** in paper, completed over **3.4M** rating decisions and over **1.8 million** claims in VBMS
6. Enabling Veterans to file claims online through eBenefits – over **4.9M** registered users, **68M** contacts with Veterans in FY14 (**86%** online) vs. **9M** contacts (majority by phone) in 2009
7. Expediting Veterans claims: **44%** of receipts from VSOs FY2015 to date are Fully Developed, up from **3%** in 2012; received nearly **2.5M** Disability Benefits Questionnaires in FY14 from VHA
8. Dedicated non-rating workforce completed **2.7M non-rating end products** in FY14 – highest production of non-rating work in **20 years** – **50 percent** more than in FY 2011
9. More automation: **1 in 5** Veterans submit online dependency requests – **more than 60 percent** receive payments in **under 1 day**; automatic burial allowance payments to surviving spouses within **6** days (down from **190**)
10. Held appeal rates steady amidst increased production – **1.32M** completed claims in FY 2014, **11-12%** (historical rate) appealed, **4-5%** reached Board of Veterans' Appeals, **1.2%** decided in Veteran's favor, often based on additional evidence
11. Reduced Veterans Pension inventory by **71%** from peak of **36.4K** to **10.4K**; backlog by **96%** from peak of **15.3K** to **559**; reduced Survivors' Dependency and Indemnity Compensation inventory by **59%** from peak of **19.1K** to **7.8K**, backlog by **85%** from peak of **8.8K** to **1.3K**; improved DIC timeliness by **112 days** from peak of **182** to **69 days** while maintaining **99%** accuracy
12. Provided **\$53B** to send **1.4 million** Veterans and dependents to school under the Post-9/11 GI Bill; now processing majority of these claims in **average of 2.9 days** at **99.8% accuracy**

DAV supports approach to keep veterans in critical VA program

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Over 400 veterans and their caregivers at risk of being forced out of a VA program that helps keep veterans at home rather than being admitted in a nursing home are one step closer to a solution, thanks to a draft bill expected to be introduced and gain approval this week in the Senate.

The Department of Veterans Affairs Purchased Health Care Streamlining and Modernization Act would give VA the flexibility to continue using provider agreements rather than more complex and burdensome federal contracts to operate the Veteran-Directed Home & Community Based Services program.

Currently operational at 50 VA Medical Centers in 28 states, DC, and Puerto Rico, roughly 1,000 veterans enrolled in the Veteran-Directed Home & Community Based Services program are authorized a monthly flexible spending budget for purchased care based on their assessed needs.

“A veteran, for example, would be able to hire family or friends as caregivers to provide them with the personal care services they need,” said Assistant National Legislative Director Adrian Atizado. “This is part of DAV’s larger legislative focus on caregivers, to comprehensive caregiver benefits to veterans injured prior to September 11, 2001.”

This bill would keep existing Veteran-Directed Home & Community Based Services programs from being terminated and could help make it available at all VAMCs nationwide to expand the pool of eligible participants.

DAV believes the bill preserves key protections found in federal contracts including protections against waste, fraud and abuse while helping VA ensure community-based care purchases are cost effective and enhance the level of service provided to veterans.

“Ultimately we believe this bill will help VA expand care options, but the bill’s provision on care coordination could be improved,” said Atizado. “Care coordination for severely ill and injured veterans and for aging veterans with chronic conditions is essential when VA buys care from private providers. VA must fully integrate community-based care into its health care delivery in order to achieve the best health outcomes for veterans.”

VA Urges Congress to Act And Transfer Funds for Veterans’ Care

The Department of Veterans Affairs (VA) today urged Congress to act expeditiously and approve its pending request for fiscal year 2015 budget flexibility. The request, formally transmitted on June 23, seeks the transfer of funds from the Choice Program to continue VA's efforts to increase Veterans' access to care and life-saving pharmaceuticals. “It is essential that Congress pass legislation to provide the requested budget flexibility by the end of July 2015,” Deputy Secretary Sloan Gibson wrote. “This is necessary to replenish critical operations funding that VA had to reallocate from other medical services programs to sustain Care in the Community, after those funds were depleted. If these program funds are not restored, VA will face shutting down hospital operations during August 2015. The letter and full text of the documents submitted to Congress today are available for download here:

- [Signed letter to Congress](#)
- [Putting Veterans First: Legislative Request](#)
- [Draft Legislation](#)
- [Choice Act Obligations](#)