



Disabled American Veterans Department of Florida Newsletter

By Al Linden, Executive Director



April 30, 2016

As of April 30, 2016 our membership was 61,744. The goal for life membership for this year 437 are needed.

STATE COMMANDER JOHNSON MESSAGE

MEMBERSHIP IS OUR MAJOR CONCERN, AS WE APPROACH OUR DEPARTMENT CONVENTION.. THIS IS BUDDIE'S YEAR AND WE CAN'T LET HIM DOWN. I WOULD LIKE TO THANK THE CHAPTERS WHO HAVE MET THEIR GOAL, BUT AM ASKING YOU NOT TO STOP, KEEP SIGNING UP NEW MEMBERS. IF YOU HAVE NOT MET YOUR GOAL, OUR SLOGAN FOR THE REST OF THIS MEMBERSHIP YEAR IS "SIGN ONE UP FOR BUDDY". MAKE YOUR MEMBERS AWARE OF OUR NEED FOR NEW MEMBERS. CARRY APPLICATIONS WITH YOU. IF YOU SEE A VETERAN IN YOUR COMMUNITY, HAVE A CONVERSATION WITH THEM, "ASK IF THEY ARE IN THE VA SYSTEM, ASK IF THEY WOULD LIKE ASSISTANCE WITH THEIR BENEFIT PROGRAM, "YOUR SERVICE OFFICERS WILL OFFER FREE ASSISTANCE." ASK THEM TO JOIN. "IF YOU ARE ELIGIBLE TO BE A MEMBER, YOU DESERVE TO BELONG." PLEASE SIGN INTO DAV.ORG TO SIGN UP FOR THE POLITICAL ACTION NETWORK. YOU CAN SEND A PREPARED LETTER TO YOUR LOCAL REPRESENTATIVES, ASKING THEM TO SUPPORT OUR LEGISLATIVE GOALS. EVERYONE SHOULD BE SIGNED IN. MY TRAVELS HAVE TAKEN ME TO LAKELAND, (SUNCARE RESORT FUNDRAISER WHERE WE RECEIVED A DONATION FOR \$25,000+, JACKSONVILLE FOR BUDDIES SERVICE, BRADENTON FOR THEIR ANNUAL PATRIOTIC EVENT, AND BACK TO JACKSONVILLE FOR INSTALLATION OF OFFICERS. SEE EVERYONE AT THE CONVENTION IN JUNE.

Andy Marshall Announces for National Office

Andy Marshall is retiring as National Service Officer in February 2016 and it was announce at the Florida DAV Mid-Winter conference that he will be running for National Office at the upcoming National Convention. Andy has over 40 years as a National Service Officer and is well respected leader of veterans. Any donations for the Committee to Elect Andy Marshall for National office should be sent to:

Dan Anderson
3449 Fairchild Trail
Clearwater Florida, 33761

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. ALL chapters make \$50,000 and less and do not file any other IRS form must file a N990 by November 15 each year. Last year 4 chapters failed to do so and their tax exempt was removed and it cost them over \$400 to get it reinstated.

New Department Membership Program

The Department is having a yearend life membership program to meet our goal. Department will pay up to \$35 for any member to become a fully paid life member before June 15, 2016. See details on page 13.

	BALANCE SHEET	
	As Of Apr 30, 2016	
TOTAL ASSETS	\$1,295,950	
TOTAL LIABILITIES		\$110,305

TOTAL LIABILITIES&FUND BALANCES	\$1,295,950	

Bay Pines VAVS	\$2304
Gainesville VAVS	\$1000.00
Tampa VAVS	\$1950
Lake City VAVS	\$2225
WPB VAVS	\$1000
Miami VAVS	\$2200
Orlando VAVS	\$7550
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!**

Cost of Living

On March 17, 2016, Representative Ralph Abraham (LA), Chairman of the House Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs, introduced H.R. 4782, the Veterans' Compensation Cost-of-Living Adjustment (COLA) Act of 2016. This measure would increase veterans' disability compensation, survivor benefits and clothing allowances by the same percentage as Social Security benefit increases scheduled to take effect on December 1, 2016, and would affect payments beginning January 1, 2017.

Unfortunately, H.R. 4782 contains a round-down provision which DAV adamantly opposes based on National Resolution No. 017. Specifically, the practice of rounding-down compensation increases to the nearest whole dollar is unfair. This practice, established over 20 years ago as a temporary measure, has siphoned millions of dollars annually from disabled veterans, their families and survivors and jeopardizes the ability of those relying on these benefits to maintain an adequate standard of living.

We ask you to please contact your Representative and urge them to cosponsor and support passage of this bill, and to inform them that the practice of rounding-down compensation increases is unfair to veterans their families and survivors.

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

<https://www.votervoice.net/BroadcastLinks/8DPorz54Xu4peAQJzJH6ww>

Caregivers update

Representative Elise Stefanik [NY-21] introduced H.R. 3989, the Support Our Military Caregivers Act, which, if passed, would establish an external review process in cases where VA caregiver benefits were either revoked, inadequate, or denied. The measure would ensure that once a review is requested by a caregiver, a decision would be required to be completed within 120 days.

DAV has long had concerns with VA's Comprehensive Caregiver Support Program, including the seeming lack of due process and transparency in the decision and appeal process for applicants. Early on, we identified the need for an independent mechanism where (1) a caregiver can appeal a clinical team's decision; (2) that decision can be carefully reviewed from the beginning; and (3) an unwarranted decision can be reversed, altered, or sent back to the clinical team with instructions to reassess or consider additional issues.

It is imperative that veterans and their caregivers are granted this basic due process and we ask you to please contact your Representative and urge them to cosponsor and support passage of this bill during the 114th Congress. As always, thank you for your advocacy and for aiding DAV in support of our mission of empowering veterans to lead high-quality lives with respect and dignity.

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

<https://www.votervoice.net/BroadcastLinks/snPIAtx-GGYvVWqvnDLI9g>

Representative Lee Zeldin [NY-1] has introduced H.R. 2460, legislation designed to increase the availability of adult day health care services for severely disabled veterans. If enacted, the legislation would reimburse state veterans homes for the provision of adult day health care services to severely disabled veterans who are eligible for, but do not receive, full-time skilled nursing home care paid for by the Department of Veterans Affairs (VA), with no cost to the veteran.

Under current law, veterans who require nursing home care due to a service connected disability or who have a VA disability rating of 70% or more can receive full time nursing home care inside a state veteran home at no cost; however, the law does not allow those same severely disabled veterans to benefit from adult day health care, which is a less costly non-institutional alternative many prefer. H.R. 2460 would amend existing law to authorize VA to pay state veterans homes a per diem rate that is 65% of the per diem otherwise payable for full time skilled nursing home care for these same severely disabled veterans.

Adult day health care, which is currently offered by only three state homes, provides comprehensive medical, nursing and personal care services combined with social activities for physically or cognitively impaired adults. Under this program, veterans are brought to the state home for 6-8 hours where they can receive any necessary medical care -- including physical, occupational or speech therapy -- as well as nutritional and social services. Adult day health care allows severely disabled veterans who might otherwise need skilled nursing services to receive them several times a week while continuing to live at home.

If enacted, H.R. 2460 would enable more state veterans homes across the country to offer adult day health care programs for these deserving veterans. It would also provide important relief and support for their family caregivers.

Please contact your elected officials to urge them to cosponsor, support passage, or to thank them for cosponsoring H.R. 2460 during the 114th Congress.

INCOME / EXPENSES VS BUDGET
Apr 30, 2016

		Actual	Budget	Difference
Ordinary Income/Expense				
	Income			
	6001 • Convention Income	2,095.00	7,500.00	-5,405.00
	6030 • Midwinter Income	14,800.00	10,200.00	4,600.00
	6050 • Dues from National	149,185.00	150,000.00	-815.00
	6100 • Donation fr Service Fd-Principl	0.00	332,510.00	-332,510.00
	6140 • National Fund Raisers	183,006.00	200,000.00	-16,994.00
	6200 • Chapter & Unit 10%	55,206.06	15,000.00	40,206.06
	6300 • Department Publication	0.00	200.00	-200.00
	6310 • Chapter Closeouts	9,072.38	0.00	9,072.38
	6315 • Orange City Income	16,500.00	0.00	16,500.00
	6330 • Lake Panosofkee	3,416.80	4,100.00	-683.20
	6331 • Lakeland Bldg Mortgage	16,370.00	17,000.00	-630.00
	6333. • Orange City Mortgage	0.00	18,000.00	-18,000.00
	6334.1 • Sarasota Bldg Mortgage Payment	0.00	11,000.00	-11,000.00
	6350. • Drivers License Income	22,720.98	60,000.00	-37,279.02
	6410 • 2015 Service Officer's	14,631.00	12,000.00	2,631.00
	6411 • Service Program Donations	1,167.97	2,500.00	-1,332.03
	6413 • Service Income	0.00	15,000.00	-15,000.00
	6450 • VAVS Donations	34,840.25	14,000.00	20,840.25
	6800 • Miscellaneous	34,687.17	5,000.00	29,687.17
	Total Income	557,698.61	874,010.00	-316,311.39
	Gross Profit	557,698.61	874,010.00	-316,311.39
	Expense			
	7000.2 • Convention Expense	716.45	16,500.00	-15,783.55
	7030.1 • Midwinter Expenses	17,102.09	19,000.00	-1,897.91
	7040.1 • Service Expenses	513,645.15	682,300.00	-168,654.85
	7570.1 • Legislative Expenses	3,432.98	3,900.00	-467.02
	8000.3 • VAVS Expenses	8,960.00	20,000.00	-11,040.00
	8260 • Headquarters Expense	38,731.06	131,310.00	-92,578.94
	9500.1 • Foundation expenses	614.58	1,000.00	-385.42
	Total Expense	583,202.31	874,010.00	-290,807.69
	Net Ordinary Income	-25,503.70	0.00	-25,503.70
	Other Income/Expense			
	Other Income			
	11001.4 • Testimonial Income	0.00	4,500.00	-4,500.00
	Total Other Income	0.00	4,500.00	-4,500.00
	Other Expense			
	11000.4 • Testimonial Expenses 2015	4,983.50	4,500.00	483.50
	Total Other Expense	4,983.50	4,500.00	483.50
	Net Other Income	-4,983.50	0.00	-4,983.50
	Net Income	-30,487.20	0.00	-30,487.20



**MEMBERSHIP
FOR
APR 30, 2016**

Chapner	Last yr	trial	part life	full life	total	Goal	% goal	needed	chapter name	4/30/16
	1,923	5	176	1,709	1,890	1,757	97.27%	-48	JACKSONVILLE #1	
G	10,503	1,571	907	8,233	10,711	8,182	100.62%	51	EVERGLADE STATE #2	
	2,544	1	157	2,393	2,551	2,429	98.52%	-36	JOHN C MCCARTHY II #4	
	572	0	64	511	575	532	96.05%	-21	THE TALLAHASSEE #5	
	271	1	29	255	285	259	98.46%	-4	ST AUGUSTINE #6	
	748	0	243	588	831	683	86.09%	-95	W WASHINGTON #7	
	1,679	1	89	1,579	1,669	1,590	99.31%	-11	CLEARWATER #11	
	1,472	0	104	1,381	1,485	1,405	98.29%	-24	CORAL GABLES #12	
	2,486	0	113	2,369	2,482	2,383	99.41%	-14	BAY PINE HLDY ISL #13	
	310	0	22	287	309	294	97.62%	-7	JOHN D STROUD #14	
	2,765	0	199	2,554	2,753	2,593	98.50%	-39	CENTRAL #16	
G	730	0	39	707	746	704	100.43%	3	PANAMA CITY #17	
	1,716	1	160	1,579	1,740	1,607	98.26%	-28	MANATEE COUNTY #18	
	348	0	22	329	351	333	98.80%	-4	LAKE CITY #20	
	312	0	17	290	307	295	98.31%	-5	JACKSON COUNTY #22	
	2,131	1	103	2,040	2,144	2,055	99.27%	-15	AL GRAY #23	
G	592	1	52	558	611	558	100.00%	0	PEMBROKE PINES-MIRAMAR #29	
	1,305	0	108	1,176	1,284	1,195	98.41%	-19	SEMINOLE #30	
G	1,351	2	97	1,250	1,349	1,244	100.48%	6	J L GOLIGHTLY #32	
	1,527	0	205	1,282	1,487	1,345	95.32%	-63	ORANGE PARK #38	
	1,818	0	89	1,728	1,817	1,738	99.42%	-10	WEST PALM BEACH #42	
G	313	0	25	294	319	288	102.08%	6	RIDGE #49	
	234	0	10	221	231	222	99.55%	-1	CENTRAL BREVARD #50	
G	431	1	33	403	437	401	100.50%	2	CRESTVIEW #57	
	166	0	8	154	162	157	98.09%	-3	TRI-COUNTY #63	
	542	0	35	511	546	512	99.80%	-1	ZEPHYRHILLS #65	
	1,265	0	70	1,170	1,240	1,184	98.82%	-14	HERNANDO COUNTY #67	
	611	0	32	557	589	562	99.11%	-5	GERALD A SHONK #70	
G	354	2	28	332	362	329	100.91%	3	TAMARAC #73	
	1,201	0	57	1,130	1,187	1,132	99.82%	-2	NEW PORT RICHEY #78	
	1,094	0	64	1,047	1,111	1,048	99.90%	-1	R L COCHRAN JR #82	
	958	1	151	876	1,028	887	98.76%	-11	C W BYERS SR #83	
	1,325	0	65	1,207	1,272	1,219	99.02%	-12	GREATER DAYTONA #84	
	1,150	0	48	1,091	1,139	1,101	99.09%	-10	SOUTH MARION #85	
	605	0	63	558	621	566	98.59%	-8	JIM BOOE #86	
G	740	0	41	704	745	701	100.43%	3	SGT WM E HILL #87	
	880	0	79	801	880	822	97.45%	-21	GATOR #90	
	1,069	0	44	1,012	1,056	1,017	99.51%	-5	C GUSTAFSON #94	
	545	0	43	519	562	521	99.62%	-2	BEE RIDGE #97	
	242	0	12	228	240	230	99.13%	-2	EUCHEE VALLEY #98	
	796	0	45	757	802	763	99.21%	-6	VENICE GULF #101	
G	589	0	61	581	642	572	101.57%	9	JAMES D RADER #108	
	498	0	28	478	506	479	99.79%	-1	TITUSVILLE #109	
G	483	0	30	468	498	464	100.86%	4	SUN CITY CENTER #110	
G	89	0	2	86	88	85	101.18%	1	PEACE RIVER #111	
G	755	1	42	733	776	721	101.66%	12	BAY AREA #112	
G	687	1	44	654	699	652	100.31%	2	PORT ST LUCIE #113	
	383	0	16	351	367	354	99.15%	-3	ANTHONY P DADDI #119	
	499	0	66	465	531	467	99.57%	-2	MARATHON #122	
G	620	0	19	613	632	600	102.17%	13	SPACE COAST #123	
G	542	0	21	522	543	520	100.38%	2	CPL P D LYON JR #125	
	176	0	10	168	178	169	99.41%	-1	SUWANNEE MEM #126	
	365	0	15	340	355	344	98.84%	-4	SO BREVARD BCHS #129	
	922	0	80	857	937	874	98.05%	-17	THE GOLD COAST #133	
	97	0	8	89	97	91	97.80%	-2	LA BELLE #144	
	803	2	80	739	821	753	98.14%	-14	AGNES M TAYLOR #148	
G	788	0	44	877	921	835	105.03%	42	ORANGE BLOSSOM GDNS	
	692	0	38	656	694	658	99.70%	-2	SOUTH PALM BEACH #152	
	369	0	11	349	360	351	99.43%	-2	SEBASTIAN RIVER AREA #155	
	118	0	33	160	193	161	99.38%	-1	CRYSTAL RIVER #158	
	61,099	1,592	4,596	55,556	61,744	55,993	99.22%	-437	-437	



**Legislation
FOR
APR 30, 2016**

VA Secretary and Deputy Secretary tell Commission on Care: Transformation is Underway and Already Delivering Measurable Results for Veterans

WASHINGTON – Today Secretary of Veterans Affairs Robert A. McDonald and Deputy Secretary of Veterans Affairs Sloan D. Gibson updated the Commission on Care laying out the current state of VA and the transformation that is underway to deliver better customer service and results for America's Veterans. In laying out the key pieces of the transformation underway – MyVA – Secretary McDonald said, “MyVA is our framework for modernizing our culture, processes, and capabilities – combining functions, simplifying operations, providing Veterans a world-class, customer-focused, Veteran-centered enterprise. I know transformational change is not easy but it is our commitment to the Veterans we serve in order to bring them the customer service and the care and benefits they have earned.” Secretary McDonald outlined the five MyVA strategies focused on customer-service excellence: improve the Veteran experience, improve the employee experience, improve internal support services, establish a culture of continuous improvement, and expand strategic partnerships. He also provided updates on progress made to date of VA's 12 breakthrough priorities. “We have challenges in VA and we own them, but the transformation that Bob talked about is well underway and already delivering measurable results for improving access to care and improving the Veterans experience,” said Deputy Secretary Gibson. Deputy Secretary Gibson laid out the roadmap for VA to transform from a loose federation of regional systems to a highly integrated enterprise and integrated provider and payer model and presented the following metrics showing that transformation is underway and having positive impact on Veterans care.

- In a nationwide, one-day Access Stand Down VHA staff reviewed the records of more than 80,000 Veterans to get those waiting for urgent care off of wait lists and into clinics. They identified just over 3,300 patients waiting for more than seven days on the Electronic Wait List (EWL) for an appointment in a Level One clinic. By the end of the day, 80 percent were given an appointment immediately, and 83 percent were given an appointment within two-and-a-half weeks.
- Real-time customer-satisfaction feedback collected in our medical centers through VetLink—our kiosk-based software—tells us that about 90 percent of Veterans are either “completely satisfied” or “satisfied” getting the appointment when they wanted it.
- Annual clinical work has increased among VA providers seeing Veterans by almost 18 percent in the last three years; 20 percent when VA and non-VA providers are calculated together.
- With changes already underway to leverage our scale and build a world class end-to-end supply chain, we have already redirected \$24 million back towards activities providing better Veteran outcomes.

These results build on the elements of excellence already in place in VA's health care system that must be maintained and, in many cases, expanded upon.

- According to the American Customer Satisfaction Index, VA has outperformed the private sector in customer service for a decade.
- According to a February article in the Journal of American Medicine, 30-day risk-standardized mortality rates are lower in VA than those of non-VA hospitals for acute myocardial infarction and heart failure.
- The American Journal of Infection Control found that in five years methicillin-resistant *Staphylococcus aureus* (MRSA) infections declined 69 percent in VA acute care facilities and 81 percent in spinal cord injury units thanks to VA's aggressive MRSA prevention plan.
- The Independent Assessment found that VA performed the same or significantly better than non-VA providers on 12 of 14 effectiveness measures in the inpatient setting.
- The Independent Assessment also found that VA performed significantly better on 16 outpatient HEDIS measures compared with commercial HMOs and significantly better on 15 outpatient HEDIS measures compared with Medicare HMOs.
- A 2015 study found that VA mental health care was better than private-sector care by at least 30 percent on all seven performance measures, with VA patients with depression more than twice as likely as private-sector patients to get effective long-term treatment.
- Another 2015 study found that outcomes for VA patients compared favorably to patients with non-VA health insurance, with VA patients more likely to receive recommended evidence-based treatment. Secretary McDonald and Deputy Secretary Gibson were joined by VHA's Assistant Deputy Under Secretary for Community Care, Dr. Baligh Yehia, who outlined the history and evolution of VA's partnering with medical providers in the community to include the Department of Defense, Indian Health Service, several academic medical partner hospitals, and a growing number of private sector providers. He outlined the path forward for the Veterans Health Administration to become an integrated payer and provider, much of which depends on a legislative proposal currently working

Continued from previous page

- Secretary McDonald and Deputy Secretary Gibson were joined by VHA's Assistant Deputy Under Secretary for Community Care, Dr. Baligh Yehia, who outlined the history and evolution of VA's partnering with medical providers in the community to include the Department of Defense, Indian Health Service, several academic medical partner hospitals, and a growing number of private sector providers. He outlined the path forward for the Veterans Health Administration to become an integrated payer and provider, much of which depends on a legislative proposal currently working through

DD 214 Now on Line

DD 214 Now on LineIt's official; DD-214s are NOW Online. Please pass on to other vets. The National Personnel Records Center (NPRC) has provided the following website for veterans to gain access to their DD-214s online: <http://vetrecs.archives.gov/> or try <http://www.archives.gov/veterans/military-service-records/>

This may be particularly helpful when a veteran needs a copy of his DD-214 for employment purposes. NPRC is working to make it easier for veterans with computers and Internet access to obtain copies of documents from their military files.

Military veterans and the next of kin of deceased former military members may now use a new online military personnel records system to request documents. Other individuals with a need for documents must still complete the Standard Form 180, which can be downloaded from the online web site.

Because the requester will be asked to supply all information essential for NPRC to process the request, delays that normally occur when NPRC has to ask veterans for additional information will be minimized.

The new web-based application was designed to provide better service on these requests by eliminating the records centers mailroom and processing time.

Each Chapter needs a Benefit Protection Team Leader

DAV's new Benefits Protection Team is truly a way for everyone - DAV, DAVA, your friends and neighbors - to get involved in our fight to make our voices heard on Capitol Hill. Every program that assists veterans, every benefit, every dollar paid out to a disabled veteran starts as legislation. You can become involved as little or as much as you want. Sign up for and respond to legislative alerts with DAV CAN, attend local events held in your community, read the vital information on current legislative issues on our website. But most of all - speak to fellow DAV members, your family, friends and coworkers about legislative issues that may affect our benefits.

It's that simple. The more voices speaking in unison to Congress gets our message -your message - heard! To learn more about DAV's Benefits Protection Team, ***Click Here!***

I have an exciting announcement regarding a new partnership, which features a very unique platform for DAV's message of service to veterans, their families and veteran supporters.

B&B Theatres, the eighth largest theatre chain in the United States with 407 screens in 51 locations across Arizona, Arkansas, Florida, Kansas, Missouri, Mississippi, Nebraska, Oklahoma and Texas, has partnered with DAV and will provide moviegoers an opportunity to make a donation to the organization in conjunction with the release of "Captain America: Civil War."

This donation opportunity, which will be provided to patrons as they purchase movie tickets, will fuel our efforts to provide high-quality services at no cost to veterans or their families. Many will have the opportunity to see DAV promotional materials and messaging in B&B Theatres from late April to mid-May.

Should you attend one of these 51 locations, I invite you to have a photo taken of yourself next to DAV branded messaging. You can share it across our social networks with the hashtag **#TeamVeterans**.

Readout of Under Secretary for Health Meeting with Commission on Care

WASHINGTON – Today, Under Secretary for Health, Dr. David Shulkin, spoke to the Commission on Care and shared the actions already underway to transform the Veterans Health Administration (VHA) and the vision to move it into the future that embraces an integrated community care model.

Dr. Shulkin stressed the need for the Commission to fulfill its collaborative mandate to fully explore all options under its charter, and underscored that simply forcing a choice between a community provider or the Department of Veterans Affairs (VA) will weaken the ability of VA to develop a truly integrated community based network that can evolve and improve.

He expressed agreement on many issues of concern that some members of the Commission have brought forth about VHA, but also provided candid feedback where VA disagrees. He made clear that we have made key advances in access, quality and patient satisfaction within the larger transformation we call MyVA.

He also reminded Commissioners that the VA health care system has an understanding of the consequences of military exposure, PTSD, polytrauma care, prosthetics and other types of care that are unrivaled by any other health care system in the world. Any recommendations for reform must be sure not to impede the contract VA has with Veterans to translate that understanding into state-of-the-art care that helps Veterans manage illness and achieve their highest level of health and well-being.

Dr. Shulkin made clear that VA is committed to bold transformation and has already begun its largest reorganization in history, which is MyVA. Defined as our effort to modernize VA's culture, processes and capabilities, we are transforming the Department into a Veteran-centered service organization. Within the 12 Breakthrough Priorities laid out by Secretary McDonald, several focus squarely on health care outcomes specifically improving access to care and improving community care.

We have submitted to Congress a plan to streamline and untangle our community care programs so that we may improve relationships with community providers, process and pay claims more timely and assure that Veterans can see a community provider within 30 days of their referral. We are also working with Congress to enable the development of high performance networks.

We have established the Office for Community Care, which is in charge of this effort and is coordinating outsourced bill payments, improving the customer service experience, and enhancing technology to support the exchange of health information.

VHA created and has begun to implement the Blueprint for Excellence, which offers a detailed vision for the evolution of health services provided by VHA.

Increasing Access to Care

Dr. Shulkin laid out our efforts already underway to increase access to care for Veterans highlighting the two recent Access Stand Downs, and our efforts to focus on patients with the most urgent health care needs first. During the nationwide Access Stand Down that took place on February 27, the one-day event resulted in VA reviewing the records of more than 80,000 Veterans to get those waiting for urgent care off wait lists. 93 percent of Veterans waiting for urgent care were contacted, with many receiving earlier appointments.

VA increased its total clinical work (direct patient care) by 10 percent over the last two years as measured by private sector standards (relative value units). This increase translates to roughly 20 million additional provider hours of care for our Veterans. He also laid out our efforts to increase clinical staff, add space and locations in areas where demand is increasing and extend clinic hours into nights and weekends, all of which have helped increase access to care even as demand for services increases.

Providing Quality Care

Dr. Shulkin discussed independent reports showing good care is being delivered every day at VA including:

- A recent study published in the Journal of the American Medical Association in February 2015 shows that VA delivers high-quality care for some of the sickest, most complicated patients, finding specifically that VA hospitals had 30-day risk-standardized mortality rates lower than those of non-VA hospitals for acute myocardial infarction and heart failure.
- The Independent Assessment found that VHA health care quality is better on many measures than non-VA providers' care, VHA performed the same or significantly better on average than the non-VA provider organizations on 12 of 14 effectiveness measures in the inpatient setting.
- It also concluded that, on average, VHA performed significantly better on 16 outpatient Healthcare Effectiveness Data and Information Set (HEDIS) measures of effectiveness compared with commercial health maintenance organizations (HMOs); on the 15 outpatient HEDIS measures of effectiveness measures with Medicare HMOs.
- A 2015 study documented that VA quality in mental health care was better than private sector care by at least 30 percent on each of seven performance measures. Patients with depression were more than twice as likely to get effective long-term treatment than private sector patients.
- Another 2015 study comparing cancer care through VA, Medicare, Medi-Cal and private insurance found that outcomes for VA patients compared favorably to patients with non-VA health insurance. Moreover, VA patients were generally more likely to receive recommended evidence-based treatment.

Measuring and Improving Patient Satisfaction

Dr. Shulkin shared key data showing patient satisfaction. VA utilized sign-in kiosks at VA facilities all across the country to assess patient satisfaction with their ability to get their appointment when they wanted it. Eighty-nine percent of Veterans were completely satisfied or satisfied with their ability to get care when they wanted it.

Group Drafts Secret Proposal to End Taxpayer-Funded Veteran Care

By Suzanne Gordon

Deliberations by the Department of Veterans Affairs **Commission on Care**, the congressionally mandated group planning the future of the Veterans Health Administration, have, as *The American Prospect* has reported, become increasingly marred by controversy. When the 15-member commission met in Washington in mid-March, another furor erupted. A recently uncovered proposal to privatize the VHA set off a firestorm of protest within the veterans community. Several members of the commission learned that seven of their colleagues had been secretly meeting to draft a proposal to totally eliminate the Veterans Health Administration by 2035 and turn its taxpayer-funded functions over to the private sector. Those commissioners dubbed the plan “The Strawman Document.” The authors of the Strawman Document insist that the VHA is so “seriously broken” that “there is no efficient path to repair it.” Although the commission’s work is supposed to be data-driven and done by the all the commissioners together, the faction meeting independently of the full commission has ignored many of the **studies** that indicated that treatment at the VHA is often better and more cost-effective than the care available in the private sector. It is not surprising that the Strawman group has chosen to ignore this research—its members have a vested interest in dismantling the VHA. The Strawman authors include Darin S. Selnick, a part-time employee of the Koch-funded group Concerned Veterans for America, as well as Stewart M. Hickey, a former leader of Amvets, a group that broke away from a coalition of large veterans service organizations because of its support for Concerned Veterans’ interest in dismantling the VHA. The Strawman authors acknowledge that private-sector health-care systems do not provide integrated care, high-quality mental-health treatment, or many other specialized services that the VHA currently delivers. But if the VHA became an insurer—paying the bills instead of providing direct care—it could spend more money trying to “incentivize” providers to give better care in these areas. Private hospitals would also get federal funding to run what are now VHA Centers of Excellence, which treat epilepsy, Parkinson’s disease, and other conditions veterans face. Representatives of veterans service organizations (VSOs) believe the secret meetings of the Strawman group may violate the Sunshine and Federal Advisory Committee Acts, as well as the commission’s agreed-upon processes. The commission had set up working groups to consider key VHA issues. Unlike the secret Strawman meetings, the subcommittee members were well known by all members and the public. Meeting times were posted, and discussion minutes were recorded. The Strawman faction engaged in another end run around their colleagues when they met with Republican Representative Jeff Miller, chair of the House Veterans’ Affairs Committee, and Speaker Paul Ryan. One representative of a major VSO, who asked not to be identified, observes: “If the authors requested the meeting with the House leadership, that constitutes lobbying. If they were invited by the House leadership, that constitutes more interference into the commission’s deliberations. Either way, this meeting, funded by the U.S. taxpayer, was totally inappropriate.” “The plan does represent a complete deflection of responsibility to subject these men and women to an alternative ‘payer-only’ system of care that not only is ill-equipped to absorb the demand but is also, at best, minimally equipped in terms of expertise and the ability to coordinate such complex care over a veteran’s lifetime,” says Sherman Gillums Jr., acting executive director of Paralyzed Veterans of America. Before the Strawman proposal became public, Disabled American Veterans (DAV) launched **Setting the Record Straight**—a social media campaign against proposals that would privatize some or all of the VHA. Garry Augustine, DAV’s Washington executive director told the *Prospect*, “Although we have voiced our views about VA health care for the future, it seems many on the commission are committed to [doing] away with the VA health-care system and turn veterans over to private health care, which we believe would result in uncoordinated and fragmented care for veterans.”

The commission would do far better to consider the views of VA Undersecretary of Health David Shulkin and commission member Phillip Longman. **Shulkin has argued** for strengthening the VHA and giving it a more active role in directing and coordinating any care veterans receive in the private-sector system. Longman believes that the VHA should serve all veterans—not just those with service-related conditions or those who are low-income veterans.

Reminder

All financial disbursements of the chapter must be made by check. All checks must include the signature of at least two officers. **There should be no debit or credit utilized by the chapter.**

Source: National Chapter Officers Guide

Operation: Keep the Promise 2016

Operation: Keep the Promise (OKTP) is a yearlong effort to mobilize DAV and supporters behind our legislative agenda. In 2016, we will focus on veterans health care reform.

Given the current policy debates about veterans health care, and proposals being put forward, we believe this is a defining moment for America's veterans.

Many of the ideas for reform have not been clearly defined by the people and organizations espousing them, so DAV has performed our own analysis of the impact on veterans.

We encourage people to take a deeper look at the current proposals and ask thoughtful questions about how some reform ideas would affect veterans who choose and rely on VA for their care. We believe that many of these proposals are not good for veterans.

“The real solution for veterans health care is to seamlessly integrate community care into an improved VA system to form local networks that ensure veterans get the best health care, when and where they need it.”

. The Solution To VA Refrom Isn't The Private Sector

Handing veterans' health care over to the private sector is not the solution to VA's problems.

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Treating the whole veteran

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'Centers for Excellence' for veterans; far from an excellent idea

Unquestionably, the system for providing healthcare to more than 6 million of America's 22 million veterans needs to be reformed and strengthened. But some ideas being put **forth will be bad for veterans, including one plan that sounds benign at face value but, upon closer inspection, is revealed to create fewer options for veterans who most need the VA healthcare system. This proposal would shrink VA healthcare down into a small number of “Centers of Excellence” and move the bulk of veterans' care into the private sector.**

VA already operates a number of “Centers of Excellence” focused on post-traumatic stress disorder, suicide prevention, prosthetics, Parkinson's disease, epilepsy, geriatrics and vision loss, to name a few. Each of these “Centers of Excellence” is fully integrated with a VA medical center to ensure that veterans have access to a full continuum of physical and mental health care services. However, some politicians and pundits have proposed downsizing VA from a comprehensive healthcare system to only a smaller number of “Centers of Excellence” that focus only on specific war wounds or service-connected injuries and illnesses like PTSD, traumatic brain injury, spinal cord injuries, and amputations. For all other care, veterans would be forced to turn to the private sector.

Department Membership Program

Thank you for being a member of the Disabled American Veterans. We are nearing the close of our membership year, and our goal is to have all paid up for life members. The Department will pay up to \$35.00 if you pay the rest to be a full paid life member. You must take advantage of this offer now, and your payment must be received at department headquarters by June 15th. Please complete the bottom portion of this letter and return it with your check or credit card. Thank you for standing up to be counted as a paid up for life member.

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Signors of Report to Close all VA Health care Faculties

Those signing the minority report On the VA Commission of Care:

- commissioners David Blom, former president of **OhioHealth's** central Ohio hospitals;
- Toby Cosgrove, CEO of **The Cleveland Clinic**;
- retired Rear Adm. Joyce Johnson, formerly with the **U.S. Public Health Service** and a former surgeon general of the **U.S. Coast Guard**;
- Darin Selnick, the senior veterans affairs adviser for **Concerned Veterans for America**;
- retired Marine Gen. Martin Steele, associate vice president for **Veterans Research**, executive director of **Military Partnerships** and co-chair of the **Veterans Reintegration Steering Committee** at the **University of South Florida** in Tampa;
- Marshall Webster, senior vice president of the **University of Pittsburgh Medical Center**; and
- retired Marine Corps Maj. Stewart Hickey, national director of AMVETS and former CEO for the **Hyndman Area Health Center** in Pennsylvania.

<http://www.craigslist.com/article/20160407/BLOG010/160409884/va-privatization-report-upsets-veterans-service-organizations>