

Veterans Newsletter
May 2019
Compiled by Mercer County Veterans Affairs Office

Annie App Available at the Butler VA THIS Month – Butler VA Health Care System

Annie is a VA Short Message Service (SMS) text messaging capability that promotes self-care for Veterans enrolled in VA health care, and will be available to Veterans at the Butler VA starting May 15! When your provider or a member of your VA health care team signs you up for Annie for a health issue, you will receive automated messages that prompt you to track your own health. You are asked to reply to messages so that Annie can let you know how you are doing.

For more information on how to use Annie, visit the VA App Store at <https://mobile.va.gov/app/annie-app-veterans>.

Vet Centers: Welcome Home Veterans! – Hans Petersen (VAntage Point)

Mercer County Director of Veterans Affairs note: Erie Vet Center provides counseling on two Tuesdays a month at the following Mercer County locations – Veterans Advisory Council building, Mercer (across from the courthouse) and CareerLink, Sharon.

Who are the hundreds of VA employees at Vet Centers?

A team of counselors, psychologists, social workers, and outreach specialists, among others, make up the 300 Vet Centers across the country. These teams welcome home and honor those who served, those still serving, and their families by reaching out to them, engaging their communities and providing them with quality readjustment counseling and timely referral.

Vet Centers are community based counseling centers that provide a wide range of counseling, outreach and referral services to eligible Veterans, active duty service members and their families. Vet Center staff guide eligible men and women through the various challenges that often occur after individuals return from deployment or exposure to other traumatic situations.

Services for eligible individuals include individual, group, marriage, family counseling for challenges such as the symptoms associated with Post-Traumatic Stress Disorder, substance abuse, suicidal or homicidal ideations, and socio-economic issues. Counseling and referral are also provided for those that experience a sexual trauma while in the military or inactive training status. Vet Centers also provide connection to other VA and community resources.

Vet Center services are provided to family members to Veterans and service members for military-related concerns when it is found to aid in the readjustment of those who served. This includes bereavement counseling for families who experience an active duty death.

All services are at no cost and are strictly confidential and do not require someone to be enrolled in VA health care or have received a service connection for conditions caused by military service. These services are also provided regardless of the nature of the Veteran's discharge, including individuals with problematic discharges (dishonorable discharges)

More than 300 Vet Centers are located throughout the United States. Veterans living in rural areas may also access these services through Mobile Vet Centers which travel from county to county to reach as many Veterans as possible.

There are 80 Mobile Vet Centers designed to reach those in underserved areas.

Mike Fisher, chief officer of Readjustment Counseling Services at VA says, "Vet Centers are all about decreasing barriers to care while meeting the unique needs of the local community."

In addition to the 300 traditional Vet Centers, the Vet Center program also provides services at approximately 1,000 Community Access Points throughout the country such as local YMCAs, churches or schools to help reach more Veterans, active duty service members, and families.

Vet Center Call Center 877-WAR-VETS (927-8387).

Readjustment Counseling Service also provides around the clock support through its Vet Center Call center. Those who served in war and their families can call and talk about their military experience or any other issue they are facing in their readjustment. Those who answer are combat Veterans from various period of service as well as family members of combat Veterans.

Hans Petersen is senior writer-editor for Digital Media, VHA Office of Communications. An Air Force Veteran, Hans also served two years in the Peace Corps and worked for 20 years in broadcasting before joining VA.

Voice Analysis Software May Help Diagnose PTSD in Veterans – Lisa Rapaport (Reuters)

Voice analysis software can help detect post-traumatic stress disorder (PTSD) in veterans based on their speech, a study suggests.

Doctors have long understood that people with psychiatric disorders may speak differently than individuals who do not have mental health problems, researchers note in *Depression and Anxiety*. While some previous research points to the potential for distinct speech patterns among people with PTSD, it's been unclear whether depression that often accompanies PTSD might explain the unique voice characteristics.

In the current study, voice analysis software detected which veterans had PTSD and which ones did not with 89 percent accuracy.

"Those with the PTSD talked more slowly (slower tongue movement), were more monotonous with fewer bursts of vocalization, were less animated and energetic (lifeless) in their speech, and had longer hesitations and a flatter tone," said lead study author Dr. Charles Marmar, chair of psychiatry at NYU School of Medicine in New York City.

"Our findings suggest that speech-based characteristics can be used to diagnose this disease, and with further refinement and validation, may be employed in the clinic in the near future," Marmar said by email.

Marmar's team used an artificial intelligence program that "learns" how to classify individuals based on examples of speech.

First, researchers recorded hours-long interviews based on questions often asked by clinicians to diagnose PTSD. Altogether, they interviewed 53 Iraq and Afghanistan veterans with PTSD related to their service as well as 78 veterans without the disease.

Then, they fed the recordings into voice analysis software developed by Stanford Research Institute (SRI) International, designers of the "Siri" App, to yield a total of 40,526 speech-based features captured in short spurts of talk.

The software linked patterns of specific voice features with PTSD, including less clear speech and a lifeless, metallic tone, both of which had long been reported anecdotally as helpful in diagnosis.

While the study did not explore the disease mechanisms behind PTSD, the theory is that traumatic events change brain circuits that process emotion and muscle tone that affect a person's voice, the study team writes.

The study was small, and it wasn't designed to prove whether or how PTSD might directly cause changes in vocal patterns. It's also possible that results might be different for people who experienced trauma unrelated to military service such as sexual assault or a natural disaster.

Other warning signs of PTSD may also be easier for family members to spot, said Dr. Ronald Pies of Tufts University School of Medicine in Boston.

"I think more general, observable indicators of trauma are more relevant in such cases," Pies, who wasn't involved in the study, said by email. "Noticing that a family member exposed to a recent trauma appears to be unusually irritable, aggressive, hyper-vigilant, or reports nightmares, flashbacks of the trauma, or appears socially withdrawn or depressed...would warrant a clinical assessment."

But it may not be too far in the future that a tool like the one tested in the study could be one way to identify people who need to be evaluated for PTSD, said U.S. Army Capt. Jeffrey Osgood of the Center for Military Psychiatry and Neuroscience at the Walter Reed Army Institute of Research.

"In a perfect world, I see this technology used as an early warning tool for PTSD," Osgood, who wasn't involved in the study, said by email.

It's possible a version of the software tested in the study could be readily available, perhaps as a smartphone app, to analyze a person's speech during and after highly stressful or traumatic experiences and to flag potential problems to patients or clinicians, Osgood said.

"This could prompt a more thorough screening and early intervention," Osgood said. "However, more studies are needed before clinicians can confidently use this tool to help make diagnoses."

Utah Man Pushes for Census to Include Veterans Question – The Associated Press

The former head of the Utah Department of Veterans Affairs is pushing for the U.S. census to include a question about veterans next year.

Terry Schow, a Vietnam veteran, wants the 2020 census to ask about veteran status so the state can have a more accurate count of people with military service, the Standard-Examiner reported...

"It's really just one question. Are you a veteran?" Schow said.

The Census Bureau pulled the veteran status question from the questionnaire in 2010, according to the agency. The bureau continues to collect data on veterans through three smaller surveys: the American Community Survey, the Current Population Survey and the Survey of Income and Program Participation.

VA's Improvements to Veteran Community Care under MISSION Act on Track for June 6 Implementation – Department of Veterans Affairs

As the one-year anniversary of President Trump's signing of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 approaches on June 6, the U.S. Department of Veterans Affairs (VA) is making significant strides in implementing major improvements to community care for Veterans.

"The Veteran is at the center of everything we do," VA Secretary Robert Wilkie said. "Through the MISSION Act, Veterans will have more choices than ever in getting timely, high-quality care. Most important, Veterans will be able to decide what is important and best for them."

The MISSION Act will strengthen VA's health care system by improving both aspects of care delivery and empowering Veterans to find the balance in the system that is right for them.

A key aspect of the MISSION Act is the consolidation of VA's community care programs, which will make community care work better for Veterans and their families, providers and VA employees. When this transition is complete, the following will occur.

- Veterans will have more options for community care.
- Eligibility criteria for community care will be expanded, including new access standards.
- Scheduling appointments will be easier, and care coordination between VA and community providers will be better.
- Eligible Veterans will have access to a network of walk-in and urgent care facilities for minor injuries and illnesses.

"Transitioning to the new eligibility criteria for community care should be seamless for Veterans," Wilkie said. "Veterans will continue to talk to their care team or scheduler as they have been doing to get the care they need."

VA also has been working closely with community providers to ensure Veterans have a positive experience when receiving community care. For example, VA has developed education and training materials to help community providers understand some of the unique challenges Veterans can face.

Going forward, community care will be easier to use, and Veterans will remain at the center of their VA health care decisions.

In addition to information VA has made available digitally, Veterans enrolled in VA health care can expect to receive a letter in the mail providing details on where to go for more information.

For more information about community care under the MISSION Act, visit <https://www.blogs.va.gov/VAntage/58621/new-eligibility-criteria-a-major-improvement-over-existing-rules/>.

New Text Feature Available through VA’s Women Veterans Call Center – Department of Veterans Affairs

Users may now text, call or chat to learn about resources

The U.S. Department of Veterans Affairs (VA) added a text messaging feature to the Women Veterans Call Center on April 23, providing another convenient way for women to seek information about VA benefits, health care and available resources.

Women Veterans can now text 855-829-6636 to receive answers and guidance about VA services.

“We want to make it as easy as possible for women Veterans to get answers about eligibility requirements, benefits, services and more,” said VA Secretary Robert Wilkie. “By offering new methods of communication, such as texting, we can reach more women Veterans and support their health care needs more quickly.”

The Women Veterans Call Center is staffed by trained, compassionate female VA employees, who can provide and link callers to available resources, such as health care, benefits and cemetery information via phone, chat and now text. The new texting feature aligns this service with other VA call centers that provide information and assistance to Veterans who are in crisis, at risk for suicide and becoming homeless.

VA works to meet the unique requirements of women, while offering privacy, dignity and sensitivity to gender-specific needs. Since April 2013, the call center has received nearly 83,000 inbound calls and has initiated almost 1.3 million outbound calls. As the number of women Veterans continues to grow, VA is expanding its outreach to ensure they receive enrollment and benefit information through means that are user-friendly and responsive.

Women are among the fastest-growing Veteran demographics, accounting for more than 30% of the increase in Veterans who served between 2014 and 2018. The number of women using VA health care services has tripled since 2000, growing from about 160,000 to over 500,000 today. This continued growth underscores VA’s commitment to enhancing communication and outreach to the growing population of women Veterans.

For more information about the Women Veterans Call Center, visit Women Veterans Health.

Code of Support Foundation Offers Free Access to Veteran Resources – Tim Hudak (VAntage Point)

Available to Veterans, their families, caregivers, and survivors

The Code of Support Foundation provides essential and critical one-on-one assistance to struggling service members, Veterans and their families with the most complex needs. One of their goals is to integrate service members, Veterans and families into a searchable, vetted, on-line platform called PATRIOTlink that makes direct connections to resources and services.

PATRIOTlink enables any user free access to vetted, direct, cost-free, Veteran services. PATRIOTlink users can login, browse, and use hundreds of resources available to them. Veterans, caregivers, family members and providers can sign up for a Free Account and start searching today!

The Department of Veterans Affairs, Veterans Experience Office signed a Memorandum of Understanding with Code of Support in December 2018.

Together, VA and Code of Support hope to improve the access to and navigation of resources in local communities to best serve Veterans, families, caregivers, and survivors. Code of Support provides case coordination, education and engagement, and a navigation platform that allows service providers to reduce the amount of time it takes to find resources to meet their clients needs. VA cannot do it alone and partnerships like Code of Support help to augment and supplement VA services and benefits where needed.

VA is providing Code of Support the most up to date resource and contact information to access and navigate VA services and benefits that includes caregiver support services, suicide prevention and homeless coordinators, Vet Centers and domiciliary units. One of VA's goals is to ensure that access to services and benefits is easy, efficient, and creates positive experiences in receiving care and support where they live.

Veterans and their families should not have to struggle with finding resources and services, so VA encourages Veterans and their families to use the free services from partners like the Code of Support Foundation for easier access and navigation support.

To learn more, visit Code of Support and PATRIOTlink.

Tim Hudak joined the VA in December 2013 and is on the Veterans Office team. Tim, a Chicago-land native enlisted in the Marine Corps straight out of high school. As an intelligence analyst he deployed to Al Anbar province, Iraq with Marine Heavy Helicopter Squadron 363 in 2006 and 2008. After the Marine Corps, Tim used the GI Bill to earn a degree in Intelligence Studies from Mercyhurst University in Erie, Pa., and co-founded the university's first student Veteran organization. Time is active in many Veteran organizations.

Afghanistan War Commander's Next Mission: Helping Female Vets Start Businesses – Richard Sisk (Military.com)

Retired Army Gen. John Nicholson, the longest-serving commander in America's longest war in Afghanistan, has been named head of the PenFed Foundation, with a goal of boosting business opportunities for female veterans.

A PenFed news release...said that Nicholson, 61, who commanded U.S. and NATO troops in Afghanistan from March 2016 to September 2018, started the new job April 15 and will focus on expanding the non-profit Foundation's Veteran Entrepreneur Investment Program, or VEIP.

Nicholson is taking the lead in plans to launch a Women's VEIP to "bridge the gap of investment capital to female veteran entrepreneurs by providing funding" and "female representation in the investment process" the release states.

VA Secretary Praises Department's Model Path to Ending Opioid Addiction – Department of Veterans Affairs

Statement follows President Trump's remarks at summit addressing drug crisis

Calling the U.S. Department of Veterans Affairs a recognized leader in pain management and opioid safety, VA Secretary Robert Wilkie...underscored the department's innovative approaches to chronic pain management.

Wilkie's response followed President Trump's speech April 24 at the annual Rx Drug Abuse & Heroin Summit in Atlanta, where stakeholders gathered to discuss prevention, treatment and actions to curtail the opioid crisis.

"More than 100 million Americans suffer from some form of chronic pain, and the overuse and misuse of opioids for pain management in our country is taking too many lives," Wilkie said. "Veterans who have served our nation are particularly challenged by chronic pain. VA has demonstrated success in reducing opioid use, while addressing the challenge of living well with chronic pain."

Over the past six years, VA's Opioid Safety Initiative (OSI) has reduced opioid dispensing more than 50%. Most of this reduction is attributable to not starting new, long-term opioid therapy in Veterans with chronic pain.

Specifically, VA is not starting Veterans with chronic, non-cancer pain on long-term opioid therapy, but is instead offering them complementary pain management strategies. These treatments include use of complimentary therapies, such as acupuncture yoga, chiropractic medicine, tai chi and bio-feedback, among other modalities, and have proven to be more effective for Veterans long term. Veterans are 40 percent more likely to have severe, chronic pain than non-Veterans.

VA has employed four broad strategies to address the opioid epidemic: education, pain management, risk mitigation and addiction treatment. VA addressed the problem of clinically inappropriate high-dose prescribing of opioids, while developing an effective system of interdisciplinary, patient-aligned pain management to provide safe and effective pain control. In the process, VA trained hundreds of clinicians on this approach to pain management.

VA's approach is Veteran-centric and whole health. By understanding the Veteran's goals and lifestyle and incorporating a variety of therapeutic treatments, Veterans are now achieving success in managing chronic pain.

VA continues to offer full transparency of its efforts to reduce opioid prescribing. To learn about the VA Opioid Safety Initiative or for more information on VA pain management, go to www.va.gov/painmanagement.

VA Publishes Code of Integrity Ethical Standards for its Health Care Administration Employees – Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) recently published a Code of Integrity, which sets the ethical standards and obligations of every employee in VA's Veterans Health Administration (VHA).

Centered upon VA's I CARE values of Integrity, Commitment, Advocacy, Respect and Excellence, the VHA Code of Integrity, which was published April 22, makes VA among the first handful of federal departments or agencies to implement such an action.

"The response by VHA staff in reaffirming our shared values and strengthening our culture is outstanding," said VA Secretary Robert Wilkie. "We're proud to help set a standard for other federal departments and agencies to follow."

A "go to" resource for finding high-level guidance and contact information, the Code covers a wide range of ethical conduct and concerns, from protecting confidential Veteran information to ensuring the accuracy of reported statistics to making the workplace environment safer. Further, the Code emphasizes VHA's common culture of integrity and its responsibility to operate with the highest principles and ethical business standards in striving to care for patients, as well as treating fellow colleagues with dignity, respect, integrity, honesty, compassion, teamwork and excellence.

As government employees, all VHA employees adhere to a federal employee code of conduct. The VHA Code of Integrity takes this commitment further by underscoring the unique role VHA staff plays in Veterans' care.

"Creating a culture that's conducive to the highest standards is critical not only to assuring high quality health care, but also to assuring public trust in VA," Wilkie said.

Additionally, the Code aligns with the agency's priority to ensure the efficient use of government resources and address underlying management issues previously identified by the Government Accountability Office.

To learn more about the Code of Integrity, visit the Office of Organizational Excellence website.

VA and Cigna Partner to Help Prevent Opioid misuse and Improve Treatment of Veterans with Chronic Pain – Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) and Cigna, a global health service company, recently announced a new public private partnership to improve safety and quality of care for Veterans with chronic pain, who are at risk for opioid misuse.

The partnership, which was formalized March 7, will educate Veterans and their families, the public and health care providers about the following: safe opioid use; improving provider and patient interactions related to opioid use; and helping to improve delivery of care and health outcomes for Veterans.

“This partnership is in line with VA’s priorities of transforming our business systems and supporting more robust partnerships with state and local communities,” said VA Secretary Robert Wilkie. “By partnering with Cigna, we have extended our reach to help improve the way health care providers approach opioid use and we demonstrate our commitment to place Veterans’ safety and well-being above all.”

David M. Cordani, president and CEO of Cigna, agreed.

“Public-private partnerships are critical to address the opioid epidemic in the U.S.,” Cordani said. It’s an honor and a privilege to partner with VA to support the brave men and women who served in the United States armed forces. We look forward to sharing our resources and best practices to benefit Veterans and the communities that support them.”

VA’s Opioid Safety Initiative has reduced the number of Veterans prescribed an opioid by more than 50% over the past six years. With more than 75% of this reduction attributed to not starting patients newly on long-term opioid therapy, VA is managing pain more effectively by using multiple strategies and alternative therapies, such as yoga, meditation and acupuncture. VA health care providers also participate in state prescription-drug monitoring programs and training to manage the opioid crisis.

Through the partnership, VA and Cigna will also promote existing supportive resources, such as the Veterans Crisis Line at 800-273-8255 and Cigna’s Veterans Support Line at 855-244-6211.

For more information, visit VA Pain Management and Opioid Safety and Cigna’s Finding Consensus on Opioid Misuse is Critical to Overcoming It.

For more information on partnering with VA, visit VA Health Partnerships.

Veteran Suicide Crisis Draws Attention from House Lawmakers Who Promise Action Following Multiple Deaths on VA Campuses – Nikki Wentling (Stars and Stripes)

A veteran died by suicide outside the Department of Veterans Affairs hospital in Cleveland... - hours before a House panel was slated to discuss several other veterans suicides that occurred on VA property [recently].

“Another one just today,” said Melissa Bryant, the policy officer with Iraq and Afghanistan Veterans of America. “That’s our sense of urgency.”

The veteran died at about 3 a.m. outside the emergency room at the Cleveland VA, said Bryant, who was briefed on the incident.

At 5 p.m. on Capitol Hill, House Republicans and Democrats joined together to draw attention to what they described as a rising trend of suicides on VA campuses.

The scheduled hearing and news conference were held in response to multiple instances of veterans dying by suicide in April – three suicides in five days. Two happened on VA campuses in Georgia and one inside the waiting room at a VA clinic in Austin, Texas.

The House Committee on Veterans’ Affairs...heard from officials at the National Institute of Health and Substance Abuse and Mental Health Services Administration about best practices for suicide prevention.

Just before the committee hearing, House Speaker Nancy Pelosi, D-Calif., and Rep. Liz Cheney, R-Wyo., the House Republican conference chairwoman, joined about a dozen other lawmakers at a news conference where they promised bipartisan action on the issue.

“The House will continue to come together, putting aside politics and partisanship to ensure both the VA and [Department of Defense] have the resources they need,” Pelosi said. “We will ask tough questions and ensure robust oversight of both agencies.”

The leaders of the House Committee on Veterans’ Affairs, Rep. Mark Takano, D-Calif., and Rep. Phil Roe, R-Tenn., vowed the House would quickly take up legislation. One of the bills being considered would require the VA to notify Congress of suicides at VA campuses and provide information about the veterans, including an explanation of their most recent encounters with VA employees.

Rep. Max Rose, D-N.Y., introduced the legislation following the string of suicides on VA property. Rose argued it was a trend that needed to be tracked.

“Having these key data points will help Congress fully understand the scope of this crisis,” he said. “We need to know this information so we can better serve our veterans in need.”

Richard Stone, executive in charge of the Veterans Health Administration, said veteran suicides on VA property accounted for less than 1 percent of veteran suicides overall and some of them hadn’t sought VA care in years.

“The fact that help was a few feet away is deeply troubling,” he said. “But yet, even if we fix that problem, 99.6 percent of veteran suicides are not occurring on our campuses. There are those who would like to indict the VA. I would caution you, this is not as easy as having just a few more policeman to go through parking lots. This is about a whole-of-society approach.”

While [the] hearing was held in response to suicides on VA property, Takano said it was “harmful to veterans and overly simplistic to blame the VA for these tragedies.”

The VA faced criticism in December, when the Government Accountability Office revealed the agency used less than 1 percent of its budget for suicide prevention outreach in fiscal year 2018. Of the \$6.2 million obligated, the VA had spent only \$57,000 by September, the last month of the fiscal year.

President Donald Trump signed an executive order in March creating a Cabinet-level task force that he promised would “mobilize every level of American society” to address veteran suicide. VA Secretary Robert Wilkie was selected to lead the task force.

Ten Things Most Veterans Don’t Know About VA Home Loans – Tim Lucas (VAntage Point)

More than 21 million Veterans and Servicemembers live in the U.S. today, but only about 6 percent of them bought a home using a VA home loan in the past five years. That percentage could be much higher.

Eligible Veterans often bypass the program as a viable option for a number of reasons.

First, they may not know all the advantages. Second, they may think getting a VA loan is an arduous process to be avoided. Last, some lenders don’t take the time to teach Veterans about the program, or don’t know much about it themselves. The VA home loan is a program non-military home buyers wish they had access to.

My advice: take a few minutes to learn these 10 facts about the program, and you’ll all but forget about any other home buying or refinance option.

1. **No down payment, no mortgage insurance.** These are perhaps the biggest advantages to a VA loan. You don’t need a down payment. None whatsoever. Most mortgage programs, such as FHA and conventional loans, require at least 3.5 percent to five percent down. That’s up to \$12,500 on a \$250,000 home purchase. With a VA loan, you can buy immediately, rather than years of saving for a down payment. With a VA loan, you also avoid steep mortgage insurance fees. At 5 percent down, private mortgage insurance (PMI) costs \$150 per month on a \$250,000 home, according to PMI provider

MGIC. With a VA loan, this buyer could afford a home worth \$30,000 more with the same monthly payment, simply by eliminating PMI. Using a VA loan saves you money upfront, and tremendously increases your buying power.

2. Use your benefit again and again. Your VA home loan benefit is not one-and-done. You can use it as many times as you want. Here's how. Assume you purchased a home with a VA loan. But now, you've outgrown the home and need something bigger. When you sell the home and pay off the VA loan completely, you can re-use your benefit to buy another home. Your entitlement is restored in full. But that's not the only way to re-use your benefit. Eligible Veterans and Servicepersons can receive a one-time restoration when they pay off the VA loan, but keep the home. This scenario comes into play if you purchased the home long ago, and have paid off the loan. It also applies if you have refinanced the VA mortgage with a non-VA loan. In these cases, you can keep the home, and enjoy the benefits of VA home buying one more time.
3. Your benefit never expires. Once you have earned eligibility for the VA home loan, it never goes away. Those who served 20, 30, even 50 years ago often wonder whether they can still buy a home today if they never used their benefit. If eligibility can be established, the answer is yes. Eligibility is based on the length of time served, and the period in which you served. For instance, a U.S. Army Veteran with at least 90 days in service during the Vietnam era is likely eligible. To check eligibility, first obtain your DD Form 214. With that document, a VA-approved lender can request your VA Certificate of Eligibility for you, or you can request it directly from VA's eBenefits website. You may be eligible to buy a home using a VA home loan, even if you served long ago.
4. Surviving spouses may be eligible. More than 3,000 surviving spouses purchased a home with their fallen partner's VA benefit in 2015. Un-remarried husbands and wives of Servicepersons who were killed in action can buy a home with zero down payment and no mortgage insurance. Plus, the VA funding fee is waived. There's no way to repay the spouse of a fallen hero, but this benefit surely helps them move forward after tragedy.
5. VA loan rates are lower. According to loan software company Ellie Mae, VA loan rates are typically about 0.25% lower than those of conventional loans. The VA backs the mortgages, making them a lower risk for lenders. Those savings are passed on to Veterans. Additionally, VA loans come with some of the lowest foreclosure rates of any loan type, further reducing risk for lenders. No surprise here, but Veterans and Servicepersons take homeownership seriously. These factors add up to lower rates and affordable payments for those who choose a VA loan.
6. VA loans are available from local lenders. The VA home loan is unlike most other VA benefits. This benefit is available from private companies, not the government itself. The Department of Veterans Affairs does not take applications, approve the loans, or issue funds. Private banks, credit unions, and mortgage companies do that. The VA provides insurance to lenders. It's officially called the VA guaranty. The VA assures the lender that it will be repaid if the Veteran can no longer make payments. In turn, lenders issue loans at superior terms. In short, a VA loan gives you the best of both worlds. You enjoy your benefit, but have the convenience and speed of working with your chosen lender.
7. Buy, refinance or tap into home equity. The VA home loan benefit is not just for buying homes. Sure, it provides unmatched home buying advantages, but you can also use it to refinance your existing mortgage, whether it's a VA loan or not. Homeowners with a VA loan can use the Interest Rate Reduction Refinancing Loan, or IRRRL, to easily drop their rate and payment without an appraisal, or even paystubs, W2s or bank statements. The

VA streamline refinance, as it is commonly known, gives VA loan holders a faster, cheaper way to access lower refinance rates when rates fall. Even homeowners without a VA loan can use a VA refinance. The VA cash-out loan is available to eligible Veterans who don't have a VA loan currently. As its name suggests, a VA cash-out refinance can be used to turn your home's equity into cash. You simply take out a bigger loan than what you currently owe. The difference is issued to you at closing. The VA cash-out loan amount can be up to 100 percent of your home's value in many cases. Use the proceeds for any purpose – home improvements, college tuition, or even a new car. Many homeowners today are dropping their rate and taking cash out simultaneously, accomplishing two goals at once. But you don't have to take out cash to use this VA loan option. You can also use it to pay off a non-VA loan. Eligible homeowners who pay mortgage insurance or are dealing with other undesirable loan characteristics should look into refinancing with a VA loan. It can eliminate PMI, get you into a stable fixed-rate loan, pay off a second mortgage, or simply reduce your rate to make homeownership more affordable.

8. Lenient guidelines for lower credit scores, bankruptcy, foreclosure. Unlike many loan programs, a lower credit score, bankruptcy or foreclosure does not disqualify you from a VA home loan. Shop around at various lenders, because each will have its own stance on past credit issues. However, VA guidelines do not state a minimum credit score to qualify. This gives lenders leniency to approve loans with lower scores. In addition, VA considers your credit re-established when you have established two years of clean credit following a foreclosure or bankruptcy. Many homeowners across the U.S. military and civilian, experience bankruptcies and foreclosures due to a loss of income, medical emergency or unforeseen event. Fortunately, these financial setbacks don't permanently bar VA-eligible home buyers from ever owning again. The exception, though is a foreclosure involving a VA home loan. In this case, you may need to pay back the amount owed on the foreclosed VA loan to regain eligibility. But for most home buyers with past credit issues, a VA home loan could be their ticket to homeownership.
9. Funding fee waivers. VA typically charges a funding fee to defray the cost of the program and make home buying sustainable for future Veterans. The fee is between 0.50 percent and 3.3 percent of the loan amount, depending on service history and the loan type. However, not everyone pays the VA funding fee. Disabled Veterans who are receiving compensation for a service-connected disability are exempt. Likewise, Veterans who are eligible for disability compensation, but are receiving retirement or active duty pay instead, are also exempt from the fee.
10. Buy a condo with a VA loan. You can buy many types of properties with a VA loan, including a single-family (free-standing) home, a home of up to four units, and even manufactured homes. But condominiums are commonly overlooked by VA home buyers. Condominiums are ideal starter homes. Their price point is often lower than that of single-family homes. And, condos are often the only affordable option in many cities. The VA maintains a list of approved condominium communities. Veterans can search by city, state, or even condominium name on VA's condo search tool. It's not a short list. For example, there are more than 2,400 approved condo communities in Washington State, about 1,000 in Texas, and a staggering 9,000 in California. As a Veteran or Servicemember, consider the array of home types when shopping for a home.
11. There are more than 10 reasons to use a VA home loan. The preceding 10 facts are just a few, and there are actually many more reasons to use your VA loan benefit. You've

certainly earned it. The freedom afforded to this country by members of all branches of the military, past and present, is not easily repaid. But consider this program a small “thank you” for your service and dedication.

Tim Lucas is a former mortgage professional of 12 years, and currently editor of The Mortgage Reports, an online resource for today’s home buyer and homeowner.

VA and Microsoft Partner to Enhance Care, Rehabilitation and Recreation for Veterans with Limited Mobility – Department of Veterans Affairs

Xbox Adaptive Controllers will be distributed across facilities within nation’s largest integrated health care system

The U.S. Department of Veterans Affairs (VA) and Microsoft Corp. announced a new collaboration to enhance opportunities for education, recreation and therapy for Veterans with mobility limitations by introducing the Xbox Adaptive Controller – a video game controller designed for people with limited mobility – in select VA rehabilitation centers around the country.

The partnership, which was formalized April 18, will provide controllers and services to Veterans as part of therapeutic and rehabilitative activities aimed at challenging muscle activation and hand-eye coordination, and greater participation in social and recreational activities.

“This partnership is another step toward achieving VA’s strategic goals of providing excellent customer experiences and business transformation,” said VA Secretary Robert Wilkie. “VA remains committed to offering solutions for Veterans’ daily life challenges.”

Together, VA and Microsoft identified an opportunity to introduce or reintroduce gaming to Veterans with spinal cord injuries, amputations and neurological or other injuries at 22 VA medical centers across the United States. Microsoft is donating its Xbox Adaptive Controller, game consoles, games and other adaptive gaming equipment as part of the collaboration.

Designated VA staff will engage with Veterans using the equipment and share feedback with Microsoft on therapeutic utility and the Veteran experience.

“We owe so much to the service and sacrifice of our Veterans, and as a company, we are committed to supporting them,” said Satya Nadella, CEO of Microsoft. “Our Xbox Adaptive Controller was designed to make gaming more accessible to millions of people worldwide, and we’re partnering with the U.S. Department of Veterans Affairs to bring the device to Veterans with limited mobility, connecting them to the games they love and the people they want to play with.”

Microsoft and VA have a long-standing strategic partnership, working together for more than 20 years to provide the best possible care and service to Veterans. Gaming is a popular pastime of military personnel, and access to the Xbox Adaptive Controller in VA rehabilitation centers provides the opportunity for Veterans to experience gaming’s various benefits, including staying connected with friends and family across the world, building esprit de corps through competitive or cooperative gameplay and providing stress relief.

Microsoft’s initial contributions will be allocated across 22 VA facilities. In addition, the controllers and other equipment will be available for Veterans to use at events hosted by VA’s Office of National Veterans Sports Programs and Special Events, such as the National Veterans Wheelchair Games.

The following 16 centers have confirmed participation to date, with at least six additional centers to come: Augusta VA Medical Center (VMAC), Central Alabama VA Health Care System (HCS), Central Texas Veterans HCS, Chillicothe VAMC, Dayton VAMC, Memphis VAMC, Minneapolis VA HCS, Richmond VAMC, VA St. Louis HCS, South Texas Veterans HCS (Audie L. Murphy VA Hospital), South Texas Veterans HCS (Kerrville Division), James A. Haley Veterans Hospital – Tampa, VA Easter Colorado CS, VA New York Harbor HCS, VA Palo Alto HCS and VA Puget Sound HCS.

For more information on partnering with VA, visit <https://www.va.gov/HEALTHPARTNERSHIPS/index.asp>.

VA and Centers for Medicare and Medicaid Services Join to Strengthen Safety Surveillance for Medications Issued to Veterans – Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) and Centers for Medicare & Medicaid Services (CMS) recently announced an agreement that greatly improves drug safety monitoring of prescriptions, including opioids.

The agreement, which was formalized March 21, will give VA the ability to monitor medical prescriptions issued outside the VA through Medicare Part D.

“VA is committed to patient safety, and our robust medication surveillance systems are part of that commitment,” said VA Secretary Robert Wilkie. “This agreement greatly enhances medication safety for Veterans by providing better oversight of drugs that Veterans may be able to obtain from both agencies.”

VA currently has a robust system in place for medication surveillance to ensure safe use by Veteran patients and the ability to analyze patient outcomes. This new agreement will enable VA to incorporate up-to-date Medicare prescription information into its safety surveillance operations.

By incorporating prescriptions dispensed through Medicare, VA has access to more accurate information about the medications used by its patients.

More than 5 million Veterans receive prescription medications through VA. With the creation of the Medicare Part D benefit, Veterans dually enrolled in VA and Medicare have access to prescription benefits through both VA and Medicare, creating the potential for adverse drug interactions, duplication of use and greater risk of adverse drug events, including overdoses.

“This agreement represents a new level of information sharing between VA and CMS, which will improve care coordination and better protect our beneficiaries,” said CMS principal deputy administrator for Operations and Policy Kimberly Brandt. “Leveraging data is a key element of CMS’ efforts to combat the opioid epidemic, and we look forward to continued collaboration with VA on this important issue.”

To learn more about the risks of opioid-related adverse events and overdose among Veteran patients receiving dual prescriptions with VA and CMS, visit <https://annals.org/aim/fullarticle/2728200/dual-receipt-prescription-opioids=from-department=veterans=affairs=medicare=part>.

VA Launches Digital Campaign Encouraging Mental Health Conversations – Department of Veterans Affairs

Website features more than 600 stories of Veterans resilience and recovery

In recognition of Mental Health Month in May, the U.S. Department of Veterans Affairs (VA) is launching “The Moment When” campaign, a nationwide effort starting May 1 that will feature Veterans’ personal experiences with mental health treatment and recovery.

The campaign aims to demystify mental health treatment, build awareness of available mental health resources, and encourage family members and friends to start the conversation with a Veteran going through a hard time.

“VA continues to be the nation’s vanguard in reshaping the conversation around mental health treatment and recovery,” said VA Secretary Robert Wilkie. “Since May is Mental Health Month, make this the moment you start the conversation with a loved one or reach out for support if you need it.”

The Moment When campaign will highlight many moments in the broader mental health recovery process, from the moment when a Veteran reached out for support, to the moment when the Veterans realized treatment was working.

Throughout the month of May and beyond, VA encourages Veterans and their families to visit www.MaketheConnection.net/MHM to explore stories of recovery and find local resources.

Veterans who are in crisis or having thoughts of suicide, and those who know a Veteran in crisis, can call VCL for confidential support 24 hours a day, seven days a week, 365 days a year. Call 800-273-8255 and press 1, send a text message to 838255 or chat online at VeteransCrisisLine.net/Chat.

Having Trouble Finding a Job? Check Out This ‘Match.com for Veteran Employment’ – Joshua Axelrod (Military Times REBOOTCAMP)

When Col. Mindy Williams took her resume to a civilian recruiter for fine-tuning, she was told that it would “scare people.”

Apparently, the Marine language she was using essentially “translates to ‘hired killer’ in military terminology,” Williams said she was told.

As Williams learned, it can be very hard for veterans to explain on a resume how the skills they learned in the military are applicable to civilian jobs. That’s one of the reasons Williams became an investor in Veterans Ascend, a website that gives veterans a direct link to contact prospective employers and also translates military-speak into the keywords that recruiters are looking for on a resume.

“At Veterans Ascend, you have people who served in the military and cut through all the formalities and make that match between a civilian employer and the veteran,” she said. “And they know what they’re talking about.”

Veterans can sign up for free and create a Veterans Ascend profile that contains information about what they did during their military service. Then the site’s algorithm translates that language into layman’s terms, to highlight skills recruiters are looking for. Finally, employers who have also made profiles can match with veterans and contact them for interviews.

It’s essentially “Match.com for veteran employment,” Veterans Ascend CEO Robyn Grable said.

“Because we’re matching on skills, veterans are getting the ability to match with jobs they’d never find anywhere else and for jobs they wouldn’t even begin to think their skills would qualify them for,” she said.

Veterans Ascend launched in late 2018. Grable said that about 2,000 veterans have signed up for it so far, as have several employers. Recently, Lockheed Martin signed up, and the company has pledged to do interviews with at least three veterans, according to Grable.

Grable believes that Veterans Ascend solves a few issues veterans face when applying for jobs. For one, it eliminates the chance that computer-screening software won’t be able to interpret their resumes and will scrap their applications before they ever reach a recruiter.

Grable hopes that it will also help diminish veteran under employment as well as unemployment.

“Veterans can get jobs...It’s the problem of under-employment and getting good careers that use our skills,” she said. “For a veteran to come out of the military and get offered a \$10-an-hour job to support their family, it’s embarrassing. That’s the bigger issue, getting them into a job that’s commensurate with all their skills.”

Such a service probably would have helped Stacey Wiggins, Veterans Ascend’s chief operating officer, when he was separating from the military. The Air Force veteran said he went through the military’s Transition Assistance Program and yet still had to send out about 200 resumes before he landed a job.

Wiggins believes that Veterans Ascend can help vets who feel like they were “left hanging” after TAP didn’t prepare them well enough for finding civilian employment.

“Networking is one of the most important things, because it really is about those connections,” he said. “That’s what we’re trying to do. We’re trying to facilitate those connections.”

Williams also felt that TAP didn't get her sufficiently ready for life after the military. That lack of preparation creates a huge divide between what employers want to see from veterans and what veterans think employers are looking for, Williams said.

"If we could focus on that chasm, we could have results," she said. "I think that Veterans Ascend does provide a really great fix to the chasm."

A very small percentage of the population has served in the military or has an immediate family member who has served. That means there's a gap in civilian knowledge out there about the terminology the military utilizes to describe skills that could translate to a civilian workplace, Grable said.

"Those are skills that go across every civilian occupation," Grable said. "But employees are missing out on these people because employers don't understand those skills."

Veterans Ascend hopes to bridge these gaps.

"I just really want all the veterans and all the employers to jump on this bandwagon," Williams said. "It could do great stuff for both."

VA MISSION Act of 2018 – Department of Veterans Affairs

Overview – Under the VA MISSION Act, Veterans can expect a variety of improvements to community care. Eligibility criteria will be different, a new urgent care benefit will be provided, and customer service will be better. The process for receiving community care will be improved, including the following steps:

1. VA confirms Veteran's eligibility for community care under the new criteria.
2. A VA staff member assists the Veteran with scheduling the appointment or the Veteran schedules the appointment with their preferred community provider within the VA network.
3. Veteran receives care from a community provider in the VA network.
4. Community provider sends a claim to a Third Party Administrator or VA for payment.

Improvements – In addition to new eligibility criteria, there are a variety of improvements under the VA MISSION Act that will make community care work better for Veterans:

- **Single community care program.** Existing programs will be combined into one single community care program. The Veterans Choice Program is coming to an end but some of its elements are being adopted into the new program. With one program and a single set of rules and processes, there is less complexity and likelihood of errors and problems.
- **Better customer service.** VA is implementing redesigned, streamlined internal processes, with improved education and communications resources for Veterans, our Veterans Service Organization (VSO) partners, and VA employees involved in community care operations. This will make administering community care easier and support excellent customer service for Veterans.
- **New urgent care benefit.** A new benefit will provide eligible Veterans with access to non-emergency care for certain conditions in the VA network of community providers. Veterans can go to any urgent care or walk-in care provider in VA's network without prior authorization from VA. There may be copayments associated with this benefit depending on a Veteran's assigned priority group and the number of times the benefit is used. **Important:** Details about the new urgent care benefit are not yet final.
- **New Community Care Network.** VA is establishing a new Community Care Network (CCN) of community providers that will be set up and administered through Third Party Administrators (TPAs). Once CCN is implemented, VA will directly coordinate with Veterans to schedule community care appointments (and in some instances continue to

be able to schedule their own appointments) and support care coordination. VA's TPAs will also be required to make timely payments to community providers.

- Modern IT systems. VA is modernizing its information technology (IT) systems to replace a patchwork of old technology and manual processes that slowed down the administration and delivery of community care. Once in place, the new IT systems will speed up all aspects of community care – eligibility, authorizations, appointments, care coordination, claims, payments – while improving overall communication between Veterans, community providers, and VA staff members.

Timing – The new community care program will start when VA publishes final, effective regulations, expected June 6, 2019. At that time, VA's traditional community care program and the Veterans Choice Program will end, the new program will start, and the new eligibility criteria will go into effect. The urgent care benefit is also expected to be available starting June 2019. A complete rollout of all six regions of the Community Care Network (CCN) is expected by 2020. Upgraded IT systems are also being implemented, with some expected to be completed in 2019 and others in 2020.

Frequently Asked Questions

1. Will I be eligible for community care under the new criteria? Under the proposed Federal regulation, a Veteran could be eligible for community care based on the six eligibility criteria below:
 - Veteran needs a service that is not available at VA (e.g., maternity care, IVF).
 - Veteran resides in a U.S. state or territory without a full-service VA medical facility (Alaska, Hawaii, New Hampshire, and the U.S. territories of Guam, American Samoa, Northern Mariana Islands, and the U.S. Virgin Islands).
 - Veteran was eligible under the distance criteria under the Veterans Choice Program on the day before the VA MISSION Act was enacted into law (June 6, 2018), lives in one of the five states with the lowest population (ND, SD, MT, AK, WY) or continues to meet the distance criteria, received care between June 6, 2017, and June 6, 2018, and requires care before June 6, 2020.
 - Veteran meets specific access standards for average drive time or appointment wait-times (**Important:** Access standards are not yet final).
 - Average drive time to a specific VA medical facility:
 - 30-minute average drive time for primary care, mental health, and non-institutional extended care services (including adult day health care).
 - 60-minute average drive time for specialty care.
 - Appointment wait time at a specific VA medical facility:
 - 20 days for primary care, mental health care, and non-institutional extended care services, unless the Veteran agrees to a later date in consultation with their VA health care provider.
 - 28 days for specialty care from the date of request, unless the Veteran agrees to a later date in consultation with their VA health care provider.
 - Veteran and their referring clinician agree that it is in the Veteran's best medical interest to be referred to a community provider.
 - Veteran needs care from a VA medical service line that VA determines is not providing care that complies with VA's quality standards.
2. When do the new eligibility criteria go into effect? The new eligibility criteria for community care will go into effect when the regulations are published and effective, expected June 6, 2019.

3. How will VA determine if I am eligible for community care based on the new criteria? The Veteran's VA provider and VA medical facility staff members will work with the Veteran to determine if they are eligible under the new criteria.
4. Will VA still need to officially authorize the care I receive through a community provider? Community care generally must be authorized in advance by VA before a Veteran can receive care from a community provider. VA has proposed an exception to this when a Veteran receives emergency care from an in-network entity or provider and VA is notified within 72 hours, if certain additional conditions are met. The requirement for care to be authorized in advance by VA does not apply to the urgent care/walk-in care benefit that VA is establishing.
5. What is changing with community care appointments? Community care appointments will be scheduled directly by VA staff as VA implements its new Community Care Network (CCN) or, in some instances, Veterans will continue to be able to schedule their own appointments.
6. Will I be able to go to any community provider I want? If a Veteran is eligible for community care, they will be able to receive care from a community provider who is part of the VA network that is accessible to them.
7. Will the process for getting prescription medication change? There are no changes to how prescriptions are processed for Veterans receiving community care. As part of an authorized visit with a community provider, Veterans will be able to get a short-term urgent prescription medication in their community, while long-term prescription medications will be filled by VA.
8. Will I have to pay a copayment for community care? Copayment charges are the same for community care as care at a VA medical facility. Usually, this means Veterans who are required to pay copayments will be charged a copayment for treatment of their nonservice-connected conditions. Copayment bills are sent by VA, not the community provider. For the new urgent care benefit, Veterans may owe a copayment that would be different from their usual VA copayment, depending on their assigned Veteran priority group and the number of urgent care visits per calendar year.
9. Will VA pay beneficiary travel expenses if I am referred to a community provider? If a Veteran is eligible for beneficiary travel, their eligibility will not change. Beneficiary travel is paid the same way whether the care is provided at a VA medical facility or through a community provider.
10. What rate does VA pay when a Veteran is referred to a community provider for care? Generally, VA will pay Medicare rates, but there are several proposed exceptions to this rate that may apply, to be established through a contract or agreement.
11. What is the difference between the Veterans Choice Program and the VA MISSION Act? The Veterans Choice Program is the name of a Federal program started in 2014 to quickly expand access to care for Veterans. The VA MISSION Act is the name of a Federal law that establishes a new, single community care program, among other provisions. Some of these other provisions affect other types of VA benefits for Veterans beyond community care.
12. Do the changes to community care under the VA MISSION Act mean that VA is being privatized, or that funds meant for VA medical facilities will be rerouted to the private sector? The Administration is making no efforts to privatize VA or shift resources away from VA medical facilities. Improvements to community care under the VA MISSION Act are part of a larger effort to modernize the VA health care system and give Veterans greater choice over their health care.

13. What is the Community Care Network (CCN)? CCN will serve as a high-performing network of community providers. VA is currently working to award contracts with Third Party Administrators to establish CCN nationwide.
14. What key information do community providers need to know about community care in the future? To partner with VA to care for Veterans, most community providers will need to join VA's new Community Care Network. In addition, community providers will generally be required to submit claims using electronic data interchange (EDI), and providers must submit claims within 180 days of providing care. **Important:** Details about claim filing requirements are not yet final.

Veteran Suicide, 'Blue Water' Benefits among Topics Addressed in 18 Bills OK's by House Panel – Nikki Wentling (Stars and Stripes)

The House Committee on Veterans' Affairs sent 18 bills to the full House,...including legislation to address veteran suicides, create a fourth administration at the Department of Veterans Affairs and extend benefits to "Blue Water" Navy veterans.

The hearing marked the first time that the committee has met during this congressional session to advance legislation. It remained uncertain...when the bills might be scheduled for votes on the House floor.

"The 18 bills we have before us today represent considerable time and hard work by members of this committee on both sides of the aisle," said Rep. Mark Takano, D-Calif., the committee chairman.

Rep. Phil Roe, R-Tenn., the ranking Republican on the committee, voted in favor of the bills but cautioned Takano against advancing legislation in the future without including methods to pay for them.

"Several of the bills on [the] agenda have preliminary scores from the Congressional Budget Office that include millions of dollars in discretionary spending costs," Roe said. "Given the number of worthy proposals competing for limited tax dollars, I believe it is incumbent upon this committee to do the hard work of prioritizing which proposals provide the most bang for the buck of our veterans."

Some of the bills approved...were:

- H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2019, which extends benefits to veterans who served offshore on ships during the Vietnam War and have fought for years to prove they were exposed to the chemical herbicide Agent Orange. The help pay for the benefits, the bill increases fees for nondisabled veterans who apply through the VA home loan program. The bill would also extend benefits to veterans who served in or near the demilitarized zone of the Korean Peninsula beginning Sept. 1, 1967 and require the VA to identify U.S. military bases in Thailand where Agent Orange was used.
- H.R. 2340, FIGHT Veterans Suicide Act, which requires the VA to notify Congress of suicides and suicide attempts at VA campuses within seven days. The VA must also provide medical and housing information about the veterans, as well as an explanation of their most recent encounters with VA employees. The bill was introduced after three veterans died by suicide at VA facilities in five days in April.
- H.R. 2333, Support for Suicide Prevention Coordinators Act, which requires the comptroller general of the United States to review the responsibilities, workload and vacancy rates of VA suicide prevention coordinators and submit a report to Congress after one year.
- H.R. 2045, VET OPP Act, which creates a fourth administration within the VA dedicated solely to veterans' transition into education and employment. The VA is made up of three administrations: the National Cemetery Administration, the Veterans Health Administration and the Veterans Benefits Administration. The bill would add the Economic Opportunity and Transition Administration and a new senior official to lead it.

Three bills that aim to increase veterans' access to medical marijuana were omitted from the hearing...after originally being listed for consideration. Committee staff said the bills were withdrawn in order to solicit more feedback.

The bills would prohibit the VA from denying veterans benefits because of their participation in state marijuana programs, authorize VA health care providers to recommend veterans for state marijuana programs and direct the VA secretary to carry out a clinical trial of the effects of marijuana on chronic pain and post-traumatic stress disorder.

During a hearing,...VA representatives voiced their opposition to the measures, citing the Drug Enforcement Agency's listing of marijuana as a Schedule I drug.

VA May Have Incorrect Addresses for 25,000 Veterans – Jim Absher (Military.com)

The Department of Veterans Affairs has notified veterans in several states that the address the agency has on file for them may have been incorrectly changed.

In social media postings and press releases, the VA has stated that both the Veterans Health Administration and Veterans Benefits Administration have "detected inconsistencies with how veterans' permanent mailing addresses are being updated and stored at VHA medical facilities and shared with the national enrollment system."

The postings urge all veterans to verify that the information the VA has on file for them is correct. To do this, veterans should go to www.va.gov/change-address and verify that their mailing and home addresses, phone number and email information are all correct.

If you don't have an online account, the webpage will let you create one. If you are unable to do so, you can call the VA at 877-222-8387 to speak with a live person to check out the info the department has on file for you. You can also visit a local VA office for assistance.

Updating your address will affect the information the VA has for:

- VA health care (including prescriptions, appointment reminders, lab and test results, and other communications)
- Disability compensation
- Pension benefits
- Claims and appeals
- Vocational Rehabilitation and Employment (VR&E)

It will **not** update the mailing address the VA uses for:

- GI Bill benefits
- Home loans
- Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
- Veterans Mortgage Life Insurance
- The Foreign Medical Program

Officials say the different computer systems do not talk to each other. The change of address page above explains how to change your address for these programs.

VA and Virta Health Partner in Innovative Approach to Diabetes Care – Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) announced a partnership on May 13 with Virta Health to explore an innovative program focused on improving the health of persons with type 2 diabetes.

In effect since March 22, the agreement will give 400 Veterans the opportunity to participate in the Virta Treatment, which can help individuals safely and sustainably achieve glycemic control while reducing use of medications.

This diabetes care will be provided for up to one year at no cost to VA or Veteran participants.

“Partnering with community providers facilitates a more comprehensive approach to care,” said VA Secretary Robert Wilkie. “Many Veterans have type 2 diabetes, and it is strongly linked to obesity, so we are excited to explore Virta Health’s approach to tackling this debilitating and costly condition.”

Currently, VA offers medical care, education, counseling, weight loss programs and blood glucose monitoring for more than 1.5 million Veterans with type 2 diabetes. This partnership provides a small group of Veterans access to Virta’s proprietary, individualized, low-carbohydrate nutrition protocols on a 24/7 continuous remote care platform from medical providers and health coaches, an approach currently not widely in use at VA.

Virta Health, a licensed medical provider in all 50 states, focuses on treating type 2 diabetes through noninvasive means. Their services, available 24/7 include personalized nutrition peer support, health coaching and physician monitoring, all delivered remotely.

This partnership exemplifies the work of the VHA Office of Community Engagement (OCE), which supports and develop[s] community and corporate partnerships to benefit Veterans. For information regarding developing a nonmonetary partnership with VHA, contact OCE at <https://www.va.gov/healthpartnerships/>.

Veterans interested in the program should visit www.virtahealth.com/veterans. For more information about VA health care, visit www.va.gov/health.

VA’s Voluntary Research Genetics Program Reaches Major Milestones with 750,000 Veteran Partners – Department of Veterans Affairs

In its journey to improve the lives of Veterans through health care research and innovation, the U.S. Department of Veterans Affairs (VA) recently reached a major milestone with enrollment of its 750,000th Veteran partner in the Million Veteran Program (MVP) – a national, voluntary research initiative that helps VA study how genes affect the health of Veterans.

The milestone, which was reached April 18, is the result of years of outreach, recruitment and enrollment efforts to help to bring precision medicine to the forefront of VA health care.

“While having 750,000 Veteran partners is a momentous achievement, there is still much work to be done,” said VA Secretary Robert Wilkie. “MVP is on track to continue the march to 1 million Veteran partners and beyond in the next few years.”

From its first enrollees in 2011, the program has successfully expanded into one of the largest, most robust research cohorts of its kind in the world. MVP was designed to help researchers understand how genes affect health and illness. Having a better knowledge of a person’s genetic makeup may help to prevent illness and improve treatment of disease.

The enrollment milestone is significant because as more participants enroll, researchers have a more representative sample of the entire Veteran population to help improve health care for everyone. Enrollees in the program include Veterans from all 50 states, Washington, D.C., Puerto Rico and Guam. MVP also has the largest representation of minorities of any genomic cohort in the U.S.

Research using MVP data is already underway with several studies, including efforts focused on understanding the genetics of post-traumatic stress disorder (PTSD), diabetes, heart disease, suicide prevention and other topics. Several significant research findings have already been published in high-impact scientific journals. The knowledge gained from research can eventually lead to better treatments and preventive measures for many common illnesses, especially those common among combat Veterans, such as PTSD.

MVP will continue to grow its informatics infrastructure and expand its partner base, to include Veterans beyond those enrolled in VA care. VA is also working on a collaboration with the Department of Defense (DoD) to make MVP enrollment available to DoD beneficiaries, including active-duty service members.

To learn more about MVP, visit www.research.va.gov/mvp. For more information or to participate, call toll-free 866-441-6075.

VA's Home Loan Guaranty Program Notifies Veterans of Potential Loan Fee Waivers – Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) announced May 13 that Veterans who qualify for a VA Home Loan funding fee waiver are now being notified in their home loan eligibility certificate and disability compensation award letter.

The recent change to the Home Loan Guaranty program aims to improve benefits delivery to Veteran homebuyers.

"Through an internal quality improvement effort, VA has put a plan in place to better inform Veterans through key communications when the law allows VA to waive the fee for a Veteran," said VA Secretary Robert Wilkie.

VA also modified the "home loan welcome" letter to make sure Veterans know they may qualify for a loan fee waiver, should they later obtain a VA disability compensation award.

Historically, VA tasked lenders with verifying the "exempt" status of Veteran homebuyers and the department would identify waiver cases using its own internal loan audit process or by relying on Veterans contacting VA directly. Further internal procedural changes will provide a more regular review of program data and VA will soon issue policy and procedural changes to ensure a Veteran's up-to-date status for the fee waiver is correctly identified.

A major issue under review is how VA credits borrowers who, after loan closing, were awarded disability compensation with retroactive effective dates. The department is working to determine how far VA can go to provide relief, given the current restrictions of applicable laws.

VA's ongoing quality review looked at millions of loans dating back to 1998 originations. Since the initiative is ongoing, VA has not totaled how many borrowers might be helped by the efforts. VA notes that it routinely returns funding fees when appropriate. Since 2014, the department has provided an average total of \$75-\$100 million to roughly 5,000 Veterans each year.

More information about the VA funding fees and refunds is available in VA's Lenders Handbook. Veterans who think they may be eligible for a refund should visit VA's website at https://www.benefits.va.gov/homeloans/purchaseco_loan_fee.asp.

One by One, D-Day Memories Fade as War's Witnesses Die – Angela Charlton (The Associated Press)

One more funeral, one less witness to the world's worst war.

Bernard Dargols lived almost long enough to join the celebrations next month marking 75 years since the D-Day, 75 years since he waded onto Omaha Beach as an American soldier to help liberate France from the Nazis who persecuted his Jewish family.

Just shy of his 99th birthday, Dargols died last week. To the strains of his beloved American jazz, he was laid to rest...at France's most famous cemetery, Pere Lachaise.

An ever-smaller number of veterans will stand on Normandy's shores on June 6 for D-Day's 75th anniversary. Many will salute fallen comrades from their wheelchairs. As each year passes, more firsthand witnesses to history are gone.

...U.S. President Donald Trump and other world leaders will pay homage to the more than 2 million American, British, Canadian and other Allied forces involved in the D-Day operation on June 6, 1944, and the ensuing battle for Normandy that helped pave the way for Hitler's defeat.

Dargols outlived most of them, and knew the importance of sustaining their memory.

"I'm convinced that we have to talk about the war to children, so that they understand how much they need to preserve the peace," he wrote in a 2012 memoir.

Until the end, Dargols battled complacency, intolerance and Holocaust deniers who claim that

D-Day was “just a movie.”

In recent years, “seeing any type of violence, of anti-Semitism and racism, either in France in Europe or in the U.S.” really upset him, granddaughter Caroline Jolivet said.

Normandy schoolteachers, veterans’ families and military memorials are laboring against time to record survivors’ stories for posterity.

In history’s biggest amphibious invasion, on that fateful June 6, some 160,000 Allied forces came ashore to launch Operation Overlord to wrest Normandy from Nazi control. More than 4,000 allied forces were killed on that day alone. Nearly half a million people were killed on both sides by the time the Allies liberated Paris in August 1944.

It’s unclear exactly how many D-Day veterans are alive today. The survivors are now in their 90s or 100s.

Of the 73,000 Americans who took part, just 30 are currently scheduled to come to France for this year’s anniversary. The U.S. Veterans Administration estimates that about 348 American World War II veterans die every day. All but three of the 177 French forces involved in D-Day are gone.

Every day, the names of the departed accumulate, tweeted by veterans groups, published in local newspapers.

Dargols wanted to be in Normandy this year, it meant a lot to him.

His story is both unusual and emblematic: Born in France, he left Paris in 1938 for New York to learn his father’s sewing machine trade. He watched from afar, sickened, as the Nazis occupied his homeland. His Jewish relatives were sent to camps, or fled in fear.

Determined to fight back but skeptical of French General Charles de Gaulle’s resistance force, he joined the U.S. Army instead.

With the 2nd Infantry Division, Dargols sailed from Britain on June 5 and only made it to Normandy on June 8, after three interminable days on choppy seas. The road he took inland from Omaha Beach now carries his name.

The battle to wrest Normandy from the Nazis took longer than the Allies thought, but for Dargols the prize at the end was invaluable. When he made it to Paris, he went to his childhood apartment and found his mother – unexpectedly alive.

For four decades, he didn’t talk much about the war. But as more and more survivors died, and at his granddaughter’s urging, he realized the importance of speaking out and sharing his stories with schools and journalists.

Friends and family remembered him...as shy but courageous, a lover of oysters and pastrami sandwiches, known for his mischievous smile.

Jolivet, his granddaughter, told the AP of his yearning for leaders who “bring people together, instead of divide them.”

Dargols would have had a clear message for the D-Day anniversary, she said: “Never take democracy for granted. Dictatorship is always a bad solution. Keep democracy alive. Fight for democracy, for freedom, for peace.”

The cultural director at Normandy’s World War II memorial in Caen, Isabelle Bournier, frets about this fading message, as she watches school children cycle through her museum every day.

“The parents and grandparents of 13-year-olds today didn’t experience the war, so the family stories, the family history – where helmets are brought out, where we spoke about what it was like – has been lost,” she said.

“They didn’t know the names of the landing beaches,” she says. “Pupils spend less time studying World War II than they did 30 years ago, and so the role of D-Day has been reduced.”

Dargols himself worried about the day when all the veterans will be gone.

“It could start again,” he wrote in his memoir. “We must be vigilant, at all times.”

John Leicester and Jeffrey Schaeffer contributed.

This New Coffee Company is giving a ‘Hand Up’ to Homeless Vets – Joshua Axelrod (Military Times REBOOTCAMP)

Next time you invest in your weekly coffee supply, maybe consider buying it through a company that offers homeless and at-risk veterans an employment lifeline.

That’s the goal of Veteran Roasters, whose core mission is to hire and train veterans for jobs in the coffee industry, through the proceeds it earns selling America’s favorite caffeinated beverage.

“Our focus is to provide opportunities to those whose transition back after their service didn’t go as they hoped or planned,” said Veteran Roasters founder Branden Marty, a Navy vet. “It’s a neat environment because everyone has a similar experience, so you can easily connect with people.”

As Marty put it, Veterans Roasters isn’t giving veterans “a hand out, we’re giving them a hand up.” The money they earn through coffee sales goes directly back into their charitable arm, Rags of Honor 1, which funds their ability to hire veterans and help pay for their life needs like housing and child care.

Coffee isn’t the only beverage Marty is trying to parlay into a successful small business. Veteran Roasters recently partnered with Chicago Cubs Manager Joe Maddon to help create a new beer that they dubbed “Joe Maddon’s Try Not to Suck” German Lager.

All of the proceeds from beer sales will go toward ending veteran homelessness and joblessness via Rags of Honor 1 and Maddon’s Respect 90 foundation, which has multiple programs designed to aid and shine a spotlight on the overall homelessness problem.

“We’re developing almost a family of brands around this whole mission and providing even more opportunities,” Marty said.

Veteran Roasters is a wholesale company that mostly sells its coffee to restaurants, hotels and those throwing corporate events – and individuals can also buy the coffee directly from the company’s website. Marty said that so far the company has been able to hire five veterans since its inception in 2017.

It also has a direct partnership with the Chicago-based Passion House Coffee Roasters, which has been supporting Veteran Roasters’ efforts to teach down-on-their-luck veterans about the world of coffee.

“Branden does a great job running the company,” said Passion House owner Joshua Millman. “He is very passionate and he’s a go-getter. Branden loves so much that he’s able to give at-risk or homeless veterans this opportunity.”

Marty was never planning on starting a coffee company. He grew up listening to his grandfather’s stories about his time as a WWII pilot and decided that he wanted to join the military so he could also travel the world and serve his country.

He enlisted in the Navy in 2002 as a helicopter pilot and deployed multiple times to places like the Middle East and western Pacific. After separating in 2013 as a lieutenant commander, Marty began his post-military career as an aide to a few decorated generals.

“I got to see the world many times over,” he said. “I got to be in the room with three and four-star [generals] who were dealing with big national-security issues.”

Later, Marty landed a job at Naval Station Great Lakes as the wounded warrior program coordinator for the Midwest region. He was eventually approached to help coordinate the Warrior Games in Chicago, which is where he met fellow veteran and small-business owner Mark Doyle.

Doyle was an ex-contractor who had worked in Afghanistan and recently launched Rags of Honor, a military-style apparel company separate from Veteran Roasters’ similarly named charitable arm. He gave Marty the idea to start his own coffee business with the goal of reducing veteran homelessness and unemployment.

“So many veterans deal with re-integration anxiety because no one really understands them,” he said. “We’ve created a community where all these people can come for anything.”

Millman was happy to partner with a company as singularly driven as Veteran Roasters.

“It’s really important that when people are giving their lives and committing their livelihood to allow us to live the lives that we are, that should never be unrewarded,” he said. “That is a huge, huge mission that each of these people are dedicating their lives to. And the fact they come back and aren’t taken care of...we just need to be more helpful and mindful.”

For Millman, coffee is more than just a way to stay awake during a long work day. It’s a way to bring people – particularly veterans – together in a public space.

“It’s a conduit to start conversations, to give people a spot where they can talk to each other,” Millman said. “Maybe it’s about dreaming together about potential businesses to start or even debating. All of that happens over a cup of coffee.”

Marty recalled the “really bad-quality coffee” he was subjected to during his time in the Navy. He believes his coffee is both much better and worthy of the cause for which it is being sold.

“We think we have pretty good coffee,” he said. “You have to have good coffee to keep customers. They’ll buy the initial bag for the charity, but we hope they stay for the quality of the coffee. If you’re buying it anyway, why not support an organization that’s giving back?”

VA Launches Community-Focused Public Health Model to Prevent Veteran Suicide – Department of Veterans Affairs

New initiative encourages shared responsibility among stakeholders to promote protective factors and mitigate risks

The U.S. Department of Veterans Affairs’ (VA) Office of Mental Health and Suicide Prevention (OMHSP) and VA Midwest Health Care Network (Veterans Integrated Service Network [VISN] 23) has been working with academic researchers from the University of Pittsburgh’s Program Evaluation and Research Unit (PERU) to spearhead a community-based program as one of many efforts aimed at lowering the rate of Veteran suicide.

Aligned with the National Strategy for Preventing Veteran Suicide, the program, which began in early 2019, is designed to increase community involvement within VISN 23 by leveraging the reach and impact of local stakeholders.

“We recognize that just as suicide has no single determining cause, no single agency can prevent Veteran suicide,” said VA Secretary Robert Wilkie. “In working with our partners on this pilot program, we are adding new opportunities to provide our Veterans with whole-health solutions before they reach a point of crisis.”

Charged with carrying out the program’s multiple objectives, VISN 23 has deployed 10 education and outreach specialists, who have received formal training from VA leadership and PERU on how to:

- Assess community readiness for increased engagement efforts.
- Build local coalitions to facilitate wider and more frequent touchpoints with Veterans.
- Use community-specific public health data to tailor interventions to population needs.
- Provide metrics on program effectiveness to inform national implementation strategy.

Learn more about VA’s suicide prevention resources and programs at www.mentalhealth.va.gov/suicide_prevention. Veterans who are in crisis or having thoughts of suicide, and those who know a Veteran in crisis, can call Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year. Call 800-273-8255 and press 1, send a text message to 838255 or chat online at VeteransCrisisLine.net/Chat.

Here's How to turn your MOS into a Civilian Health Care Career – Stacy Walts (National Healthcareer Association)

Editor's note: *The following commentary was contributed by Stacy Walts, Director for National Partnerships & Military Liaison for the National Healthcareer Association. The content may be edited for clarity, style and length.*

Here's the truth: Your military medical occupation training provided you with top-notch education and experience that most civilian programs cannot. You've not only received traditional instructional training, but you've learned and practiced in some of the best medical labs with the latest simulation technology available. Most importantly, your training gave you real-world, high-pressure experience that cannot be duplicated in traditional civilian training programs.

The problem: Most health care employers do not know what 68W, 4N0X1, HM or other military occupational codes mean in terms of job translation. Additionally, many active duty and transitioning service members are not exactly sure what career path options exist for them.

The good news: If you want to work in health care after your military career, there is a way you can translate your experience into something that is well-known and allows employers to immediately understand your qualifications. Credentialing is a universal indicator of experience that provides a standardized mark to solidify recognition of your competency and knowledge.

More good news: Each branch of the military has funding programs available to help members find information and resources to obtain credentials related to an MOS. In most cases, the cost for preparatory resources and exams are covered entirely by the Credentialing Opportunities Online (COOL) for each service branch or by the GI Bill funding resources.

Your military training and service could make you eligible for one or more of eight allied health certification exams offered by the National Healthcareer Association (NHA). The credentials you earn by taking and passing these exams can lead to careers in a number of professions, such as medical assistant, EKG technician, billing and coding specialist, electronic health record specialist, pharmacy technician and more.

In addition to opening a path to employment in the civilian sector, earning a certification can lead to a higher salary. The Bureau of Labor Statistics tracks earnings of those with certifications and indicates those who hold a certification can earn up to a 46% higher weekly salary. Employers truly want to hire veterans, and by lining up your credentials, you give yourself a path forward, while your experience also elevates you as a top candidate.

Carl Vickers, Air Force Veteran and Military Relations Manager for PeopleScout, believes that employers see veterans as ideal candidates when their experience is backed by credentials: "A talent acquisition professional's dream is to have a pool of military veterans that hold the combination of education, training, and aligned credentials. When applying in the workforce, it is a recipe that makes candidates the most desirable and competitive in the employment market."

Many of the medical training programs offered through the U.S. Military qualify service members to earn more than one credential, which can help employers better understand the breadth of your training, as well as your skill level.

NHA's certifications were designed to work together. For example, if you wanted to work toward a career as a medical assistant, you may consider stacking these credentials together:

- Certified Clinical Medical Assistant (CCMA)
- Certified EKG Technician (CET)
- Certified Phlebotomy Technician (CPT)

If you want to work toward a career as a medical administrator, you might find value in stacking the following credentials:

- Certified Billing and Coding Specialist (CBCS)
- Certified Electronic Health Record Specialist (CEHRS)

- Certified Medical Administrative Assistant (CMAA)

Not only do stacked credentials help distinguish you from other job applicants, they can also lead to an increase in pay and faster advancement.

To help employers better understanding your military training and experience, adding credentials behind your name can help translate and show that you're well-equipped to take on a civilian health care role after completing your military service.

