

Newsletter
for
Veterans and Active Military

➤ **Transgender lawsuits:**

A federal court ruled President Donald Trump cannot act to force transgender service members out of the ranks, a move which critics have repeatedly assailed as unconstitutional. The decision from the U.S. District Court for the District of Columbia may also open the door for those already serving transgender troops to resume medical services at the government's expense, a benefit administration officials were working to end in recent months.

➤ **VA mammograms ► guidelines:**

The latest guideline applies to women at average risk for breast cancer. VA's New Breast Cancer Screening Guidelines are:

- ☐ Age 40: Talk with your doctor about when to begin screening. You have the choice to start screening with yearly mammograms as early as age 40. If you face added risk factors, such as certain genetic mutations or a family history of breast cancer, talk to your provider about getting tested earlier and more often.
- ☐ Age 45: Begin yearly mammograms;
- ☐ At age 55: Get mammograms every other year, or continue with annual mammography, depending on your preferences;
- ☐ At age 75+: Continue getting regular mammograms if you're in good health.

➤ **VA CARE program update:**

House lawmakers are looking to dramatically increase the number of veterans who can seek medical care outside the Veterans Affairs system, but VA department officials want them to go even further. They're arguing in favor of an even more radical shift in traditional veterans' medical care, opening community care options to nearly any veteran and allowing free walk-in care at local doctor's offices for routine appointments. "We don't believe there should be strict mileage criteria or wait time criteria," Secretary of Veterans Affairs David Shulkin told members of the House Veterans' Affairs Committee on 24 OCT. "These are going to be individual clinical decisions based on feasibility and access."

The CARE plan and a similar slate of VA health care reforms unveiled by the committee on 24 OCT would consolidate a host of community care initiatives into a single, more flexible program with a single funding source. That has been a goal in recent years of both Republicans and Democrats, who say current systems are too complicated for patients, doctors and bill collectors. Veterans groups have endorsed the idea. Both plans would also abandon the current eligibility rule allowing only veterans facing a 30-day wait or 40-mile distance to the nearest VA facility to access the Choice program, letting them seek private-sector care at government expense.

➤ **VA ID card update:**

Honorably discharged veterans of all eras who want a new identification card from the Department of Veterans Affairs will be able to apply online by registering with the VA and uploading a photo, officials said. The card must contain the veteran's name, photo and a non-Social Security identification number, the law states. To apply for the card, veterans must register with www.Vets.gov, a process that authenticates users through the ID.me system. Doing so requires users to upload a copy of a valid government photo ID, such as a driver's license or passport, and provide their Social Security number, among other information. To complete the card application process, users will then upload a recent photo to the VA site that can be printed on the ID card, according to a lawmaker who introduced the legislation requiring the IDs. The cards will be directly mailed to the veteran. Personally, I am not sure I would feel comfortable sending personal information over the internet; I will most likely go to my VA facility to get my new card.

When the Department of Veterans Affairs starts offering new ID cards next month, they won't be available to every veteran. That's because of a decision by VA officials to issue the new IDs only to individuals with honorable discharges, a move that goes against earlier department policies at increasing outreach to veterans with so-called "bad paper" discharges.

➤ **VA disability rating criteria update ► new precedent allows upgrading:**

The U.S. Court of Appeals for Veterans Claims issued a decision last month that could make it easier for veterans with injuries to the back, neck, and joints to obtain higher disability ratings, even in cases where veterans are already receiving disability benefits for such injuries. The court ultimately ruled that the system was inadequate, because not all C&P examiners consider flare-ups and pain when determining what disability rating a veteran should receive. So, if a C&P examiner doesn't witness the flare-up, how can they form a non-speculative opinion about it? As Military 1 reported, the court decided that veterans themselves can submit evidence for consideration, such as their own description of the flare-ups and pain they experience, or "buddy statements" — written statements from people who know the veteran and can testify to the extent of their suffering. All of which will make it a lot easier for veterans to secure higher disability ratings for injuries they sustained in the military.

➤ **Vet toxic exposure | Alpena CRTC ► contaminated groundwater:**

A combat center in northern Michigan has become the third military base in the state to test positive for contaminated groundwater. Preliminary results came in early OCT for tests conducted at five locations at the Alpena Combat Readiness Training Center earlier this year, said Capt. Brian Blumline, a civil engineer for the base. Blumline said all the sites showed elevated levels of perfluorooctanoic acid and perfluorooctyl sulfonate, which are contaminants from firefighting foam that was used in training at the base many years ago. They were considered safe at the time.

If you were stationed at the Michigan base and believe you may have been exposed you may want to go to the VA hospital to see if you can/should be tested.

➤ **Agent Orange related birth defect VA compensation:**

If you are a male veteran, the only birth defect that the VA recognizes is Spina Bifida and it has been recommended for demotion by the Institutes of Health Sciences as not having significant evidence of a link to Agent Orange.

➤ **Legislation:**

S.1261 | Vet Emergency Room Relief Act of 2017

Senator Bill Cassidy (LA), a member of the Senate Veterans' Affairs Committee, introduced S.1261, the Veterans Emergency Room Relief Act of 2017. This bill would require VA to contract with community urgent care providers and pay reasonable costs for such care provided to veterans who are enrolled in the VA health care system and have received care in the system within the preceding two years. It would also establish cost-sharing amounts for certain veterans receiving care at a VA emergency room. However, veterans who are hospitalized as a result of their urgent care visit and veterans seeking care for a service-connected condition in addition to veterans meeting criteria for hardship exceptions would be exempt from copayments.

S.833 | Proving Service Connection for Military Sexual Trauma (MST)

This bill would relax the standard of proof for MST-related claims using mental health professionals to verify a mental health diagnosis and opine about the likelihood of MST occurring given the veteran's circumstances and conditions. Furthermore, the bill would require VA to resolve every reasonable doubt in favor of the veteran with the reasons for granting or denying service-connection recorded in full.

Sexual trauma during military service is ever more recognized as a hazard of service for one percent of men and 20 percent of women who have served. It often results in mental health conditions for veterans and the need for complex care and specialized treatment from VA. An absence of documentation of MST in the personnel or military unit records of individuals often prevents or obstructs adjudication of claims for disabilities of veterans suffering the devastating after-effects of sexual trauma associated with military service. Accordingly, based on an internal survey, VA verified that grant rates for post-traumatic stress disorder resulting from MST were 17 to 30 percent below grant rates for PTSD resulting from other causes.

It should be noted that when filing a claim for MST, the veteran must substantiate the fact that he/she suffered from the trauma.

H.R.3562 | Disabled Housing Cap

Through the Vocational Rehabilitation and Employment program, the Department of Veterans Affairs (VA) provides assistance to veterans whose disabilities prevent them from working. That assistance can include the cost of modifying veterans' homes to enable them to live independently. The cost of those benefits are paid from mandatory appropriations. H.R. 3562 would cap payments for housing modifications at \$79,874 per beneficiary in 2018; that amount would be adjusted annually for inflation

