



Disabled American Veterans Department of Florida Newsletter



By Al Linden, Executive Director

March 31, 2016

As of March 31, 2016 our membership was 61,440. The goal for life membership for this year 635 are needed.

STATE COMMANDER JOHNSON MESSAGE

THE DEPARTMENT OF FLORIDA MOURNS THE PASSING OF DEPARTMENT COMMANDER, LEROY (BUDDY) RICKMAN. YOU WILL BE MISSED, MY BROTHER

AS ACTING COMMANDER I WILL DO WHATEVER NEEDS TO BE DONE TO COMPLETE BUDDY'S YEAR. MEMBERSHIP IS THE BACKBONE OF OUR ORGANIZATION, AND ALL CHAPTERS NEED TO MEET THEIR QUOTA'S. THE FORGET-ME-NOT CAMPAIGN IN MAY IS AN EXCELLENT WAY TO RECRUIT MEMBERS. HAVE APPLICATIONS, TRANSFERS AND BROCHURES AT THIS EVENT, AND RECRUIT. THE MAJORITY OF ELIGIBLE VETERANS THAT ARE NOT MEMBERS WILL TELL YOU THAT THEY HAVE NEVER BEEN ASKED TO BE A MEMBER. CHAPTERS ARE APPROACHING NOMINATION AND ELECTION OF OFFICERS. AS SOON AS THE NEW OFFICERS ARE ELECTED, COMPLETE THE OFFICERS ELECTION FORM AND SEND IT TO DEPARTMENT AND NATIONAL. THIS IS YOUR FIRST DUTY AS A NEWLY INSTALLED COMMANDER. NEW OFFICERS SHOULD IMMEDIATELY REED THE BY-LAWS, OF YOUR CHAPTER, DEPARTMENT AND NATIONAL. COMPLIANCE IS A MUST AND WILL KEEP YOUR CHAPTER OUT OF TROUBLE. WHEN IN DOUBT, CALL DEPARTMENT OR MYSELF FOR ASSISTANCE. SINCERELY, JACK JOHNSON, 352-250-4743, dav150jack@gmail.com

Andy Marshall Announces for National Office

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

Dan Anderson
3449 Fairchild Trail
Clearwater Florida, 33761

Let's all get on board and support Andy Marshall.

Also be reminded that **Chapter Annual Financial Reports are due by September 30 each year.** **Chapter Officers Reports** are due within 10 days after installation each year or when changes are made. ALL chapters make \$50,000 and less and do not file any other IRS form must file a N990 by November 15 each year. Last year 4 chapters failed to do so and their tax exempt was removed and it cost them over \$400 to get it reinstated.

Reminder

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

Source: National Chapter Officers Guide

BALANCE SHEET		
As Of Feb 29, 2016		
TOTAL ASSETS	\$1,353,074	
TOTAL LIABILITIES		\$110,476

TOTAL LIABILITIES&FUND BALANCES	\$1,353,074	

Bay Pines VAVS	\$2304
Gainesville VAVS	\$1000.00
Tampa VAVS	\$1950
Lake City VAVS	\$2225
WPB VAVS	\$1000
Miami VAVS	\$2200
Orlando VAVS	\$7550
Eglin CBOC	\$0



about
**Disabled
 American
 Veterans**

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

FROM: Douglas K. Wells, Jr.
National Membership Director

DATE: February 9, 2016

SUBJECT: Cancellation of Monthly Activity Report Mailings

In an effort to modernize operations, DAV National Headquarters is discontinuing the Monthly Activity Report mailing following the March 2016 distribution. The Chapter Activity Report and Direct Deposit Advice Register are available online via the Membership Portal for review and print.

To follow up on the February 9th memo announcing that DAV National Headquarters is discontinuing the Monthly Activity Report mailing, we have included the DAV Membership System Guide to Reports. This user guide provides detailed instructions on how to generate the Chapter Activity Report and Direct Deposit Advice Register report. In addition, a full list of instructions to run additional reports can be found on the DAV Members Only webpage using the following link https://www.dav.org/wp-content/uploads/MembershipSystemGuide_Reports.pdf.

If you have any questions or need assistance, please feel free to contact the Membership Department at (888) 236-8313.

Commander Johnson Receiving Donation from Carefree



INCOME / EXPENSES VS BUDGET
Mar 31, 2016

	Actual	Budget	Difference
Ordinary Income/Expense			
Income			
6001 · Convention Income	890.00	7,500.00	-6,610.00
6030 · Midwinter Income	14,800.00	10,200.00	4,600.00
6050 · Dues from National	149,185.00	150,000.00	-815.00
6100 · Donation fr Service Fd-Principl	0.00	332,510.00	-332,510.00
6140 · National Fund Raisers	183,006.00	200,000.00	-16,994.00
6200 · Chapter & Unit 10%	52,338.02	15,000.00	37,338.02
6300 · Department Publication	0.00	200.00	-200.00
6310 · Chapter Closeouts	9,072.38	0.00	9,072.38
6315 · Orange City Income	13,500.00	0.00	13,500.00
6330 · Lake Panosofkee	2,733.44	4,100.00	-1,366.56
6331 · Lakeland Bldg Mortgage	13,650.00	17,000.00	-3,350.00
6333 · Orange City Mortgage	0.00	18,000.00	-18,000.00
6334.1 · Sarasota Bldg Mortgage Payment	0.00	11,000.00	-11,000.00
6350 · Drivers License Income	20,315.88	60,000.00	-39,684.12
6410 · 2015 Service Officer's	14,631.00	12,000.00	2,631.00
6411 · Service Program Donations	1,055.99	2,500.00	-1,444.01
6413 · Service Income	0.00	15,000.00	-15,000.00
6450 · VAVS Donations	21,886.50	14,000.00	7,886.50
6800 · Miscellaneous	34,631.18	5,000.00	29,631.18
Total Income	531,695.39	874,010.00	-342,314.61
Gross Profit	531,695.39	874,010.00	-342,314.61
Expense			
7000.2 · Convention Expense	432.95	16,500.00	-16,067.05
7030.1 · Midwinter Expenses	16,960.58	19,000.00	-2,039.42
7040.1 · Service Expenses	473,492.54	682,300.00	-208,807.46
7570.1 · Legislative Expenses	3,432.98	3,900.00	-467.02
8000.3 · VAVS Expenses	8,460.00	20,000.00	-11,540.00
8260 · Headquarters Expense	35,118.77	131,310.00	-96,191.23
9500.1 · Foundation expenses	614.58	1,000.00	-385.42
Total Expense	538,512.40	874,010.00	-335,497.60
Net Ordinary Income	-6,817.01	0.00	-6,817.01
Other Income/Expense			
Other Income			
11001.4 · Testimonial Income	0.00	4,500.00	-4,500.00
Total Other Income	0.00	4,500.00	-4,500.00
Other Expense			
11000.4 · Testimonial Expenses 2015	4,983.50	4,500.00	483.50
Total Other Expense	4,983.50	4,500.00	483.50
Net Other Income	-4,983.50	0.00	-4,983.50
Net Income	-11,800.51	0.00	-11,800.51



MEMBERSHIP
FOR
Mar 31, 2016

Chapater	Last yr	trial	part life	full life	total	Goal	% goal	needed	chapter name 1/
001	1,923	4	176	1,704	1,884	1,757	96.98%	-53	JACKSONVILLE #1
002 G	10,503	1,571	903	8,218	10,692	8,182	100.44%	36	EVERGLADE STATE #2
004	2,544	1	155	2,386	2,542	2,429	98.23%	-43	JOHN C MCCARTHY II #4
005	572	0	62	508	570	532	95.49%	-24	THE TALLAHASSEE #5
006	271	1	27	255	283	259	98.46%	-4	ST AUGUSTINE #6
007	748	0	243	586	829	683	85.80%	-97	W WASHINGTON #7
011	1,679	1	89	1,576	1,666	1,590	99.12%	-14	CLEARWATER #11
012	1,472	0	100	1,375	1,475	1,405	97.86%	-30	CORAL GABLES #12
013	2,486	0	110	2,358	2,468	2,383	98.95%	-25	BAY PINE HLDY ISL #13
014	310	0	22	287	309	294	97.62%	-7	JOHN D STROUD #14
016	2,765	0	194	2,548	2,742	2,593	98.26%	-45	CENTRAL #16
017	730	0	34	701	735	704	99.57%	-3	PANAMA CITY #17
018	1,716	1	163	1,571	1,735	1,607	97.76%	-36	MANATEE COUNTY #18
020	348	0	22	328	350	333	98.50%	-5	LAKE CITY #20
022	312	0	17	289	306	295	97.97%	-6	JACKSON COUNTY #22
023	2,131	1	101	2,035	2,137	2,055	99.03%	-20	AL GRAY #23
029	592	1	48	555	604	558	99.46%	-3	PEMBROKE PINES-MIRAMAR #29
030	1,305	0	103	1,171	1,274	1,195	97.99%	-24	SEMINOLE #30
032	1,351	2	90	1,242	1,334	1,244	99.84%	-2	J L GOLIGHTLY #32
038	1,527	0	201	1,279	1,480	1,345	95.09%	-66	ORANGE PARK #38
042	1,818	0	87	1,724	1,811	1,738	99.19%	-14	WEST PALM BEACH #42
049	313	0	24	287	311	288	99.65%	-1	RIDGE #49
050	234	0	10	220	230	222	99.10%	-2	CENTRAL BREVARD #50
057	431	1	33	398	432	401	99.25%	-3	CRESTVIEW #57
063	166	0	8	154	162	157	98.09%	-3	TRI-COUNTY #63
065	542	0	31	509	540	512	99.41%	-3	ZEPHYRHILLS #65
067	1,265	0	68	1,168	1,236	1,184	98.65%	-16	HERNANDO COUNTY #67
070	611	0	32	555	587	562	98.75%	-7	GERALD A SHONK #70
073 G	354	2	25	329	356	329	100.00%	0	TAMARAC #73
078	1,201	0	54	1,126	1,180	1,132	99.47%	-6	NEW PORT RICHEY #78
082	1,094	0	61	1,047	1,108	1,048	99.90%	-1	R L COCHRAN JR #82
083	958	1	147	867	1,015	887	97.75%	-20	C W BYERS SR #83
084	1,325	0	61	1,207	1,268	1,219	99.02%	-12	GREATER DAYTONA #84
085	1,150	0	47	1,090	1,137	1,101	99.00%	-11	SOUTH MARION #85
086	605	0	59	555	614	566	98.06%	-11	JIM BOOE #86
087	740	0	38	699	737	701	99.71%	-2	SGT WM E HILL #87
090	880	0	79	800	879	822	97.32%	-22	GATOR #90
094	1,069	0	43	1,012	1,055	1,017	99.51%	-5	C GUSTAFSON #94
097	545	0	38	515	553	521	98.85%	-6	BEE RIDGE #97
098	242	0	12	228	240	230	99.13%	-2	EUCHEE VALLEY #98
101	796	0	42	757	799	763	99.21%	-6	VENICE GULF #101
108 G	589	0	61	574	635	572	100.35%	2	JAMES D RADER #108
109	498	0	28	476	504	479	99.37%	-3	TITUSVILLE #109
110	483	0	31	463	494	464	99.78%	-1	SUN CITY CENTER #110
111 G	89	0	2	85	87	85	100.00%	0	PEACE RIVER #111
112 G	755	1	42	725	768	721	100.55%	4	BAY AREA #112
113 G	687	1	41	652	694	652	100.00%	0	PORT ST LUCIE #113
119	383	0	15	351	366	354	99.15%	-3	ANTHONY P DADDI #119
122	499	0	64	462	526	467	98.93%	-5	MARATHON #122
123 G	620	0	19	609	628	600	101.50%	9	SPACE COAST #123
125 G	542	0	20	521	541	520	100.19%	1	CPL P D LYON JR #125
126	176	0	10	168	178	169	99.41%	-1	SUWANNEE MEM #126
129	365	0	15	340	355	344	98.84%	-4	SO BREVARD BCHS #129
133	922	0	81	853	934	874	97.60%	-21	THE GOLD COAST #133
144	97	0	8	89	97	91	97.80%	-2	LA BELLE #144
148	803	1	75	739	815	753	98.14%	-14	AGNES M TAYLOR #148
150 G	788	0	43	872	915	835	104.43%	37	ORANGE BLOSSOM GDNS #150
152	692	0	36	653	689	658	99.24%	-5	SOUTH PALM BEACH #152
155	369	0	10	349	359	351	99.43%	-2	SEBASTIAN RIVER AREA #155
158	118	0	32	158	190	161	98.14%	-3	CRYSTAL RIVER #158
De nt	61,099	1,590	4,492	55,358	61,440	55,993	98.87%	-635	ept Total



Legislation
FOR
Mar 31, 2016

VA Expands Hepatitis C Drug Treatment

Expanded funding now allows VA to provide increased drug therapy at VA facilities nationwide

WASHINGTON – The Department of Veterans Affairs (VA) today announced that it is now able to fund care for all Veterans with hepatitis C for Fiscal Year 2016 regardless of the stage of the patient’s liver disease. The move follows increased funding from Congress along with reduced drug prices.

“We’re honored to be able to expand treatment for Veterans who are afflicted with hepatitis C,” says VA Under Secretary for Health Dr. David Shulkin. “To manage limited resources previously, we established treatment priority for the sickest patients. Additionally, if Veterans are currently waiting on an appointment for community care through the Choice Program, they can now turn to their local VA facility for this treatment or can elect to continue to receive treatment through the Choice Program.”

VA has long led the country in screening for and treating hepatitis C. VA has treated over 76,000 Veterans infected with hepatitis C and approximately 60,000 have been cured. In addition, since the beginning of 2014, more than 42,000 patients have been treated with the new highly effective antivirals. In fiscal year 2015, VA allocated \$696 million for new hepatitis C drugs (17 percent of the VA’s total pharmacy budget) and in fiscal year 2016, VA anticipates spending approximately \$1 billion on hepatitis C drugs. VA expects that with the expansion, many more Veterans will be started on hepatitis C treatment every week this fiscal year.

In addition to furnishing clinical care to Veterans with hepatitis C, VA Research continues to expand the knowledge base regarding the disease through scientific studies focused on effective care, screening, and healthcare delivery including to female Veterans and Veterans with complicated medical conditions in addition to hepatitis C.

For additional information on Hepatitis C treatments Veterans can log onto

<http://www.hepatitis.va.gov/patient/hcv/index.asp>.

Statement from Secretary of Veterans Affairs Robert A. McDonald on the Announced Retirement of House Veterans Affairs Committee Chairman Jeff Miller

March 10, 2016

WASHINGTON – Today Secretary of Veterans Affairs Robert A. McDonald released the following statement on the retirement of House Veterans Affairs Committee Chairman Jeff Miller.

“Today I called Chairman Miller to congratulate and thank him for his 15 years of distinguished service as a Member of Congress, and his five years of determined leadership as Chairman of the House Veterans Affairs Committee.

“We talked about much we can accomplish through the end of this year to leave in place necessary changes that will improve the delivery of care and benefits from VA to Veterans and their families. I look forward to that joint effort.

“Over the past two years, working together, I feel we have made a positive difference in the lives of millions of Veterans. I’m proud to be his partner in this effort and to call him a friend. I wish Jeff, his wife Vicki and their entire family all the best.”

VA Transfers 120 bed Nursing Home to FDVA thanks to Congressman Mica

After successfully passing legislation, I was pleased to transfer the closed 120-bed VA nursing care facility to the Florida Department of Veterans' Affairs (FDVA) this week. This vacant nursing care unit at Lake Baldwin can now reopen and operate with the seven other State VA nursing homes, saving time and money. Left vacant with the opening of the Lake Nona elder care unit, I am pleased to have secured swift passage of the relatively new Lake Baldwin facility to the Florida Director of Veterans' Affairs in a ceremonial transfer highlighting the occasion.

Congressman John Mica presents Orlando VA Medical Center Director Timothy Liezert (left) and Florida Department of Veterans' Affairs Executive Director Mike Prendergast (right) with a copy of the legislation transferring the Lake Baldwin VA nursing care facility to the FDVA

Reopening a vacant and rehabilitated 60-bed Veterans domiciliary unit at Lake Baldwin by this summer is my next challenge. Our growing Central Florida Veterans population deserves the best medical care, and it needs to be available as soon as possible!

DD 214 Now on Line

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

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

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

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

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

Each Chapter needs a Benefit Protection Team Leader

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

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

VA Announces Community Care Call Center to Help Veterans with Choice Program Billing Issues

WASHINGTON – Veterans can now work directly with the Department of Veterans Affairs (VA) to resolve debt collection issues resulting from inappropriate or delayed Choice Program billing. In step with MyVA’s efforts to modernize VA’s customer-focused, Veteran-centered services capabilities, a Community Care Call Center has been set up for Veterans experiencing adverse credit reporting or debt collection resulting from inappropriately billed Choice Program claims. **Veterans experiencing these problems can call 1-877-881-7618 for assistance.**

“As a result of the Veterans Choice Program, community providers have seen thousands of Veterans. We continue to work to make the program more Veteran-friendly,” said Dr. David Shulkin, Under Secretary for Health. “There should be no bureaucratic burden that stands in the way of Veterans getting care.”

The new call center will work to resolve instances of improper Veteran billing and assist community care medical providers with delayed payments. VA staff are also trained and ready to work with the medical providers to expunge adverse credit reporting on Veterans resulting from delayed payments to providers.

VA is urging Veterans to continue working with their VA primary care team to obtain necessary health care services regardless of adverse credit reporting or debt collection activity.

VA acknowledges that delayed payments and inappropriately billed claims are unacceptable and have caused stress for Veterans and providers alike. The new call center is the first step in addressing these issues. VA presented *The Plan to Consolidate Community Care* in October of 2015 that outlines additional solutions to streamline processes and improve timely provider payment.

For more details about the Veterans Choice Program and VA’s progress, visit: www.va.gov/opa/choiceact . Veterans seeking to use the Veterans Choice Program can call 1-866-606-8198 to find out more about the program, confirm their eligibility and schedule an appointment.

New law will cut off unemployment pay for GI Bill users

Several officers and potential employers gather at Fort Hood’s Oveta Culp Hobby for a Military Officer Career Connection job fair.(Photo: Staff Sgt. Tomora Clark/Army)

Department of Labor officials are moving to cut off unemployment checks for veterans attending college on the GI Bill after lawmakers quietly approved the cost-cutting move last December.

But exactly when and how the change will take place remains a frustrating mystery to federal and state officials and to veterans advocates who unsuccessfully argued against the idea.

Language inserted in the final draft of last year’s National Defense Authorization Act specifies that veterans receiving Post-9/11 GI Bill education payouts should not also be eligible for unemployment insurance. An exception was carved out for veterans involuntarily separated from the military under honorable conditions.

The Post-9/11 GI Bill pays not only tuition for student veterans but also a living stipend, equal to the Basic Allowance for Housing regional payouts for an E-5 with dependents. That ranges from around \$1,100 in areas around Ohio State University to more than \$4,000 a month for individuals living near San Francisco State University.

That, coupled with 26 weeks or more of unemployment benefits, can lead to a substantial sum of government payouts headed to a veteran each month.

The New England Journal of Medicine: Beyond the VA Crisis — Becoming a High-Performance Network (17 March, Dr. David Shulkin, 675k online visitors/mo; Boston, MA)

Overhauling the health care system for Americans who answered the call of duty by serving in the military is a national priority. In the spring of 2014, the Veterans Health Administration (VA) faced a crisis with regard to veterans' access to care. Systemic problems in scheduling processes had been exacerbated by leadership failures and ethical lapses. Demand for services was outstripping capacity. The result was that veterans did not have timely access to the health care they had earned.

My colleagues and I at the VA have taken ownership of these problems and are working to solve them and reestablish trust with veterans. The country's largest integrated health care delivery system is responding to these ongoing challenges under a public microscope. With increased oversight from Congress and numerous other public and private organizations, ours is arguably the most scrutinized turnaround in contemporary U.S. medicine.

The aging population of veterans, their changing expectations, infrastructure limitations, and application of emerging therapies and technologies have all contributed to a mismatch of demand and capacity. Regardless of what caused the crisis, we aim to reestablish trust by expanding our methods of providing care, emphasizing the concept of "whole health," and adopting a veteran-centric approach in everything we do. In the nearly 2 years since unacceptable VA waiting times came to light, it's become apparent that the VA alone cannot meet all the health care needs of U.S. veterans. The VA's mission and scope are not comparable to those of other U.S. health systems. Few other systems enroll patients in areas where they have no facilities for delivering care. Fewer still provide comprehensive medical, behavioral, and social services to a defined population of patients, establishing lifelong relationships with them. These realities, combined with the wait-time crisis, have led the VA to reexamine its approach to care delivery. The Commission on Care, established by Congress in 2014, was charged with providing insights and recommendations on change in the VA and is considering a number of system-focused proposals for improving care delivery. Later this year, the Commission will present its recommendations to President Barack Obama through the secretary of veterans affairs.

Partnerships with federal and community health care providers may result in better access and broader capabilities than simply relying on the VA's internal capabilities and current infrastructure — especially given that we expect the need for ambulatory services to increase in the future, while the need for acute inpatient medical, surgical, and rehabilitation services decreases. I believe that addressing veterans' needs requires a new model of care: rather than remaining primarily a direct care provider, the VA should become an integrated payer and provider. This new vision would compel the VA to strengthen its current components that are uniquely positioned to meet veterans' needs, while working with the private sector to address critical access issues.

The VA outperforms private industry in several areas. For example, we have lower risk-adjusted mortality rates, better patient-safety statistics, and better performance on a number of other accepted process measures.¹⁻³ We have been leaders in integrated electronic health records, big-data analytic capabilities, and comprehensive care, including provision of support for team-based primary care, integration of behavioral health services, attention to social determinants of health, and caregiver involvement.

On October 30, 2015, the VA delivered to Congress its plan for evolving our current system into a high-performance network based on a foundation of timely access and the integration of private-sector providers to ensure the best achievable outcomes for all enrolled veterans. Building on more than a decade of working with community partners through multiple mechanisms, our plan is to establish an expanded network of providers to ensure that the VA and its partners build enhanced capabilities for services essential to veterans' health.

The network would consist of three groupings of providers. The core network would include all VA-run hospitals, clinics, and centers, as well as appropriate facilities run by other federal agencies, tribal health partners, and academic teaching institutions that have already established relationships with the VA. Many of these facilities have expertise in military service-related conditions, and all have the core competencies required for providing comprehensive, coordinated care. These facilities would increase access to highly specialized care and address the needs of some veterans living in remote areas.

Legislation

Here is a quick summary of surviving veteran-related legislation resulting from the 2016 Florida Legislative Session, which began Jan. 12, 2016 and ended March 11, 2016.

Florida House of Representatives

- **HB 439 - Relating to Mental Health Services in Criminal Justice System** (Rep. McBurney) - Expands eligibility for military veterans & servicemembers for certain programs. Expanding the definition of "veteran," for the purpose of eligibility for veterans' court, to include veterans who were discharged or released under a general discharge. Effective Date: July 1, 2016. Awaiting signature by Governor Scott, who has until 3/26/16 to sign bill.
- **HB 799 - Relating to Out-of-State Fee Waivers for Active Duty Service Members** (Rep. Avila) - Provides that active duty members of Armed Forces of U.S. residing or stationed outside of this state may receive out-of-state fee waivers; requires tuition & fees charged to such students to be below specified amount & for annual report of all out-of-state fee waivers for such individuals. Effective Date: July 1, 2016. Awaiting signature by Governor Scott, who has until 3/25/16 to sign bill.

HB 821 - Relating to Reimbursement of Assessments (Rep. Rooney) - Prohibits agent or

- claimant from directly or indirectly requesting, receiving, or obtaining reimbursement from claimant for assessments charged to agent or attorney by U.S. Department of Veterans Affairs; provides penalties. Effective Date: July 1, 2016. House of Representatives has yet to send to Governor Scott for signature.
- **HB 941 - Relating to Department of Health** (Rep. Gonzales) - Creating & revising reporting requirements for specified research programs; providing licensing requirements for military members & their spouses; revising provisions relating to regulatory activities of DOH & certain boards; revising education requirements for certain health professions to qualify for license renewal. Effective Date: July 1, 2016. House of Representatives has yet to send to Governor Scott for signature.
- **HB 1157 - Relating to Postsecondary Education for Veterans** (Rep. Raburn) - Directs DOE to award postsecondary course credit for specified training, education, examinations & tests; revises residency requirement for certain tuition waivers for recipients of specified military decorations; provides that specified programs & test scores meet certain educator certification requirements. Effective Date: July 1, 2016. Governor Scott has until 03/26/16 to act on this bill.
- **HB 1219 - Relating to Veterans' Employment** (Rep. Raburn) - Requires state agencies, & authorizes political subdivisions of state, to develop & implement veterans' recruitment plan; requires DMS to collect specified data & include such data in its annual workforce report & on its website; provides applicability. Effective Date: October 1, 2016. Governor Scott has until 3/24/16 to act on the bill.
- **HB 7023 - Relating to Ad Valorem Tax Exemption for Deployed Servicemembers** (Rep. Trumbull, Finance and Tax Committee) - Expands military operations that qualify certain servicemembers who receive a homestead exemption & were deployed during

previous calendar year to receive additional ad valorem tax exemption on that homestead property; provides procedures for grant of exemption. Effective Date: upon becoming a law. (See SB 160.) – **Approved by Governor Scott on 3/8/16.**

- **HB 7099 - Relating to Taxation** - Provides a sales tax exemption for sales of food and drink by veterans' organizations to members of veterans' organizations. Provides a three-day "back-to-school" sales tax holiday from August 5, 2016, to August 7, 2016, for clothing and footwear costing \$60 or less, and school supplies costing less than \$15. Effective Date: 7/1/2016. House of Representatives has yet to send to Governor Scott for signature.

Florida Senate

- **SB 12 - Relating to Mental Health and Substance Abuse** (Sen. Garcia) - Including services provided to treatment-based mental health programs within case management funded from state revenues as an element of the state courts system; requiring assessment findings to be provided to the plan that is financially responsible for a child's care in residential treatment under certain circumstances; specifying certain persons who are prohibited from being appointed as a person's guardian advocate; authorizing county or circuit courts to enter ex parte orders for involuntary examinations; requiring the Department of Children and Families to create a workgroup on the use of advance directives for substance use disorders, etc. Effective Date: 7/1/2016. Senate has yet to send to Governor Scott for signature.
- **SB 88 - Relating to Gold Star License Plates** (Sen. Simpson) - Amends s. 320.0894, F.S.; expanding certain individuals as qualified for issuance of a Gold Star license plate. Effective date 7/1/16. Sent to the governor on 3/22/16. Governor Scott has until 4/6/16 to act on the legislation.
- **SB 158 - Relating to Identification Cards and Driver Licenses** (Sen. Hutson) - General Identification Cards and Driver Licenses: Providing for a person's status as a lifetime freshwater fishing, saltwater fishing, hunting, or sportsman licensee, or boater safety identification cardholder, to be indicated on his or her identification card or driver license upon payment of an additional fee and presentation of the person's lifetime freshwater fishing, saltwater fishing, hunting, or sportsman's license, or boater safety identification card; providing a waiver of the replacement fee in certain circumstances, etc. The word "Veteran" shall be exhibited on the driver license of a veteran upon the payment of an additional \$1 fee for the license and the presentation of a copy of the person's DD Form 214, issued by the United States Department of Defense, or another acceptable form specified by the Department of Veterans' Affairs. Effective Date: 7/1/2016. **Approved by Governor Scott on 2/24/16.**
- **SB 184 - Relating to Military and Veterans Affairs** (Sen. Bean) - Requiring the application form for an original, renewal, or replacement driver license or identification card to include a voluntary checkoff authorizing veterans to request written or electronic information on federal, state, and local benefits and services for veterans; creating the Military and Overseas Voting Assistance Task Force within the Department of State; providing legislative findings regarding continuing education for veterans of the United States Armed Forces, etc. Effective date 7/1/16. Senate has yet to send to Governor Scott for signature.

- **SB 222 - Relating to Parking for Disabled Veterans** (Sen. Detert) - Requiring the governing body of each publicly owned or publicly operated airport to grant free parking to any vehicle displaying specified license plates for disabled veterans; clarifying that such license plates, rather than "DV" license plates, are exempt from certain parking fees charged by a county, municipality, or an agency thereof, etc. Effective Date: 7/1/2016. **Approved by Governor Scott on 3/10/16.**
- **SB 626 - Relating to Consumer Credit** (Sen. Gaetz) – Authorizes the Office of Financial Regulation to deny a license or take disciplinary action against a person who violates the Military Lending Act or the regulations adopted under that act in connection with a consumer finance loan under the Florida Consumer Finance Act, etc. Effective Date: 10/3/2016. – Awaiting signature by Governor Scott, who has until 3/30/16 to sign bill.
- **SB 666 - Relating to Voter Identification** (Sen. Legg) - Expanding the list of acceptable forms of identification for certain voter registration applicants to include veteran health identification cards, licenses to carry a concealed weapon or firearm, and certain government-issued employee identification cards, etc. Effective Date: Upon becoming a law. Sent to the governor on 3/18/16. Governor Scott has until 4/2/16 to act on the legislation.
- **SB 772 - Relating to Department of Agriculture and Consumer Services** (Sen. Richter) - Waives specified license & registration fees for honorably discharged veterans of U.S. Armed Forces, spouses of such veterans, or business entities that have majority ownership held by such veterans or spouses of such veterans. Effective date 7/1/16. Awaiting signature by Governor Scott, who has until 3/30/16 to sign bill.
- **SB 1202 - Relating to Discounts on Public Park Entrance Fees and Transportation Fares** - Discounts on Public Park Entrance Fees and Transportation Fares; Requiring counties and municipalities to provide a partial or a full discount on park entrance fees to military members, veterans, and the spouse and parents of certain deceased military members, law enforcement officers, firefighters, emergency medical technicians, and paramedics; requiring certain regional transportation authorities to provide a partial or a full discount on fares for certain disabled veterans, etc. Effective Date: 7/1/2016. Sent to the governor on 3/22/16. Governor Scott has until 4/6/16 to act on the legislation.
- **SB 7016 - Relating to Interstate Compact on Educational Opportunity for Military Children** (Military and Veterans Affairs, Space and Domestic Security Committee) - Reenacts provisions of law establishing and implementing the Interstate Compact on Educational Opportunity for Military Children and provides for future legislative review and repeal of the Compact on July 1, 2019. The Compact is an agreement between states that is designed to assist member states in uniformly addressing key educational transition issues in enrollment, placement, attendance, eligibility, and graduation. Effective 4/9/16. **Approved by Governor Scott on 3/9/16.**

THE CAPITAL, TALLAHASSEE, March 29, 2016..... Florida Department of Veterans' Affairs Executive Director Mike Prendergast told Gov. Rick Scott and the Florida Cabinet on Tuesday that he is resigning to run for Citrus County sheriff.

Prendergast, who has had a home in the Gulf Coast county for more than two years, said he will recommend Al Carter, the Veterans' Affairs deputy executive director, as his replacement.

"Al has been in the agency with me for almost four and a half years now, and Al understands how the agency works," Prendergast told reporters after formally advising Scott and the Cabinet of his plans during a meeting at the Capitol.

Readout of Under Secretary for Health Meeting with Commission on Care

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

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

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

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

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

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

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

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

Increasing Access to Care

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

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

Providing Quality Care

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

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

Measuring and Improving Patient Satisfaction

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

Veteran ID Cards: What your options are now and in the future

On July 20, 2015, the president signed into law the Veterans Identification Card Act of 2015. This act allows Veterans to apply for an identification card directly from VA. The VA identification card will allow Veterans to demonstrate proof of service for discounts at private restaurants and businesses. It should be noted that the identification card is different from a [Veteran Health Identification card](#) or a [DoD Uniformed Services or retiree ID card](#). As such, the VA identification cards cannot be used as proof of eligibility to any federal benefits and does not grant access to military installations.

When available, Veterans will be able to request an ID card from VA for a fee. VA is currently making plans to implement the new law in the most efficient and cost-effective way possible while protecting Veterans' personal information. We estimate that VA will be able to implement the program in 2017. The cost of each card has not yet been determined.

In the meantime, Veterans who would like an identification card that displays their military service do not have to wait until VA implements the new law. You have several options: You can access and print a free Veterans identification card through the joint VA/DoD web portal, eBenefits. This paper identification card serves as proof of honorable service in the Uniformed Services, as defined in laws about the Department of Defense (DoD). Veterans can get a free eBenefits account by going to <https://www.ebenefits.va.gov/ebenefits/homepage>.

- Your driver's license or state identification card can carry a Veteran designation. This option is currently available in 49 states, along with Puerto Rico and the District of Columbia. We expect the 50th state, Washington, to offer this service in August 2017. Veterans wanting more information should contact their state department of motor vehicles or state department of Veterans affairs at <http://www.va.gov/statedva.htm>
- Veterans who are enrolled in VA health care can obtain a free [Veterans Health Identification Card \(VHIC\)](#). For more information, please go to <http://www.va.gov/HEALTHBENEFITS/vhic/index.asp>.
- Veterans who have retired from military service can receive an identification card from DoD. For information on obtaining or renewing such a card, please contact your nearest DoD identification card facility. You can find the location of these facilities through this link: <https://www.dmdc.osd.mil/rsl/appj/site>.

Congress and Senate lack military background

Posted: March 27, 2016

Veterans, this is your call to serve.

Of the five candidates for President of the United States, Commander-in-Chief of all the armed forces of our country, not one of them is a veteran. None has served on active duty in any of our uniformed services. The fact is that less than 20 percent of Congress is veterans. In 1976 we saw more than 75 percent of Congress having previously served in uniform. Veterans, the phone is ringing loudly; it's your call to continue to serve our community and/or the country by serving in Congress and in State Legislatures across this country.

We all are aware of the increasing threats made by the rogue governments of North Korea, Iran, Russia and China. Russia continues to threaten the U.S. Threats are coming from ISIS and it's becoming more commonplace having to deal with their continuing barbaric assaults on civilized cultures. President Obama has made it his agenda to negotiate with these countries through diplomatic channels, while at the same time, according to many generals, reducing our military strength and power to the lowest it's been since the advent of World War II.

Our country also has plenty of challenges regarding the medical care of our veterans. Not only do we have ongoing, enormous problems with the services provided by Veterans Affairs (VA), our active duty components also have their problems with health care.

Wouldn't it make sense to place the welfare of our country in the hands of congressional and state representatives who had served on active duty in the armed forces? Our country's strategic focus should be on being able to negotiate with rogue countries from a position of strength, not weakness. We need to be building and modernizing our armed forces, not reducing them to the point that some leaders question whether the nation's fighting forces can actually meet their mission if we had to go to war. The need is becoming more and more imminent as ISIS and other terrorist groups continue to get bigger and stronger. Today we need militarily-experienced representatives to advocate for military forces adequate for the defense of our nation. Who would be better to represent the voluminous needs of our current active military, and our veterans, before Congress? There is no substitute for the experience of having served when trying to understand the challenges, issues and experiences that military personnel go through from deployments through their post-service years.

Group Drafts Secret Proposal to End Taxpayer-Funded Veteran Care

By Suzanne Gordon

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

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

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House Veterans Affairs Chairman Blasts Health-Care Commission Member

By Suzanne Gordon | Mar 22, 2016

The VA **Commission on Care**, the 15-member bipartisan body created by Congress to make **recommendations about the future of the Veterans Health Administration** (VHA), has been meeting for months and plans to publish its findings in June. Until this week, Congress had not interfered with the commission's supposedly independent deliberations. That all changed on March 14 when Republican Congressman Jeff Miller, the House Veterans' Affairs Committee chairman and a staunch advocate of privatizing the Veterans Health Administration, wrote an angry **letter** to the commission chairwoman Nancy Schlichting. In this unprecedented missive, Miller personally attacked Phillip Longman, a commission member who has advocated not only preserving but strengthening the veterans' health-care agency in part by eliminating its cumbersome eligibility requirements, and expanding health-care services to veterans' families. Miller accused Longman, a *Washington Monthly* senior editor and author of a sympathetic appraisal of the VHA, *Best Care Anywhere: Why VA Health Care is Better than Yours*, of personally editing a recent **article** by former *Wall Street Journal* reporter Alicia Mundy. Mundy criticized Miller for his singular focus on VHA wait times and his insistence that 40 veterans had died because they were waiting for care. She also detailed the role that Miller and other congressional conservatives have played in the Koch brothers' campaign to privatize veterans' health care. Mundy warned that private hospital systems, which have representatives on the commission, are "circling like vultures over the idea of dividing up the VA's multibillion-dollar budget."

Miller said Longman helped spread "blatantly false propaganda in an attempt to minimize the wait-times scandal at the Department of Veterans Affairs" through the Mundy magazine article. Longman "either believes the article's false claims or he—as an editor of the piece—signed off on them knowing they were untrue," Miller wrote. He warned the commissioners "to take anything Longman says with an extremely large grain of salt."

A subsequent *Washington Monthly* **blog post** by Paul Glastris, who actually edited Mundy's article, rebutted Miller's claims about patient deaths and other issues. Longman, who is a part-time staff member at the magazine, also reviewed Mundy's piece but did not edit it. (However, members on the commission, which includes health-care industry executives, veterans' advocates, and a representative of the Koch brothers-backed Concerned Veterans for America, can continue to perform their professional duties as long as they do not claim to be acting on behalf of or speaking for the commission.)

Veterans advocates say that Miller's tirade was the first time any of them could remember a congressman attacking a commission member.

Retired Army captain Steve Robertson, a former Senate Veterans' Affairs Committee staff director, told *The American Prospect* that, in his 30 years working on veterans issues, he couldn't "recall a member of Congress ever instructing members of a commission or advisory group to ignore one of their members." Robertson said, "Miller is way out of line." Another representative of a major veterans service organization who did not wish to be identified, called Miller's letter an attempt to "intimidate an independent commission and politicize their recommendations"

One week later, Miller appeared before the commission and continued his critique of the agency. In his hour-long comments, Miller had nothing good to say about the VHA. He ignored the findings of an **independent assessment** commissioned by Congress that found that the VHA delivers care that is often superior to the private sector. When commission member Michael Blecker of San Francisco-based **Swords to Plowshares** tried to defend the VHA's model of integrated care and worried that many veterans would fall through the cracks of a private health-care system, Miller barely let Blecker finish his comments. The congressman argued that the VHA is "holding veterans inside" the system and must allow them to move into private sector care. Miller concluded by encouraging the commission to offer "bold ideas" on overhauling the system in their upcoming report.

The congressman may want to "empower veterans," as he terms it. But moving them into a private health-care sector that has primary care physician **shortages**, coordination of care difficulties, serious wait-time **challenges**, and hundreds of thousands of **deaths** due to preventable medical errors poses risks that the commission can ill-afford to ignore.

POW_MIA Update

AMERICANS ACCOUNTED FOR: The number of US personnel missing and unaccounted-for from the Vietnam war is now **1,622**. The number of Americans now listed by DoD as returned and identified since the end of the Vietnam War in 1975 is 961. Most recently accounted for is Major Donald G. Carr, USA, listed MIA on July 6, 1971, in South Vietnam, remains returned August 29, 2014, and identified August 19, 2015. The second officer recently accounted for is 1LT Donald W. Bruch, USAF, listed KIA/BNR on April 29, 1966, in North Vietnam, remains returned December 14, 2011, and identified September 4, 2015. This brings the total accounted for to **961** since the end of the Vietnam War in 1975. Another 63 US personnel, recovered by the US and identified before the end of the war, bring the total of US personnel accounted for from the Vietnam War to **1,024**. Of the 1,622 still missing and unaccounted-for, 90% were lost in Vietnam or in areas of Cambodia and Laos under Vietnam's wartime control: Vietnam-1,264 (VN-466, VS-798); Laos-302; Cambodia-49; PRC territorial waters-7. These country-specific numbers can and do fluctuate when investigations result in changes to loss locations. Since formation in 1970, the League has sought the return of all POWs, the fullest possible accounting for those still missing, and repatriation of all recoverable remains.

DPAA DIRECTOR VISITED RUSSIA AND EUROPEAN NATIONS: Following coordination with General Robert "Doc" Foglesong, USAF (Ret), US Co-Chairman of the USRJC, and with interagency approval, Mr. Linnington traveled to Moscow February 8th to meet with Russian Co-Chairman General Colonel Vostrotnin. There he proposed the date and agenda for a US-Russia Joint Commission on POW/MIA Affairs (USRJC) Plenary Session later this year in Washington, DC. There is great hope of renewing and restoring the work of the USRJC, especially since the Russian Federation named its new Chairman and opened its new office in their Embassy in Washington, DC. Recognizing it was past time to get beyond the endless delays that have plagued work of the USRJC, the League welcomes and appreciates these new initiatives by leaders in both countries and looks forward to increased efforts and accounting results. Director Linnington also visited several European countries and senior US officials in the region who will be contributing to the effort to conduct WWII recoveries.

47th ANNUAL MEETING: June 22-25, 2016, Hilton Crystal City Hotel, Arlington, Virginia: Visit the League's web site, <http://www/pow-miafamilies.org>, to get additional details, including a form to register for this crucial meeting, the first opportunity to listen to and assess the work of DPAA.

DoD will again authorize **COIN Assist** travel for two family members per missing man; the Services will soon send information to all Primary Next-of-Kin (PNOK) who will be responsible for designating the two representatives. Plan to arrive on Wednesday, June 22nd, for registration beginning at 3:00 p.m. If a first time attendee, allow time to check into the Hilton and attend **Orientation** before boarding buses at 5:30 p.m. for historic Ft. Myer and the Twilight Tattoo to be held that evening. **Individual Case File Reviews** will be held in the Service Casualty Offices Wednesday – Saturday during customary business hours. Plan your departure no earlier than Sunday, June 26th, to enable you to participate fully throughout the meeting and maximize your time in the Washington, DC, area with access to US officials directly responsible for the accounting mission and to the historic sites in our nation's capital. The 47th Annual Meeting formally concludes Saturday evening, June 24th, with a League-hosted Farewell Reception.

ATTEND DPAA-HOSTED FAMILY MEMBER UPDATES: Upcoming dates/locations are March 19th, Seattle, WA, April 16th, Austin, TX, and May 14th, Boston, MA.

Veteran ID Cards:

On July 20, 2015, the president signed into law the Veterans Identification Card Act of 2015. This act allows Veterans to apply for an identification card directly from VA. The VA identification card will allow Veterans to demonstrate proof of service for discounts at private restaurants and businesses. It should be noted that the identification card is different from a [Veteran Health Identification card](#) or a [DoD Uniformed Services or retiree ID card](#). As such, the VA identification cards cannot be used as proof of eligibility to any federal benefits and does not grant access to military installations. When available, Veterans will be able to request an ID card from VA for a fee. VA is currently making plans to implement the new law in the most efficient and cost-effective way possible while protecting Veterans' personal information. We estimate that VA will be able implement the program in 2017. The cost of each card has not yet been determined.