



Disabled American Veterans Department of Florida Newsletter



By Al Linden, Executive Director

August 31, 2014

As of August 31, 2014 our membership was 58,835,. The goal for life membership for this year is 1601 more.

Commander Andy Marshall Message

The VA made major headline news in June and July but unfortunately it was not good news for veterans. Based upon major issues occurring at the Phoenix VAH, the VA was scrutinized by not only Congress, but also the President and media. The Department of Veterans Affairs (VA) Office of Inspector General (OIG) today released the final report of its review of systemic issues with patient scheduling and access issues at the Phoenix VA Health Care System (PVAHCS). VA concurred with the recommendations in the final report and, in many cases, has already implemented action plans and made improvements that respond to the IG's recommendations. The final report updates the information previously provided by the OIG in its Interim Report and contains final results from the review of the PVAHCS. VA outlined key action plans that expand access to care, improve staffing for primary care, and accountability measures in response to the final OIG report. In response to recommendations in the May 2014 OIG Interim Report, the following improvements were initiated in Phoenix and across the VA system:

- As of August 15, the Veterans Health Administration has reached out to over 266,000 Veterans to get them off wait lists and into clinics. As a result of the Accelerating Access to Care Initiative, approximately 200,000 new VA appointments nationwide were scheduled for Veterans between May 15 and June 15, 2014.
- Nearly 912,000 total referrals to non-VA care providers have been made in the last two months. That is, over 190,000 more referrals to non-VA care providers than the same period in 2013 (721,000). As of August 15, VA has decreased the number of Veterans on the Electronic Wait List (EWL) 57 percent. Reduced the New Enrollee Appointment Report (NEAR) from its peak of 63,869 on June 1, 2014 to 1,717 as of August 15, 2014 VA has reached out to more than 5,000 Veterans in Phoenix to coordinate the acceleration of their care including all Veterans in Phoenix identified as being on unofficial lists or the facility Electronic Wait List (EWL). Since May 15, VA has scheduled 2,300 appointments at the Phoenix VA Health Care System and made 2,713 referrals for appointments to community providers through non-VA care. Additional actions include: Began updating the antiquated appointment scheduling system beginning with near-term enhancements to the existing system and ending with the acquisition of a comprehensive, state-of-the-art, "commercial off-the-shelf" scheduling system. Directed that every Medical Center Director conduct regular in-person visits to all of their clinics, to include interacting with scheduling staff to ensure all scheduling practices are appropriate. Veterans' Integrated Systems Network (VISN) Directors conducted similar visits. So far, 2,450 visits have been conducted nationwide. Removed the 14-day access measure from all individual employee performance plans to eliminate any motive for inappropriate scheduling practices or behaviors. In the course of completing this task, over 13,000 performance plans were amended. Added primary care to the services available to Veterans through VA's Patient-Centered Community Care (PC3) contracts, a key and evolving part of the non-VA medical care program. Established an interdisciplinary accountability review team to ensure leadership accountability for improprieties related to patient scheduling and access to care, whistleblower retaliation, and related matters that impact public trust in VA. On August 8, Secretary McDonald announced in Phoenix that every VA medical center will undergo an independent review of scheduling and access practices beginning this fall by the Joint Commission, the nation's oldest and largest standards-setting and accrediting body in health care. On August 5, McDonald directed all VA health care and benefits facilities to hold town-hall events by the end of September to improve communication with, and hear directly from, Veterans nation-wide. See page 14 for details of these meetings.

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

BALANCE SHEET		
As Of Aug 31, 2014		
TOTAL ASSETS	\$1,404,316	
TOTAL LIABILITIES		\$148,891

TOTAL LIABILITIES&FUND BALANCES	\$1,404,316	

Bay Pines VAVS	0
Gainesville VAVS	0
Tampa VAVS	\$0
Lake City VAVS	0
WPB VAVS	\$0
Miami VAVS	\$0
Orlando VAVS	\$0
Eglin CBOC	\$0



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



about
**Disabled
 American
 Veterans**

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

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

Membership

. THE MEMBERSHIP DRIVE CONTINUES, EVEN IF YOU HAVE MET YOUR QUOTA. OUR MEMBERS ARE PASSING DAILY, SO WE MUST CONTINUE TO REPLACE THEM. TELL A POTENTIAL MEMBER THAT BECAUSE OF THEIR SACRIFICE THEY HAVE EARNED THE RIGHT TO JOIN THE DAV. IF YOU ARE ELIGIBLE TO JOIN, YOU DESERVE TO BELONG. REMEMBER THE 3 WAYS YOU CAN SIGN UP A MEMBER. OUR MEMBERS ARE ALL LIFE MEMBERS, SO THE EASIEST WAY TO JOIN IS TO PAY THE FULL MEMBERSHIP WITH THE CONVENIENCE OF YOUR CREDIT CARD AND NEVER PAY ANOTHER PREMIUM. THE SECOND WAY IS PAY \$40.00 NOW AND THE BALANCE TO BE PAID QUARTERLY OVER A THREE YEAR PERIOD UNTIL THE FULL PREMIUM IS PAID. THE THRID METHOD IS GO TO THE DAV WEBSITE AND MAKE A \$10.00 REOCCURANT PAYMENT ON YOUR CREDIT CARD UNTIL IT IS PAID. LETS MAKE FLORIDA THE NUMBER ONE STATE IN THE NATION. THE POTENTIAL IS HERE, SNOWBIRDS WILL BE COMING DOWN IN GROVES AFTER THE HARSH WINTER THEY HAVE HAD. TAKE ADVANTAGE OF THIS OPPORTUNITY TO PROMOTE MEMBERSHIP. CSO'S CAN EARN GIFT CERTIFICATES TO THE OUTBACK STEAK HOUSE. DO NOT BE LEFT BEHIND. IF YOU HAVE QUESTIONS EMAIL ME AT dav150jack@gmail.com or call 352-250-4743. The following chapters have not made goal: 1,5,6,30,38,63,67,70,126,129,133.

VA Moves to Streamline Identification of Rural Land Areas

Changes Will Improve Service Delivery to Veterans

WASHINGTON – In order to more accurately identify and serve rural Veterans, the Veterans Health Administration (VHA) is improving the method it uses to define urban, rural and highly rural land areas.

“The Department of Veterans Affairs is committed to providing high quality health care to Veterans when and where they need it, including rural and highly rural areas of the country,” said Secretary Robert McDonald. “With this change, we will be better able to deliver services to Veterans when and where they need them.”

The current method is being replaced by a more accurate method, modeled on one used by other leading federal agencies. It is anticipated that implementation will begin before October 1, 2014. The Rural-Urban Commuting Areas (RUCA) system, developed by the departments of Agriculture and Health and Human Services’ Health Resources and Services Administration, has become more accepted because of its sound social science basis and its adaptability for special programs.

“VHA strives to provide high-quality, accessible health care to all enrolled Veterans,” said Interim Under Secretary for Health, Dr. Carolyn Clancy. “However, we must know where rural Veterans live in order to provide adequate access to care. This requires the best possible definition of ‘rural’ land areas. With this change, VHA will be able to better serve this important Veteran population.”

Improving VHA’s method for identifying urban, rural and highly rural Veterans will result in more accurate identification of rural Veterans, improved reporting of the number and location of rural Veterans and of statistics on their geographic access to sites of care along with improved allocation of resources and improved research on rural Veterans’ needs.

Currently, 3.2 million rural Veterans are enrolled in the VA system, which represents 36 percent of the total enrolled Veteran population.

For a more detailed explanation of the change, visit the [VA Office of Rural Health website](#).

INCOME / EXPENSES VS BUDGET

Aug 31, 2014

	Actual	Budget	Difference
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	Actual	Budget	Difference
Ordinary Income/Expense			
Income			
6001 • Convention Income	3,515.00	7,500.00	-3,985.00
6030 • Midwinter Income	0.00	10,200.00	-10,200.00
6050 • Dues from National	144,746.75	150,000.00	-5,253.25
6100 • Donation fr Service Fd-Principl	0.00	332,510.00	-332,510.00
6140 • National Fund Raisers	0.00	200,000.00	-200,000.00
6200 • Chapter & Unit 10%	6,439.28	15,000.00	-8,560.72
6300 • Department Publication	0.00	200.00	-200.00
6315 • Orange City Income	4,500.00	0.00	4,500.00
6330 • Lake Panosofkee	683.36	4,100.00	-3,416.64
6331 • Lakeland Bldg Mortgage	5,390.44	17,000.00	-11,609.56
6333 • Orange City Mortgage	0.00	18,000.00	-18,000.00
6334.1 • Sarasota Bldg Mortgage Payment	1,833.28	11,000.00	-9,166.72
6350 • Drivers License Income	7,273.28	60,000.00	-52,726.72
6410 • 2012 Service Officer's	0.00	12,000.00	-12,000.00
6411 • Service Program Donations	0.00	2,500.00	-2,500.00
6413 • Service Income	0.00	15,000.00	-15,000.00
6450 • VAVS Donations	2,297.00	14,000.00	-11,703.00
6800 • Miscellaneous	20,446.33	5,000.00	15,446.33
Total Income	197,124.72	874,010.00	-676,885.28
Gross Profit	197,124.72	874,010.00	-676,885.28
Expense			
7000.2 • Convention Expense	10,588.34	16,500.00	-5,911.66
7030.1 • Midwinter Expenses	0.00	19,000.00	-19,000.00
7040.1 • Service Expenses	119,967.07	682,300.00	-562,332.93
7570.1 • Legislative Expenses	0.00	3,900.00	-3,900.00
8000.3 • VAVS Expenses	4,960.00	20,000.00	-15,040.00
8260 • Headquarters Expense	4,815.46	131,310.00	-126,494.54
9500.1 • Foundation expenses	420.00	1,000.00	-580.00
Total Expense	140,750.87	874,010.00	-733,259.13
Net Ordinary Income	56,373.85	0.00	56,373.85
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	3,997.73	4,500.00	-502.27
Total Other Expense	3,997.73	4,500.00	-502.27
Net Other Income	-3,997.73	0.00	-3,997.73
Net Income	52,376.12	0.00	52,376.12



**MEMBERSHIP
FOR
August 31, 2014**

Chapter	Last yr	trial	part life	full life	total	Goal	% goal	goal var	chapter name 7/3/2014
001	1,904	3	205	1,644	1,852	1,742	94.37%	-98	JACKSONVILLE #1
002	11,423	1,212	646	8,388	10,246	8,383	100.06%	5	EVERGLADE STATE #2
004	2,512	1	159	2,299	2,459	2,380	96.60%	-81	JOHN C MCCARTHY II #4
005	560	0	67	484	551	520	93.08%	-36	THE TALLAHASSEE #5
006	274	0	17	242	259	249	97.19%	-7	ST AUGUSTINE #6
007	609	0	233	446	679	548	81.39%	-102	W WASHINGTON #7
011	1,664	0	80	1,542	1,622	1,580	97.59%	-38	CLEARWATER #11
012	1,458	0	86	1,338	1,424	1,381	96.89%	-43	CORAL GABLES #12
013	2,480	0	93	2,311	2,404	2,360	97.92%	-49	BAY PINE HLDY ISL #13
014	306	0	22	274	296	285	96.14%	-11	JOHN D STROUD #14
016	2,741	0	202	2,464	2,666	2,563	96.14%	-99	CENTRAL #16
017	707	0	33	668	701	683	97.80%	-15	PANAMA CITY #17
018	1,648	0	141	1,484	1,625	1,549	95.80%	-65	MANATEE COUNTY #18
020	345	0	21	313	334	324	96.60%	-11	LAKE CITY #20
022	313	0	18	286	304	296	96.62%	-10	JACKSON COUNTY #22
023	2,131	1	92	1,995	2,088	2,039	97.84%	-44	AL GRAY #23
029	571	1	35	525	561	542	96.86%	-17	PEMBROKE PINES-
030	1,274	0	79	1,165	1,244	1,203	96.84%	-38	SEMINOLE #30
032	1,301	1	69	1,203	1,273	1,232	97.65%	-29	J L GOLIGHTLY #32
038	1,509	0	257	1,229	1,486	1,355	90.70%	-126	ORANGE PARK #38
042	1,790	0	78	1,675	1,753	1,706	98.18%	-31	WEST PALM BEACH #42
049	305	0	19	280	299	290	96.55%	-10	RIDGE #49
050	228	0	9	218	227	222	98.20%	-4	CENTRAL BREVARD #50
057	411	0	28	377	405	390	96.67%	-13	CRESTVIEW #57
063	167	0	11	149	160	154	96.75%	-5	TRI-COUNTY #63
065	531	0	30	493	523	508	97.05%	-15	ZEPHYRHILLS #65
067	1,287	0	105	1,137	1,242	1,190	95.55%	-53	HERNANDO COUNTY
070	665	0	26	569	595	582	97.77%	-13	GERALD A SHONK #70
073	347	2	19	315	336	325	96.92%	-10	TAMARAC #73
078	1,202	1	50	1,117	1,168	1,141	97.90%	-24	NEW PORT RICHEY #78
082	1,084	0	65	997	1,062	1,030	96.80%	-33	R L COCHRAN JR #82
083	893	0	117	768	885	826	92.98%	-58	C W BYERS SR #83
084	1,325	0	75	1,211	1,286	1,245	97.27%	-34	GREATER DAYTONA #84
085	568	0	12	537	549	542	99.08%	-5	SOUTH MARION #85
086	580	0	54	516	570	542	95.20%	-26	JIM BOOE #86
087	751	0	38	688	726	703	97.87%	-15	SGT WM E HILL #87
090	844	0	72	775	847	806	96.15%	-31	GATOR #90
094	1,056	0	37	997	1,034	1,013	98.42%	-16	C GUSTAFSON #94
097	530	0	34	493	527	511	96.48%	-18	BEE RIDGE #97
098	247	0	11	227	238	233	97.42%	-6	EUCHEE VALLEY #98
101	785	0	37	733	770	751	97.60%	-18	VENICE GULF #101
108	555	0	45	512	557	532	96.24%	-20	JAMES D RADER #108
109	498	0	29	455	484	470	96.81%	-15	TITUSVILLE #109
110	448	0	25	426	451	437	97.48%	-11	SUN CITY CENTER #110
111	92	0	2	85	87	86	98.84%	-1	PEACE RIVER #111
112	743	1	30	687	718	701	98.00%	-14	BAY AREA #112
113	679	0	43	624	667	644	96.89%	-20	PORT ST LUCIE #113
119	385	0	12	366	378	372	98.39%	-6	ANTHONY P DADDI #119
122	441	0	22	414	436	421	98.34%	-7	MARATHON #122
123	607	0	17	584	601	591	98.82%	-7	SPACE COAST #123
125	534	0	24	502	526	514	97.67%	-12	CPL P D LYON JR #125
126	173	0	7	159	166	163	97.55%	-4	SUWANNEE MEM #126
129	373	0	26	334	360	348	95.98%	-14	SO BREVARD BCHS #129
133	909	0	78	816	894	855	95.44%	-39	THE GOLD COAST #133
144	94	0	5	83	88	85	97.65%	-2	LA BELLE #144
148	778	0	69	688	757	726	94.77%	-38	AGNES M TAYLOR #148
149	573	0	27	546	573	556	98.20%	-10	GREATER S OCALA #149
150	596	0	28	663	691	664	99.85%	-1	ORANGE BLOSSOM GDNS
152	697	0	31	635	666	650	97.69%	-15	SOUTH PALM BEACH #152
155	369	0	12	351	363	357	98.32%	-6	SEBASTIAN RIVER AREA
158	35	0	26	70	96	79	88.61%	-9	CRYSTAL RIVER #158
Dent	60 905	1 223	4 040	53 572	58 835	55 175	97 09%	-1 603	



Legislation
FOR
AUGUST 31, 2014

VA Proposes Removal of Employees Who Manipulated Data

July 29, 2014

WASHINGTON – The Department of Veterans Affairs (VA) today proposed a series of disciplinary actions against six employees at Department facilities in Cheyenne, Wyo., and Fort Collins, Colo. These actions are a part of VA’s effort to rebuild the trust of America’s Veterans.

“Employees who have been found to have manipulated data, withheld accurate information from their supervisors, and affected the timeliness of care Veterans receive do not reflect VA’s values, and their actions will not be tolerated,” said Acting Secretary Sloan D. Gibson. “VA must earn back the trust of Veterans. Part of earning back that trust is holding people accountable when there is documented evidence of willful misconduct and management negligence. We depend on the dedicated service of VA employees and leaders who live by our core values. Those who have not delivered results honestly have and will be held accountable.”

Based on a review by the Inspector General and other Department investigations, VA today proposed disciplinary actions against six employees at the Cheyenne VA Medical Center and Fort Collins Community-Based Outpatient Clinic.

As a result of these findings, VA proposed disciplinary actions against the Director of the Rocky Mountain Network (VISN 19), and the Director and Chief of Staff of the Cheyenne VA Medical Center.

Certain supervisors in these facilities were found to have personally manipulated data, instructed their subordinates to manipulate data, and withheld accurate information from their superiors. VA today proposed two of the supervisors be removed from Federal service.

Additional proposed penalties for other supervisors include two proposed suspensions, a demotion, and admonishments.

If you or someone you know started a claim through eBenefits since early 2013, remember that those claims expire if not completed and submitted within 365 days. **As thousands of claims face expiration, DAV wants to remind you that we have [nearly 280 National Service Officers \(NSOs\) nationwide who are ready to help veterans and families obtain earned benefits.](#)**

VA’s electronic claim submission process lets veterans start a claim online with limited information, allowing 365 days to collect data, treatment records, and other related information.

During that year, a veteran may add data or upload documents pertinent to the claim. At any point in that year, a veteran may click “submit” and a claim will be established.

But after 365 days, any data in an incomplete claim becomes inaccessible and the initiated claim date is removed from the system.

[There are many reasons to seek DAV’s help with a claim.](#)

DAV services are 100% free, and they’re provided by the most highly trained and experienced representatives in their field. All of them are veterans with service-connected disabilities.

DAV NSOs have the expertise to make sure the right information is gathered and properly submitted.

[DAV needs to know if you or someone you know has had problems](#) filing a claim or obtaining information needed to complete a claim.

We’re here and eager to serve our fellow veterans, but we need to be in communication with the claimant.

SUBJECT: National Staff Appointments

DATE: August 21, 2014

This year's National Convention was a great success and I again want to thank all of our members and staff for their hard work and dedication. We were successful in taking care of DAV's very serious business and also able to enjoy each others friendship.

Below find all staff appointments announced during the National Executive Committee meeting held immediately after the close of National Convention. While I give my congratulations to all appointed staff for their proven dedication and commitment to our cause, special note should be given to a few that have taken on new positions and levels of responsibility: National Director of Voluntary Services John Kleindienst, Deputy National Service Director Chad Moos; Deputy National Director of Communications Ashleigh Bryant, Assistant National Director of Communications Steven Wilson and Assistant National Director of Communications Charity Edgar.

Executive Director, National Headquarters Barry Jesinoski

Executive Director, Washington Headquarters Garry Augustine

Inspector General Edward Hartman

National Service Director James Marszalek

National Legislative Director Joseph Violante

National Employment Director Jeff Hall

National Director of Voluntary Services John Kleindienst

National Membership Director Anthony Baskerville

National Director of Communications Daniel Clare

National Director HR, Building and Facilities Randy Reese

Deputy National Service Director Chad Moos

Deputy National Legislative Director Joy Ilem

Deputy National Director of Communications Ashleigh Bryant

Assistant National Service Director John Maki

Assistant National Service Director Scott Trimarchi

Assistant National Service Director Justin Hart

Assistant National Service Director Steven Wolf

Assistant National Legislative Director Adrian Atizado

Assistant National Legislative Director Paul Varela

Assistant National Employment Director Danny Soto

Assistant National Director of Communications Joseph Chenelly

Assistant National Director of Communications Steven Wilson

Assistant National Director of Communications Charity Edgar

I appreciate your daily commitment to our mission and look forward to the good deeds we will accomplish together as we fulfill our promises to the men and women who served. Thank you for all you do.

From: "Frebe, Heather C." <Heather.Frebe@va.gov>

Date: Jul 29, 2014 4:36 PM

Subject: Orlando VA Update -Lake Baldwin

We learned this afternoon that Acting VA Secretary Sloan Gibson approved our request to keep the Lake Baldwin site open. This request was made for a number of reasons, most importantly because of our patient growth. While the exact construct of the services have not been confirmed, we will keep you apprised of our planning initiative. Thank you for the on-going support and dedication to our Nation's heroes and for ensuring the voice of our Veterans continues to be heard.

Orlando VA Medical Center Director's Office

MYTHS AND FACTS ON VA HEALTH CARE FUNDING

MYTH: VA has received a 256 percent increase in health care funding from 2002 to 2014.

FACT: When corrected for medical care inflation, VA's medical care budget authority has grown from \$33.5 billion in FY 2002 to \$55.1 billion this year—a 64 percent increase over 13 years. The bulk of the funding increase cited (“256 percent,” according to some Members of Congress) was in mandatory funding, which includes payments to individuals for disability compensation, survivors' benefits, insurance, education, and vocational rehabilitation benefits.

MYTH: Congressional appropriations to VA can be moved around as demands warrant.

FACT: Mandatory funds cannot be used for VA health care. The growth in spending over the past decade and more is mainly accounted for by wounds, injuries and service-related illnesses in US personnel who served in Iraq and Afghanistan, relaxed rating standards for awards for post-traumatic stress disorder, and other disabilities presumed to be related to toxic exposures of veterans in Vietnam and in other military conflicts. Also, today VA is providing an array of services to more than 10,000 family caregivers of severely injured and ill veterans at an annual cost of \$300 million or more. Additionally, over the past decade, VA has expanded and extended health services to a new generation of women veterans, who are enrolling in VA in unprecedented numbers.

FACT: VA health care has received a 64 percent increase over the past 13 years.

MYTH: The VA is not treating significantly more patients today than in 2002.

FACT: The actual number of unique patients VA treated grew from 4.7 million individuals in 2002 to 6.5 million in 2013. This growth constituted a 39 percent increase in patient care needs, including an unprecedented number of women, especially those of childbearing age. Furthermore, the amount of primary and specialty care VA has accomplished is defined by the number of outpatient visits, which have increased from 46.9 million visits in 2002 to 91.7 million in 2013—a **95 percent increase in outpatient workload**. Adding to this burden is the number of patients treated at VA hospital facilities, which increased from nearly 733,000 episodes of care in 2002 to over 900,000 today.

MYTH: While [VA] funding increased 57 percent since 2008 the number of patients treated at VA facilities went up only 13.8 percent... [and] the number of full-time physicians at the VA went up 40 percent – again, far more than the patient load.

FACT: From 2008 to 2014 VA's medical care funding increased 47 percent even without adjusting for medical care inflation and the number of physicians at VA increased by 30 percent from 14,588 to 18,874. While the number of patients treated at VA facilities went up 19 percent from 5.6 million to 6.6 million, the number of outpatient visits increased 40 percent from 68 million to 95 million and the number of veterans treated as inpatients at VA hospitals increased by over 65,000.

MYTH: VA doctors, on average, see half as many patients as their private sector counterparts.

FACT: Private providers see very different patients than VA providers. Examining the actual health care needs of veterans who seek care from VA today would reveal a patient population that is predominately adult males, which includes younger veterans of Iraq and Afghanistan. They require a significant amount of acute and chronic rehabilitative care, a wide array of expensive prosthetics, and considerable mental health and other specialized services. VA is also caring for an aging veteran patient population seeking the types and amounts of care from VA that are significantly different from VA's younger patient cohort. VA physicians also conduct significant biomedical research and hold faculty appointments to teach new generations of physicians and other providers.

MYTH: VA is providing benefits to a stagnant population of veterans that is in decline.

FACT: In 2002, approximately 2.2 million disabled veterans received VA disability compensation. Today, that number has almost doubled to nearly 4 million veterans, many of whom are severely disabled as a result of devastating injuries in combat that in prior wars would have left them killed in action. DAV is grateful these heroes survived, and VA must meet their life-long care and other needs.

MYTH: VA is failing to meet the needs of newer veterans in post-service education.

FACT: Beginning in 2010, mandatory-funded VA educational benefits payments increased from an average expenditure of about \$3 billion annually to approximately \$11 billion annually under the Post 9/11 G.I. Bill.

BOTTOM LINE: Over the past 10 years, DAV, as a partner organization of *The Independent Budget*, recommended that Congress appropriate \$17 billion more than Congress actually provided to VA. While DAV acknowledges and abhors the problems recently uncovered in Congressional and VA investigations related to veterans' excessive waiting times, based on the facts above and not the myths, DAV is convinced that inadequate funding is not the only solution but it is at the heart of VA's access-to-care crisis.

WHAT ABOUT ATTORNEYS AND THEIR FEES?

On Dealing With Attorneys, VA Claims and Fees

For weal or woe, the United States Court of Appeals for Veterans Claims (CAVC) is now twenty-five years young, or old, depending on your point of view. As promised at the outset, and delivered year after year, DAV has been the most prominent veterans service organization at CAVC since its inception.

Many veterans remain confused about the role of attorneys in the VA claims process now that judicial review has become a fully integrated part of the benefits adjudication system. This newsletter attempts to answer some of the more commonly asked questions.

Is there any good reason to use an attorney (and not DAV) to represent me at VA ?

There may be a good reason to engage a lawyer instead of DAV. However, we have not yet found that reason.

Weren't attorneys barred from representing veterans at VA for a long time?

Attorneys were never so barred. For more than 150 years, there has been some kind of limitation on the fee that an attorney can charge a veteran. The limitation has eased considerably in recent years, but is still there and is still meaningful.

Can an attorney charge me for filing an initial claim?

No. The pertinent statute clearly states that no fee may be charged for representation on any claim until the filing of a Notice of Disagreement (NOD) following an initial adverse decision. There is, however, a VA General Counsel opinion stating that attorneys may charge a fee for pre-filing consultations that occur *prior* to an initial claim for benefits. Some lawyers may use

this as a way of skirting the no-fee rule. **This is just one of many reasons to use DAV's outstanding service officers for representation in all matters before the VA, whether on initial claim, appeal or remand.**

How much can the attorney charge me?

The fees "may be based on a fixed fee, hourly rate, a percentage of benefits recovered or [some combination thereof]." In addition, the fees must be reasonable. VA presumes that fees up to 20% of past-due benefits are reasonable and that fees in excess of 33 1/3% of pastdue benefits are unreasonable. Fee agreements for representation at VA must be filed with the Office of the VA General Counsel.

Will VA pay my lawyer directly out of past-due benefits?

The VA will do this only if a properly-filed fee agreement that you and your attorney have signed authorizes it and, even then, only if the fee is limited to 20% of due benefits and when the fee is a purely contingent ("no win, no pay") obligation. This direct-payment provision is favored by attorneys and is probably the single most influential factor in the limitation of attorney fees.

What about representation at the Board of Veterans Appeals?

The BVA is part of the VA and the same rules apply.

Do the fee rules change if I must appeal my case to the United States Court of Appeals for Veterans Claims?

An attorney fee agreement for representation at CAVC must be filed with the court. Generally speaking, the same type of fee arrangements that are permitted at VA are permitted at the court. In both venues, the overarching requirement is that the fee be "reasonable." At the court it may be possible for appellants (veterans) to recover attorney fees from the government if it turns out that the government's position that lead to the appeal (i.e., the denial of benefits) was "substantially unjustified." This fee recovery takes place pursuant to the "Equal Access to Justice Act" (EAJA). Many attorneys will take a veteran's case to CAVC and agree to work only for the EAJA fees, should they be awarded.

The bottom line is that you must read any attorney fee agreement very carefully. Get help from a third party if there is any aspect of the agreement that you do not understand. (By the way, DAV cannot be the third party.) When you sign a fee agreement, you enter into a binding contract that can be very difficult, if not impossible, to nullify.

For the whole article go to <http://www.davmembersportal.org/fl/default.aspx>

Published by DAV National Headquarters

VA Outlines Actions Taken to Improve Access to Care, Implement Recommendations from the Office of Inspector General

WASHINGTON – The Department of Veterans Affairs (VA) Office of Inspector General (OIG) today released the final report of its review of systemic issues with patient scheduling and access issues at the Phoenix VA Health Care System (PVAHCS). VA concurred with the recommendations in the final report and, in many cases, has already implemented action plans and made improvements that respond to the OIG’s recommendations.

“We sincerely apologize to all Veterans who experienced unacceptable delays in receiving care,” said VA Secretary Robert A. McDonald. “We will continue to listen to Veterans, our VA employees, and Veterans Service Organizations to improve access to quality care in Phoenix and across the country and we will work hard to rebuild trust with Veterans and the American public.

The final report updates the information previously provided by the OIG in its Interim Report and contains final results from the review of the PVAHCS. VA outlined key action plans that expand access to care, improve staffing for primary care, and accountability measures in response to the final OIG report.

In response to recommendations in the May 2014 OIG Interim Report, the following improvements were initiated in Phoenix and across the VA system:

- As of August 15, the Veterans Health Administration has reached out to over 266,000 Veterans to get them off wait lists and into clinics.
- As a result of the Accelerating Access to Care Initiative, approximately 200,000 new VA appointments nationwide were scheduled for Veterans between May 15 and June 15, 2014.
- Nearly 912,000 total referrals to non-VA care providers have been made in the last two months. That is, over 190,000 more referrals to non-VA care providers than the same period in 2013 (721,000).
- As of August 15, VA has decreased the number of Veterans on the Electronic Wait List (EWL) 57 percent.
- Reduced the New Enrollee Appointment Report (NEAR) from its peak of 63,869 on June 1, 2014 to 1,717 as of August 15, 2014
- VA has reached out to more than 5,000 Veterans in Phoenix to coordinate the acceleration of their care including all Veterans in Phoenix identified as being on unofficial lists or the facility Electronic Wait List (EWL).
- Since May 15, VA has scheduled 2,300 appointments at the Phoenix VA Health Care System and made 2,713 referrals for appointments to community providers through non-VA care.

“Even before the OIG’s interim report, VA had taken actions to address the issue of patient scheduling and access, working in close concert with Veteran Service Organizations,” said Interim Under Secretary for Health Carolyn Clancy. “We’ve initiated development of a more robust process for continuously measuring patient satisfaction at each site, and will expand our patient satisfaction survey capabilities in the coming year, to capture more Veteran experience data through telephone, social media, and on-line means.”

Additional actions include:

- Began updating the antiquated appointment scheduling system beginning with near-term enhancements to the existing system and ending with the acquisition of a comprehensive, state-of-the-art, “commercial off-the-shelf” scheduling system.
- Directed that every Medical Center Director conduct regular in-person visits to all of their clinics, to include interacting with scheduling staff to ensure all scheduling practices are appropriate. Veterans’ Integrated Systems Network (VISN) Directors conducted similar visits. So far, 2,450 visits have been conducted nationwide.
- Removed the 14-day access measure from all individual employee performance plans to eliminate any motive for inappropriate scheduling practices or behaviors. In the course of completing this task, over 13,000 performance plans were amended.
- Added primary care to the services available to Veterans through VA’s Patient-Centered Community Care (PC3) contracts, a key and evolving part of the non-VA medical care program.
- Established an interdisciplinary accountability review team to ensure leadership accountability for improprieties related to patient scheduling and access to care, whistleblower retaliation, and related matters that impact public trust in VA.

On August 8, Secretary McDonald announced in Phoenix that every VA medical center will undergo an independent review of scheduling and access practices beginning this fall by the Joint Commission, the nation’s oldest and largest standards-setting and accrediting body in health care. On August 5, McDonald directed all VA health care and benefits facilities to hold town-hall events by the end of September to improve communication with, and hear directly from, Veterans nationwide.

THE VETERANS ACCESS, CHOICE AND ACCOUNTABILITY ACT OF 2014

For access to care, the bill would:

- Require VA to provide authorization to any veteran to receive private health care who is enrolled in VA as of August 1, 2014; or who is a newly discharged combat veteran; is unable to secure an appointment at a VA medical facility within 30 days (or any future published waiting time limit VA establishes); or resides more than 40 miles from the nearest VA medical facility—with certain exceptions.
- Require VA to provide a “Veterans Choice Card” to all enrolled veterans to facilitate care provided by private providers if and when they are authorized to receive private care. The bill gives VA 90 days from enactment to implement this policy.
- Provide \$10 billion in emergency funding for deposit into a “Veterans Choice Fund” to cover the cost of private health care. These funds may not be spent for any other purpose.

For further review of VA, to extend programs, and for other purposes, the bill would:

- Require an assessment of VA by an outside group, and establish a Congressional Commission on Care to evaluate access and other related matters. All reports are to be made public.
- Extend the Access Received Closer to Home (ARCH) pilot program for two years, for private rural care.
- Extend for three years a pilot program to provide private assisted-living services to veterans with traumatic brain injuries.
- Expand eligibility for survivors of military sexual trauma by adding the “inactive duty for training” category.
- Expand certain services for Native Hawaiian and Native American veterans.

For improving VA’s internal capacity, the bill would:

- Provide \$5 billion to VA to increase capacity by hiring physicians and other medical staff and by repairing some of VA’s physical infrastructure.
- Authorize 27 new leases in 18 states and Puerto Rico, primarily for new VA community-based outpatient clinics.

For VA Senior Executive Service (SES) managers, the bill would:

- Authorize VA to fire or demote SES employees and Title 38 SES equivalent employees for poor performance or misconduct.
- Provide expedited and limited appeal process for employees disciplined under this authority. Appeals would go to a Merit Systems Protection Board administrative judge, who would have 21 days to decide on the appeal. If a decision is not reached within that 21-day period, then VA’s decision is final.
- Prohibit SES employees from receiving pay, bonuses and benefits during the appeal process.
- Reduce funding for all bonuses available to VA employees by \$40 million each year through FY 2024.

For education benefits, the bill would:

- Require public colleges to provide in-state tuition to veterans and eligible dependents in order for the school to remain eligible to receive G.I. Bill education payments.
- Expand the Sgt. Frye Scholarship Program to provide full Post 9/11 G.I. Bill benefits to spouses of service members who died in the line of duty after September 11, 2001.

Cost:

According to the Congressional Budget Office, the bill would cost nearly \$17 billion over a 10-year period, including offsets of \$5 billion.

As you may be aware, each VA Medical Center across the country is hosting Veteran-Focused Town Hall meetings, giving leadership an opportunity to discuss efforts that are being implemented to expand access to health care and to hear directly from our stakeholders on what we are doing right and where we need to improve. Below is the schedule of upcoming Town Halls for each VA Medical Center within VISN 8.

C. W. Bill Young (Bay Pines) VA Medical Center (combined with VBA St. Pete Regional Office)

September 3, 2014 8:30am Bay Pines VA Medical Center – JC Cobb Room – 1st Floor

Bruce W. Carter (Miami) VA Medical Center

September 6, 2014 5:00pm William “Bill” Kling (Broward County) VA Outpatient Clinic
September 8, 2014 2:00pm Miami VA Medical Center Auditorium

West Palm Beach VA Medical Center

September 23, 2014 1:30pm West Palm Beach VAMC – Room 4B-292

Orlando VA Medical Center

September 24, 2014 2:00pm Orlando VAMC (Lake Baldwin) – Auditoriums A&B

James A. Haley Veterans’ Hospital (Tampa)

September 4, 2014 3:30pm Tampa VAMC Auditorium

North Florida/South Georgia Veterans Health System

September 4, 2014 1:00pm Elks Lodge 829, St. Augustine, FL
September 25, 2014 5:00pm Malcom Randall VAMC, Gainesville

[Visit Us On the Web](#)



Charles Edward Heiney
October 4, 1939 - August 28, 2014

Charles Edward Heiney, 74, of Pace, passed away August 28, 2014. Following high school graduation in 1959 (Morraco, Africa), Chuck joined the United States Navy. He served his country for 30 years, primarily as an Air Traffic Controller. Chuck retired from the Navy in 1989 as a Chief Warrant Officer 4. During the spring of 1979, Chuck met the love of his life, Sue, in Pensacola, FL. They were married on December 22,... 1979 in Agana, Guam in a beautiful military style ceremony. They have shared many happy years together while Chuck was serving his country and then relaxing into retirement. Chuck is preceded in death by his parents, Web and Irene Heiney. Survivors include his loving and devoted wife of 34 years, Sue Heiney; four daughters, Taryn Cheer (Travis), Tabitha Kosmas (Joey), Victoria Van Oosting and Lianne Armstrong (Mark) and thirteen grandchildren and six great-grandchildren. Since retirement, Chuck has worked tirelessly for numerous Veteran’s organizations standing up for the rights of Veterans. However, out of all of the wonderful organizations, Chuck’s passion was the Disabled American Veterans (DAV). He served as the state of Florida Commander from 1999-2000 among various other offices. He remained active with the DAV until mid-June 2014. Chuck passed away quietly during the evening on August 28, 2014 surrounded by his loving family.

You may express your condolences online at <http://www.fcfhs.com/>

August 26, 2014

To: DAV Leadership, Staff Members, National Service Officers and Past National Commanders:

I want to personally thank you all for your wonderful support this past year while we were on assignment. To National Adjutant Marc Burgess, Executive Director's Barry Jesinoski and Garry Augustine, I want to thank you for your guidance and sound advice. I also want to thank both Executive Office Manager's Amberly Jackson and Sally Miller for your assistance and dedication in fulfilling the promise to the men and women who served.

A special thanks to all the National Service Officer's and their Staff for their assistance and support when I was representing the National Headquarters or Legislative Headquarters in my travels. A heartfelt thanks to Rob Reynolds who has been an excellent counselor and mentor for these past three years. I want to thank all the Past National Commander's for their support, observations and advice.

I am honored and thankful to be a part of a great team. It is our camaraderie and service to each other, which makes this organization a success. The innovative ideas and hard work you have contributed and shared with me only strengthens our resolve. It is that kind of dedication that makes the Disabled American Veterans great.

Thank you for allowing me the flexibility and freedom in representing our organization. I look forward to the exciting opportunities we will meet together.

Best Regards,

Moses A. McIntosh
National Senior Vice Commander
Disabled American Veterans

Subject: Interview regarding the American Veterans Disabled for Life Memorial from Face the Nation Good Afternoon,

In case you did not have the opportunity to see Gary Sinise's interview regarding the American Veterans Disabled for Life Memorial on "Face the Nation" this past Sunday, I provided the link below.

This memorial will be a wonderful tribute to all DAV members and the many sacrifices you and your families have made.

<http://www.cbsnews.com/videos/actor-gary-sinise-champions-disabled-veterans-memorial/>

FLORIDA OUTREACH 2014

(as of March 10, 2014)

October 24 – October 26 (Fri/Sat/Sun) (TBD)

(Friday 4 pm thru Sunday 1pm)

Pasco County Stand Down

Veterans Memorial Park

14333 Hicks Road, Hudson 34669

?????? / ??????

(MSO)

November 8, 2014 (Saturday)

HARLEY DAVIDSON (Gator)

1745 US Hwy 441, Leesburg, 34748

Peggy (352) 267-3190 peggy@gatorharley.com

David Vann / Michael Tolliver

11am to 3pm

(Make contact by October 24)

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