## The BVA Beacon

### The New York Regional Group Newsletter

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VA Implements Second Phase of Choice Card Program

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Cards sent to Veterans waiting more than 30 days for care

Washington, DC – The Department of Veterans Affairs (VA) today announced that it began mailing Veterans Choice Cards on November 17 to Veterans currently waiting more than 30-days from their preferred date or the date that is medically determined by their physician for an appointment at a VA facility.

“VA continues to focus on implementation of this new temporary benefit so that Veterans receive the timely quality care they need in a way that reduces confusion and inefficiencies,” said Secretary Robert A. McDonald, who penned an open letter to Veterans announcing the implementation of the Choice Card program.

The Choice Program is a new, temporary benefit that allows some Veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility. The first round of cards along with a letter explaining the program was issued on November 5 to Veterans who are eligible based on their place of residence. VA is now engaging in the next phase of its rollout –eligibility explanation letters are being sent to Veterans waiting more than 30 days from their preferred date to be seen or considered medically necessary by their physician.

To improve service delivery, VA has prioritized efforts to accelerate Veterans off of wait lists and into clinics through the Accelerated Care

Initiative begun over the summer. Through this initiative, VA medical centers have increased access to care inside and outside of VA, added more clinic hours and work days, deployed mobile medical units and shared their best practices from VA’s high-performing facilities throughout the organization.

Significant improvements have resulted nationally:

• Scheduling more than 1.2 million more appointments in the past four months than in the same period last year. In total, VA medical centers have scheduled over 19 million Veteran appointments from June to October 1, 2014;

• Reducing the national new patient Primary Care wait time by 18 percent;

• Completing 98 percent of appointments within 30 days of the Veterans’ preferred date, or the date determined to be medically necessary by a physician;

• Authorizing 1.1 million non-VA care authorizations, a 47-percent increase over the same period last year; and

• Increasing the amount of time providers could deliver care to Veterans by increasing the amount of clinic hours in primary and specialty care and through adding weekend and evening clinics at our medical centers.

VA is America’s largest integrated health care system with over 1,700 sites of care, serving approximately 9 million Veterans enrolled in health care services. The Choice Program is part of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), enacted nearly three months ago, to enable VA to meet the demand for Veterans’ health care in the short-term.

For more information about the Choice Program, call 1-866- 606-8198 or visit http://www.va.gov/opa/choiceact/.

Musings on the subject from the 2013 BVA Convention.

The strength of the BVA lies in its Regional Groups (RG). If there is weakness in the BVA, it is because of weakness in the RG’s. If there is strength, it is because of the RG’s.

The biggest, most prevalent problem facing the BVA is the failure to win the affiliation of many blinded veterans in this country. They don’t know or they don’t ‘get it’ because someone like themselves has not talked to them.

The BVA is not as well known as other veterans groups. Being smaller is not a good enough excuse for not being better known, especially among the visually impaired veterans. We are too silent. We are willing, as individuals, to let other vets ‘beat the drum’ of veterans rights. Virtually no one else is beating the drum for BLIND veteran rights but the BVA.

We must learn to be not only more vocal, but more articulate and smarter. It begins with realizing that we are in a battle to provide not only the best but above the best, the optimum research, treatment, care and hope for all blinded veterans. We are the most aware, the most knowledgeable and the most powerful representatives we have. We should be the most motivated. We cannot morally afford to be satisfied with ‘good enough’.

BVA Outreach Initiative: your Service, your Benefits, your Choice.

The Department of Veterans Affairs evolved from the first federal Veterans’ facility established for Civil War soldiers and sailors of the Union Army, known initially as the National Asylum for Disabled Volunteer Soldiers.

On March 3, 1865, a month before the Civil War ended, President Abraham Lincoln signed a law to establish a national soldiers and sailor’s asylum. Renamed the National Home for Disabled Volunteer Soldiers in 1873, it was the first government institution in the world created specifically for honorably discharged volunteer soldiers.

The first National Home, known as the Eastern Branch of the National Asylum for Disabled Volunteer Soldiers, opened November 1, 1866, near Augusta, Maine.

As the U.S. entered World War I in 1917, Congress established new benefits for World War I Veterans that included programs for life insurance, disability compensation, prosthetics, vocational rehabilitation, and hospitalization, along with new federal agencies to administer them. Federal Veterans medical care shifted from lifelong residential care to short-term treatment in general or specialized hospitals, supplemented by job re-training or disability pensions.

General Omar Bradley took the reins at VA in August 1945 and steered its transformation into a modern organization. In January 1946, Public Law 293 established VA’s Department of Medicine and Surgery, along with numerous other programs like the VA Voluntary Service to provide better services to Veterans. The law enabled VA to recruit and retain top medical personnel by modifying the civil service system, establishing medical research, and affiliating VA hospitals with medical schools to place Veterans’ medicine on par with the private sector.

VA continues to meet Veterans’ changing medical, surgical and quality-of-life needs.

President Reagan signed the document that elevated VA to Cabinet Level

**CURRENCY READER INQUIRIES**

As of January 2, 2015 the Bureau of Engraving and Printing (BEP)

Currency Reader project is open to all citizens and legal residents of the

United States who are unable to read U.S. paper currency as a result of

Blindness or a visual impairment.

Please contact BEP call Center at

**1.844.815.9388**

for more information or to request a print copy of

the application by mail.

Those interested in more information or printing an application can also

visit the BEP currency reader page at

<http://loc.gov/nis/other/currencyreader/index.html>

**DNA Samples Needed for MIA Identifications**

There are 83,000 missing and unaccounted for Americans from World War II forward, yet many families of the missing have yet to provide a family reference sample to assist in DNA identifications. Currently, 89 percent of Korean War families have provided samples, as well as 83 percent of Cold War families and 81 percent of Vietnam War

families, **but only 4 percent of WWII families have.** The government last year identified 107 MIAs, but more could have been identified—and faster—if more family reference samples were on file. Please forward the following service casualty office contact information to MIA families in your hometown, as well as to local newspapers:

Army: 800-892-2490

Marine Corps: 800-847-1597

Navy: 800-443-9298

Air Force: 800-531-5501

State Department: 202-485-6106

For more information, go to:

http://www.dpaa.mil/Resources/FAQs.aspx.

***GOD BLESS AMERICA***!