

## Department of Florida September 2023 Newsletter



Top Left: Department Adjutant Andy Marshall, Gary Senise and DAV Outstanding Veteran of the Year Kim Hubers.

Bottom Left: Department Commander Brenda Reed providing update on Credentials Committee



Top Right Department Commander Brenda Reed conducting Officer Training for Area 5 at Chapter 133

Bottom Right: PDC John Raber receiving the DAV Volunteer of the Year Award.



## *DEPARTMENT COMMANDER BRENDA REED*

August has been a bit of a whirlwind! We began the month with our National Convention in Atlantic City, NJ. Florida had a good turnout as usual even though it was a difficult destination to get to. Once again, I served as the Chairperson for the National Credentials Committee. It is always an honor to do that, but I will be turning the reins over to someone else next year. There were a lot of very informative seminars and an excellent array of vendors this year. My husband Greg and I had the pleasure of helping Cathy LaValle, Commander of Port St. Lucie celebrate her birthday as well. I would like to thank everyone who attended for showing your support of our National Organization.

Congratulations to Mary Ann Keckler, our newly elected National Executive Committeewoman for 2023-2025 and Thomas Ayala, our newly elected Alternate Executive Committeeman for 2023-2025. I know you both will serve us well.

This year we had the honor of electing our very first Hispanic female National Commander, Nancy Espinosa from Utah. Congratulations Nancy and we all hope you have a very successful year.

Once again, we are scheduled to conduct Chapter Officer Training in Area 5 at Chapter 42 in Riviera Beach due to a mix-up in July.

Beginning in September, Chapter 4, John C McCarthy, II will be meeting in their new home and location in New Port Richey. Even though this is quite a distance from their original chartered location in Tampa, sometimes mergers such as these prove to be more beneficial to our mission of serving our injured, ill, and homeless veteran population. If your Chapter is having difficulties getting enough members to attend your meetings, I would encourage you to consider a merger with another Chapter. A merger could prove beneficial to your both.

As a reminder, please remember to let the Department know of any special events you are planning in your areas and to send pictures for our Department Newsletter.

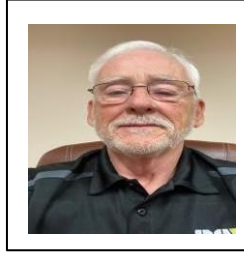
**PACT ACT SPECIAL HEALTH CARE ENROLLMENT PERIOD ENDS SEPTEMBER 30<sup>TH</sup>, 2023!** Visit [VA.gov/PACT](https://VA.gov/PACT) for more information.

As a reminder, it costs nothing to be kind. You never know what someone is going through in their life so try to take time to send a text, email, or call. It only takes a minute of your time, but that minute could mean a lifetime to someone who is suffering.

The Department Convention delegates approved several resolutions at our convention and they were forwarded to National Headquarters for consideration by the National Resolutions Committee at the National Convention.

- Resolution 282 Support Legislation to expand mental health transition services rejected as duplicate.
- Resolution 282 Support Legislation to improve/reform DIC. Rejected as duplicate.
- Resolution 283 Support Legislation recognizing racial trauma as a stressor. Adopted.
- Resolution 284 Support legislation to direct Secretary of VA to coordinate within VA and DOD to verify dependency status. Rejected as duplicate.
- Resolution 285 Ensure VA clinical appeals process protects veterans. Adopted.
- Resolution 286 Support the provision on comprehensive VA health care services to enrolled veterans. Adopted.
- Resolution 287 Oppose any restriction on eligibility of military medically retired veterans to receive care in DoD or VA health care systems. Adopted.
- Resolution 288 Support legislation to change eligibility for community nursing home program. Adopted.
- Resolution 289 Allocate patient advocate funding within the VA to an independent organization. Rejected as duplicate.
- Resolution 290 VA should develop a general VA customer service survey system for use any time a service is rendered. Rejected as duplicate.
- Resolution 290 Homeless veterans should be furnished a housing voucher. Rejected.





## *DEPARTMENT SENIOR VICE COMMANDER LAYMOND ROSE*

### **New Membership Year – 2023/2024!**

This past year the Department had 22 chapters achieve their 2022/2023 membership goal. Again, congratulations and thank you for a job well done to chapters 1, 11, 13, 18, 29, 30, 49, 57, 67, 73, 82, 83, 86, 101, 109, 110, 112, 113, 123, 144, 150, and 158.

A Special Congratulations to the top performing chapter - Chapter 49 at 153%!

The top new member recruiter in the Department was Liza Perez with 67 total new members recruited. Liza did have stiff competition for the top spot, followed closely by:

- Jackie Graham – 64
- Eduard Bueno – 61
- Emanuel Coley – 58
- Lisa Duncan – 56
- Afua Whiteside – 56
- Brenda Culbreath – 54
- Gerald Propst – 43

The Department finished at 99.60 % of the goal. With just a little extra effort from everyone, we can exceed our goal in 2023/2024 fiscal year.

The new fiscal year began July 1<sup>st</sup> with a reset by National of all chapter membership lists, removing deceased, transfers, etcetera to establish the baseline for the new year. Then new membership goals were established. If you have not done so already, you should download both your new Membership Listing Report, Population Summary Report (which provides your membership goal and performance) and current Membership Activity Report.

The Membership Activity Report should be downloaded at the end of every month. This report lists all new members and transfers that were accredited to your chapter during the last month (or the period you entered.) Many times, during the year you will probably find new members on this list that were recruited through National that you were not aware of. A welcome letter and phone call should be in order. This was discussed in each of our 10 Area Officer Training Sessions.

PLEASE BE AWARE that membership dues will increase from the current \$300 for lifetime membership to \$325 effective January 1<sup>st</sup>, 2024. Obviously, we should maximize your recruiting efforts over the next four months. Membership for veterans that are 80+ years old will still be free!

Suggestions for New Membership Drive efforts:

1. Have every active member in your chapter sign up for RECRUIT A WARRIOR. Just go to [www.dav.org/warrior](http://www.dav.org/warrior) - There you will be able to enter your membership number and the site will generate a unique QR code for you. You can add this QR code to your business cards and any communications and/or display it on your phone. When a member prospect scans your QR code they will be taken directly to the membership signup page at the DAV National webpage. Based on your personal QR code the system will know you recruited that new member and give you credit for it.
2. Obtain the Prospect Hotlist for your chapter territory. Implement a plan to contact these prospects.
3. Actively recruit new members at fundraising events such as forget-me-nots.
4. Contact/Visit every Assisted Living facility in your chapter area.
  - a. Determine if they have any veteran residents.
  - b. Offer to conduct a brief benefits seminar for the residents and provide claims assistance.
  - c. Identify all 80+ year old veterans and sign them up for FREE membership.
5. The same approach as number 4 above can be used to contact churches and other civic organizations.

**REMEMBER:** Lifetime membership dues will increase from the current \$300 to \$325 on January 1<sup>st</sup>, 2024. Our Lifetime membership fee is still one of the lowest among Veteran Service Organizations. While some other organizations offer an annual membership fee and may seem to be lower, their annual membership dues will surpass our lifetime dues in only a few short years. With an initial payment of as little as \$40 and a credit card, the new member can pay the balance with a payment as low as \$10 a month with zero interest.





## DEPARTMENT JUNIOR VICE COMMANDER CHIP HANSON



More than 30,000 Americans commit suicide each year; hundreds of thousands more attempt it but fail. As a deliberate act to end one's own life, suicide appears anathema in a society seemingly obsessed with improving health and prolonging life. Yet suicide was the 11th leading cause of death in the United States since 2007. Suicide brings pain to the families of victims and exacts economic costs for the country.

Suicide is a major public health issue and among the top ten causes of death in the United States. Unfortunately, for more than a decade, the suicide rate has been rising in the general U.S. population and especially among veterans, men, and women who risked their lives for the country. This Veterans' Issues in Focus Perspective presents data on the magnitude of the problem, identifies particularly noteworthy issues and trends, highlights recent advances, and identifies gaps that deserve increased attention from both researchers and policymakers.

In its 2018–2024 strategic plan, the U.S. Department of Veterans Affairs (VA) identified preventing veteran suicide as its highest clinical priority, and the RAND Epstein Family Veterans Policy Research Institute is committed to helping VA—and the country—achieve this critical goal.

The largest number of veterans who die by suicide are between 55 and 74 years old. The highest suicide rates have historically been among the oldest Americans. Many elderly have undiagnosed or untreated depression, which can be intensified by the trauma of losing a spouse or the stress of living with a chronic illness.

Elderly adults often lack frequent social interactions that can help protect them against the loneliness that can exacerbate depression. Compared with suicide attempts among younger people, suicides among older adults tend to be carefully planned and more likely to be successful.

Many elderly also have underlying health conditions, which reduces their chances of surviving a suicide attempt, compared with younger adults.

Suicide rates have actually declined for older adults since 1999, but they remain higher than those in most other age groups.

“Sometimes even to live is an act of courage.” — Seneca

### 988 Suicide and Crisis Lifeline

## 988

In 2020, there were 6,146 Veteran suicide deaths, which was 343 fewer than in 2019. The unadjusted rate of suicide in 2020 among U.S. Veterans was 31.7 per 100,000.

In 2020, suicide was the 13th leading cause of death among Veterans overall, and it was the second leading cause of death among Veterans under age 45.

There were 343 fewer Veterans who died from suicide in 2020 than in 2019, and 2020 had the lowest number of Veteran suicides since 2006. • From 2001 through 2018, the number of Veteran suicides increased on average by 47 deaths per year.

From 2019 to 2020, there were consecutive reductions, of 307 and 343 suicides, respectively, an unprecedented decrease since 2001.

The age-adjusted suicide rate for women Veterans in 2020 was the lowest since 2013, and the age-adjusted suicide rate for Veteran men was the lowest since 2016.

Suicide rates among both male and female Veterans ages 18–34 increased from 2019 to 2020, while for all other groups, rates decreased.

Above data obtained from:

**NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT VA Suicide Prevention 2022 Office of Mental Health and Suicide Prevention.**



## DEPARTMENT CHAPLAIN REVEREND JIM TAYLOR



### We Were There

We were there with 31 ships and John Paul Jones against the great British Navy (War of Independence).

We were there when the USS Constitution won the Battle of Lake Erie and the Battle of Lake Champlain to spoil the British invasion plans (War of 1812).

We were there to protect convoys from enemy U-boats as men and supplies were moved across the Atlantic (World War 1).

We were there as ships and submarines rescued downed flyers and fought Japanese in Pearl Harbor, Coral Sea, Midway, Philippines, Leyte Gulf, and Okinawa, (World War 2).

We were there to set up naval blockades against North Korean ports of Wonsan and Inchon, as well as launch air support for Chosin (Korean War).

We were there on the Patrol Boats, Riverine PBRs and Seawolves Helicopter Attack Squadron HA(L)-3, and the Seabees builders in the Mekong Delta (Vietnam).

We were there in ballistic missile submarines as a deterrent to nuclear war with Russia (Cold War).

We were there to transport planes, resources, and personnel to establish entire airbases to fight Saddam (Gulf War).

We were there to launch air strikes with planes from aircraft carriers to clear the way for ground troops (Iraq/Afghanistan).

We were there as many times as our country calls, for we are a brotherhood of men and women to give whatever is needed.

We were there. I am here now to remember. I will be there for an American Veteran.

Lord, as a US Navy veteran I know war, I pray you make me an instrument of Thy peace. Amen.

### H.R. 4424

DAV is supporting H.R. 4424, the Vietnam Veterans Liver Fluke Cancer Study Act, legislation directing the Secretary of Veterans Affairs to conduct an epidemiological study on the prevalence of cholangiocarcinoma in veterans of the Vietnam Era. Bile duct cancer (cholangiocarcinoma) is a cancer of the biliary duct system, which includes the gallbladder, bile ducts and certain cells inside the liver.

One risk factor for the bile duct cancer is past infection with tiny parasitic worms called liver flukes, which are found in the fresh waters of Southeast Asia. Veterans who ate raw or undercooked freshwater fish during their service in Southeast Asia, such as Vietnam Veterans might have been infected. Currently, there are no available studies to show that bile duct cancer occurs more often in Vietnam Veterans than in other groups.

The Vietnam Veterans Liver Fluke Study can help determine if environmental exposures faced by Vietnam Veterans can be linked to bile duct cancer. DAV support this legislation in accordance with DAV Resolution No. 087.

Please urge your Representative to support and co-sponsor H.R. 4424.



## LVAP HOURS:

The timely and accurate reporting of LVAP hours will be one of my priority goals this fiscal year. Last year only 21 of our 52 chapters reported LVAP hours to the department monthly as required. It is my belief that every chapter is performing functions for which LVAP hours can be claimed – they simply are not reporting those hours. Consequently, we are significantly under-reporting the activity of the Department of Florida.

Reporting LVAP hours, by every chapter, is very important to the DAV organization. DAV is required to report volunteer hours to Congress, watchdog groups, members, and donors. Reporting 'ALL' of our volunteer hours can strengthen our lobbying capabilities in congress, elevate the favorable opinion of watchdog groups, and reinforce the trust of our members and donors. The below chart will be updated and appear in this newsletter monthly going forward so that every chapter will know where they stand.

LVAP HOURS REPORTED BY CHAPTER											
Chap #	Current Month	YTD	Chap #	Current Month	YTD	Chap #	Current Month	YTD	Chap #	Current Month	YTD
1		0	23		0	83		0	112		0
4		0	29		0	84		0	113		0
5		0	30		0	85		0	123		0
6		0	32		0	86		0	125		0
7		0	38		0	87		0	126		0
11		0	42		0	90		0	129		0
12		0	49		0	94		0	133		0
13		0	57		0	97		0	144		0
16		0	63		0	98		0	148		0
17		0	67		0	101		0	150		0
18		0	70		0	108		0	158		0
20		0	73		0	109		0	159		0
22		0	82		0	110		0	161		0







Commander Reed presents checks to National Service Foundation President Andy Marshall.



Final Chapter Officer Training conducted at Chapter 42



**ATLANTIC CITY, N.J.**—Utah native Nancy Espinosa was unanimously elected national commander of the more than 1 million-member DAV (Disabled American Veterans) today in Atlantic City, New Jersey, at the organization's 101st national convention. The service-connected disabled Army veteran is the first Hispanic woman to hold DAV's highest post.

"I do not take this responsibility lightly and promise to give you all my absolute best effort in this role," Espinosa told the crowd of more than 2,000 DAV members and supporters. "I look forward to channeling the warrior spirit of my ancestors and the force of character that fills this room as we work toward our shared mission of serving veterans and their families."

"Service appeals to the best in us and the best of us," said Espinosa. "It calls to our grit and determination. It tests us and pushes us to our limits—not for glory or goods, but in service to others. It says to the underdog, 'You are meant for something bigger than yourself.'"

Espinosa was a member of the Army Reserve from 1975 until becoming an active-duty soldier in 1985. After four years of active service, she joined the New Mexico Army National Guard, serving until her honorable discharge in 1990.



## Andy Marshall Department Adjutant

STATEMENT OF STEPHEN BRACCI DIRECTOR,  
CLAIMS AND MEDICAL EXAMS INSPECTION  
DIVISION,  
OFFICE OF AUDITS AND EVALUATIONS OFFICE  
OF INSPECTOR GENERAL,

U.S. DEPARTMENT OF VETERANS AFFAIRS  
BEFORE THE SUBCOMMITTEE ON DISABILITY  
ASSISTANCE AND MEMORIAL AFFAIRS,

U.S. HOUSE OF REPRESENTATIVES  
COMMITTEE ON VETERANS' AFFAIRS HEARING  
ON VA DISABILITY EXAMS: ARE VETERANS  
RECEIVING QUALITY SERVICES?

Below is partial statement of Mr. Bracci as report is lengthy.

Chairman Luttrell, Ranking Member Pappas, and members of the Subcommittee, thank you for the opportunity to testify on the Office of the Inspector General's (OIG) oversight of the Veterans Benefits Administration (VBA) contract medical exam program. The OIG is committed to conducting independent audits, reviews, and inspections that result in clear findings and practical recommendations to help VA promptly provide veterans with the quality care, services, and benefits they are due. To that end, the OIG works diligently to ensure every report it releases—even if focused on a single medical facility or benefits office—serves as a road map for VA leaders nationwide and contributes to overall program improvements.

VBA's Medical Disability Examination Office (MDEO) administers VBA's contract medical exam program. VBA currently has 18 contracts with four vendors: OptumServe Health Services, Quality Timeliness and Customer Service Medical Services, Veterans Evaluations Services Inc., and Loyal Source Government Services, LLC. Two MDEO suboffices—Acquisition and Budget, and Medical Disability Examination Quality—are responsible for overseeing vendor performance and contract medical disability exam quality, respectively. Acquisition and Budget enforces the technical terms of the contract, such as coordinating contract modifications and monitoring spending.

### CONTRACT MEDICAL EXAM PROGRAM LIMITATIONS PUT VETERANS AT RISK FOR INACCURATE DECISIONS

VA spent nearly \$6.8 billion on contract medical exams from the contracts' award in October 2016 through December 2021. Given the importance of medical exams to claims accuracy and the significant investment of taxpayer dollars in VA's contracts for exam providers, the OIG conducted a review to determine whether VBA oversaw contract medical exams to ensure they met quality standards and contractual requirements in support of claims decisions, established procedures for correcting errors found during quality reviews, and gave feedback to vendors to improve exam quality.

**Vendor Exams Did Not Consistently Meet Accuracy Criteria**  
Although MDEO's quality component proficiently reviewed the contract medical exams, MDEO did not use the results of the quality reviews and hold vendors accountable when exams did not consistently meet all accuracy criteria. The contracts state that the government "will measure the quality of vendor's performance in completing examination requests." Every quarter, MDEO reviews a sample of vendors' exam reports for accuracy,





## Adjutant's Column Continued

with accuracy less than 92 percent considered "unsatisfactory performance."9 MDEO reported that the three vendors, who were under contract with VBA at the time of the OIG review, were consistently below the 92 percent requirement and have been since at least 2017.10 Additionally, the OIG team determined that even though MDEO identified errors in its quality reviews, these errors were not corrected before or after claims processors made their decisions.

### CONCLUSION

One of the critical foundations of accountability of any program is effective quality assurance and monitoring to detect and resolve issues. The OIG has found that MDEO needs to improve its quality assurance processes and better monitor its contract exam vendors to help ensure veterans receive the benefits they are entitled to through VA's disability programs. While VBA has made progress in updating its contracts and procedures to provide oversight of its contracts, there is clearly more work to be done. The OIG remains focused on conducting oversight work and providing recommendations to help improve veterans' experiences during the disability claims process. Mr. Chairman, this concludes my statement. I would be happy to answer any questions you or members of the subcommittee may have.

### Office of Inspector General Department of Veterans Affairs

The VA Office of Inspector General (OIG) conducted a focused review of Veterans Health Administration's (VHA) guidelines for lung cancer screening (LCS) and the requirements for facility establishment of an LCS program based on a memorandum published by the Deputy Under Secretary for Health for Operations and Management in 2017 and updated by the Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer in 2022.

Lung cancer is the third most diagnosed type of cancer in the United States and is the leading cause of cancer deaths.4 Lung cancer generally has a poor prognosis, but diagnosis at an early stage improves patients' survival. Yet, in the general population, only 17 percent are diagnosed at an early stage.5 Within the veteran population, however, this was higher at 30 percent are diagnosed at an early stage.6 The US Preventive Services Task Force first recommended LCS in 2013 for people with a history of using cigarettes at high risk for lung cancer and updated the recommendation in 2021 to expand the high-risk population eligible for screening by lowering both the age and cumulative smoking years. Low-dose computed

tomography (CT) scan is the only recommended screening test for lung cancer. LCS is currently recommended annually for patients at high risk for lung cancer. Despite the impact LCS has on improving patients' survival, LCS rates in the U.S. remain low. Multiple issues may explain these low LCS rates including patients' lack of awareness, mistrust in the healthcare system, and financial or social factors. Provider specific issues include competing demands for time, lack of awareness, and limited training in shared decision-making. Finally, system-wide deficiencies such as the lack of support from health-system leaders, equipment, information technology infrastructure, and personnel are contributing factors to lower LCS rates.

Additionally, methods for interpreting low-dose CT scans varied among facilities. Ten sites completing low-dose CT scans for lung cancer reported not using an established system for classification of the results.10 Not using the classification system could lead to inaccurate interpretation of the low-dose CT scan results and increase the risk for patient harm and health care costs.

The OIG made three recommendations to the Under Secretary for Health: -

- Review the operational memorandum for lung cancer screening implementation and assess whether LCS rates could be enhanced by allowing a facility to conduct LCS while developing all mandated elements; -
- Review the operational memorandum for LCS implementation and assess whether LCS rates could be enhanced by reevaluating, prioritizing, and clarifying the mandated elements; and -
- Consider mandating eligible patients be offered LCS consistent with other required cancer screenings in the Veterans Health Administration.

Chapters visited by Department Line Officers and Adjutant since Department Convention: 11

### Membership Report

Our goal for the 2023-2024 Membership year is 63, 144. As of August 16, we had 60, 901 total members and are 2, 261 members short of goal. The following chapters need 10 or less members to reach their goal: Tri-County 63 needs 10 members; Tamarac 73 needs nine members; Titusville 109 needs 5 members; Chapter 126 needs 8 members; Chapter 129 needs 8 members; Chapter 144 needs 9 members.

## Building Better Caregivers Online Workshop

### Free 6-week online workshop offers group support for caregivers of Veterans caregivers of Veterans

The Building Better Caregiver® (BBC) free 6-week online workshop offers group support for caregivers. Lesha, a caregiver for her Veteran husband, suffered a heart attack from the stress of caregiving while working and taking care of her family. She joined BBC to learn to take better care of herself. "If I'm not healthy, he can't get healthy", Lesha shared.

When you [join a 6-week BBC online workshop](#), you can improve your personal development at your own pace with the following options:

- log in when it's convenient for you each week
- set weekly goals of your choosing
- receive support from other caregivers just like you

The workshop was developed by Stanford University to support caregivers of Veterans of all eras. When you join a BBC Workshop, you'll connect with other caregivers and trained leaders in helping you learn new ways to manage the challenges of caregiving.

Caregivers must meet criteria and be willing to participate in the VA Caregiver Support Program in either the Program of Comprehensive assistance (PCAFC) or Program of General Caregiver Support Services (PGCSS) programs.

**Building Better Caregivers® (BBC)** is an online program to help Caregivers of Veterans with dementia, memory problems, post-traumatic stress disorder, a serious brain injury or any other serious injury or illness. The Caregiver must meet criteria and be willing to participate in the Caregiver support program in either the Program of Comprehensive Assistance (PCAFC) or Program of General Caregiver Support Services (PGCSS) programs.



## US Congress Senate Bill 2648

A bill to amend title 38, United States Code, to treat certain individuals who served in Vietnam as a member of the armed forces of the Republic of Korea as a veteran of the Armed Forces of the United States for purposes of the provision of health care by the Department of Veterans Affairs.

7/23/23 Read twice and referred to Committee on Veterans Affairs.

## US Congress Senate Bill 2294

A bill to amend title 38, United States Code, to furnish hospital care and medical services to veterans and dependents who were stationed at military installations at which those veterans and dependents were exposed to perfluorooctanoic acid or other perfluoroalkyl and polyfluoroalkyl substances, to provide for a presumption of service connection for certain veterans who were stationed at military installations at which those veterans were exposed to such substances, and for other purposes.

7/13/23 read twice and referred to Committee on Veterans Affairs.

## US Congress Senate Bill 1792

A bill to amend title 38, United States Code, to modify the program of comprehensive assistance for family caregivers of veterans, and for other purposes.

6/1/23 Read twice and referred to Committee on Veterans Affairs.

## US Congress Senate Bill 1789

A bill to amend title 38, United States Code, to improve the review of claims for benefits under laws administered by the Secretary of Veterans Affairs.

6/1/23 Read twice and referred to Committee on Veterans Affairs.

## US Congress Senate Bill 1635

A bill to require the Secretary of Veterans Affairs to take certain actions to improve the processing by the Department of Veterans Affairs of claims for disability compensation for post-traumatic stress disorder, and for other purposes.

5/17/23 Read twice and referred to Committee on Veterans Affairs

### US Congress Senate Bill 2465

A bill to require the Secretary of Veterans Affairs to establish a pilot program to furnish doula services to veterans.

7/25/23 Read twice and referred to Committee on Veterans Affairs.

### US Congress Senate Bill 2276

A bill to provide for opt-out sharing of information on members retiring or separating from the Armed Forces with community-based organizations and related entities.

7/12/23 Read twice and referred to Committee on Veterans Affairs.

### US Congress HR 303

The Retired Pay Restoration Act.

This bill would allow individuals who were retired or separated after at least 20 years of military service due to a service-connected disability to be eligible for the full concurrent receipt of both veterans' disability compensation and either military retired pay or CRSC. Bill continues to have only 2 cosponsors.

### US Congress HR 2410

The Vet Care Act

This bill would expand veterans' access to dental care. Now has 8 cosponsors.

The National Defense Authorization Act (NDAA) for FY 2023 authorized a Survivor Benefit Plan (SBP) Reserve Component Survivor Benefit Plan (RCSBP) Open Season until January 1, 2024.

Retired soldiers in receipt of retired pay not enrolled in SBP as of December 22, 2022, are authorized to enroll in SBP coverage during the open season. This includes those who terminated coverage prior to December 22, 2022. Those enrolled in SBP as of December 22, 2022, can discontinue SBP coverage during the open season.

Check out the links below to get SBP planning financial tools, SBP/RCSBP Open Season Fact Sheets and necessary forms and procedures:

<https://www.dfas.mil/Retired/Military/provide/abp/SBP-Open-Season-NDAA2023/>

### Find your TRICARE Costs with compare cost tool.

Would you like to know more about your TRICARE health plan costs? Perhaps you would like to compare different plans to find the most cost-effective one. TRICARE's online compare cost tool can help you look up health plan's costs and review multiple health plan costs at the same time. [TRICARE-Costs-With-Compare-Cost-Tool](#)

Retirement Service Officer Central and west Florida MacDill AFB (813) 828 0163

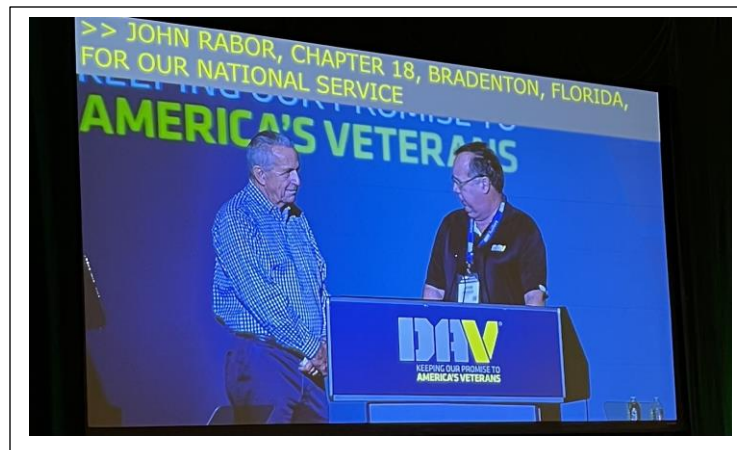
[army.rso@us.af.mil](mailto:army.rso@us.af.mil)

Rest of Florida use Ft. Stewart (912) 767 5013/3326

[usarmy.stewartrso@mail.mil](mailto:usarmy.stewartrso@mail.mil)



Commander Reed with Florida delegates at Convention



PDC Raber makes contribution to National Service Foundation President at National Convention on behalf of Manatee Chapter 18.



September 4 Labor Day



September 15 POW/MIA Recognition Day



September 18 Air Force Birthday



September 24 Gold Star Mother's Day

