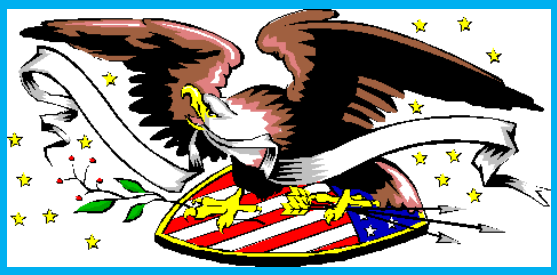

January 8, 2026

VETERANS

MONTHLY INFORMATION PACKAGE

FLAGLER COUNTY

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Feel free to make copies and distribute throughout your organization.

CONGRESS REDREW MILITARY, VA BENEFITS IN 2025. THE CHANGES ARE MASSIVE

U.S. Congress quietly rewrote the rules for military service, veterans' benefits and troop transitions in 2025, forcing legislative changes on everything from tuition bills, foreclosure protections and toxic exposure records.

Between January and late December, Congress passed 14 laws reshaping military and Department of Veterans Affairs (VA) benefits in accordance to rising costs, ongoing deployments, and pressure from veterans' groups. The laws take effect on staggered timelines into the new years, occurring with less fanfare and without the political theater that derailed previous bigger congressional battles over issues like immigration.

The lawful measures range from automatic increases for disability and survivor benefits; in-state tuition for Selected Reserve students to new foreclosure protections; repayment guarantees for stolen benefits; and required separation counseling for troops leaving the force. Several also fold in wildfire aircraft transfers, clinic construction, and major changes to tax and border spending.

Paychecks, Pensions and Tuition Shifts in 2026

Many of the changes are economically related and will impact the following:

- Under legislation known as the Veterans' Compensation Cost-of-Living Adjustment Act of 2025, cost-of-living increases for disability and survivor benefits will now automatically match Social Security every year without separate votes. That change began Dec. 1 and stops benefits from lagging behind inflation.

- Beginning Aug. 1, 2026, under the MGIB-SR Tuition Fairness Act, Reservists using the Montgomery GI Bill Selected Reserve will qualify for in-state tuition at public colleges Schools that refuse will be at risk of losing VA approval to accept military education benefits.

- Life insurance coverage under Servicemembers' Group Life Insurance and Veterans' Group Life Insurance must now be reviewed every five years and adjusted based on consumer price index data. That review cycle prevents coverage from lagging behind real-world housing and medical costs.
- Medal of Honor pensions will now track VA disability tables instead of a flat rate that trailed inflation.

- Payment tiers for Selected Reserve education benefits vary by enrollment status and training load, with monthly stipends adjusted annually to reflect housing and tuition shifts.

VA Can Step in Before Foreclosure

The VA now has the authority to buy a percentage of a delinquent mortgage and transfer that debt into a VA-managed loan, according to the Veterans Housing Protection Act.

The "partial claim" can cover up to 30% of unpaid principal for veterans who fell behind on payments between March 1, 2020, and May 1, 2025.

The law requires oversight audits to track how many veterans use partial claims, how many re-default, and what the cost is to taxpayers. Lenders cannot use the authority to inflate VA liability or accelerate foreclosure timelines. Lawmakers said the program acts as a post-pandemic bridge after temporary mortgage relief programs expired and filings increased.

Accessible housing grants, veteran transportation for medical appointments, and assistive technology programs were extended through Fiscal Year 2026 to prevent benefit gaps as the policy rolls out.

Less Room to Fail

Quarterly budget briefings to Congress are now mandatory under the PRO Vets Act—a law that demands disclosures before hiring freezes or appointment delays hit veterans. It also restricts executive bonuses until performance benchmarks improve.

Under the Veterans' Fiduciary Fraud Reimbursement Act, victims of fiduciaries who steal benefits will now see VA repay stolen money in full. Repayment applies even if the veteran dies before the theft is discovered. VA must pursue the perpetrator, not surviving families.

A sign in front of a foreclosed home in Las Vegas. Nevada lawmakers want to pull the plug on a program that helps homeowners fend off foreclosure in a sign of just how far the state has come since the Great Recession. (AP Photo/Julie Jacobson, File)

More than 3,100 fiduciary fraud complaints sat unresolved last year, according to House Veterans Affairs Committee staff estimates.

Disability pay and cost-of-living adjustments follow tiered rating levels, medical evidence standards, and annual indexing that determines monthly compensation amounts.

No Walking Off Base Anymore

New separation rules in the recently passed National Defense Authorization Act require in-person counseling when possible, including financial planning instruction, debt management resources, medical record transfers and VA claims basics. Commands must prove compliance rather than treat transition counseling as optional.

About 200,000 service members separate each year, according to Department of Defense transition data. Missed paperwork deadlines, missing service treatment records and lost toxic exposure documentation routinely delay disability claims or wipe out GI Bill eligibility.

Jon Stewart speaks outside the Department of Veterans Affairs following meetings with officials on Friday, July 26, 2024, in Washington.

The law also orders DOD and VA to integrate toxic exposure records and service treatment files into a joint framework to stop evidence from disappearing in disconnected systems.

Another provision allows the transfer of surplus military aircraft to state wildfire fleets, linking aging platforms to climate-driven emergencies without new procurement.

More Rules Coming

Not every change hits at once.
Insurance reviews start Jan. 1, 2026. The GI Bill Selected Reserve tuition rule starts Aug. 1, 2026. Mortgage partial claims are active now but need VA regulations to finalize repayment terms.

Veterans could feel changes in bank accounts before they get clarity from the VA or their chain of command. Rollouts may be delayed by outdated forms, slow implementation guidance and inconsistent staffing.

Advocates say 2025 built a floor. The next Congress decides how high the ceiling goes.

The Legislation Behind the Changes

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- H.R. 1 — 2025 Consolidated Budget and Policy Reconciliation Act: Tax, border and defense spending package; Indo-Pacific posture; CBP workforce; shipbuilding funds; debt limit.
- S. 160 — Aerial Firefighting Enhancement Act: Allows DoD aircraft transfers to states for wildfire missions.
- S. 2392 — Veterans' Compensation Cost-of-Living Adjustment Act: Ties VA benefits to Social Security COLA.
- H.R. 2170 — VA Health Infrastructure Modernization Act: Repairs and expands VA clinics; electronic record modernization.
- H.R. 1968 — Full-Year Continuing Appropriations Act: Funds government at FY24 levels through Sept. 30; sustains VA and DoD operations.
- S. 5 — Military Unit Heritage Protection Act: Protects lineage and heraldry of historic U.S. military units.
- H.R. 695 — Medal of Honor Pension Adjustment: Aligns pensions to VA disability tables.
- H.R. 983 — MGIB-SR Tuition Fairness Act: In-state tuition for reservists.
- H.R. 970 — SGLI/VGLI Inflation Guard: CPI-based coverage reviews.
- H.R. 1815 — Veterans Housing Protection Act: VA partial mortgage claims.
- H.R. 1912 — Veterans' Fiduciary Fraud Reimbursement Act: VA must repay stolen benefits.

- H.R. 5371 — FY25 Defense and VA Appropriations Act: Funds benefits, readiness, housing and shipbuilding.
- S. 423 — PRO Vets Act: Quarterly budget reporting; bonus limits.
- S. 1071 — NDAA FY26: Transition overhaul; records integration; wildfire aircraft rules.

1-IN-4 VETERANS WITH PTSD QUIT THERAPY BEFORE RESOLVING TRAUMA: STUDY

About a quarter of U.S. service members and veterans who start psychotherapy for post-traumatic stress disorder (PTSD) quit before they finish treatment, according to a recent study, with experts pushing for more effective long-term approaches to sustain mental health treatments.

The study, titled "The Protocol Matters: A Meta-analysis of Psychotherapy Dropout from Specific PTSD Treatment Approaches in U.S. Service Members and Veterans," was published in mid-November in the journal *Psychological Trauma: Theory, Research, Practice, and Policy* through the American Psychological Association.

It examined treatment methodologies for the approximate 7% of veterans affected by PTSD, per the Department of Veterans Affairs, which represents a number slightly higher than the general adult population. Veterans are disproportionately affected by risks of stroke and heart disease, according to the American Heart Association.

The approximate 7% of veterans affected by PTSD represents a number slightly higher than the general adult population.

Elizabeth A. Penix-Smith, of Idaho State University, is the study's lead author and also a National Research Council fellow at the Walter Reed Army Institute of Research.

“Every veteran and service member who seeks treatment for PTSD deserves quality care that helps them heal and meet their treatment goals,” Penix-Smith told Military.com. “To this end, there have been enormous strides in improving the accessibility of effective treatments for PTSD.

“Yet, many of these treatments ask clients to relive aspects of the worst moments of their lives and there has been emerging evidence that suggests that some of these approaches might be especially difficult for some veterans and service members to complete. So, we felt that having a systematic, comprehensive understanding of how frequently dropout was occurring across different PTSD treatments was an important next step in better understanding and improving care for military populations.”

A new study finds that about 25% of U.S. service members and veterans who start psychotherapy for post-traumatic stress disorder (PTSD) quit before they finish treatment. (Freepik)

The views expressed through the study are those of the authors and should not be construed to represent the positions of the U.S. Army or the Department of Defense.

Program Types Matter

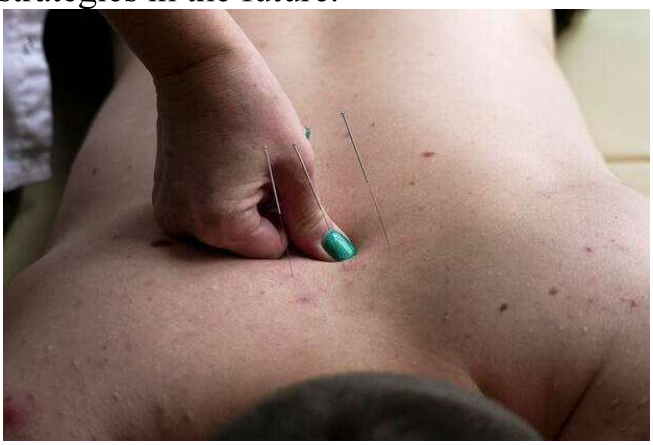
Penix-Smith said the study involved meta-analytic methods to obtain average dropout rates, which involved systematic reviews of more than 34,000 titles and abstracts to search for relevant studies pertaining to the subject matter.

She and study co-author, Joshua Swift, also of Idaho State University, identified 181 articles that included dropout data from 124,092 veterans and service members initiating PTSD treatment. After averaging the dropout rates across all the individual studies, they found it resulted in a weighted dropout rate of 25.6% for overall PTSD treatments—a dropout rate for PTSD treatments that is fairly consistent with other meta-analyses.

“Previous research suggests that treatments that ask clients to relive aspects of their trauma might yield higher dropout rates than protocols that do not include these elements,” Penix-Smith said. “So, we were surprised by how nuanced this actually was when you look at dropout rates across individual treatments.”

She and Swift discovered that the lowest dropout rates were among trauma-focused intensive outpatient programs, where weekly formats of some trauma-focused approaches yielded relatively low dropout rates—such as 6.9% for group-based exposure therapy. Other non-trauma focused protocols had somewhat higher dropout rates, including 30.6% for psychoeducation interventions.

“The variability between dropout rates for individual protocols was especially interesting since this variability did not neatly fit into expectations that some groups of protocols would generally have higher or lower dropout rates,” Penix-Smith said. “This nuance is exciting, though, because it allows us to take a second look at what might be happening within these protocols that is potentially protective against dropout and see whether these elements could be used as dropout prevention strategies in the future.”



A doctor performs acupuncture on the back of a soldier at a clinic which treats veterans for PTSD, post-combat stress and post-concussion trauma, in Kyiv, Ukraine, Monday, Nov. 21, 2022. (AP Photo/John Leicester)

Dropout Rate Influences Are Iffy

There are disparities in terms of the different therapeutic approaches undertaken by veterans and service members with PTSD, such as weekly trauma-focused approaches like cognitive processing therapy and prolonged exposure having the highest dropout rates while present-centered therapy and mindfulness-based stress reduction showed lower dropout rates.

Penix-Smith said that due to the way PTSD treatments were initially developed, it's difficult to pinpoint a specific explanation for why certain forms of therapy work and retain attention more consistently while others do not.

The difficulty stems from treatments being packaged in a way where a given PTSD treatment may include elements that are shared with other treatments but also includes elements unique to that treatment protocol, she said.

"Without being able to systematically isolate and evaluate dropout rates from individual treatment elements, this makes it challenging to precisely identify what about a specific treatment might be driving high or low dropout rates," she said.

"This is also a complicated challenge because there may be some groups of veterans and service members who benefit from some treatments but not others. "Based on findings from our study, it's also possible that there are factors that also influence dropout beyond just the protocol itself, such as whether the treatment uses an intensive treatment format or explicitly targets comorbid substance use."

Maintaining, Improving Access 'Critical'

Penix-Smith said that improving such outcomes could be aided by systems and clinics offering diverse sets of effective treatments that in turn can empower therapists and clients to select the treatment—meeting clients where they are. Improving outcomes also relies on improved access to evidence-based treatments that yield lower dropout rates, such as indicated in the study, which may include intensive outpatient programs for prolonged exposure therapy and cognitive processing therapy.

Cathy Jonas, owner of Epic Healing Eugene, holds a display with Golden Teacher mushrooms on Friday, Aug. 4, 2023, in Eugene, Ore. Epic Healing Eugene, Oregon's first licensed psilocybin service center, opened in June 2023, marking the state's unprecedented step in offering the mind-bending drug to the public. The center now has a waitlist of more than 3,000 names, including people with depression, PTSD or end-of-life dread. (AP Photo/Jenny Kane)

But access to such programs can be quite challenging for veterans and service members to access, she said, especially in rural areas.

Some treatments and products are developed by the Walter Reed Army Institute of Research (WRAIR), which is in tune with the mental health needs of service members. WRAIR's Dropout Reduction in Outpatient Psychotherapy training decreased dropout rates by teaching therapists skills for improving and measuring progress during treatment.

Testing interventions that assist clients and therapists with identifying treatments that veterans are more likely to complete, such as therapist training, decision-making aids, and using technologies like machine learning, show a "promising" trajectory, Penix-Smith said.

Current protocols are still necessary and result in evidence-based, effective, and meaningful changes, she added. But moving forward, further investment in program identification and matching individuals with the most potent treatment programs could lead to better outcomes—not to mention continued investment in an era where health care costs can become huge financial burdens.

“Policymakers and administrators will have a critical role in creating an environment where these skills and interventions are clearly prioritized, such as protecting therapist time for related training opportunities,” Penix-Smith said.

VETERANS OFTEN OVERLOOK THESE VA DISABILITY CLAIMS: SECONDARY CONDITIONS EXPLAINED

A Marine Corps veteran rated 70% for post-traumatic stress disorder didn't know his sleep apnea counted as a separate disability. An Army veteran with a service-connected back injury never filed for the knee problems that developed from limping for years. A Navy veteran rated for tinnitus had no idea his depression qualified as a secondary condition.

These veterans left money on the table. More importantly, they missed recognition for disabilities that directly resulted from their service-connected conditions. Secondary conditions are disabilities caused by conditions the Department of Veterans Affairs already recognizes as service connected. The VA rates them separately and adds the percentage to your overall disability rating. But the VA doesn't automatically grant them. You have to file a claim and prove the connection.

Most veterans don't realize this option exists until years after their initial rating. Some never find out.

What Counts as a Secondary Condition

The basic rule is simple: If a service-connected disability causes or aggravates another condition, that second condition can be rated as secondary.

Sleep apnea from PTSD is the most common example. PTSD causes hypervigilance, nightmares and disrupted sleep patterns. These contribute to obstructive sleep apnea. File with medical evidence linking the two, and the VA can rate the sleep apnea secondary to PTSD.

Knee or hip problems from a back injury follow the same logic. A service-connected lumbar spine condition forces you to walk differently to avoid pain. That altered gait puts stress on your knees and hips. Over time, you develop osteoarthritis or other joint damage. Those joint problems are secondary to the back condition.

Mental health conditions secondary to chronic pain work the same way. Constant pain from a service-connected injury leads to depression, anxiety or worsening PTSD. The mental health condition becomes secondary to the physical injury.

The secondary condition doesn't have to be related to military service directly. It just has to be caused by something that is.

Common Secondary Conditions Veterans Miss

Sleep apnea secondary to PTSD appears in claims constantly, but many veterans don't connect the dots until a sleep study shows moderate or severe apnea. The VA can rate sleep apnea at 0%, 30%, 50% or 100% depending on whether you need a CPAP machine and whether you actually use it.

Joint problems secondary to back, hip or knee injuries are extremely common. Compensating for pain in one area shifts weight and stress to other joints. A veteran with a 40% rating for a left knee injury might develop right knee problems from favoring the injured side. That right knee qualifies as secondary.

Radiculopathy secondary to spinal conditions affects thousands of veterans. Nerve damage from a service-connected back or neck injury can cause pain, numbness or weakness in your arms or legs. Each affected nerve can be rated separately as secondary to the spinal condition.

Mental health conditions secondary to physical disabilities show up across the board. Chronic pain, mobility loss and visible scarring all contribute to depression and anxiety. These aren't just "part of" the physical condition. They're separate disabilities that deserve separate ratings.

Migraines secondary to traumatic brain injury or neck injuries are frequently overlooked. The VA can rate migraines based on frequency and severity, from 0% for less frequent episodes to 50% for very frequent completely prostrating headaches.

How to Establish Service Connection for Secondary Conditions

You need three things: a current diagnosis of the secondary condition, medical evidence linking it to your service-connected disability, and a claim filed with the VA.

The current diagnosis comes from a doctor. Go to sick call at the VA or see a private physician. Get the condition documented. Sleep apnea requires a sleep study. Joint problems need X-rays or MRIs showing damage. Mental health conditions need evaluation from a psychiatrist or psychologist.

The medical nexus is the hard part. You need a doctor to write an opinion stating it's "at least as likely as not" that your service-connected condition caused or aggravated the secondary condition. This is called a nexus letter.

Some VA doctors will write these opinions during compensation and pension exams. Others won't touch them. If the VA examiner won't establish the connection, get a private medical opinion. Veteran service organizations and disability attorneys can help arrange this.

The claim itself is filed through VA.gov, by mail, or with help from a veteran service organization. You're filing for a new condition secondary to an existing service-connected disability. The form asks you to identify the primary condition and explain the relationship.

Why This Matters for Your Overall Rating

The VA doesn't add disability percentages together in a straight line. A veteran with 70% for PTSD and 50% for sleep apnea doesn't get 120%. The VA uses a combined ratings table that produces a lower total than simple addition.

But secondary conditions still increase your overall rating significantly. A veteran at 70% who adds a 50% secondary condition jumps to 90% overall. That's the difference between $1,716.28 and $2,241.91 per month in 2026. Over a lifetime, the gap runs into hundreds of thousands of dollars.

Getting to 100% often requires claiming secondary conditions. A veteran with 70% for one condition and 30% for another might sit at 80% combined. Add three more secondary conditions rated at 10% each, and you could reach 100%. That unlocks full commissary and exchange privileges, ChampVA health coverage for dependents, and property tax exemptions in many states.

The retroactive pay matters, too. If you file five years after developing a secondary condition, the VA can pay retroactively to your effective date depending on when you filed. But you can't get paid for years you never claimed.

What to Do Now

Look at your current service-connected disabilities and ask whether they've caused other problems. Has your back injury led to knee pain? Has your PTSD disrupted your sleep? Has chronic pain from your service-connected condition led to depression?

Get those secondary conditions diagnosed. See a doctor. Get the evaluation done. Document everything.

Then file. The VA won't automatically give you credit for conditions you haven't claimed, even if the connection seems obvious. You have to ask.

If you need help, contact a veteran service organization. DAV, VFW, American Legion and other VSOs employ accredited representatives who help with claims for free. They know which secondary conditions to look for and how to establish the medical connection.

The biggest mistake is assuming the VA already knows about your secondary conditions or that they're already included in your rating. They're not. You have to claim them.

Stay on Top of Your Veteran Benefits

Military benefits are always changing. Keep up with everything from pay to health care by subscribing to Military.com, and get access to up-to-date pay charts and more with all latest benefits delivered straight to your inbox.

VA TO IMPROVE HEALTH CARE CHOICE AND QUALITY FOR VETERANS WITH NEW COMMUNITY CARE CONTRACTS

WASHINGTON —The U.S. Department of Veterans Affairs today released a request for proposals (RFP) for new community care contracts that will improve health care choice and quality for Veterans over the next decade.

VA's community care program enables Veterans to access health care from non-VA medical providers at the department's expense. Community care has been an integral part of caring for Veterans since the World War II era. In 2018, President Trump enshrined this right for Veterans by signing the bipartisan MISSION Act.

Today, about 40% of all VA care is provided through community care.

In 2018, VA signed contracts with health plans to serve as third-party administrators and manage VA's community care program. Many of these contracts are set to expire in 2026, and a new round of contracts is needed to ensure Veterans have continued access to the community care program.

The RFP VA announced today will lead to new community care contracts that will improve health care choice and quality for Veterans over the next decade in the following ways:

- More Choices for Veterans – The new indefinite delivery/indefinite quantity (IDIQ) contract structure will provide more choices by allowing multiple national and regional health plans to compete to serve Veterans. Selected health plans will provide care and benefits uniquely adapted to Veterans and their communities.

- Improved Quality of Care for Veterans – The contracts will require health plans to adhere to broad industry standards of care used by all other major health care systems. This will ensure Veterans get care that has been shown to directly address their medical conditions and maximize their health and wellness.

- Improved VA Oversight of Community Care – The contracts will provide VA with the data, technology and systems to manage Veterans' care in real-time,

drive innovation, and collaborate with the selected health plans to ensure that Veterans receive the highest quality health care.

- Contract Flexibility – The new IDIQ contract structure allows VA to issue multiple, competitive task orders over the life of the contract in order to adjust health plans, regions, contract requirements, and deliverables and ensure that health plans are empowered and accountable. Contractors that do not meet VA requirements can be off-ramped and replaced by other IDIQ health plans to ensure continuity of services and no disruption of care to Veterans or VA operations.

“VA has learned a lot about community care over the years, and we are putting that knowledge to use to help Veterans with the next generation of community care contracts,” said VA Secretary Doug Collins. “This RFP will result in contracts that dramatically improve our ability to provide quality health care while ensuring Veterans can choose the care that’s best for them.”

VA LAUNCHES VETERANS HEALTH ADMINISTRATION REORGANIZATION

WASHINGTON — The Department of Veterans Affairs today announced its intent to reorganize the management structure of the Veterans Health Administration (VHA), with the goals of improving health care for Veterans, empowering local hospital directors, eliminating duplicative layers of bureaucracy and ensuring consistent application of VA policies across all department medical facilities.

VA has briefed Congress of its intent and will provide official congressional notification tomorrow. In early 2026, the department will announce precise organizational and personnel changes, which will take place over the next 18-24 months.

Multiple independent reviews from VA's Inspector General, the Government Accountability Office and others have underscored the need for reorganizing VHA. Those reviews highlighted governance weaknesses and how the organization's management structure is rife with middle managers who have overlapping responsibilities, slowing decision making and creating unnecessary burdens to serving Veterans.

VHA's reorganization will incorporate this feedback by reducing duplicative management layers and putting the right people in the right places without reducing staff. As part of the reorganization:

- VHA Central Office will have responsibility for setting policy goals and conducting financial management, oversight and compliance.

- Operations Centers and Veterans Integrated Service Networks (VISNs) will take policy direction from VHA's Central Office to develop operational, quality and performance standards that will guide VA's more than 1,300 medical facilities.

- These changes will result in clearer guidance and more decision-making authority for VA Health Care Systems, which deliver health care through more than 170 medical centers and nearly 1,200 outpatient sites of care.

- Staffing and operations at VA medical centers and clinics will not be changing as part of this reorganization.

VHA's reorganization will better position the organization to focus on care delivery — not bureaucracy — and result in more defined roles and faster decision-making for all VHA employees.

This initiative is not a reduction in force or an attempt to reduce staffing levels at VHA, and VA does not expect a significant change in overall staff levels once it's complete.

"The current VHA leadership structure is riddled with redundancies that slow decision making, sow confusion and create competing priorities. In other words, when everyone's in charge of everything, no one's in charge of anything," **said VA Secretary Doug Collins.** "Under a reorganized VHA, policymakers will set policy, regional leaders will focus on implementing those policies, and clinical leaders will focus on what they do best: taking great care of Veterans."

Background on Why VHA Needs Reorganization

"Recent internal and external reviews of Veterans Health Administration (VHA) operations have identified deficiencies in its organizational structure and recommended changes that would require significant restructuring to address, including eliminating and consolidating program offices and reducing VHA central office staff." – Government Accountability Office, September 2016

"VHA does not have an effective oversight process for ensuring and assessing the progress of VISNs and VAMCs in meeting VHA's strategic goals and objectives." – Government Accountability Office, Oct. 21, 2016

"This review highlights that the VISN organizational structure lacked clearly defined roles and standardized responsibilities and did not ensure accountability…" – VA Office of Inspector General, March 31, 2025

"…weaknesses in VA's governance and oversight have affected many aspects of program performance and operations." – VA Office of Inspector General, Semiannual Report to Congress, April 1-Sept. 30, 2023

"The OIG concludes that governance, with respect to staffing models, could be improved." – VA Office of Inspector General, Aug. 19, 2021

Regional Networks Need Improved Oversight and Clearly Defined Roles and Responsibilities – Government Accountability Office, June 19, 2019

"…the Commission strongly recommends a new [VHA] governance model…" – Commission on Care, June 30, 2016

VA INSURANCE AND THE ACCELERATED BENEFIT OPTION

VA has announced an amendment to the Servicemembers' Group Life Insurance (SGLI), Family SGLI (FSGLI), and Veterans' Group Life Insurance (VGLI) Accelerated Benefit Option (ABO) regulation.

This update allows an alternate applicant to apply for an ABO on a member's behalf, such as when a member is medically incapacitated. With accelerated benefits, you can get up to 50% of the face value of your coverage in increments of $5,000—paid to you before death.

This change will:

- Allow an alternate applicant to apply for the ABO on behalf of a terminally ill member, who is medically incapacitated.
- Authorize a member to apply for the ABO when their insured spouse is terminally ill.
- Ensure that stepchildren and children, who are 18-22 and in school, are included in FSGLI dependent child coverage.

This change comes as an update to the ABO that's been in effect since 1998 when only the member could apply. Visit VA benefits for more information, or to apply.

POWERED BY AI, VA IS IMPROVING VETERAN CARE EXPERIENCE

AI voice tool quietly takes notes so providers can focus on you

At some VA medical centers, Veterans may notice something new during their appointments: Providers are spending more time talking to the patient and less time typing on the computer. That's because VA's Digital Health Office (DHO) introduced a new artificial intelligence (AI) technology, called ambient AI scribe. With the Veteran's permission, ambient AI scribe works quietly in the background, giving VA health care providers more time to focus on what matters most: Connecting with Veterans.

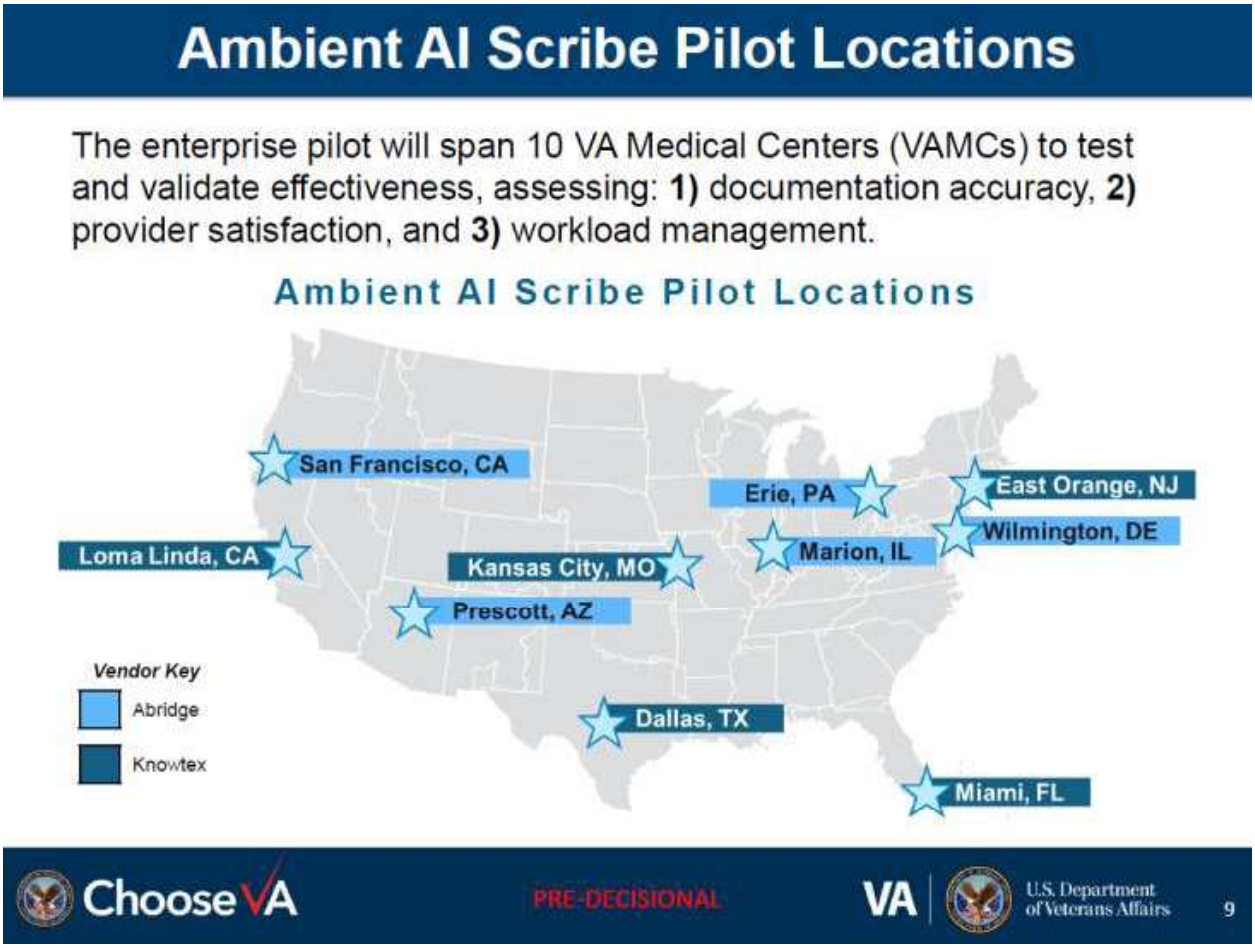
"Veterans said they felt more connected to their provider because they were having a real conversation, not talking to someone typing on a computer," said Donna Hill, director of Operations for AI and Emerging Technologies, Digital Health Office.

Veterans who have already experienced ambient AI scribe agreed, citing the value of human connection. As one Veteran told VA, "My provider would look me in the eye and have an actual conversation."

What is ambient AI scribe technology?

The ambient AI scribe technology is designed to listen, and it generates progress notes from the clinic visit and processes the conversation between the health care

provider and the patient. It saves time reduces paperwork for the provider, while improving the accuracy of the visit. More importantly, it puts the Veteran at the center of care.



Dr. Priya Joshi, an internist at the San Francisco VA, says the biggest impact of using ambient AI scribe is simple: “It lets us give Veterans our full attention during the moments that matter most.”

Providers, like Dr. Joshi, review and edit the notes captured by the ambient AI scribe technology before they are added to the Veteran’s electronic health record (EHR). The technology also follows strict privacy and security standards, including full compliance with Heath Insurance Portability and Accountability Act (HIPAA). Veterans can choose for their providers to use the tool and can opt out at any time.

Proven benefits

Veteran waits for clinic appointment at the Loma Linda VA Medical Center where his provider will use Ambient AI Scribe.

With less time spent typing or dictating notes, providers create a more personalized experience for Veterans, leading to better communication and overall satisfaction. Veterans who participated in the early test sites shared that their visits felt more personal, with fewer interruptions and more attention from their provider. Some noted that the after-visit summaries generated by the ambient AI scribe are clearer and easier to follow. It helps them better understand their care plan.

Most Veterans whose health care provider is using the tool believe there will be a positive change in the way they are able to interact with their health care team, including better focus and communication with their provider.

Makes providers' lives easier, too

Providers already using ambient AI scribe describe the impact in very human terms. One told VA it was the first time in three years they made it home in time for dinner with their family. "We love seeing patients and want to take care of our Veterans, but the charting in the Veteran's medical record takes time," shared one provider.

Providers say that ambient AI scribe:

- Reduces after-hours documentation.
- Helps capture details more accurately.
- Lowers cognitive load during busy clinic days.
- Supports clinical decision-making with suggested codes and summaries.

In other words, ambient AI scribe helps providers spend more time caring for Veterans and less time completing administrative tasks.

Built with Veteran trust in mind

Veterans benefit from improved face-to-face time with providers as well as improved accuracy of documentation in their health records. This work reflects VA's commitment to enhancing care delivery through safe and responsible AI implementation. Many Veterans share a positive outlook that the tool enhances service delivery overall, focusing on better patient-provider interactions. Veterans

whose providers are using ambient AI scribe during their appointment recommend it.

One provider told VA that “having an accurate record factor into making this the safest experience possible.”

Expanding access: VA is bringing ambient AI scribe technology to a facility near you

VA launched ambient AI scribe in October 2025 and will expand to all VA medical centers across the country in 2026 with one goal in mind: to strengthen the Veteran care experience.

Visit Explore AI at VA to learn more about VA’s innovative efforts in AI and digital health solutions.

FALLEN VETERANS HONORED DURING NATIONAL WREATHS ACROSS AMERICA DAY

Volunteers across the country honored veterans by placing holiday wreaths on their gravesites during National Wreaths Across America Day on Dec. 13.

In 2024, an estimated 3 million wreaths were placed at more than 4,900 cemeteries throughout the U.S.

In New York, a whopping 7,500 wreaths with bright red bows were put on graves at Long Island National Cemetery in Farmingdale. Civil Air Patrol members, along with military families and groups of volunteers, braved Saturday's chilly weather to honor fallen veterans.

Michael Gieraltowski, from the Civil Air Patrol, said the annual wreath-laying event is important to remember each veteran's sacrifice.

"It helps people remember and honor the sacrifice of the people who are laid to rest here," Gieraltowski told News 12 Long Island. "That they gave to defend our country."

Volunteers Working Together

On Saturday, volunteers placed wreaths they purchased or helped place them, working together to ensure no gravesite with a military marker was forgotten.

“There’s only a small percentage of people that serve in the military that defend our country,” Gieraltowski said. “This is an opportunity for the larger public to remember and show their support for those who serve.”

Robert Gaba, an Army veteran, hasn’t missed a wreath-laying event in Long Island for 14 years. Gaba said he feels a deep connection to deceased veterans.

A young girl salutes after placing a wreath on a gravesite at Long Island National Cemetery in Farmingdale, New York on Saturday, Dec. 13. (Photo from Long Island News 12)

“It’s an honor to go to each one of the graves,” Gaba said. “The reason we come is obviously to honor all those people.”

For Gaba, honoring veterans is a calling he feels throughout the year, not just on certain days like Veterans Day or Wreaths Across America Day.

“There are thousands of people here, and that’s great,” he said. “But since we are associated with the military, this is something we should do. It’s not only an honor to do, but also a responsibility we feel.”

Ceremony Brings Personal Connections

In Fayetteville, Arkansas, Andrew Thompson, a Navy veteran, shares Gaba's sentiment. When Thompson places a wreath on a gravestone, he doesn't just see a name and a marker. He sees a fallen brother in arms.

"I think anybody who is a veteran is a comrade of mine," Thompson told CBS 5 News in Fayetteville.

For some wreath layers, like Jannie Lanyne, the event is deeply personal. "My son is buried right over there," Lanyne said, pointing to a grave at the Fayetteville National Cemetery.

Wreaths lay at the Fayetteville National Cemetery in Fayetteville, Arkansas during Wreaths Across America Day Dec. 13. (Photo from 5 News Fayetteville)

Lanyne has participated in the annual tradition for 15 years. She founded Bo's Blessings, an organization in Northwest Arkansas that supports veterans and their families. In October, Bo's Blessings was selected as a Blue Star Families Outpost to assist families with current military members serving overseas, the first organization of its kind in Arkansas.

"Now we get to work with the active-duty reservists, veterans, military, anybody who's currently serving. We can be a support system for them in our 3rd Congressional District," Lanyne told Fox 24 News in October.

Steve Long looks forward to National Wreaths Across America Day as a way to honor his father, a deceased veteran. Long serves as secretary of the Regional National Cemetery Improvement Corporation.

“It’s very important to honor the veterans and to keep the space for them,” Long said. “And many families in the area wish to be laid to rest near their loved ones.” As millions of wreaths were placed across the country, the ceremony served as a time to pause and reflect on those who served in the middle of a hectic holiday season.

“It’s not just the names that are on the stones; it’s the ones that didn’t make it this far,” Thompson said.

Wreaths were also placed at Arlington National Cemetery in Virginia. Organizers have designated Saturday, Jan. 10, 2026, as a day to remove wreaths from the cemetery.

MOST MILITARY RETIREES WILL SEE MEDICARE COSTS INCREASE IN 2026

For 2026, most Medicare enrollees will see their monthly premiums increase by an average of 9.7%. That means the average Medicare user will pay $202.90 monthly, a $17.90 increase from the 2025 monthly premium of $185.00.

Medicare is the federal government health insurance program for:

- People 65 years of age and older
- Some people with disabilities under age 65
- People with end-stage renal disease (permanent kidney failure requiring dialysis or a transplant)

If you have Tricare coverage, you must enroll in Medicare when you become eligible; if you have Department of Veterans Affairs health care coverage, you may not need to sign up for Medicare.

You must sign up for Medicare during a seven-month period that begins three months before you turn 65, or possibly pay penalties or higher rates later. Part A is normally free, and Part B costs are listed above. If you don't have other health insurance, you must also enroll in Medicare Part D, or possibly face higher costs. Tricare members are required to sign up for Medicare Parts A and B but are automatically enrolled in Tricare for Life, a no-cost Medicare wraparound insurance package that pays for many things Medicare won't, when they sign up.

Tricare for Life also has prescription coverage, which means you don't need Medicare Part D. In some situations, Medicare may offer better prescription coverage.

Compare the Tricare and Medicare pharmacy programs.

The Four Parts of Medicare

In understanding the basics of Medicare, it's important to learn the different types of coverage offered by the program and what they include:

1. Medicare Part A (hospital insurance) helps cover your inpatient care in hospitals. Part A also helps cover skilled nursing facilities, hospice, and home health care if you meet certain conditions.
2. Medicare Part B (medical insurance) helps cover medically necessary services such as doctor's services and outpatient care. Part B also helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse.
3. Medicare Part C (Medicare Advantage plans) is another way to get your Medicare benefits. It combines Part A, Part B and sometimes Part D (prescription drug) coverage. Medicare Advantage plans are managed by private insurance companies approved by Medicare. These plans must cover medically necessary services. However, plans can charge different copayments, coinsurance or deductibles for these services.
4. Medicare Part D (Medicare prescription drug coverage) helps cover prescription drugs. This coverage may help lower your prescription drug costs and help protect against higher costs in the future.

Medicare Part A (hospital insurance)

Medicare Part A helps pay for care in hospitals, skilled nursing facilities, hospice care, and some home health care in certain conditions.

Cost: Most people get Part A automatically when they turn age 65. They do not have to pay a monthly premium for Part A if they paid Medicare taxes while they were working.

If you (or your spouse) did not pay Medicare taxes while you worked and you are age 65 or older, you still may be able to buy Part A. If you paid Medicare taxes for less than 30 quarters, the standard Part A premium is $565 each month in 2025. If you paid Medicare taxes for 30-39 quarters, the standard Part A premium is $311

monthly. There are four quarters in a year, so if you worked and paid Medicare taxes for less than eight years you may have the higher premium.

Hospital coverage: If you are hospitalized, Medicare will pay all covered costs of hospitalization except the deductible, (which in 2026 is $1,736) during the first 60 days. For longer hospitalizations, you have to pay as follows:

- A total of $1,736 for a hospital stay of 1-60 days.
- $434 per day for Days 61-90 in the hospital.
- $868 per day for Days 91-150 in the hospital.
- For longer hospitalizations, you are responsible for all costs.

Skilled nursing care coverage: If you need skilled nursing care, Medicare will pay:

- $0 for the first 20 days in care.
- $217 per day for Days 11-100 of care.
- All costs after Day 100 of care.
-

Medicare Part B (Medical Insurance)

Part B covers doctor's services, outpatient hospital care and some other medical services that Part A does not cover, such as physical and occupational therapy and some home health care.

Cost: Most people pay a monthly Medicare Part B premium of $202.90 per month in 2026, depending on their income.

Enrolling in Part B is your choice. You can sign up for Part B anytime during a seven-month period that begins three months before you turn 65.

Deductible: The Medicare Part B deductible is $283 in 2026. (Note: You pay 20% of the Medicare-approved amount for services after you meet the $283 deductible.)

Medicare Part C (Medicare Advantage)

Medicare Part C includes all benefits and services covered under Part A and Part B and usually includes Medicare prescription drug coverage (Part D) as part of the plan. It is run by Medicare approved private insurance companies.

Cost: A Medicare Advantage plan is like an HMO or PPO insurance program and is offered through a private insurer. You'll generally get your care from the

insurance plan's network of providers. The average premium for Medicare Advantage plans will be $17.00 per month in 2025.

Medicare Part D (Prescription Drug Coverage)

Medicare Part D helps cover the cost of prescription drugs and is run by Medicare approved private insurance companies.

Cost: The projected average monthly cost for 2025 is $46.50. Most drug plans charge a monthly fee that varies by plan. You pay this in addition to the Part B premium. If you're enrolled in a Medicare Part C plan that includes prescription drug coverage, the monthly premium may include an amount for prescription drug coverage.

If you have income above $109,000 (filing taxes individually) or $218,000 (married filing jointly), you will pay an extra amount in addition to your plan premium.

If you are eligible for Tricare, its pharmacy benefit is almost always a better deal than Medicare's.

NATIVE AMERICAN WORLD WAR II VETERAN, FINAL MEMBER OF UNIT, DIES AT 101

As the number of remaining World War II veterans continues to dwindle, Gilbert "Choc" Charleston, one of the last Native American WWII soldiers and the final surviving member of his unit, died on Thanksgiving night at age 101.

The news of Charleston's passing was confirmed by the Choctaw Nation, of which the veteran was a member. Charleston was one of only about 45,000 U.S. veterans remaining from World War II, based on numbers from the National WWII Museum. In perhaps his final interview, Charleston told his captivating story to CBS News Texas in early November. He would have turned 102 on Dec. 24.

Despite passing the century mark in 2023, Charleston's impeccable recall of events from decades ago remained intact.

A young "Choc" Charleston in his official Army portrait. (Photo from CBS News Texas)

How Did He Get His Nickname?

The moniker "Choc" was bestowed upon Charleston as an infant, and it stuck for the next 101-plus years.

After he was born in 1923, a visitor came to his house and laughed when he spotted baby Charleston snoozing in a dresser drawer.

“He said, ‘Well, looks like we got another ‘Choc,’” Charleston told CBS News Texas.

But Charleston grew up proud of his Choctaw heritage, and the nickname served him well when he entered the Army. He became a tank operator serving with the 739th Tank Battalion.

Living conditions were not pretty.

“We slept in the tank. We rarely got hot food,” Charleston said. “I prefer not to be shot at, but it didn't work out that way.”

At the time, Charleston probably couldn’t fathom that the tank would be his home for the next three years. His unit’s missions sent him across Central Europe, eventually placing him in one of the war’s most harrowing battles.

“I spent three years as a tank driver and fought from France, Luxembourg, Belgium, all of Germany back to the Battle of the Bulge,” he said.

Battle of the Bulge Recollections

Not only did Charleston survive the bloody Battle of the Bulge when so many others perished, the bitterly cold winter of 1944-45 fighting Nazis in the Ardennes Forest proved unforgiving.

“Many men lost their feet that were in the infantry because of the snow and the cold,” Charleston said. “We were fortunate enough in the tank not to lose our feet, but it was still 20 degrees below.”

To mark the 80th anniversary of the Battle of the Bulge, Charleston returned to Belgium in 2024 and reunited with some of the soldiers he served with. The veteran called it a great way to bookend his time in the military.

“They flew me to Bastogne, and we met the king and queen of Belgium,” Charleston said.

In 2024, Charleston returned to Belgium and received a medal to mark the 80th anniversary of the Battle of the Bulge. (Photo from Together We're More)

A Proud Nation Serves

Native Americans, especially the Choctaw Nation of Oklahoma, have a long, distinguished history of serving in the U.S. military, according to Choctaw Assistant Chief Jack Austin.

“They served before they were considered a U.S. citizen,” Austin said. “They were proud to be fighting for something, and we’ve always stood by our country.” During World War II, about 25,000 Native Americans joined the military. From that number, more than 21,000 went into the Army. Austin believes every Indigenous soldier proved valuable to the war effort.

“It’s a way of saying, ‘Yakoke.’ Thank you to all veterans for their service because at some point in time in their life, they sign that check that was payable with their life,” Austin said.
For Charleston, it was vital to honor those who served, especially soldiers who fought alongside him more than 80 years ago.

“Happy Veterans Day today and especially to those that were in the Pacific and European battles,” he said in an interview before Veterans Day.

The veteran was willing to share his story to be preserved for future generations who could realize the sacrifice of World War II veterans.

What was Charleston’s secret to a long, vibrant life? He focused on caring for his body by staying active, hitting the golf course often. He also believed his longevity was due to “never smoking or drinking.”

While the Choctaw Nation will grieve the loss of one of its most endearing members, Austin thinks Charleston’s legacy will live on, inspiring future Choctaws.

MINNESOTA MAN CONVICTED OF FAKING PURPLE HEART, DEFRAUDING VA OUT OF $146,287

A Minnesota man has been convicted of lying about serving in the military, defrauding the Department of Veterans Affairs out of $146,287 in a brazen case of stolen valor.

Mikhail R. Wicker pieced together a whale of a story, claiming he had served in combat in Iraq, even going so far as stating he had earned a Purple Heart as a member of the Marine Corps.

According to prosecutors in the case, Wicker forged a combat record packed with false information. He claimed he had graduated from sniper school, was deployed to Iraq in 2005 with Lima Company, survived a stint as a prisoner of war, and earned the prestigious Purple Heart for being wounded in combat.

However, a federal investigation uncovered what Wicker was really doing in ’05 – living as a civilian in Michigan. Wicker’s scheme was elaborate. He falsified DD-214 documents detailing his “service record,” produced images of fake medals, and even hoodwinked actual Marines on social media, all to obtain disability benefits from VA, along with funding from the GI Bill.

Dr. Brent M. Eastwood, a retired Army infantry officer, writing about the case for the National Security Journal, said, “His conviction for wire and mail fraud

highlights how stolen valor exploits an already overburdened disability system. These false hijinks usually make veterans angry but do not involve any serious crime. But this case is among the most egregious I have ever seen."

Wicker's trial lasted a week, and a jury convicted him on Nov. 21. He will receive sentencing from a federal judge at a later date.

No Military Paychecks

Perhaps Wicker, 39, yearned to be a soldier or was just looking for a way to get ahead in life without really earning it; either way, he cooked up quite a story. He said he served with Lima Company, 3rd Battalion, of the 25th Marine Regiment in Iraq and was taken prisoner by insurgents. There is no doubt his "Purple Heart" and other honors for meritorious service probably looked impressive to VA claims representatives.

But if VA officials had looked more extensively into his Social Security records, they would have seen Wicker was working in retail in Michigan in 2005.

Wicker claimed that after he was released from capture, he recovered from his wounds, and the Marine Corps sent him to sniper school. In reality, the civilian had been hurt in a car accident in 2005 and pleaded guilty to not reporting the incident.

How Did He Do It?

Based on the investigation, it's clear Wicker took his time to plan out an elaborately fake scheme.

He conjured up bogus dates and details on a false DD-214 form. In 2006, he was ready to take his trickery to new heights, applying for a disability rating and receiving benefits from the VA. When the GI Bill became available for post-9/11 veterans, Wicker signed up for that, too.

Minnesota Public Radio (MPR) reported that Wicker joined a Marine Facebook group to try to legitimize his fraudulent handiwork.

"He sent messages to Lima Company veterans claiming to remember certain people and asking for details that he 'forgot.' In 2020, Wicker tricked one of the group members into vouching for him in a letter to the VA, even though the veteran had no recollection of serving with Wicker," MPR said.

After deceiving VA, Wicker made the mistake of trying to push his luck. He requested to have his disability rating increased. VA went to check his military records and found out he had none.

Mikhail Wicker of Minnesota falsely listed on his VA disability application that he earned a Purple Heart while serving in Iraq. (Photo from U.S. Marine Corps)

Defrauding the System

Wicker's stolen valor case especially looks bad to all legitimate veterans who spend years trying to receive disability benefits or battle VA regulators just for a small ratings increase.

To receive disability payments, a veteran must apply and document either mental or physical injuries, at times both, that were caused during their military service. Veterans then have to be examined by doctors, with their notes being extensively scrutinized.

Veterans often have claims denied, but they can appeal those decisions. If they win the appeal and are awarded benefits, they're given a rating between 10 and 100 percent and are paid a monthly tax-free stipend based on their rating. Veterans with higher ratings often do not work full-time jobs due to their disabilities, so receiving monthly payments is a lifeline.

The payments add up over time and are rewarded retroactively to the date the veteran applies, which is how Wicker was able to rack up more than $146,000 in fraudulent cash.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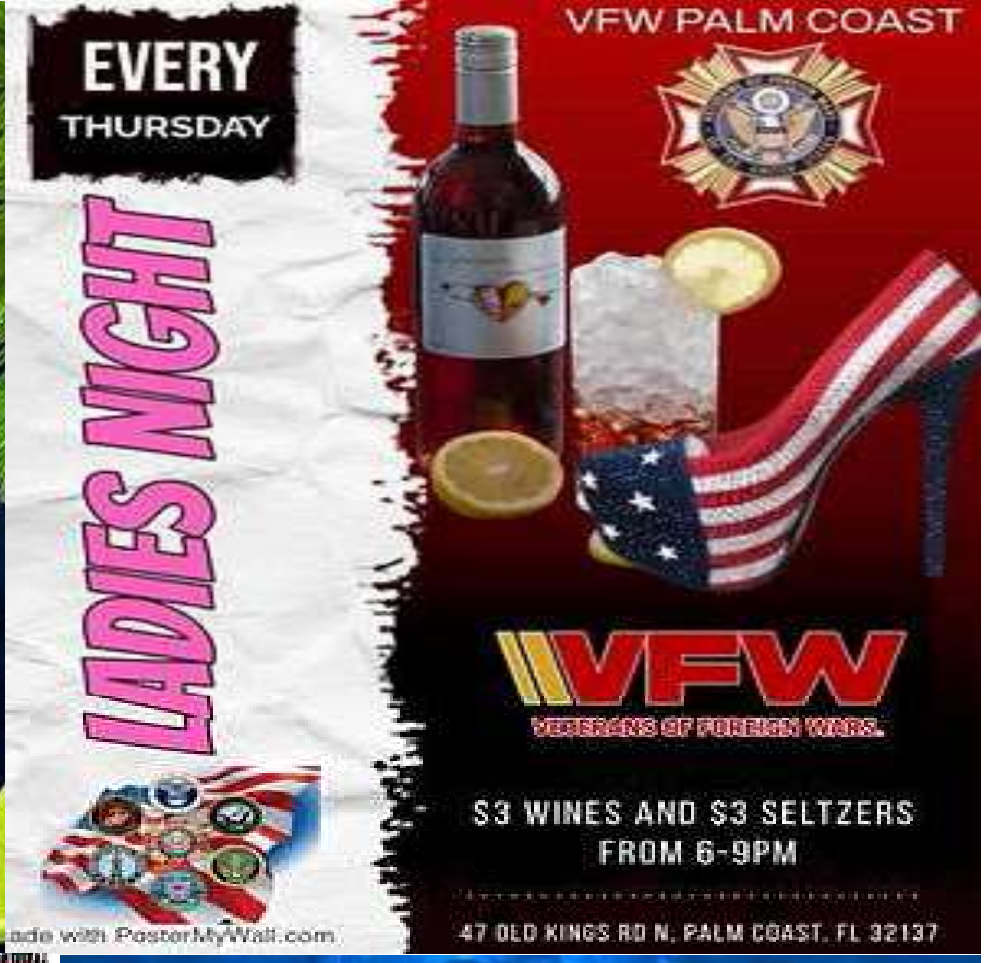
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