



AFSA Retiree and Veteran Affairs Newsletter

- COMMON ISSUES FACING VETERANS

Life after the military can pose many challenges to veterans and family members. For some, returning to civilian life may feel like another battle that poses a variety of challenges that must not only be fought, but also understood and accepted in order to be successfully overcome. There are many factors involved in a veteran's readjustment to civilian life, some of which include:

- Understanding and abiding by civilian legal standards that may be different from military standards
- Coexisting with cultures, values, and norms different from those of the military
- Dealing with authority figures
- Re-establishing and even re-evaluating relationships with family and friends
- Finding a new career path
- Pursuing college/university education
- Locating a new home

Other factors of readjustment may even be a bit more complex. They may even be so complex for the individual veteran, that they prevent a progressive and positive readjustment towards a bright future. Depending on the individual veteran and whether or not he/she has the benefit of a positive support system, these intrinsic matters can be crucial to his/her overall transition and successful development. Such issues of concern include:

- Veteran's relationship with him/herself, their sense of identity, purpose, and self-worth
- Reassessment of life goals and ambitions, followed by setting and achieving new personal/professional goals for the future
- Coping with "starting over" in society. No longer holding the respect and authority afforded by a particular rank and/or billet, ultimately being regarded as "Joe Smith" versus "Sergeant Smith, the First Sergeant"
- Psychological effects of traumatic experiences, which may inhibit personal and professional growth. Examples include PTSD, survivor's guilt, depression, including inclinations towards substance abuse and addiction
- Physical handicap resulting from injuries sustained in combat. Such injuries may include disfigurement, amputation, and scars

As a whole, transitioning out of the military can be a very difficult experience, contrary to the common illusion of "everything being gravy in the civilian world." The reality is that the civilian world abides by many standards that are seemingly opposite of those of the military. A few comparisons of these phenomena are:

Civilian

Individuality
Purchasing all essentials
Fragmented social structure
Limitless morals/values

Military

Unit Cohesion
Issued essentials
Organized social structure
Uniform morals/values

It is therefore imperative that veterans and family members work alongside one another for the overall long-term benefit of everyone. Gaining an understanding of issues pertaining to a veteran's transition is important for not only the veteran but also the family as well. Many veteran service organizations such as the Department of Veterans Affairs and numerous others specialize in supporting those veterans transitioning from active duty to civilian life. Services range from veterans benefits processing, clinical treatment, life coaching, and confidential one-on-one consulting. Don't be afraid to seek out assistance and remember AFSA is there for you.

- THE SBP-DIC OFFSET PHASED ELIMINATION

The National Defense Authorization Act (NDAA) for Fiscal Year 2020 includes a three-year phased elimination of the SBP-DIC offset. Here are a few key points to keep in mind:

February 1, 2021 payment

Based on the NDAA, if you are a Spouse SBP annuitant who is subject to the DIC offset, you may see the first change in the SBP annuity payment you receive on February 1, 2021. You do not need to notify us that your SBP payment is affected by this change in the law.

It's important to note that some spouse SBP annuitants will not see a change in their SBP paid in 2021, because their SBP annuity does not exceed two-thirds of their DIC amount. Some people have misunderstood the change in the calculation and believe that the net SBP amount paid will be increased by one-third, instead of having the DIC offset amount decreased by one-third.

The language in the NDAA says, "During the period beginning on January 1, 2021, and ending on December 31, 2021, the amount that the annuity otherwise payable under this section would exceed two thirds of such dependency and indemnity compensation."

Individual Estimates

DFAS is unable to provide individual estimates of the upcoming changes in spouse SBP annuity payments due to this change in the law. Please do not call their Customer Care Center to request an individual estimate.

They are working on an explanation of how you will be able to estimate the change in the SBP monthly payments you will receive beginning on February 1, 2021. They will post this explanation on the SBP-DIC News webpage: www.dfas.mil/sbpdicnews and send a myPay SmartDoc email to those who have a current email address in myPay. The directions to calculate your own estimate will be based on the information that appears on your Annuitant Account Statement.

You can view (and download) your Annuitant Account Statement in myPay, if you currently receive SBP or SSIA payments from DFAS.

Unless you have chosen to get your statements electronically via myPay, you should receive an Annuitant Account Statement in the mail in January of each year, along with your tax statement (1099-R), and receive a statement during the year if your net pay changes.

Ensure Your Account Information Is Updated

The most important action you can take as an SBP annuitant at this time is to ensure your annuity account information is up-to-date and includes your correct mailing address so they can contact you, if needed. Also, if you are receiving SBP or SSIA pay from DFAS and are not using myPay, set up a profile now and add your email address: <https://mypay.dfas.mil>. They can send information more frequently via myPay SmartDoc emails and will be sending additional updates this fall and next year to the spouse annuitants who have a current email address in myPay. If you've never used myPay, it's easy to get started. You can request an initial password on the myPay homepage at <https://mypay.dfas.mil> using the "Forgot or Need a Password" link. The password will be mailed to the address you have on file with DFAS and you will receive it in about 10 business days.

Once you receive your password in the mail, you can return to the myPay homepage and log in with your social security number and the password you received in the mail to create your myPay profile. They have a downloadable step-by-step Get Started Guide to myPay on our website at: www.dfas.mil/retiredmilitary and a how-to video on the DFAS YouTube channel: www.youtube.com/DFAS

Repeal of Optional Annuity for Dependent Children

The "Repeal of Authority for Optional Annuity for Dependent Children" and "Restoration of Eligibility for Previously Eligible Spouses" in the NDAA only affect those spouses and children of service members who died on active duty or inactive duty when the surviving spouse previously elected to transfer the SBP annuity to a child or children. They do not affect previous or future SBP elections by retirees. They do not affect SBP annuities for a retiree's beneficiaries.

The reversion of the SBP annuity payment to the surviving spouse as of January 1, 2023 for those spouses of service members who died on active duty or inactive duty is not optional. It is required by the law, as long as the surviving spouse is still eligible at that time (if the surviving spouse has not passed away or re-married before age 55).

If the surviving spouse is not eligible, the SBP annuity will be paid to the eligible child annuitant(s). This is because SBP coverage for service members who died on active duty or inactive duty is "spouse and child."

Spouse and child SBP coverage normally means that the spouse receives the annuity payment unless the spouse is ineligible. If the spouse becomes ineligible, the eligible child or children will receive the SBP annuity payment. However, for active duty or inactive duty deaths that occurred after October 7, 2001, the surviving spouse can/could elect to have the annuity paid to an eligible child or children instead of to the surviving spouse. This is referred to as the "Optional Annuity for Dependent Children."

Special Survivor Indemnity Allowance (SSIA)

The Special Survivor Indemnity Allowance (SSIA) will continue to be paid through December 31, 2022, but only for those surviving spouses who still have a portion of their SBP annuity offset by DIC.

The amount of SSIA that is paid will be the maximum amount of SSIA, but only up to the amount of the SBP annuity that is offset. The amount of SSIA paid cannot exceed the amount the annuity is offset.

- PTSD AWARENESS

PTSD stands for Post-Traumatic Stress Disorder. Though the disease is commonly associated with Veterans-- and a high percentage of Veterans do acquire it from combat-- it can also stem from other traumatic events as well.

Triggers can occur in things like nightmares and flashbacks. A common symptom of PTSD is avoidance of anything that might remind an individual of that experience. The first step in the VA Health Care System treatment plan for PTSD is a conversation to uniquely cater to a Veteran's needs.

Due to COVID-19, the VAHCS is offering virtual options for people seeking treatment. Contact your VAHCS health care team to discuss treatment options for PTSD.

If you or someone you know is thinking about suicide you can call the national suicide prevention lifeline at 1-800-273-8255.

- PREPARE FOR YOUR FUTURE WITH VR&E

Hope you had a happy Independence Day! If you are a Veteran, the Veteran Readiness and Employment (VR&E) program may be able to help you prepare for and find a career. This Fourth of July, we encourage you to explore your career options and address any training needs you may have. VR&E offers support and services tracks to help you find and keep a job, and live as independently as possible. Explore the different tracks including the Reemployment track, Rapid Access to Employment track, Self-Employment track, Employment Through Long-Term Services track, and the Independent Living track.

- MENTORSHIP FOR VETERANS WITH FORTUNE 500 COMPANIES

Did you know you could be connected with mentors like Rupert Murdoch, George Oliver (CEO of Johnson Controls), or the Chairman of the Board of Bloomberg? American Corporate Partners (ACP) matches post 9/11 Veterans (and military spouses) with the perfect mentors including teachers, nurses, law enforcement officers, cyber security experts and human resource managers. The average starting salary for ACP protégés is \$82,000!

- FREE STUDENT RESOURCES FOR VETERAN FAMILIES

School may be out for summer, but it's a good time to get a head start on the next school year. The Military Child Education Coalition has several online, interactive tools for students, parents, and educators. Join the online community of Veteran families who share your experiences, explore podcasts and webinars on moving and settling into new places, and use helpful tools for planning and tracking academic progress.

- BETTER BANKING IS AVAILABLE

Veterans Benefits Banking Program (VBBP) gives Veterans and their beneficiaries additional options for receiving VA benefits via direct deposit and access to financial services from participating banks. Learn how VBBP can better your banking.

- VETERANS HEALTH ISSUES RELATED TO SERVICE HISTORY

Certain health concerns may be more likely to affect Veterans who served in a specific time and place. Find out which health concerns you should be aware of depending on when and where you served.

Operation Enduring Freedom in Afghanistan: October 7, 2001 – present

Iraq War—Operation Iraqi Freedom and Operation New Dawn: March 19, 2003 – December 15, 2011

Gulf War—Operation Desert Shield and Desert Storm: August 2, 1990 – present

Cold War Era: 1945 – 1991

Vietnam War: November 1, 1965 – April 30, 1975

Korean War: June 25, 1950 – July 27, 1953

World War II: September 1, 1939 – September 2, 1945

- UNIQUE CHALLENGES FOR TODAY’S VETERANS

Veterans of all wars and combat face challenges. However, the more than 2 million women and men who served in the global war on terrorism, which has been waged primarily in Afghanistan, Iraq, and Syria, experience significant and unique challenges.

These wars are the first major set of conflicts that have been fought exclusively by the all-volunteer force (AVF), established in 1973 when the United States abolished the draft as a result of the protests about the war in Vietnam. In addition, the U.S.-involved conflicts directly preceding the global war on terrorism were also much smaller, both in duration and in troop deployment. For example, the first Gulf War in 1991 consisted of only 38 days of sustained bombings and 100 hours of ground combat; and the conflicts in the Balkans, Grenada, Panama, and Lebanon did not involve large deployments of forces for extended periods. In contrast, the wars in the greater Middle East have been ongoing for nearly two decades.

The current wars are also the first since World War II in which U.S. service personnel have undergone multiple deployments. This increases the risk of a veteran suffering post-traumatic stress disorder (PTSD) by 50 percent and has resulted in 45,000 veterans and active-duty personnel committing suicide over the past six years. Often, these personnel do not receive adequate rest, or what the military calls “dwell time,” between each deployment—at least two days at home for every day spent in a combat zone.

In addition, the reserve component—which consists of the National Guard and Reserves—has been used as an operational rather than a strategic reserve, with reserve units alternating combat deployments with the active force. However, when these men and women complete their deployments, they are normally deactivated and lose their U.S. Department of Defense (DOD) military health care benefits and are thrown back into the civilian health care system. Even if reserve veterans have health insurance from their employers, it may not fully cover their specific war injuries and needs.

Another issue facing today’s veterans results from advances in medical care. On the battlefield and in theater, medical advances have dramatically increased the chances of military personnel surviving their wounds today,

from 2.6-to-1 in Vietnam and 2-to-1 in WWII to 15-to-1 today. Thus, the number of wounded veterans in proportion to overall casualties has increased significantly.

The current wars are also the first in which women, who now comprise about 17.5 percent of the total U.S. military force, have been habitually and directly exposed to combat. In addition to the physical and mental toll of combat, about 15 percent of the women serving in Iraq and Afghanistan have experienced sexual trauma during their deployments.

At the height of the wars in Iraq and Afghanistan, the U.S. Army—which has borne the brunt of the fighting—had to lower its admission standards to attract and retain sufficient volunteers to wage the increasingly unpopular conflicts. Consequently, some people were sent into war zones with physical and mental health problems that were exacerbated by the pressures, rigors, and dangers of combat. At the same time, the current conflicts are being waged by a small and select segment of U.S. society. Today, the active-duty military consists of approximately 1.3 million women and men out of a population of 330 million. In contrast, at the height of the war in Vietnam in 1968, there were 3.4 million people in the active armed forces out of a total population of 200 million; and during the Korean War, there were 4 million active-duty members in a nation of 150 million.

Additionally, the wars in Afghanistan, Iraq, and Syria are the first extended conflicts in which the Army and Marines have deployed whole units rather than individuals, as they did in Vietnam and Korea. This practice has resulted in many individuals having their enlistments involuntarily extended: Once a unit receives notice of a coming deployment, members of the unit cannot leave active duty until after their unit has returned from the deployment, which often lasts a year.

Finally, the nature of the current wars is markedly different from previous conflicts and more challenging for the individual fighting person. The Korean War was a conventional conflict fought against the armies of North Korea and China. In Vietnam, the United States fought primarily against the regular army of North Vietnam and Viet Cong guerrillas who shared the goal of creating a unified, communist Vietnam. In Iraq, Afghanistan, and Syria, the United States is fighting several groups that have different agendas, often fight each other, and sometimes blend in with the civilian population. Upon their return from the war zone, today's veterans also experience a higher rate of mental health problems, such as PTSD, than veterans from previous conflicts.

- WHAT ARE THE BIGGEST CHALLENGES FACING MILITARY VETERANS?

Twenty-four percent (24%) think finding civilian employment is the greatest challenge, while 13% say that of health care. Nine percent (9%) each rate post-traumatic stress disorder (PTSD) and personal finances as the biggest challenge facing veterans today. However, nearly two-thirds of new veterans say they faced a difficult transition to civilian life, partly because of the bleak economic environment but also because they seem to be speaking a different language than the business leaders who might hire them, according to a survey on post-military employment

- VA EXPANDS TELEHEALTH CARE

VA expanded its telehealth sessions by 1000% since March to continue serving Veterans during the pandemic. Yes, 1000%. That's more than 9 million telehealth appointments, including over 1 million mental health appointments! VA will continue to expand its telehealth capability to reach even more Veterans. Learn more about accessing VA's telehealth services.

- REMEMBER AFSA – WE COULD USE YOUR HELP

Your AFSA International Executive Council and Headquarters staff hope and pray each of you, your family and friends are all safe while we are amid these life altering times. Just as your personal and professional lives have been disrupted, so has your Air Force Sergeants Association's ability to do their jobs. AFSA is complying with state and local guidance in order to keep your staff safe.

Springtime has traditionally been an incredibly good recruiting and retention period for AFSA. However, COVID-19 has severely curtailed our ability to reach out and personally interact with our members and potential members. We congratulate our Divisions and those chapters who are conducting virtual meetings to carry on the AFSA spirit. However, the overall result is fewer members are joining and we are experiencing a marked decrease in our projected revenues; revenues necessary to sustain operations and continue working on your behalf.

AFSA's leadership and staff continue working diligently through this pandemic and the challenges it presents. However, AFSA could use your assistance in order to help us work through these challenges and ensure we can continue the same level of effort on behalf of our membership. How can you help AFSA? If you can, a donation, in any amount, from our Chapters, our individual members, or both will be greatly appreciated. This is strictly voluntary on your part, but your assistance will help the AFSA meet our monthly obligations.

How can you donate? There are a couple of ways available to you. First, you may send a check to AFSA. Secondly, you may go directly to the AFSA web site and clicking on the AFSA DONATE button on the front page. Your association thanks you in advance for your support and assistance.

- AFSA MEMBERSHIP INFORMATION

Founded in 1961, the Air Force Sergeants Association (AFSA) legislates, advocates and educates America's elected, military and community leaders in support of the quality of life for our 100,000 military members and their families. AFSA continues to work long and hard to ensure the many benefit reductions being proposed are minimized or nullified. Your membership will continue to pay dividends in terms of fair and equitable pay increases, retirement programs, educational benefits, and affordable and available health care.

AFSA MEMBERSHIP is open to all: UNIFORMED SERVICES: Active Duty, Guard, Reserve, Retired and Veteran Military Members (Joint Services Enlisted and Commissioned Officers), Public Health Services (PHS), and National Oceanic Atmospheric Administration (NOAA) personnel; FAMILY MEMBERS of Uniformed Service Members, and ASSOCIATE MEMBERS: DoD Civilians, Civil Air Patrol, JROTC, Mission Partners/Sponsors and all Military Supporters. Visit: WWW.HQAFSA.org for more information and to join.

- ARE YOU A VETERAN IN CRISIS OR CONCERNED ABOUT ONE?

Did you know that VA offers same day services in Primary Care and Mental Health at 172 VA Medical Centers across the country? Contact the Veterans Crisis Line (1-800-273-8255 and press 1, Chat, or Text 838255.)