



1ST DISTRICT SERVICE OFFICER VA & R REPORT FOR JUNE 2025

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VA NEWS & INFORMATION:

Did you know Tricare users who receive prescriptions by mail need to confirm their refills before they are sent? A change that could cause disruptions for millions of beneficiaries if they don't immediately respond to the confirmation messages and take the needed steps. Express Scripts, Tricare's pharmacy benefits manager, let patients know in December 2022 that the Tricare Mail Order Pharmacy Program would stop sending refills automatically without any confirmation.

Veterans who receive higher compensation with Special Monthly Compensation (SMC), Purple Heart recipients, veterans receiving income-based pension or survivors' pension, and those receiving specially adapted housing benefits are frequently targeted by scammers. The increased financial compensation associated with SMC and the visibility of Purple Heart recipients can attract scammers looking to exploit veterans. These scams range from identity theft and fraudulent investment schemes to fraudulent financial services charging unnecessary fees for services the VA offers for free.

We are fighting for the thousands of military personnel who worked on the Nevada Test and Training Range and suffered or died from exposure to toxic radiation and materials from decades of nuclear weapons testing. Congress is working to enact legislation that guarantees the comprehensive free medical treatment and just financial compensation these victims and their families deserve.

Did you know the VA recognizes migraines as a service-connected condition, with disability ratings ranging from 0% to 50% based on frequency, severity, and impact on work?

Did you know a large-scale retrospective study of over 1.3 million post-9/11 U.S. veterans has revealed that the severity of traumatic brain injury (TBI) significantly influences disability compensation determinations and benefit levels? Conducted using data from the Veterans Healthcare Administration (VHA) and Veterans Benefits Administration (VBA), the study underscores the lasting impact of TBI—especially among Army personnel—and raises important questions about recognition and compensation for service-related brain injuries occurring outside of combat zones.

Did you know scars are one of the most common service-connected disabilities? More than a million veterans are receiving compensation for scars—including over 65,000 with burn scars. The VA evaluates scars based on several key factors, such as location, size, pain, stability, and whether the scarring limits motion or causes disfigurement.

Recent research conducted by the Center for American Progress sheds light on the significant impact a default could have on veterans and their families nationwide.

Veterans, in particular, would be greatly affected by potential delays in payments resulting from a default.

This is because vital programs such as pensions, disability compensation, educational allowances, and healthcare services for veterans and their dependents fall under federal obligations.

If a default situation persists for an extended period, it could potentially lead to delayed payments to healthcare providers, including those serving veterans and their families.

Consequently, this may result in care delays for patients and discourage providers from participating in public programs.

When soldiers are exposed to sands and dust thrown up by helicopters, caravans and storms during their service, they sometimes will become affected by interstitial lung diseases, such as Pneumoconiosis or what has also been referred to as “desert lung disease.”

Pneumoconiosis is an interstitial lung disease that occurs when different types of toxic dusts are inhaled over long periods of time.

It is generally understood as a workplace/occupational disease, because many of the potential hazards that cause it are work-related.

Over time, the dust gathers in the lungs and eventually it becomes difficult to get air.

Interstitial lung diseases are conditions that cause scarring of the lung tissue.

For veterans, this may have occurred because of exposure to hazardous materials like asbestos, burn pit toxins or Agent Orange.

Pneumoconiosis specifically presents in those who inhaled

Persian Gulf sand or dust that they were exposed to from vehicles and weather related events.

There is a wide-range of severities for pneumoconiosis, but it is ultimately irreversible.

The treatment available is utilized to help slow down the progression of the disease and improve day-to-day function.

Since there is a clear connection between Pneumoconiosis and that it is an occupational hazard for veterans, it is a recognized diagnosis by the VA and can qualify you for benefits.

Did you know there is no formal limit for rewarding back pay? But in practice, back pay is usually limited by the effective date rules. For example, if you waited 20 years to file, you typically only get back pay from the filing date—not for the entire 20 years. But if the VA made a mistake or you filed right after service, you could receive back pay going back decades.

Did you know the VA overpaid veterans about \$5 billion more in disability compensation and pension payments than it should have in the last four fiscal years? Lawmakers contend the problem is getting worse. The VA issued at least \$5.1 billion in compensation and pension overpayments from fiscal year 2021 to fiscal year 2024.

Jungle Rot is a common term used by U.S. soldiers—especially during conflicts like the Vietnam War—to describe various skin infections caused by prolonged exposure to hot, humid, and wet environments typically found in jungle or tropical settings.

What is Jungle Rot?

"Jungle Rot" is not a medical diagnosis but a colloquial term for tropical ulcer or severe skin maceration and infection. It can refer to a range of conditions like:

- Bacterial skin infections (e.g., *Staphylococcus* or *Streptococcus* infections)
- Fungal infections (like athlete's foot or candidiasis)
- Ulcerative lesions due to continuous skin breakdown
- Trench foot or immersion foot when exposure is prolonged

How Do Soldiers Get It?

U.S. soldiers (and others operating in tropical regions) get Jungle Rot due to a combination of the following:

1. Constant Wetness and Maceration

- Prolonged exposure to wet socks, boots, or clothing softens the skin, making it vulnerable to breakdown and infection.
- Tropical rain and swampy terrain mean that feet and other areas stay wet for extended periods.

2. Lack of Hygiene

- Limited opportunities for bathing or drying clothing and skin.
- Dirty conditions promote bacterial and fungal growth.

3. Heat and Sweat

- High temperatures and sweating create ideal conditions for microbial growth.

4. Cuts and Abrasions

- Small wounds from moving through the jungle or wearing rough gear easily become infected in the warm, moist environment.

Symptoms of Jungle Rot

- Redness, swelling, and tenderness of the skin
- Open sores or ulcers that may ooze pus
- Foul odor
- Skin peeling or sloughing
- Pain or itching

Prevention

- Keep feet dry: Change socks regularly and use foot powder.
- Proper footwear: Wear well-drained boots.
- Daily inspections: Especially of feet and lower legs.
- Topical treatments: Use antifungal or antibacterial ointments as needed.

Treatment

- Cleaning and drying the area
- Topical or oral antibiotics or antifungals, depending on severity
- Medical evacuation in extreme cases, especially if ulcers become deep or systemic infection develops

If untreated, severe cases could lead to tissue necrosis and serious complications. Modern military operations often include rigorous foot care and hygiene protocols to prevent conditions like Jungle Rot.

Remember..... That all gave some, but many gave all!

