



# **Veterans-For-Change Newsletter**

*A Voice of the Veterans*

Week Ending Sunday, September 29, 2019

Volume 10, Issue 39



## **This-N-That**

Repeal of 'Widow's Tax' is gaining more and more support including support from the Senate to help get the legislation passed. This tells me we're gaining ground and it's all due to everyone's assistance and pushing.

And we need to continue to push hard every week and push both the House and Senate to pass the bill(s) and take care of our widows.

Being a Veteran, and knowing your own health situations, think the unimaginable, how will your spouse take care of just day to day living, or the unexpected surprise repairs and maintenance on your home like the garbage disposal, refrigerator, roof, etc.

Those surprise and unexpected expenses can devastate them financially. So that added \$1,200.00 per month could seriously be a life line!

As I said last week Veteran Suicide has been touted at 20 per day for several years, and amazingly enough they have now reduced that number to 14 per day. There are many who aren't accounted for pushing that number closer to 40 per day.

Even just ONE Veteran taking his/her own life is just ONE too many! I know personally I am getting very tired of attending funerals that could have been prevented.

Part of the answer is how the VA treats Veterans, especially those to who come to the ER begging for help and almost every time they are turned

away and told to call the clinic and schedule an appointment, and we all know how those work.

If we're not putting pressure on Congress, and the VA how many more lives will be lost needlessly?

Again I do apologize for the wonky system as we're still looking for a new hosting service and a qualified webmaster so we can get all the minor repairs done and get the system back to 100%.

Our search for a new hosting service and Webmaster has been less than fruitful, many don't even respond to a request for a bid, others reply with wanting to change platforms and convert all data and offer bids ranging from \$2,500 to well over \$5,000 all are out of the question, but we do continue to search.

We're still having problems with log-in's and account creations, so just send me an E-Mail and I will manually fix that for you.

On behalf of our Volunteers nationwide and myself, we wish you and your family good health!

Respectfully,

Jim Davis

Founder

[Jim.Davis@Veterans-For-Change.org](mailto:Jim.Davis@Veterans-For-Change.org)



**If you are a Vietnam Veteran**

or know of one who has been diagnosed with a Glioblastoma brain tumor, please contact our Facebook page

“Vietnam Veterans with Glioblastoma Multiforme Grade IV Brain Cancer”

<http://www.facebook.com/groups/VietnamVeteransGlioblastoma>

We are a closed page for privacy & our members are working hard to convince the VA to add GBM to their presumptive list. We have had many members awarded service connection for this diagnosis.

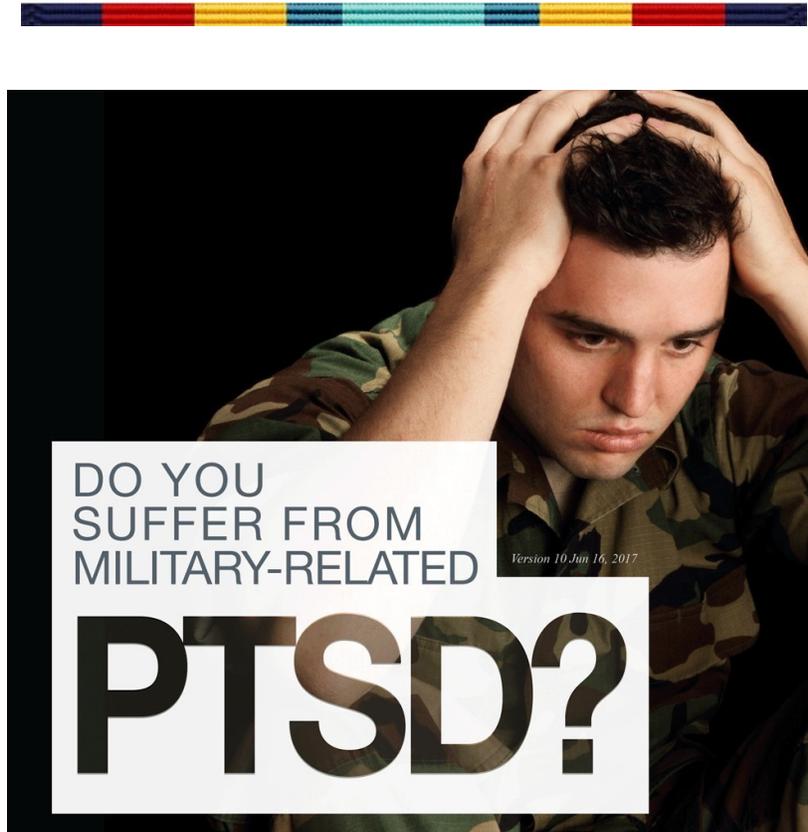


**Ask Senators to Support House  
NDAA Provisions**

Now that both chambers of Congress have passed their version of the FY-2020 National Defense Authorization Act (NDAA), a conference committee will be appointed to resolve the differences between the two bills. The House bill has several FRA supported provisions that are not in the Senate bill. Members are urged to ask their Senators to support House provisions in the final bill that include:

- Repealing the SBP/DIC Offset known as the Widows Tax
- Delaying proposed drastic cuts to military medical staff and require a study on the impact; and
- Allowing military service members to sue the DoD for instances of medical malpractice unrelated to combat

The conference committee bill will be submitted to the House and Senate for approval. If approved by both chambers the bill will go to the President to be signed into law or be vetoed. Use the [\*\*Action Center\*\*](#) to ask their Senators to accept the above referenced provisions in the final NDAA bill.



**Veterans Crisis Line:  
1-800-273-8255 & Press 1  
Ntl Call Center for Homeless Vets  
1-877-424-3838**



**Allow Active Duty to Sue Military for  
Medical Malpractice (H.R. 2422)**

Congresswoman Jackie Speier (CA), Chair of the

House Armed Services, Military Personnel Subcommittee, has introduced the “Sergeant First Class Richard Stayskal Military Medical Accountability Act” (H.R. 2422), which would allow military service members to sue the Department of Defense for instances of medical malpractice unrelated to their military duties. Currently, the Feres Doctrine prevents service members from having their day in court when malpractice by military health care providers unconnected to combat results in severe injury or even death.

The Feres Doctrine was established in 1950 from *Feres v. United States*, 340 U.S. 135 (1950), in which the Supreme Court of the United States held that the military is not liable under the Federal Tort Claims Act for injuries to members of the armed forces sustained while on active duty resulting from the negligence of others in the armed forces. The practical effect is that the Feres doctrine effectively bars service members from collecting damages from the United States Government for personal injuries experienced in the performance of their duties. It also bars families of service members from filing Wrongful Death actions when a service member is killed.

This exclusion does not extend to killed or injured family members, so a spouse or child may still sue the United States for tort claims.

By creating an exemption to the Federal Tort Claims Act to allow service members to sue the military for medical malpractice, the bill would give service members the same right as the fellow citizens they serve and protect.

## TAKE ACTION



[Veterans-For-Change Web Site](#)

The Veterans-For-Change website has been around since 2009. The looks pretty much stay the same, but in the background constant improvement and change is being done to make our website the most user friendly “**One-Stop-Shop**” website to find almost everything you might have tried to find searching the internet.

Almost a hundred people have been involved; collecting web links to documents now houses on

the VFC website, collecting thousands of web links for various issues, illnesses and benefits. Creating forums for all eras of service and two forums one just for men and one just for woman where you can go question, comment, share medical and personal concerns, what ever you'd like it to be.

We also have a forum with for Mental Health and are currently seeking a new Licensed Mental Health Worker, where you can seek help or just ask questions.

We average **3,594** hits per day, and downloads average **3,958** per day with a total **5,427,654** visitors as of Friday.

If you subscribe you will have full access to the entire website and best of all it's **FREE** of charge! You just need a valid E-mail address so the system can send you a confirmation E-Mail. Once received, click on the link to be authorized automatically.

[www.Veterans-for-change.org](http://www.Veterans-for-change.org)

- Documents Library with over **17,905** documents in 149+ Libraries, added 37 documents on-line (Updated: 09/19/19)
- FAQ's on-line with **1,790** FAQ's on 101 topics! (Updated 08/29/19 - **128** NEW)
- Multiple Forums
  - o Afghanistan Veterans
  - o FMP - Foreign Medial Program
  - o Gulf War & Desert Storm Veterans
  - o Iraq Veterans
  - o Korean Veterans
  - o Men Veterans Forum
  - o Mental Health for Veterans (Counselor Needed)
  - o Political Issues
  - o Suggestion Box
  - o The Mess Hall
  - o VA Hospitals and Medical Centers
  - o Veteran Affairs
  - o Vietnam Veterans
  - o Welcome Mat
  - o Women Veterans Forum
  - o WW II Veterans
- Job Postings
- Memorial Pages (Updated: 10/30/18) (37 Added)
- News (Articles On-Line: **8,988**)
- Polls

- Web Links, more than **5,202**, Added **103** New Links (Updated: 09/16/19)

If you have a submission for the memorial pages,  
E-Mail: [Jim.Davis@Veterans-for-change.org](mailto:Jim.Davis@Veterans-for-change.org)



**Make Vision Coverage Choices to Fit  
Your Needs**

If you aren't an active duty service member or activated National Guard and Reserve member, TRICARE only covers prescription glasses and contacts to treat certain conditions. If you or your family members wear glasses or contacts, did you know you might be able to purchase vision insurance through the Federal Employees Dental and Vision Insurance Program?

Read the [full article](#).



## **H.R. 1527, the Long-Term Care Veterans Choice Act**

Representative Clay Higgins introduced H.R. 1527, the Long-Term Care Veterans Choice Act. This bill would provide Veterans who are no longer capable of living independently an alternative to nursing home care, in which the Veteran would continue to receive the care that they need in an

intimate home-like environment through VA's Home-Based Primary Care program, and the Medical Foster Home (MFH) attendant program.

Started in 2000, VA Medical Foster Homes provide Veterans who need nursing home level of care an alternative to being placed in a nursing home. VA Medical Foster Homes merge traditional adult foster care with comprehensive longitudinal care provided in the home by a VA interdisciplinary team that includes a physician, nurse, social worker, rehabilitation therapist, mental health provider, dietitian, and pharmacist. Since its inception, over 4,000 Veterans have resided in Medical Foster Homes.

However, many service-connected Veterans who wish to reside in a VA Medical Foster Home are unable to do so because of substantial out-of-pocket costs of approximately \$1,500 to \$3,000 per month. Because VA does not have the authority to cover these costs, Veterans are placed in nursing homes which VA pays for but cost more than twice as much.

As the Veteran population continues to age, the

need for long-term care services will continue to grow. Home-based community programs like MFHs will enable VA to meet the needs of aging Veterans in a manner closer to independent living than institutionalized care. With the passage of this bill, Veterans would have the option of care that more closely aligns with their independence while maintaining their quality of life.

This bill is in accordance with DAV Resolution No. 085, which calls for legislation to improve the comprehensive program of long-term services and supports for service-connected disabled Veterans regardless of their disability ratings.

Please use the prepared letter to write your Representative to cosponsor and support passage of H.R. 1527, the Long-Term Care Veterans Choice Act. Thank you for your efforts and support of the Commander's Action Network.

**TAKE ACTION**





## WWII Sailor Receives Combat Medals 76 Years After 'Hazardous Flying' Over Europe

A sailor involved in dozens of combat missions in Europe during World War II has finally received the valor medals he earned more than seven decades ago. Bernard Bartusiak, 95, received a pair of Distinguished Flying Crosses during a ceremony last week at the Pentagon. The awards, which are given for heroism or extraordinary achievement during aerial flights, were presented by Navy Secretary Richard V. Spencer. Read more [here](#).





## **Action Alert: Tell Congress to End the Widow's Tax Now!**

Background: More than 65,000 surviving military spouses and dependents are unjustly penalized because their loved ones made the ultimate sacrifice for our country.

Similar to life insurance, the Survivor Benefit Plan (SBP) is purchased through DOD by military retirees to ensure their surviving loved ones can maintain a modest standard of living. When service members or Veterans die from injuries or illnesses related to their military service, survivors are eligible for VA Dependency and Indemnity Compensation (DIC). Despite the two payments being paid for two different reasons from two different federal departments, all monthly SBP retirement payments are reduced by \$1,319 — the current payout for DIC benefits. For many survivors, this offset completely eliminates their

SBP payments and threatens their financial security. The recent tax law makes this situation worse by doubling the tax on dependents to whom parents transferred SBP benefits to avoid having to forfeit DIC benefits.

Take Action: Contact your members of Congress and urge them to end the injustice now! The message these aptly termed “Widow’s Tax” and “Kiddie Tax” sends to service members, Veterans, and their families is that our government salutes their service while in uniform, but they cost too much if they die on active duty or from service-connected conditions.

## **TAKE ACTION**





## **~Follow us on MEWE ~**

Follow us on [MEWE](#)! The support staff at [MEWE](#) is responsive, open to suggestions and works very hard to protect your personal information.

We hope you will join us on this new site.

**VETERANS-FOR-CHANGE**

**HOMELESS HEROES PROGRAM OF  
VETERANS-FOR-CHANGE**

**AMVETS GROUP**

**VETERANS SOCIAL GROUP**

**{USAVET} SUPPORTING GOD & ALL WHO  
SERVED OUR GREAT NATION**

**AMERICANS FOR SOVEREIGNTY**





## **H.R. 303, the Retired Pay Restoration Act**

On January 8, 2019, Representative Gus Bilirakis (FL) introduced H.R. 303, the Retired Pay Restoration Act.

This bill would extend concurrent receipt authority to longevity retirees with service-connected disabilities rated less than 50 percent disabling. Under current law disabled Veterans with longevity retirement from active military service who are also in receipt of a Department of Veterans Affairs (VA) disability determination of 50 percent or higher may retain both military retirement pay and their compensation.

DAV strongly supports H.R. 303 as it would end the unfair policy of forcing many military longevity retirees to forfeit some of their retired pay in order to receive equal amounts of disability compensation from the VA. This legislation is in

accord with DAV Resolution No. 104 and would eliminate concurrent receipt for all longevity retirees.

Please use the prepared electronic letter or draft your own to urge your Representative to support and cosponsor H.R. 303. As always, we appreciate your support for DAV and your grassroots activism in participating in DAV CAN. Thank you for all you do for America's Veterans and their families.

## TAKE ACTION



## Links to Other Stories

1. Senate panel advances \$695B defense spending bill
2. IBM's GRIT mobile app helps Veterans and their families transition
3. VA pilots first collaborative health care innovation center in Palo Alto
4. VA Secretary Wilkie urges Speaker Pelosi to support key legislation on Veteran suicide prevention
5. VA secretary to visit Israel, representing President Trump
6. VA and DoD collaboration offers women's health transition training
7. From NFL star to Army Ranger: Pat Tillman
8. VA to award more than \$30 million in new grants to support formerly homeless Veterans
9. Nursing Assistant Receives Jail Sentence for Stealing from Wheelchair-Bound Veteran
10. VA Secretary calls upon all Americans to help prevent Veteran suicide
11. Federal agencies partner to expand employment reintegration grants for homeless

Veterans or those at risk of homelessness

12. Veterans go to Nashville for songwriting retreat

13. Court rules VA must pay for Veterans' emergency room care, a decision that may be worth billions

14. On his 100th birthday, Veteran recalls World War II

15. Stand Down event aims to help homeless Veterans, families

16. Column: A Republican senator hints at gutting Social Security 'behind closed doors'

17. Ernst warns of social security changes

18. Rep. Mast, a retired Army Ranger, to be evicted from office at VA after grilling officials

19. Find your dream job caring for Veterans

20. A top Senate Democrat unveils plan to revamp the capital gains tax, fund Social Security

21. Vietnam Vet found covered with ants in nursing home bed dies after being bitten more than 100 times

22. Lawmaker demands answers from VA after Veteran reportedly found covered in ant bites

23. Too many Veterans still at war in the shadows

24. The future is in sight at the New Orleans VA

25. In his final days, a Vietnam Vet at a VA facility

- was twice found covered in ants, daughter says
26. 'They feasted on him': Cancer-stricken Veteran bitten 100 times in VA facility ant infestation before dying
  27. Man believed to be oldest living American World War II Veteran celebrates his 110th birthday
  28. The first independent air force — 100 years before the Space Force
  29. Low levels of contaminant found in popular heartburn pills
  30. Portland Thorns fans boo US Armed Forces enlistees after they pledged to obey president's orders
  31. Charlie Daniels on why he's committed to supporting Veterans: 'There is a great need for assistance'
  32. Air Force deal to refuel near Trump's Scottish resort reportedly signed under Obama
  33. Post-9/11 Veterans more likely than others to benefit financially from military service
  34. Trail to Zero horseback ride raises awareness of Veteran suicide epidemic
  35. Bernie Sanders shares personal moment with Veteran struggling with \$139,000 in health care debt

## 36. Veterans Affairs Says Lawmakers Can No Longer Have Congressional Offices At Facilities, Sparking Outrage

Check us out today: [www.Veterans-for-change.org](http://www.Veterans-for-change.org)



### **H.R. 2359, the Whole Veteran Act**

Growing awareness and acceptance of complementary and integrative practices has interested more veterans in obtaining these services, especially if they struggle with disorders, such as chronic pain, that are resistant to more conventional medical treatment. Because of the growing opioid epidemic, many veterans are also increasingly concerned about using opioids to manage chronic pain and want, or are told by medical providers, to seek safer alternatives.

While VA has made some complementary health

services available to veterans, DAV is aware of significant limitations on the use and availability of services. VA's guidance on complementary or integrative health practices encourages, but does not require, VA medical centers to make such services available to veterans.

HR 2359, the Whole Veteran Act, would require VA to report on access and availability of several complementary and integrative medicine practices, including: massage; chiropractic services; acupuncture; meditation; yoga, Tai Chi or Qi gong; and Whole Health group services.

DAV supports this measure to advance VA's Whole Health transformation in accordance with DAV Resolution 277, which supports the provision of comprehensive VA health care services to enrolled veterans, and specifically calls upon Congress to provide funding to guarantee access to a full continuum of care, from preventive through hospice services, including alternative and complementary care such as yoga, massage, acupuncture, chiropractic and other non-traditional therapies.

The House has recognized the importance of this

legislation and approved it by voice vote on May 21, 2019. Ask your Senator to introduce a companion bill or push to move the House bill to the Senate floor for approval using the letter prepared below or drafting your own.

## **TAKE ACTION**



# **Support for Repeal of 'Widow's Tax' Higher than Ever, Military Coalition Tells Congress**

A group of 32 military and veterans organizations is pressing House and Senate members to pass legislation they've spent years lobbying for -- eliminating what is colloquially known as the "widow's tax." The Military Coalition, as it's called, also backs measures under consideration in Congress that would slow Defense Department efforts to cut nearly 18,000 uniformed medical billets and combine the commissary and exchange systems. In a letter sent Sept. 12 to the chairmen and ranking members of the House and Senate Armed Services Committees, members of the coalition, which represents more than 5.5 million troops, veterans and family members, praised passage of the Bipartisan Budget Act of 2019. The bill raised defense spending caps and extended the debt ceiling through July 2021, thereby averting drastic budget cuts to the DoD. Read more [here](#).





## **S. 514, the Deborah Sampson Act to Improve VA Services for Women Veterans**

Senator Jon Tester (MT), Ranking Member of the Senate Veterans' Affairs Committee, introduced S. 514, the Deborah Sampson Act. This legislation, a comprehensive measure addressing gender disparities, aims to improve and expand Department of Veterans Affairs (VA) programs and services for women Veterans.

The bill would permanently authorize counseling

for Veterans recently separated from military service and accompanying family members in group retreat settings, including in women-exclusive settings. It would extend the number of days, from seven to 14, VA may cover the cost of care for newborns of women Veterans. It would also provide adoption assistance to Veterans who have infertility conditions incurred or aggravated in the line of duty.

S. 514 aims to eliminate barriers to care by:

- Adding \$20 million to retrofit VA medical facilities to comply with environment of care deficiencies;
- Requiring every VA medical facility to have at least one full-time or part-time designated women's health provider on staff;
- Studying the staffing needs of Women Veteran Program Managers in addition to determining the need for a Women Veterans Ombudsman;
- Conducting mini-residency training for women's health providers;
- Requiring VA to create a training module for community providers specific to women Veterans' unique medical needs;
- Providing support services for women Veterans

seeking legal assistance;

- Authorizing grants for organizations supporting women Veterans and their families;
- Requiring VA to report on its use of various primary care models serving women Veterans;
- Requiring VA to provide information on staffing levels of women's health providers including PACT team members and gynecologists;
- Requiring data collection and reporting on all VA programs serving Veterans, by gender and minority status;
- Requiring VA to report on the availability of prosthetics for women Veterans; and
- Centralizing all information for women Veterans in one easily accessible place on VA's website.

DAV's 2018 report, [Women Veterans: The Journey Ahead](#) identified many of these gaps in VA programs for women and calls for comprehensive VA women's health services that appropriately recognize and honor their military service and sacrifices. This bill is also consistent with DAV Resolution No. 019, which supports enhanced medical services and benefits for women Veterans.

Please contact your Senators to urge co-sponsorship and passage of S. 514. A letter has been prepared for this purpose or you may write your own to express your personal views.

As always, thank you for your advocacy and support of our nation's women Veterans.

## **TAKE ACTION**



**New Podcast - Listen to TRICARE  
Beneficiary Bulletin #520**

Listen to the latest podcast to hear about:

- September "Ask TRICARE" Webinar
- TRICARE Prime
- TRICARE Dental and Medical Enrollment

Visit the Multimedia Center for this podcast and previous podcasts [here](#).



## **VFW Participates in Women Veteran Roundtable**

This week, Army veteran and VFW National staff member Meggan Thomas spoke at a congressional roundtable event focused on women veterans. The congressionally mandated Women Veterans Task Force is committed to highlighting issues specifically affecting our sisters-in-arms, and the VFW is proud to take part in important issues and add our voice to these discussions. One of the areas Thomas brought to the attention of the group, was the burdensome process faced by both men and women when seeking care and benefits from Military Sexual Trauma-related incidents. The VFW applauds Congress for continuing to make women service members and veterans a priority, and will continue to work with this task force to improve care and benefits for all women who served.





## **H.R 445, Help Hire Our Heroes Act**

On January 10, 2019, Representative Julia Brownley introduced H.R. 445, the Help Hire Our Heroes Act. This bill would amend the VOW to Hire Heroes Act of 2011 to make permanent the Veterans Retraining Assistance Program (VRAP).

The VRAP was started in 2012 to provide training assistance to unemployed Veterans between the ages of 35 and 60 who are no longer eligible for

the GI Bill. It provided up to 12 months of training benefits at community colleges and technical schools in occupations that the Department of Labor has identified as "high demand." Since funding for this program expired in March 2014, the VA has not been able to enroll new Veterans in VRAP. This program gap means that thousands of older, qualified Veterans have been unable to access the resources which could help them find work.

This bill would strike the end dates of the Veterans Retraining Assistance Program and would replace it with year to year authorizations. This bill is in accord with DAV Resolution No. 190 which seeks adequate funding and permanency for Veterans' employment and training programs.

Please use the prepared letter to write to your Representative to cosponsor and support passage of H.R. 445, the Help Hire Our Heroes Act. Thank you for your efforts and support of the Commander's Action Network.

**TAKE ACTION**



## **DoD to Military Members, Dependents: Steer Clear of Vaping**

U.S. military health officials have issued an alert recommending that service members and their families refrain from vaping, after the Centers for Disease Control and Prevention linked 380 cases of severe lung disease, including six deaths, to the habit. Defense Health Agency officials posted an article on Health.mil describing the symptoms of the yet-to-be-identified illness and encouraging anyone who vapes and shows symptoms to see a physician. Read more [here](#).



## **S. 2022, Specially Adaptive Housing Improvement Act of 2019**

On June 27, 2019, Senator Jerry Moran (KS) introduced S. 2022-the Paul Benne Specially

## Adaptive Housing Improvement Act of 2019.

The Department of Veterans Affairs (VA) Specially Adapted Housing (SAH) grant helps veterans with certain service-connected disabilities live independently in a barrier-free environment. However, the maximum grant amount adjusts annually, and the grant benefit cannot be used more than three times up to the maximum dollar amount allowable.

SAH grants can be used to build a home on land already owned if it is suitable for specially adapted housing or remodel an existing home if it can be made suitable for specially adapted housing. These often lengthy processes become of great concern for veterans with severely restricting disabilities or terminal illnesses, as veterans with ALS and other terminal illnesses often do not survive long enough to benefit from the improvements that an SAH grant could afford them.

This bill, if enacted, would require the VA Secretary to give priority to veterans with serious or terminal illnesses with pending claims for

Specially Adapted Housing grants. S. 2022 would also provide an increase in the maximum amount for the SAH grants.

Just last month, the House of Representatives passed H.R. 3504, the Ryan Kules Specially Adaptive Housing Improvement Act of 2019. This bill is the Senate version.

DAV strongly supports S. 2022, as it is in agreement with DAV Resolution Nos. 127 and 357. Please use the prepared electronic letter or draft your own to urge your Senators to support and co-sponsor this important bill. Take action today.

Your advocacy helps make DAV a highly influential and effective organization in Washington. Please help us keep the promise to the men and women who served.

**TAKE ACTION**



**CONTACT YOUR  
MEMBERS OF CONGRESS!**

To Call your Representative:

202-225-2305

To Call your Senators:

202-224-3841 or 202-224-3553

To call Different Members of Congress:

202-224-3121

TOLL FREE: 866-272-6622

**PLEASE... STOP Making Excuses!**

[www.veterans-for-change.org](http://www.veterans-for-change.org)



**H.R. 96, to Provide Dental Care for  
All Veterans Enrolled in Veterans  
Health Care**

Chairwoman Julia Brownley of the House Veterans' Affairs Subcommittee on Health introduced H.R. 96, legislation that would phase in eligibility for all Veterans enrolled in the Department of Veterans Affairs (VA) for health care to receive dental care as a part of their

medical benefits package.

The bill would require the VA Secretary to furnish dental care in the same manner as any other medical service, and defines a four-year implementation plan beginning with Veterans in priority groups one and two (Veterans with service-connected disabilities rated at 30 percent or more) in year one.

Dental care has been proven to be an important part of overall health care. Many private employers and state Medicaid programs provide it as part of a comprehensive health care package. Most clinicians agree there are strong associations between significant dental issues and other adverse systemic health outcomes.

Unfortunately gaps in coverage often affect people with lower incomes and complex health needs the most.

DAV Resolution No. 018 calls for the provision of comprehensive dental care to all service-connected disabled Veterans within the VA health care system. Therefore, DAV strongly supports this legislation.

Please use the prepared email or your own letter to ask your Representative in Congress to cosponsor H.R. 96.

Thank you for your support of the DAV's legislative priorities.

## **TAKE ACTION**



# **List of Bases Contaminated with PFAS Chemicals Expected to Grow, Pentagon Says**

The number of active and former U.S. military installations found to be contaminated with chemical compounds found in firefighting foam is expected to rise as a Defense Department task force investigates the scope of the problem, the group's chairman said Sept. 12. Assistant Secretary of Defense for Sustainment Bob McMahon told reporters during a media roundtable that he "expects to see growth [in the number of bases contaminated with per- and polyfluoroalkyl substances, known as PFAS] as we begin to get a better understanding and better characterization of where we are." Read more [here](#).



## **S. 555 and H.R. 1377, Mark Takai Atomic Veterans Healthcare Parity Act**

Senator Tina Smith (MN) and Representative

Grace Meng (NY), introduced companion bills, S.555 and H.R. 1377, the Mark Takai Atomic Veterans Healthcare Parity Act.

The bill is named after the late Hawaii Congressman Mark Takai, a Veteran of the U.S. Army and Hawaii Army National Guard who passed away in 2016 and was the original sponsor of the bill in the House of Representatives.

From 1951 to 1959, the United States conducted forty three nuclear tests, resulting in more than 30 megatons of TNT nuclear testing on the Enewetak Atoll. In March 1977, the United States began decontamination of Enewetak and built a concrete dome to deposit radioactive soil and debris.

Approximately 6,000 military service members of the United States Department of Defense (DOD) participated in the cleanup project. The decontamination efforts concluded in 1980.

VA only recognizes those Veterans who participated in nuclear testing on Enewetak Atoll from 1951 to 1959 as participating in a radiation risk activity. Current statutes regarding presumptive service connection for radiation

exposure defines a radiation-exposed Veteran as a Veteran that, while on active duty, participated in a radiation risk activity.

S.555 and H.R.1377 will expand recognized radiation risk activities to include the cleanup of Enewetak Atoll from January 1, 1977, to December 31, 1980. These bills will provide presumptive exposure to thousands of Veterans who participated in the testing and clean-up and who were previously excluded as radiation exposed Veterans.

DAV supports this legislation as it is in concert with DAV Resolution No. 090. Please use the prepared electronic letter or draft your own to urge your Senators and Representative to support and cosponsor S.555 and H.R.1377.

Your commitment and advocacy help make DAV a highly influential and effective organization in Washington. Thank you for all you do for America's Veterans and their families.

**TAKE ACTION**



**AMERICAN SOLDIERS**

**WILLING TO DIE FOR THE COUNTRY  
THAT ISN'T WILLING TO PAY THEM!**



## **Marine Corps Family Wins \$2 Million Lawsuit Over Moldy Base Housing**

In a decision that could have sweeping consequences for private companies that manage military housing, a jury has awarded more than \$2 million to a Marine Corps family who sued their privatized military housing landlords over mold and other maintenance problems in their Marine Corps Recruit Depot San Diego home. The family of Staff Sgt. Matthew Charvat alleged that their Gateway Village military housing, managed by San Diego Family Housing and Lincoln Military Property Management, had extensive water damage and elevated moisture levels that caused microbes and mold to grow, making them sick. Read more [here](#).



## **H.R. 840, the Veterans' Access to Child Care Act**

Representative Julia Brownley introduced H.R. 840, the Veterans' Access to Child Care Act,

authorizing the Department of Veterans Affairs (VA) to pay for or provide child care for Veterans traveling to and returning from a VA facility for regular or intensive mental health treatment or necessary health care services. Veterans-particularly younger women Veterans returning from recent deployments-have indicated that lack of child care is a significant barrier in accessing medically necessary mental health readjustment services.

VA reports that younger Veterans demonstrate high usage rates of VA mental health care services and data shows women Veterans are especially likely to make intensive use of such services. In a recent study, a third of Veterans indicated an interest in access to child care services and 10 percent reportedly have canceled medical appointments because they did not have child care. H.R. 840 would allow VA to pay for or otherwise furnish child care to those children for whom a Veteran is the primary caretaker to allow the Veteran to seek needed treatment.

DAV Resolution No. 173 supports VA's provision of child care services and assistance to Veterans

accessing needed VA health care, benefits, education, employment, rehabilitative or other specialized services offered.

Please help support passage of this important legislation by sending your representative the prepared letter or drafting your own version.

Thank you for your participation in the DAV Commander's Action Network and for your support of our nation's Veterans.

## TAKE ACTION



## Search Jobs at SEL

It's not just a job, it's a future. [Search jobs now.](#)

## **Army Proposes Arlington Eligibility Changes**

The Department of the Army this week proposed changing the interment and inurnment eligibility criteria for Arlington National Cemetery. The recommendations, which involved more than two years of deliberation and 250,000 survey respondents, are in response to a congressional mandate that directs the Army to keep the cemetery functioning as an active burial ground well into the future – defined as 150 years. Given the current rate of burials, Arlington will be closed to future burials in three decades, so Army's challenge was to meet the needs of the existing veteran population while preserving space for future warriors. One recommendation changes eligibility from the current one day of service to two years, which matches VA cemetery requirements, but adds an additional requirement to having served in combat. Other recommendations, though differing for in-ground and above-ground, specifically link eligibility to having served in combat. "The service life of Arlington will be extended by restricting eligibility to those who have been to war or who are training

for war,” said VFW National Commander William J. “Doc” Schmitz. “The VFW understands there are many details that must still be ironed out, but at first glance it appears the Army has addressed VFW’s eligibility concerns and answered Congress’ mandate to keep the cemetery functioning well into the future.” As required by law, a public comment period will soon open on the Federal Register. [Read more.](#)



## **S. 179/H.R. 712, Legislation Calling for Clinical Trials to Evaluate the Effectiveness of Medical Cannabis for Chronic Pain and PTSD**

These companion bills, S. 179 and H.R. 712, would direct the Secretary of Veterans Affairs (VA) to carry out a clinical trial of the effects of cannabis on health outcomes of adults with chronic pain and post-traumatic stress disorder (PTSD).

These measures would require the VA Secretary to conduct clinical trials that look into whether cannabis is able to reduce symptoms associated with chronic pain such as inflammation, sleep disorders, spasticity, and agitation and effects on the use or dosage of opioids, benzodiazepines or alcohol for Veterans with PTSD.

Research is necessary to determine the safety and efficacy of any drug. At this time there are few definitive answers about risks and benefits associated with the use of cannabis on various medical conditions and illnesses. Research is necessary to help clinicians better understand the safety and efficacy of cannabis use for certain

conditions common in the Veteran population such as chronic pain and posttraumatic stress.

These bills are in line with DAV Resolution No. 023 which calls for comprehensive and scientifically rigorous research by the VA into the therapeutic benefits and risks of cannabis, cannabis-derived products as a possible treatment for service-connected disabled Veterans.

Thank you for your support of our nation's ill and injured Veterans. Please use the letters below to ask your elected officials to support S. 179/H.R. 712.

## **TAKE ACTION**



## **Montgomery and Dependent GI Bill Payments Are About to Increase**

If you are one of the few remaining veterans who isn't using the Post-9/11 GI Bill, you'll see an increase in your monthly payments beginning Oct. 1. The fiscal 2020 monthly GI Bill payment rates will rise an average of 2.8% over 2019 rates. Also, a full-time student using the Dependents Education Assistance Program will see their monthly payment increase from \$1,224 to \$1,248, while a half-time student will see an increase from \$710 to \$724. Read more [here](#).



## **S. 980, the Homeless Veterans Prevention Act of 2019**

S.980, the Homeless Veterans Prevention Act of 2019, authorizes the VA to provide per diem payments for furnishing care to the dependents of certain homeless veterans, authorizes partnerships to provide legal services to homeless veterans and those at risk of homelessness,

expands VA's authority to provide dental care to homeless veterans, repeals the sunset on counseling services for homeless veterans, and extends the financial assistance for supportive services for very low-income veteran families in permanent housing. In addition, this legislation would require the Government Accountability Office (GAO) to study VA's Homeless Veterans Programs and leaders assess whether these programs are meeting the needs of veterans.

DAV supports this legislation in accordance with DAV Resolution Nos. 291 and 173, both of which call for greater assistance for homeless veterans. VA has helped thousands of homeless veterans through a variety of federal, local and nonprofit resources. The programs supported by this legislation increase veterans' ability to fully recover from the conditions that led to their homelessness, and also helps prevent thousands of veterans and their families from becoming homeless.

Please write your Senators to ask them to support this important legislation by cosponsoring it. You may draft your own letter or use the prepared

letter.

Thank you for participating in the DAV  
Commander's Action Network.

## TAKE ACTION



**Our values  
match yours.**



[www.veterans-for-change.org](http://www.veterans-for-change.org)

## VA Health Care Trending in Right Direction

The VFW this week released the results of its latest nationwide survey on the VA health care system from the veterans' point-of-view. Now in its seventh edition, the VFW created "Our Care" in the aftermath of the nationwide crisis in access to care and confidence that enveloped the VA in 2014, and the ensuing legislative corrective actions that followed. "The VFW prides itself on

having the ability to take the pulse of veterans, especially in evaluating what works at the VA and what doesn't," said VFW National Commander William "Doc" Schmitz. "Veterans turn to VA for high-quality, individualized care, but there is always room for improvement, especially in the areas of access to quality care inside VA medical facilities and outside in the communities," he explained. This year's "Our Care" survey included care experience questions from past surveys, as well as logic-based questions on innovations unique to the recently passed MISSION Act, which improved upon its predecessor Choice Act in areas like community care consolidation as well as introducing a new urgent care benefit. Very noticeable was 74 percent of respondents reported seeing improvements at their local VA, compared to 64 percent in 2018, and 91 percent of respondents recommend VA care to other veterans compared to 80 percent last year. Also positive was learning that veterans who were offered community care still prefer to receive their care from the VA, that veterans who use community care facilities are reporting fewer billing problems, and that veterans have a positive opinion of the new urgent care benefit. VA health

care is trending in the right direction, but the VFW wants the VA to continue the momentum. Learn more and access the [“Our Care 2019”](#) report.



## **H.R. 2201, Include Military Installations in Thailand as exposed to Agent Orange**

On April 10, 2019, Representative Bruce Westerman (AR) introduced H.R. 2201, a bill that would concede Agent Orange exposure to all Veterans who served at military installations in Thailand during the Vietnam Era for purposes of determining their eligibility for VA benefits.

While VA's internal manual acknowledges herbicide exposure for specific military occupational specialties on the perimeter of eight Thai Royal Air Force Bases, statutes and regulations do not automatically recognize

Veteran exposure to herbicides while serving in Thailand during the Vietnam Era.

H.R. 2201 would automatically concede Agent Orange exposure for all Veterans who served at military installations in Thailand during the Vietnam Era, regardless of the base, duty on the perimeter or military occupational specialty. As a result, the presumptive diseases currently associated with Agent Orange exposure would be applicable to all Veterans who served at military installations in Thailand during the Vietnam Era.

Consistent with DAV Resolution No. 174, DAV supports the concession of exposure for Agent Orange to Veterans who served at military installations in Thailand; this will allow for presumption of service connection for the recognized diseases. Please use the prepared electronic letter or draft your own to urge your Member of Congress to support and cosponsor H.R. 2201.

Standing up for Veterans is vital and we thank you for your advocacy. Your actions help make DAV a highly influential and effective organization in

Washington. Thank you for all you do for America's Veterans and their families.

## TAKE ACTION



### **Senate Calls for the Elimination of the Widow's Tax**

On Wednesday, Sen. Doug Jones (D-Ala.) called for a Motion to Instruct (MTI) vote on including the elimination of the Widow's Tax into the final version of the National Defense Authorization Act for Fiscal Year 2020 (NDAA). With a vote of 94-0, the Senate unanimously voted to pass the MTI. This is a call to action and sends a message to the NDAA conference committee members that a permanent fix of the Widow's Tax is long overdue. While an MTI is a non-binding show of support, the elimination of the Widow's Tax has never made it this far in the NDAA process in 20 years.





## **H.R. 444, Reduce Unemployment for Veterans of All Ages Act of 2019**

On January 10, 2019, Representative Julia Brown (CA) introduced H.R. 444, the Reduce Unemployment for Veterans of All Ages Act of 2019.

Currently, Veterans with service-connected disabilities or other employment handicaps are

able to receive career development services through VA's Vocational Rehabilitation and Employment program up to 12 years after they separate from military service. H.R. 444 would remove the limiting 12-year-period for eligibility.

In agreement with DAV Resolution No. 310, we support this legislation to eliminate the 12-year-period of eligibility. By removing the limited eligibility period, H.R. 444 will provide Veterans the flexibility to receive the support they have earned and deserve throughout their lifetime and thus help reduce unemployment for service-connected Veterans.

Please use the prepared electronic letter or draft your own to urge your Member of Congress to support and cosponsor H.R. 444.

Standing up for Veterans is vital and we thank you for your advocacy. Your actions help make DAV a highly influential and effective organization in Washington. Thank you for all you do for America's Veterans and their families.

**TAKE ACTION**



## **S. 2216, Transparency and Effective Accountability Measures for Veteran Caregivers Act**

Senators Peters (MI) and Blackburn (TN) have introduced S. 2216, the Transparency and Effective Accountability Measures for Veteran Caregivers Act or the TEAM Veteran Caregivers Act. If enacted, this bill would make needed improvements to the VA's Comprehensive Caregiver Support Program.

The VA's Office of the Inspector General report in 2018 and veterans and their family caregivers who have come to DAV for assistance reveal VA is not adequately recognizing that caregivers often provide complex medical and personal care tasks for severely injured veterans every day, and that VA does not adequately communicate why caregivers and veterans are discharged or

downgraded from the caregiver support program.

The TEAM Veteran Caregivers Act would require VA to recognize and record all severely injured veterans family caregivers and require a minimum standard of information when decisions to disrupt or terminate caregiver supports are made. In addition, the bill would ensure family caregiver supports are extended for at least 90 days after being discharged from the program to ease their transition. America's severely disabled veterans and their caregivers deserve to be treated with dignity and respect. For these reasons, DAV strongly supports this bill, in accordance with DAV Resolution No. 018.

Please use the prepared email or draft your own letter to ask your Senator to support the TEAM Veteran Caregivers Act.

Thank you for participating in the Commander's Action Network.

**TAKE ACTION**





## **Caregivers of Wounded Vets Have Unique Job Needs. These New Projects Aim to Help**

Two new projects aim to make employment easier for what their creators said is an often-overlooked group: military veteran caregivers. A new 38-page booklet is designed to serve as a "practical guide" for employers who want to support caregivers in the workplace. And officials with the U.S. Chamber of Commerce Foundation announced 20 new spots in its corporate fellowship program specifically earmarked for veteran caregivers. Read more [here](#).





## **H.R. 2200, the Keeping Our Promises Act**

On April 10, 2019, Representative Bruce Westerman (AR), introduced H.R. 2200, the Keeping Our Promises Act. This legislation would add multiple diseases to the presumptive disease list for Agent Orange exposure.

In the Veterans and Agent Orange update in 2016, the National Academy of Medicine (NAM)

committee concluded there was compelling evidence for adding bladder cancer and hypothyroid conditions to the presumptive disease list. Further, the study clarified that Vietnam Veterans with "Parkinson's-like symptoms," but without a formal diagnosis of Parkinson's disease, should be considered under the presumption of Parkinson's disease.

In November 2017, the VA issued a press release noting they were exploring these new presumptive conditions related to herbicide exposure.

However, to date, the VA still has not added the NAM recommended presumptive diseases, or provided an update to its 2017 press release.

In the Veterans and Agent Orange: Update 11, released in November 2018, the NAM concluded that there is sufficient evidence of an association between Agent Orange and the development of hypertension. The report elevated hypertension from suggestive evidence to sufficient evidence of a link. The VA has not taken any action on adding hypertension since the November 2018 report.

H.R. 2200 will add bladder cancer,

hypothyroidism, "Parkinson's-like symptoms," and hypertension to the presumptive disease list for Agent Orange exposure. All four of these diseases are recommended for inclusion by the National Academy of Medicine.

DAV strongly supports H.R. 2200 as it is aligned with DAV Resolution No. 174, which calls for the addition of these presumptive diseases. Please use the prepared letter or draft your own to urge your Representatives to support and cosponsor H.R. 2200.

Stand with us and support the addition of these diseases as presumptive to Agent Orange. Thank you for your continued support of the DAV Commander's Action Network.

**TAKE ACTION**



**Senate Holds Hearing on Toxic Exposure**

This week, the Senate Veterans' Affairs Committee held a hearing to discuss VA's presumptive disability decision-making process regarding toxic exposure. VA and DOD are working together to develop a database to track known toxic exposures by location and date, including burn pits and other environmental hazards. The database, known as the Individual Longitudinal Exposure Record (ILER), is scheduled for limited release on Oct. 1, 2019, and will assist VA and DOD to improve care, benefits, and research. The VFW thanks Chairman Johnny Isakson (R-Ga.) and Ranking Member Jon Tester (D-Mont.) for their continued bipartisan efforts to expand benefits and protections for service members, veterans, and their families. [Watch the hearing](#), which starts at the 15:22 mark.





Never forget our fallen!



## **TRICARE Dental and Medical: Separate Programs, Separate Enrollments**

Not sure if you have dental coverage? Did you enroll in a dental plan? Your TRICARE dental and medical benefits are separate benefits. To gain coverage, you need to enroll in a dental plan and health care plan separately.

Read the [full article](#).



## **H.R. 553, Military Surviving Spouses Equity Act**

On January 15, 2019, Congressman Joe Wilson introduced H.R. 553, the Military Surviving Spouses Equity Act. This bill would eliminate an unfair offset placed on many surviving spouses of service members who pass away during active duty or spouses of retirees who die of a service-connected disability.

Currently, purchased Survivor Benefit Plan (SBP) annuities are offset by the amount of any benefit payable under the VA Dependency and Indemnity Compensation (DIC) program. SBP is not a government gratuity benefit; rather, it is a type of insurance purchased out-of-pocket by military retirees for their survivors while DIC is a VA benefit intended to provide spouses of Veterans who died from a service-connected condition

some semblance of financial security. Thousands of survivors of military retirees are adversely affected by this unfair offset between SBP and DIC benefits.

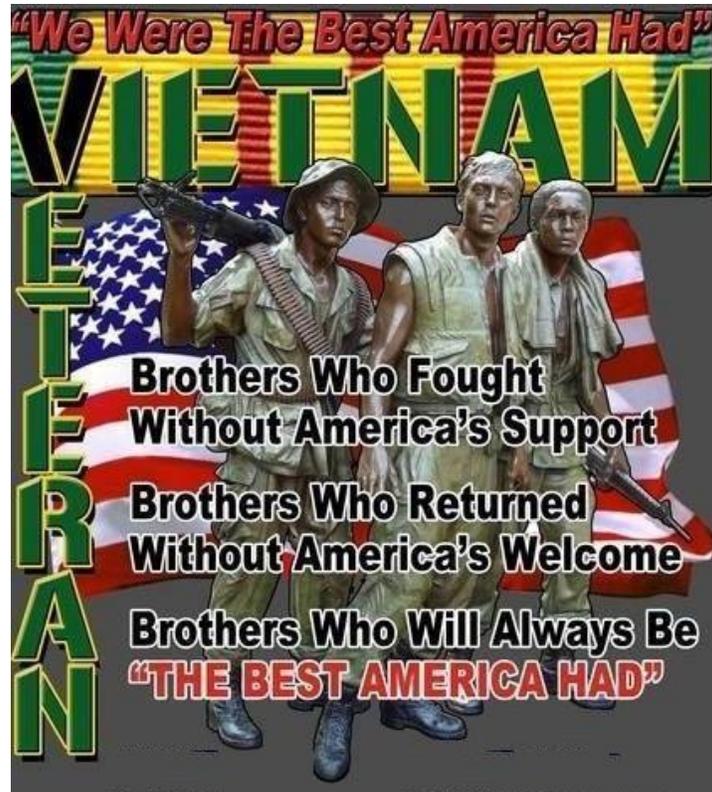
Upon the retiree's death, the SBP annuity is paid monthly to eligible beneficiaries; however, if a surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit (currently \$1,283.11 per month). In general, when DIC benefits are payable but the monthly rate is equal to, or greater than, the monthly SBP payment amount, beneficiaries lose the entire SBP payment.

This bill would eliminate the offset and allow surviving spouses to receive both the purchased SBP annuities and their earned DIC benefits. This bill is in accordance with DAV Resolution No. 014, which calls for Congress to repeal the offset between SBP annuity payments and DIC payments.

Please use the prepared letter to write your Representative to cosponsor and support passage of H.R. 553, the Military Surviving Spouses Equity

Act. Thank you for your efforts and support of the Commander's Action Network.

## TAKE ACTION



## AAFES Launches Exchange Gaming Sweepstakes

Military shoppers worldwide have a chance to win grand prizes in September with a new sweepstakes in partnership with Rockstar Games. From Sept. 1-30, shoppers 18 and older can enter to win prizes including an Xbox One X gaming console and copy of “Gears 5,” the latest game in the “Gears of War” series, or runner-up prizes of “Gears 5.” Honorably discharged veterans who have registered to shop at [ShopMyExchange.com](https://ShopMyExchange.com) can enter too. No purchase is necessary to enter. Shoppers can visit the [exchange site](#) for sweepstakes details. Read more [here](#).



## **Senate Bill Introduced to Protect Active Duty from Medical Malpractice**

Sens. John Kennedy (La.) and Mazie Hirono (Hawaii) recently introduced the SFC Richard

Stayskal Military Medical Accountability Act (S.2451) to allow active duty service members to sue the military for medical malpractice and negligence. This bill is identical to a bill (H.R.2422) introduced by Congresswoman Jackie Speier (Calif.), Chair of the House Armed Services, Military Personnel Subcommittee (reported in 5/24/19 NewsBytes).

A Supreme Court decision in 1950 banned active duty service members from suing the military for medical malpractice or negligence, and this decision became known as the Feres Doctrine. This legislation will help overturn that decision.

Sgt. Richard Stayskal is the primary champion of this legislation. In two separate appointments, Army doctors detected a cancerous tumor growing in Sgt. Stayskal's lungs, but they did not initiate the proper treatment or make him aware of the tumor's existence. Under the Feres Doctrine, he could not sue the military hospital that failed to inform him of his condition for medical malpractice.

The provisions of this legislation are included in

the House version of the FY2020 National Defense Authorization Act (NDAA-H.R.2500). Members are urged to contact their Senators on this issue listed on the FRA [Action Center](#) in the campaign titled "Ask Senators to Support House NDAA Provisions."



## **H.R. 1182, Veterans' Access to Acupuncture Services**

HR 1182, Acupuncture for Our Heroes Act would provide access to acupuncture for Veterans enrolled in the Department of Veterans Affairs health care system. It would provide such care at a minimum of one VA medical center in each Veterans' integrated service network and ensure access to such services for certain conditions by contract without need for the Veteran to have a referral for such care.

DAV supports complementary and integrative medical practices such as acupuncture as part of a comprehensive medical benefits package under DAV Resolution No. 277. Veterans have increasingly sought such treatments as a means of providing relief from conditions that have not been effectively addressed by more conventional medical practices and to decrease or avoid the use of controlled substances, such as opioids, that have the potential for harmful side effects, including addiction.

Please consider sending the letter prepared below to encourage your Representative to support H.R. 1182.

Thank you for your support of our nation's wartime service-disabled Veterans.

**TAKE ACTION**





*CLICK HERE TO FOLLOW VFC ON TWITTER!*



**Support SBP/DIC Offset Repeal (S.  
622/H.R. 553)!**

Sen. Doug Jones (AL) has introduced legislation (S. 622) that repeals the SBP/DIC offset for survivors, sometimes referred to as the "military widows tax." Earlier, Rep. Joe Wilson (SC) introduced similar legislation in the House, the "Military Surviving Spouses Equity Act" (H.R. 553).

SBP and DIC payments are paid for different reasons. The Survivor Benefit Plan (SBP) is purchased by the retiree and is intended to provide a portion of retired pay to the survivor. Dependency and Indemnity Compensation (DIC) is a special indemnity compensation paid to the survivor when a member's service causes his or her premature death. In such cases, the VA DIC should be added to the SBP the retiree paid for, not substituted for it. It should be noted as a matter of equity that surviving spouses of federal civilian retirees who are disabled Veterans and die of military-service-connected causes can receive DIC without losing any of their federal civilian SBP benefits.

**TAKE ACTION**



**Your actions**  
**could save a life.**

Showing you care can make a big difference to someone in crisis.

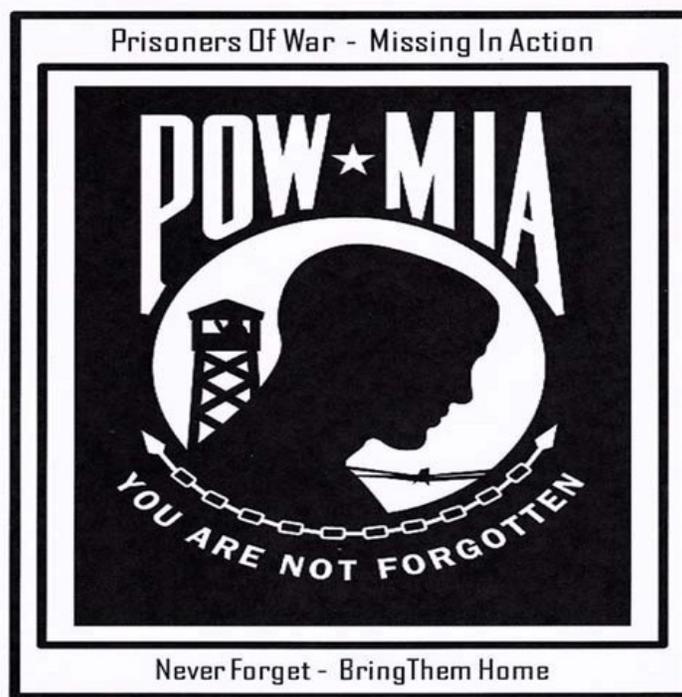
VeteransCrisisLine.net

 **Veterans  
Crisis Line**  
1-800-273-8255 PRESS 1



## **Pentagon Suspends Mental Health Counseling Referral Services for DoD Civilians**

The Defense Department on Sept. 1 abruptly suspended its Employee Assistance Program (EAP), which offers referrals for hundreds of thousands in the civilian workforce for health care, mental health counseling, legal matters and other support services. And while officials say there's an agreement in place to resume the service, it's not clear when it will start up again. The suspension of the program went mostly under the radar, with no public announcement from the DoD, although at least one DoD agency advised its staff that they should call 911 in an emergency while the suspension is in effect. Read more [here](#).



DOC



## **S. 374/H.R. 1092, the Servicemembers and Veterans Empowerment and Support Act of 2019**

Senator Jon Tester (MT) and Representative Chellie Pingree (ME) introduced S. 374 and H.R. 1092, the Servicemembers and Veterans Empowerment and Support Act of 2019.

This legislation will codify VA regulations regarding the adjudication of claims for mental health conditions, including post-traumatic stress disorder, associated with experiencing Military Sexual Trauma (MST). It would also add technological abuse, defined as "behavior intended to harm, threaten, intimidate, control, stalk, harass, impersonate, or monitor another person, [...] that occurs via the Internet, through social networking sites, computers, mobile

devices [...] to the types of trauma and resulting conditions for which survivors may seek benefits and health care. Finally, the bill would require VA to re-establish specially trained teams to adjudicate MST-related claims for mental health conditions and to report annually to Congress to ensure that these claims are adjudicated equitably.

VA's regulations for adjudicating claims for mental health conditions stemming from MST allow the Department to consider sources such as a statement from police, a rape hotline, or corroborating reports from friends, relatives or roommates to substantiate a claim. However, in 2017 the Inspector General (IG) issued a report indicating VA had discontinued the specialized training and handling of MST-related cases which resulted in discrepancies in the outcome of many of these claims.

The IG reported it found that VA's manuals related to processing these cases were outdated and that more than half of the MST-related PTSD claims had been inappropriately developed and considered. This legislation will help to re-

establish protocols for developing and adjudicating these cases thereby eliminating the disparity between awards for MST-related PTSD claims and other PTSD claims.

This bill is consistent with DAV Resolution No. 042 which calls for VA to conduct rigorous oversight of adjudication personnel who are responsible for evaluating disability claims associated with military sexual trauma and review of data to ensure existing policies are being faithfully followed and standardized in all VA regional offices.

Please ask your elected officials in Congress to cosponsor and support for final passage of S. 374/H.R. 1092.

Thank you for your support of the DAV CAN-Commanders Action Network.

**TAKE ACTION**





## **H.R. 2568, the Vietnam Veterans Liver Fluke Cancer Study Act**

On May 7, 2019, Representative Lee Zeldin (NY) introduced H.R. 2568, the Vietnam Veterans Liver Fluke Cancer Study Act.

This bill would direct the Secretary of Veterans Affairs, in consultation with the Director of the Centers of Disease Control and Prevention of the Department of Health and Human Services, to conduct an epidemiological study on the prevalence of cholangiocarcinoma in veterans of the Vietnam era. H.R. 2568 would require the Secretary to provide a report of the study within one year of completion.

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 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. Once eaten, the liver flukes grow to adulthood inside the human biliary duct system. The irritation and scarring caused by liver fluke infection can lead to bile duct cancer.

Currently, there are no available studies to show that bile duct cancer occurs more often in Vietnam veterans than in other groups.

DAV strongly supports H.R. 2568 as it will help determine if this Vietnam veteran environmental exposure can be linked to bile duct cancer. This legislation is in accord with DAV Resolution No. 090.

Please use the prepared electronic letter or draft your own to urge your Representative to support and cosponsor H.R. 2568. As always, we appreciate your support for DAV and your grassroots activism in participating in DAV CAN. Thank you for all you do for America's veterans and their families.

## TAKE ACTION



U.S. Government Accountability  
Office Reports

### 1. Veterans Health Care: VA Needs to Improve Its Allocation and Monitoring of Funding



**Urge Congress to Pass the Retired  
Pay Restoration Act**

Background: Military retirees who have a service-connected disability rating below 50 percent have their retirement pay reduced, dollar for dollar, by the amount of disability compensation they receive. This demeaning tax, created by Congress to save money, forces those who have dedicated their careers to military service to make due without benefits they need to provide for their families.

Take Action: Contact your members of Congress and urge them to cosponsor the Retired Pay Restoration Act. Our nation is still at war. We must ensure that benefits earned through honorable service to this country are improved, not eroded.

**TAKE ACTION**





## **American Heroes Network - A Veteran Podcast**

**Mission:** Serving the brave men and women who have sacrificed to ensure our freedom

American Heroes Network airs a weekly podcast with true stories of our US Military American Heroes. You'll hear firsthand, personal accounts of heroes whose selfless actions have contributed to the traditions and values that represent the soul of America. You'll also hear from stellar organizations that provide a wide range of resources for our Veterans and Military Families.

American Heroes Network was founded in January of 2013 and run by veterans, active military, and volunteers. Because of their hard work, commitment and professionalism they now have

listeners in all fifty states and in more that 98 countries around the world.

By providing a unique blend of information and advocacy American Heroes Network has created a National Veteran's Resource Directory that is making a difference through their weekly podcasts and resource page. All episodes are available at [americanheroesnetwork.com](http://americanheroesnetwork.com) as well as on Podbean, iTunes, Google Play, Spotify, Stitcher, and TuneIn for easy access any time, any where, and on any mobile device. For more information or questions about AHN please email their Resources and Special Projects Coordinator at [michaelddavis@mddastudio.com](mailto:michaelddavis@mddastudio.com). Please be sure to put AHN in the subject line when you do.

Best Regards,  
Michael





## **Protect Bankrupt Disabled Veterans from Losing Benefits**

Sens. Tammy Baldwin (Wis.) and John Cornyn (Texas) have introduced the Honoring American Veterans in Extreme Need (HAVEN-S.679) bill to shield Veterans' disability benefits from debt collectors when a Veteran declares bankruptcy.

Under current law, when a disabled Veteran declares bankruptcy debtors can seize their disability benefits because they are considered disposable income. Yet social security benefits are exempt from being included as disposable income. Disability benefits in any form are not taxable and therefore should not be considered disposable income. The legislative sponsors noted that it is unfair Veterans may be forced to give up their disability benefits when declaring bankruptcy, while the general population receiving similar benefits from social security do not.

Sen. Baldwin believes this bill will help Veterans with mental health issues by easing their financial burdens. Members are encouraged to weigh in on this issue by contacting their Senators through the FRA [Action Center](#) online.



**“We Proudly Support our  
Military Personnel & Families”**



## **S. 318, the VA Newborn Emergency Treatment Act**

On February 4, 2019, Senator Patty Murray (WA) introduced S. 318, the VA Newborn Emergency Treatment Act. The bill would authorize the VA Secretary to provide payment for emergency transportation of a woman Veteran's newborn who requires more specialized treatment at a newborn care facility. In some cases, women Veterans are transferred with the newborn and payment is authorized by VA. However, VA believes it lacks clear authority to pay for the transportation of the newborn infant alone. This legislation would provide such authority.

DAV Resolution No. 019 calls for enhancing women Veterans health care services. DAV believes women Veterans deserve a robust maternity care benefit that allows their infants initial coverage for care that would be covered under Medicaid and many private insurance plans. Maternity care is an important benefit to the significant portion of women Veterans now under VA care. Many women Veterans for whom VA coordinates maternity care are at high risk for pregnancy complications, including pre-term labor or low-birth weight newborns, because of service-connected conditions. Infants born to these mothers often require more specialized and intensive services after birth; however, not all hospitals have such services available and transportation for the infant, but not necessarily the mother, becomes necessary.

Please help us ensure that VA covers the expense of emergency transportation for newborns of women Veterans. Use the letter below to ask your Senators to support this important measure.

Thank you for your support of America's disabled

Veterans and the Commander's Action Network.

## TAKE ACTION



### **S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act**

Jon Tester (MT), introduced S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act to improve eligibility and access to transitioning service members and Veterans to federal programs such as transitional assistance programs and health care, including mental health care, to reduce suicide rates and improve mental health among Veterans.

The Department of Veterans Affairs (VA) mental health program experienced tremendous growth (86%) between 2005 and 2017. Troops returning from deployments in Iraq and Afghanistan

required mental health care services including treatment for PTSD, substance use disorders, depression, and anxiety. During this time VA also identified an upward trend in suicides among Veterans. Homelessness and unemployment were considered contributing factors, particularly for some subgroups in the Veterans' population such as women and minorities.

The bill would:

- Improve access to transition services for Veterans by extending VA health care eligibility to a year after discharge from military service;
- Create a grant program to help Veterans obtain employment and help identify the many non-profit programs available to Veterans in their communities;
- Create a new suicide prevention program to include new grant programs designed to reach Veterans at risk of suicide who are not obtaining VA mental health care;
- Help facilitate post-traumatic growth services through community partners;
- Encourage peer support by organizing education and awareness of Buddy Checks;

- Require VA to track and report on goals and objectives in its suicide prevention plan and direct the Government Accountability Office to evaluate VA's case management program for Veterans at high risk of suicide;
- Require VA to update guidelines on suicide prevention including using gender specific risk factors and treatment options
- Require VA to create treatment guidelines for trauma comorbid with chronic pain and substance abuse; and
- Require certain oversight reports and improve authorities to assist in recruiting mental health providers and increasing Veterans' access to telehealth.

The following resolutions lead DAV to strongly support this bill. DAV Resolution No. 293 supports program improvement and enhanced resources for VA Mental Health Programs, emphasizing the importance of timely access to mental health and readjustment services for transitioning service members. DAV Resolution No. 304 urges Congress to monitor programs in place to assist those service members transitioning to civilian life with access to appropriate federal programs.

Please contact your Senators to ask them to support this comprehensive bill to support our nation's Veterans. Please use the letter prepared below or draft your own letter to ask for their support.

## **TAKE ACTION**



## **VA has New Deputy Secretary**

The Senate recently confirmed James Byrne as Deputy Secretary, the second-highest post at the Department of Veterans Affairs (VA). Byrne, a former Marine infantry officer who previously served as VA's general counsel, was approved for the post by an 81-11 vote. His nomination has been pending since April, but he has been serving in the post as acting deputy secretary since August 2018.

Earlier, speaking on behalf of the nomination, Senate Veterans' Affairs Committee (SVAC) Ranking Member Jon Tester, (Mont.) acknowledged that Byrne "has ruffled feathers among some here" in his dealings with some lawmakers on implementation of the VA Mission Act and other department priorities. But said he still supported the acting deputy for the permanent job. SVAC Chairman Senator Johnny Isakson (Ga.) praised Byrne and said we need to make his position permanent.





**U.S. FOOD & DRUG  
ADMINISTRATION**

1. TDBBS Voluntarily Recalls Pig Ear Pet Treats  
No Illnesses Reported; Strictly Precautionary
2. Euphoria Fancy Food Inc. Recalls “Capitan K  
Salmon Fillet” Due to Possible Health Risk
3. Gramco, Inc. Recalls Hog Grower Pellets  
because of Elevated Vomitoxin Levels
4. Frozen and Refrigerated Cookie Dough  
Products Recalled Due to Potential Health Risk  
from Allergens
5. Updated: Torrent Pharmaceuticals Limited  
Expands Voluntary Nationwide Recall of Losartan  
Potassium Tablets, USP and Losartan Potassium  
/ Hydrochlorothiazide Tablets, USP
6. Sandoz Inc. Issues Voluntary Recall of  
Ranitidine Hydrochloride Capsules 150mg and  
300mg Due to An Elevated Amount of  
Unexpected Impurity, N-Nitrosodimethylamine  
(NDMA), in the Product
7. Schwartz Brothers Bakery Issues Allergy Alert  
On Undeclared Egg In Lemon Dessert Bars
8. Ridley Block Operations Voluntarily Recalls a

Batch of Ultralyx 2416-5 No Other Products are Affected; Distribution was Limited to Georgia and Florida

9. Roland Foods, LLC Initiates a Voluntary Recall of Roland Red Lumpfish Caviar and Roland Black Lumpfish Caviar Due to Possible Health Risk

10. Weaver Fundraising, LLC Issues Allergy Alert on Undeclared Almonds, Cashews, and Pecans in Trail's End Chocolatey Caramel Crunch Sold in Houston and Corpus Christi, Texas

11. Apotex Corp. Issues Voluntary Nationwide Recall of Ranitidine Tablets 75mg and 150mg (All pack sizes and Formats) due to the potential for Detection of an Amount of Unexpected Impurity, N-nitrosodimethylamine (NDMA) Impurity in the product



## **Blue Water Navy Veterans Need Your Help**

Earlier this year on June 25th, the entire veterans

community celebrated when Congress passed, and President Trump signed into law, the Blue Water Navy Vietnam Veterans Act of 2019. However, less than a week later, our joy turned to dismay when VA Secretary Wilkie issued a blanket stay that stopped all processing of all benefit claims by Blue Water Navy veterans.

In response, DAV and a united VSO community appealed to Secretary Wilkie, calling on him to lift or modify the blanket stay, particularly for those veterans who are terminally ill, over the age of 85 or impoverished, as well as those who already have sufficient evidence to grant benefits based solely on the federal court's *Procopio v. Wilkie* decision.

Lifting the stay would allow VA to begin processing claims for people like Bobby Daniels from Missouri, a Blue Water Navy veteran, and Claudia Holt of Maryland, wife of Frank Holt, a Blue Water Navy veteran who passed away in May, both of whom traveled to Washington, DC to join us at a press conference this week.

Bobby Daniels, who has terminal prostate cancer,

is fearful and angry that his wife of 56 years, Judy, may not receive survivor benefits after he is gone. Claudia Holt, who has applied for survivor benefits, is worried about how she will pay her bills and whether she'll lose her home. Because of the blanket stay, both of them are forced to continue waiting. Regrettably, our pleas have fallen on deaf ears and the Secretary remains unwilling to lift or modify the stay.

So earlier this week, DAV and our VSO colleagues reached out directly to President Trump to ask him to use his executive powers to overrule Secretary Wilkie and lift the stay. As Chief Executive, charged with faithfully executing the nation's laws, President Trump has the authority and the responsibility to change the Secretary's decision and allow VA to begin processing Blue Water Navy claims. Although this injustice did not begin during his Administration, President Trump can end the wait today.

Please add your voice in support of Blue Water Navy veterans by using the prepared email, or draft your own, to ask President Trump to lift the stay and end their wait. Thank you for supporting

the men and women who served through your participation in the Commander's Action Network.

## **TAKE ACTION**



## **H.R. 713, Provide Beneficiary Travel Funds to Veterans Seeking Specialized Treatment for Military Sexual Trauma**

Representative Jackie Walorski introduced H.R. 713, a bill that would require the Department of Veterans Affairs (VA) to provide beneficiary travel for Veterans seeking specialized outpatient or residential treatment at another VA facility for conditions related to military sexual trauma (MST).

DAV Resolution No. 138 recognizes the current VA policy on beneficiary travel is a barrier to some Veterans obtaining appropriate care and calls for

changes to improve Veterans' access to specialized care for MST-related conditions.

One in four women and one in 20 men using VA health care services screen positive for MST.

While all VA medical centers are required to offer screening and related treatment for MST, about a third claim that staffing shortages compromise their ability to provide such care. Travel is often necessary for Veterans to obtain the right type of specialized treatment in an environment Veterans consider safe and appropriate to discuss sensitive issues. These perceptions are often the basis for choosing a provider and/or group of their own gender or where they feel most comfortable.

Please write your Representative today to urge co-sponsorship and enactment of H.R. 713. As always, thank you for your efforts and for participating in the Commander's Action Network.

**TAKE ACTION**





## **Urgent Action Needed to End "Widow's Tax"**

We need you to take action today and let your Senators know that we want them to end the Survivor Benefit Plan (SBP)/Dependency Indemnity Compensation (DIC) offset, which is effectively a "widow's tax." Now that Congress has returned from summer recess, lawmakers are working to pass the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2020. The House authorization bill that was passed in July included a provision that would eliminate the SBP/DIC offset; the Senate version did not. Now the Senate and House must agree on what will end up in the final version of this bill. It is up to us to let the Senate know that we want the SBP/DIC offset provision to be included with the final version of the NDAA.

Currently, purchased SBP annuities are offset by

the amount of any benefit payable under the VA DIC program. SBP is not a government gratuity benefit; rather, it is a type of insurance purchased out-of-pocket by military retirees for their survivors while DIC is a VA benefit intended to provide spouses of veterans who died from a service-connected condition some semblance of financial security. Thousands of survivors of military retirees are adversely affected by this unfair offset between SBP and DIC benefits.

Upon the retiree's death, the SBP annuity is paid monthly to eligible beneficiaries; however, if a surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit. In general, when DIC benefits are payable but the monthly rate is equal to, or greater than, the monthly SBP payment amount, beneficiaries lose the entire SBP payment.

This provision, which is in accordance with DAV Resolution No. 010, which calls for Congress to repeal the offset between SBP annuity payments and DIC payments, would eliminate the offset and allow surviving spouses to receive both the purchased SBP annuities and their earned DIC

benefits.

Please use the prepared letter to write your Senators and urge them to keep this important provision in the NDAA for FY 2020 and finally end the "widow's tax." Thank you for your efforts and support of the Commander's Action Network.

## TAKE ACTION



## **S. 154, VA CLEAR Act of 2019**

Senator Jon Tester, Ranking Member of the Senate Committee on Veterans' Affairs, introduced S. 154, the Department of Veterans Affairs Contract, Leadership, and Ensuring Accountability and Reform Act of 2019, or the VA CLEAR Act of 2019. The bill will allow VA to establish measures for contractors that help it oversee implementation of the VA MISSION Act and other large contracts that are vital to ensuring the quality of care for our nation's Veterans.

Contracts would need to include: measurable metrics to assess performance; a plan of action and milestones for provision of services; safeguards to ensure a minimal level of quality offered by the contractor; appropriate measures for awards or incentives; and a requirement that the service provider document performance using information technology so the VA Secretary can ascertain the quality of services rendered.

For larger contracts (those worth more than \$2 billion), VA must submit to Congress justification for the contract and how it intends to pay for it in future years. Such contracts will also be reviewed

by both VA's Inspector General (IG) and the GAO- Government Accountability Office to ensure the contractor is meeting the performance metrics in its contract. The Act also requires an independent third party to review VA's financial processes and actuarial and estimation models and for VA to submit any requests for funding outside of the normal budget process at least 45 days before the program requiring funding is affected along with justification for the needed funds. The bill would grant the IG with subpoena power over individuals associated with contract work under review who are not federal employees and require VA to provide centralized records on all administrative investigation board reviews and referrals of clinicians to state licensing boards.

VA has not clearly established performance measures for quality or access to contractors in its proposed regulations. See [DAV comments](#) about VA's proposed regulations on access and quality standards [here](#). As VA begins to implement the VA MISSION Act-its new broad authority for community care-and develops its integrated community care network, it must have comparative information from VA and its

community providers that allows it to make clinical decisions in the best interest of Veterans.

Please use the prepared email or write your own letter to your Senators to ask them to cosponsor the VA CLEAR Act of 2019.

Thank you for your support of the Commander's Action Network and America's disabled Veterans.

**TAKE ACTION**



**Blue Water Navy Press Conference**

Assistant Director of Legislative Policy Brian Condon recently participated in a press conference on Capitol Hill. It addressed the devastating effects that delaying Blue Water Navy claims is having on those veterans in need of care. Ranking Member of the Senate Veterans Affairs Committee, Sen. Jon Tester (Mont.) and Chairman of the House Veterans Affairs Committee, Rep. Mark Takano (Calif.) both spoke about the importance of providing care to those who took care of this Nation in a time of need. They believe the VA has the resources they need and it is time the VA start the process that has been denied to these veterans for far too long. The VA is scheduled to start processing Blue Water claims beginning January, 2020, even though the landmark court decision of Procopio vs Wilkie was made months ago.

The FRA signed onto a letter, along with several other Veteran Service Organizations, that was sent to President Trump expressing the urgency that some of these Blue Water veterans need. Some deserve care immediately and waiting even a few months is too long.



# Tax & Credit Information



1. TDBBS Voluntarily Recalls Pig Ear Pet Treats  
No Illnesses Reported; Strictly Precautionary
2. Euphoria Fancy Food Inc. Recalls “Capitan K  
Salmon Fillet” Due to Possible Health Risk
3. Gramco, Inc. Recalls Hog Grower Pellets  
because of Elevated Vomitoxin Levels
4. Frozen and Refrigerated Cookie Dough  
Products Recalled Due to Potential Health Risk  
from Allergens
5. Updated: Torrent Pharmaceuticals Limited  
Expands Voluntary Nationwide Recall of Losartan  
Potassium Tablets, USP and Losartan Potassium  
/ Hydrochlorothiazide Tablets, USP
6. Sandoz Inc. Issues Voluntary Recall of  
Ranitidine Hydrochloride Capsules 150mg and  
300mg Due to An Elevated Amount of  
Unexpected Impurity, N-Nitrosodimethylamine  
(NDMA), in the Product
7. Schwartz Brothers Bakery Issues Allergy Alert  
On Undeclared Egg In Lemon Dessert Bars

8. Ridley Block Operations Voluntarily Recalls a Batch of Ultralyx 2416-5 No Other Products are Affected; Distribution was Limited to Georgia and Florida
9. Roland Foods, LLC Initiates a Voluntary Recall of Roland Red Lumpfish Caviar and Roland Black Lumpfish Caviar Due to Possible Health Risk
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**H.R. 663/S. 191, Burn Pits  
Accountability Act**

On January 17, 2019, Representative Tulsi Gabbard (HI) introduced H.R. 663, the Burn Pits Accountability Act in the House and Senator Amy Klobuchar (MN) introduced a companion bill, S. 191, in the Senate.

Since the Persian Gulf War, a common waste disposal practice at military sites outside the United States was the use of burn pits. Smoke from these pits contained toxic substances that may have short- and long-term health effects, especially for those who were exposed for longer periods. Many service members reported acute symptoms of respiratory or eye irritation, gastrointestinal distress, or rashes during or shortly after exposure, but the research thus far has been inconclusive about whether there are longer lasting consequences to these exposures as many Veterans, who are still struggling with health conditions that arose during or after military service believe.

Both bills would require the Secretary of Defense to ensure that periodic health assessments ascertain whether a service member has been at a location when an open burn pit was used or

exposed to toxic airborne chemicals. It will further require the Secretary to enter into an information sharing agreement with the Secretary of Veterans Affairs (VA). If a service member was exposed, the VA Secretary will enroll the member into the VA Airborne Hazards and Open Burn Pit Registry, unless the member elects not to enroll.

In agreement with DAV Resolution No. 069, DAV supports H.R. 663 and S. 191-legislation that would ensure that exposure to burn pits and airborne chemicals are recognized by both the Departments of Defense and Veterans Affairs.

Thank you for all you do for America's wartime service-disabled Veterans and their families.

**TAKE ACTION**





## **S. 1392, the Support for Suicide Prevention Coordinators Act**

Suicide prevention coordinators (SPCs) play a pivotal role in helping connect veterans at risk of suicide to services and supports within the Department of Veterans Affairs (VA). They connect veterans identified as most at risk of suicide, using the VETS-REACH program, to services and supports and reach out to veterans who are referred through VA's very active

Veterans Crisis Line to refer them to appropriate care.

VHA requires each VA medical center and large community based outpatient clinic to have a full-time SPC, however there is no requirement for VHA to document that all VA medical center positions are filled or that SPCs are properly qualified and trained to perform their duties. System wide, there may be significant differences in the qualifications, workload, and additional responsibilities of SPCs. Since qualifications for SPCs are not specified in VHA policy and workloads may vary significantly, VHA may not be providing adequate training, support and oversight for all incumbents.

S. 1392, the Support for Suicide Prevention Coordinators Act, would require the Government Accountability Office to conduct an assessment of the responsibilities, workload, and vacancy rates of VA's suicide prevention coordinators. A related bill, H.R. 2333, has already been approved by the House of Representatives and sent to the Senate.

DAV strongly supports this legislation in

accordance with Resolution No. 293, which calls on VA to support program improvements, data collection, and reporting on suicide rates among veterans and service members as part of a robust and fully resourced mental health effort.

Please write your Senators to ask them to cosponsor this important legislation. Thank you for participating in the DAV National Commander's Action Network.

## **TAKE ACTION**



## **S. 1881 and H.R. 3356, Veterans Expedited TSA Screening Safe Travel Act**

Senators Young (IN) and Duckworth (WI) have introduced S. 1881, and Representatives Gosar (AZ) and Kirkpatrick (AZ) have introduced a companion bill, H.R. 3356. If enacted, this bill, the

Veterans Expedited TSA Screening (VETS) Safe Travel Act, would provide free TSA Pre✓ (R) clearance to veterans with severe disabilities.

Veterans who use prosthetics or wheelchairs know how difficult it can be to get through airport security. Some have been asked to remove prosthetics, transfer from wheelchairs or give up canes that help visually impaired veterans safely navigate their surroundings. These devices are more than just equipment-they serve as extensions enabling our disabled veterans to live and function more independently.

The VETS Safe Travel Act would give severely disabled veterans the same benefit active-duty service members, Reservists and National Guardsmen are provided. TSA Pre✓ (R) allows beneficiaries to avoid the significant challenges imposed upon them by modern airport security. America's severely disabled veterans deserve to be treated with dignity and respect. For these reasons, DAV strongly supports this bill.

Please use the prepared email below or draft your own letter to ask your Representative and

Senators to support the VETS Safe Travel Act.

Thank you for participating in the Commander's Action Network.

## TAKE ACTION



If you received this newsletter as a courtesy or a forward from a friend or relative, you can sign up to receive in your E-mail every week.



*CLICK HERE TO SUBSCRIBE TO THE WEEKLY VFC NEWSLETTER!*



## **H.R. 1963, Expanding Care for Veterans Act**

Like other Americans, Veterans have grown increasingly interested in complementary treatment options to enhance wellness or address symptoms that are not well managed with conventional medicine. A 2014 study found that service members experienced chronic pain at a much higher rate (44% post combat) than the general population (26%). Veterans were also far more likely to be prescribed opioids compared to non-Veterans (15% v. 4%) to manage their chronic pain. Many Veterans view complementary and integrative treatment approaches as a means to limiting or avoiding the use of opioids and other pharmaceuticals that may have adverse side effects.

Based on these findings, Representative Julia Brownley (CA) introduced comprehensive legislation aimed at expanding Veterans' access to complementary and integrative medicine in VA medical centers.

The Expanding Care for Veterans Act, H.R. 1963, would:

- Require VA to develop a plan for expanding delivery and integration of complementary medicine within the Department;
- Create a 3-year pilot program to add complementary and integrative practices to the existing health benefits package in at least 15 VA medical centers and evaluate the effectiveness of these interventions for Veterans with mental health issues, chronic pain and other debilitating conditions;
- Require a study to determine barriers to Veterans' receipt of and administrators and clinicians' delivery of complementary and integrative health practices furnished by or through VA; and
- Create a grant program to complement services of individuals receiving counseling through VA's Vet Center programs.

Please write your Representative today to urge co-sponsorship and enactment of H.R. 1963. As always, thank you for your advocacy by participating in the DAV CAN (Commander's Action Network).

## TAKE ACTION



### **Make Enrolling in TRICARE Easy With Beneficiary Web Enrollment**

Knowing how to enroll in TRICARE health and dental plans is important for you and your family. And having the most up-to-date information about enrollment will help you to receive timely coverage and care. If you're eligible for TRICARE, you can enroll in a health or dental plan by phone, by mail, or in person if overseas. However, online enrollment may be the easiest and most convenient way for you and your family.

Read the [full article](#).





## **NDAA and Spending Bills**

Key lawmakers and the White House agreed on top-line numbers for spending bills before Congress went on its summer recess. Now that they are back for three weeks before the start of the new fiscal year there is much legislative work to get done before the Oct. 1, 2019 deadline. The House has passed 10 of the 12 appropriations bills, but some do not conform to the budget agreement. The Senate has not passed any, so a short-term Continuing Resolution (CR) to keep government open after Oct. 1, 2019 is all but certain. The House is expected to pass a CR next week that flat lines spending at FY2019 levels that will start on October 1 and end on Nov. 21, 2019. This will give legislators time to complete work on appropriations.

Lawmakers will also be trying to reach an

agreement on the competing National Defense Authorization Acts (H.R.2500 and S.1790) passed by their chamber of origin earlier. In addition, they need to resolve differences in total spending - \$733 billion in the House vs. \$750 billion in the Senate. There are a number of other disagreements between the two bills; among them are three important provisions for FRA members. A conference committee will be appointed to resolve the differences between the two bills. The House bill has several FRA supported provisions that are not in the Senate bill. Members are urged to ask their Senators to support House provisions in the final bill that include:

- Repealing the SBP/DIC Offset known as the Widow's Tax;
- Delaying proposed drastic cuts to military medical staff and require a study on the impact; and
- Allowing military service members to sue the DoD for instances of medical malpractice unrelated to combat.

The conference committee bill will be submitted to the House and Senate for approval. If approved by both chambers the bill will go to the President to be signed into law or be vetoed. Members are

urged to use the [Action Center](#) and ask their Senators to accept the above referenced provisions in the final NDAA bill. The issues are listed in "[Ask Senators to Support House Provisions in Final NDAA](#)" on the [Action Center](#) website.



## **MIA Update**

The Defense POW/MIA Accounting Agency recently announced the identification of seven American sailors and soldiers who had been missing and unaccounted-for since World War II and Korea. Returning home for burial with full military honors are:

**Navy Radioman 2nd Class Floyd A. Wells**, 24, of Cavalier, N.D., will be buried Oct. 1 in Mandan, N.D. On Dec. 7, 1941, Wells was assigned to the battleship USS Arizona, which sank after sustaining multiple torpedo hits as it was moored off Ford Island in Pearl Harbor, Hawaii. The attack on the ship resulted in the deaths of 1,177 crewmen. [Read about Wells.](#)

**Navy Seaman 2nd Class D.T. Kyser**, of Oklahoma, was assigned to the battleship USS Oklahoma, which capsized after sustaining multiple torpedo hits as it was moored off Ford Island in Pearl Harbor, Hawaii, on Dec. 7, 1941. The attack on the ship resulted in the deaths of 429 crewmen. Interment services are pending. [Read about Kyser.](#)

**Army Sgt. David C. Sewell**, of Minnesota, was a member of Company M, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. On Nov. 28, 1950, Sewell was killed in action after enemy forces launched a massive surprise attack on their position near the Chosin Reservoir, North Korea. Interment services are pending. [Read about](#)

[Sewell.](#)

**Army Cpl. Harold Pearce**, 25, of Dillon, S.C., was buried yesterday in Latta, S.C. Pearce was a member of 1st Platoon, 24th Military Police Company, 24th Infantry Division. He was killed July 10, 1950, when his unit was withdrawing from the city of Taejon, South Korea. [Read about Pearce.](#)

**Army Cpl. Jerome V. Hummel**, of Missouri, was a member of Heavy Mortar Company, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action Nov. 30, 1950, in the vicinity of the Chosin Reservoir, North Korea, when his unit was attacked by enemy forces. Interment services are pending. [Read about Hummel.](#)

**Army Sgt. Willie V. Galvan**, 24, of Bexar County, Texas, was buried yesterday in San Antonio. Galvan was a member of Medical Company, 7th Infantry Division, 31st Regimental Combat Team. He was reported missing in action on Dec. 1, 1950, after the enemy attacked his unit near the Chosin Reservoir, North Korea. [Read](#)

[about Galvan.](#)

**Army Cpl. Kenneth E. Ford** was a member of Company C, 1st Battalion, 32nd Infantry Regiment. He was reported missing in action on Dec. 2, 1950, in the vicinity of the Chosin Reservoir, North Korea, when his unit was attacked by enemy forces. Interment services are pending. [Read about Ford.](#)



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