



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, June 02, 2019

Volume 10, Issue 22



This-N-That

First off please accept my apologies for the delay in this weekends newsletter. No we didn't fall off the earth or close down, although I'm sure there are those who hope we would.

Unfortunately my body said I needed a hospital vacation for several days and there were no options.

I hope everyone has been sending off all the pre-written E-Mails for all the legislative actions going on, and I do hope you will keep it up.

The more pressure we put on those in Congress, the better

the chances are we see successes!

Veterans-For-Change's main objective since our inception in 2006 was to make sure all Veterans obtained their benefits and medical care, and the only way to make this happen is for every Veteran, family member and friends of Veterans all fight together!

We are still looking for a new hosting service, and right now we're at a stand still as most want to change platforms, and in the change of platforms and conversions, looks like it could get into the thousands of dollars which is just out of the question. So we continue to move forward and look around for what we can find.

Further down in this newsletter there are is a list of bills in the Senate all needing to be passed. On those we need everyone's support to call both their Senators and ask for their full support, vote, and passage.

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





Support Agent Orange Blue Water Navy Bill S. 1195

The VFC, the Association of the US Navy and the Blue Water Navy Vietnam Veterans Association believes Congress should recognize these veterans who were exposed to Agent Orange herbicide and authorize presumptive status for VA disability claims associated with this exposure. Now is the time to contact your Senators and urge them to support this proposal (S 1195).

Please, make the time to call both your Senators toll free: 866-272-6622 or 202-224-3841 or 202-224-3553.



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.

Members are urged to use the [Action Center](#) to ask their Representative to support this bill.



Veterans-For-Change Web Site

The Veterans-For-Change website has been under construction since day one back in 2009 and every day since then. 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 **3,358** hits per day, and downloads average **2,901** per day with a total **5,039,294** 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

- Documents Library with over **17,275** documents on-line (Updated: 05/23/19)
- FAQ's with more than **1,600** FAQ's and answers
- 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: **8,570**)

- Polls
- Web Links, more than **4,926**, Added 16 New Links
(Updated: 05/07/19)

If you have a submission for the memorial pages, E-Mail:
Jim.Davis@veterans-for-change.org



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



Choice Program Ending, Replaced by New Community Care Program

Next week, the Veterans Choice Program is scheduled to be replaced by a new Veteran Community Care Program, which was created by the VFW-supported VA MISSION Act. Aimed at adopting lessons learned from the Choice Program and consolidating all community care (or non-VA care) programs, the Veterans Community Care program will have new criteria for accessing private-sector health care. The new program is intended to expand access to care for veterans, including urgent and walk-in care. [Learn more about eligibility changes](#). Learn more about [VA MISSION Act changes to community care](#).



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.

[CLICK HERE TO TAKE ACTION](#)





~Follow VFC on MEWE Social Media~

Follow us on [MEWE](#)! We've move to [MEWE](#) and after three months, membership has grown and the support staff at [MEWE](#) is responsive, open to suggestions and works very hard to protect your personal information.

IMAGINE A SOCIAL NETWORK WITH ALL THE FEATURES YOU LOVE AND NONE OF THE BS.

Where you are the customer to serve and not data to sell.

Where you share your real life and celebrate, not censor, diversity.

We know most people don't like change, however, this new Social Media Site, [MEWE.COM](#) has no advertisers, truly respects privacy and protects your security far better than Face Book ever could. They also have a fantastic customer service group who actually does respond to your messages, suggestions, ideas and more!

We hope you will join us on this new site.

VETERANS-FOR-CHANGE

www.mewe.com/join/veterans-for-change

HOMELESS HEROES PROGRAM OF VETERANS-FOR-CHANGE

www.mewe.com/join/homelessheroesprogramofveterans-for-change

AMVETS GROUP

www.mewe.com/join/amvetsgroup

VETERANS SOCIAL GROUP

www.mewe.com/join/veteranssocialgroup

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

www.mewe.com/join/usavetsupportinggodallwhoserveandserve

AMERICANS FOR SOVEREIGNTY

www.mewe.com/join/americansforsovereignty



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





Your Child Transitioning to Adulthood with TRICARE Young Adult

Did your child graduate from college, but hasn't yet launched a career? Not to worry, TRICARE may still be available to provide health care coverage. A change in family composition, like when your child becomes an adult, is a TRICARE Qualifying Life Event. After your child turns age 21, they're no longer eligible for regular TRICARE.

Read the full article [here](#).



Video of MVA and article about BWN for you to view

What our organization Military Veterans Advocacy Inc. is about. It was done by a videographer . Please watch. COL Manness, CDR Wells and myself are included with clips from WFLA.

[CLICK HERE TO VIEW](#)

This link is a very good article from Abe Kenmore of Watertown , NY. CDR Wells and I are interviewed. It is very accurate and I plan to send to every senator on Tuesday.



Senate Addresses Military Housing Crisis in NDAA

On Thursday, the Senate Committee on Armed Services released the first draft of the National Defense Authorization Act. This version has important steps to address the military housing crisis to include creating a Tenant Bill of Rights, creating a dispute resolution process, and providing over \$300 million to ensure that every installation has the appropriate amount of government housing personnel to fulfill new comprehensive oversight and planning measures. Military families sacrifice daily for our country, at the very least they deserve to live in housing that is free from mold, pests and other hazards. [Read the Executive Summary.](#)





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



**D-Day 75th Anniversary at National
WWII Memorial**

The Friends of the National World War II Memorial will be hosting three events beginning Wednesday to commemorate the 75th anniversary of the D-Day landings. First up will be a discussion of the new book, “The First Wave: The D-Day Warriors Who Led the Way to Victory in World War II,” at 10 a.m. at The Army and Navy Club at Farragut Square. This will be followed by a remembrance ceremony, candlelit vigil, and a reading of the names of those who are buried at the Normandy American Cemetery in France Wednesday afternoon at 4 p.m. The 75th anniversary ceremony begins at 10 a.m., Thursday. The National World War II Memorial has no public parking and very limited handicap parking. The closest two Metro stops (Federal Triangle and Smithsonian) are about a half mile walk, but taxis and other hired conveyances are plentiful. [Read more about the three planned events.](#)



Don't Cut Military Health Care Staff!

FRA has signed onto a letter, with other like-minded organizations, to members of the House and Senate Armed Services Committees asking Congress to delay and closely review proposed cuts of nearly 18,000 military medical billets from the current 130,000. The Defense Department's fiscal 2020 budget calls for the elimination of about 18,000 military medical positions, and FRA is concerned that such drastic cuts could impact access and quality of care for retirees, active duty members and their families. These proposed cuts could also impact combat casualty care capabilities.

Members are urged to use the [Action Center](#) to urge their legislators to delay and closely review these drastic cuts to military medical care staff.





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



MISSION Act begins June 6, 2019

VA health care options are expanding and TREA is sharing important information to keep you informed!

These changes may provide you with the option to see private sector care providers, if you meet the eligibility criteria described below.

Here is a summary about the changes and what they mean to you.

More information will be posted on TREA's Website at www.trea.org

VA Health Care Eligibility

Veterans who have enrolled are eligible for care from VA hospitals based on a tier system or Priority group that looks at their service-connected injuries, income and other criteria. The Priority system was not changed by the Mission Act. Veterans do not need to take any action to

remain enrolled. The MISSION Act provides additional options for care if you meet community care eligibility requirements.

VA Community Care Eligibility

VA Choice was the previous option and established rules around who could receive care outside the VA hospital. Based on a variety of factors such as health needs and where the veteran lives, the Choice program let veterans see providers within a civilian health care network. Choice expires on

June 6, 2019, veterans enrolled in Choice may choose to be grandfathered and continue to receive care, but must be eligible and select that option. (also noted in bullet below).

The MISSION Act is the new community care program and is updated to include new eligibility standards. You can see a community-based doctor if:

- Care is not available within the new access standards, which cap wait times at 20 days for primary care and 28 days for specialty care and drive times for 30 minutes for primary care and 60 minutes for specialists.
- Necessary care is not provided by the VA at a nearby facility.
- You live in a designated state or territory where the VA is not full service, including Hawaii, Alaska, New Hampshire, Guam, American Samoa, Northern Mariana Islands and the U.S. Virgin Islands.
- You are grandfathered into the old Choice rules, which allowed for community-based care if you lived 40 miles or

more from the nearest VA hospital.

- VA doctors believe community-based care is best for you. (medical care is in the best interest of the veteran).
- VA has designated the type of care you need as not meeting standards.

VA Urgent and Walk-In Care

Starting June 6, veterans who have received care from the VA in the last 24 months can get care at some community-based urgent care facilities. Very important fact - urgent care facilities **MUST** be within VA's Network or contract to be covered.

VA Co-Pays and Other Health Insurance

Veterans may be subject to co-pays based on their tier or Priority group status. The Mission Act changed how VA communicates with other health insurance held by some veterans. Under the new rules, VA no longer needs a veteran's permission to bill or communicate with their other health insurance. If a veteran decides they do not want VA to make contact, he/she should contact your local facility's privacy office.



**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



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



**Download TRICARE Overseas
Program Health Matters Newsletter
Today**

Change is the only constant in life, which is particularly true in military life. When life changes for you and your family, your TRICARE health plan options may also change. In this newsletter, learn about TRICARE Qualifying Life Events, like moving and adding a new family member. Also, learn about coordinating your health care with the TRICARE Overseas Program contractor (International SOS), filing medical claims, and much more.

Download the latest Overseas Region newsletter (2019 - Issue 2) at www.tricare.mil/publications.



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.

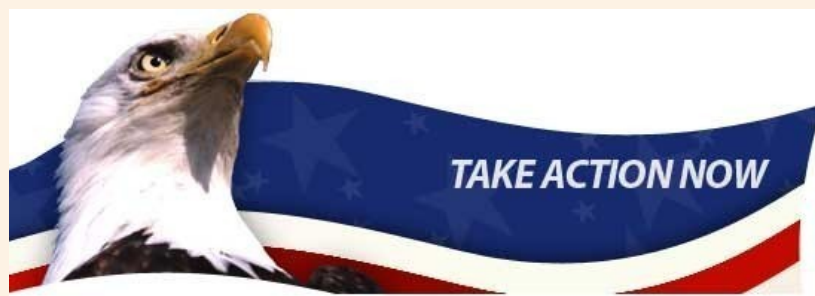
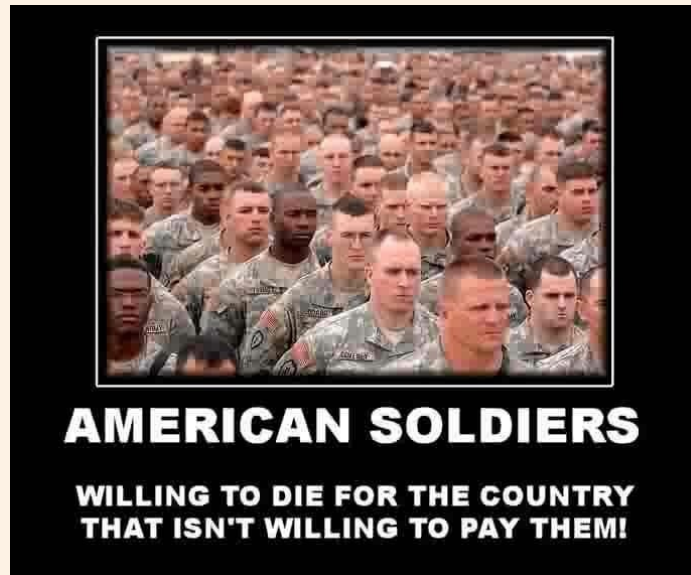
VA only recognizes those veterans who participated in nuclear testing on Enewetak Atoll from 1951 to 1959 as participating in a radiation risk activity. Current statutes regarding presumptive service connection for radiation exposure defines a radiation-exposed veteran as a veteran that, while on active 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



**DOJ Decision to Appeal AOBWN
Case Delayed Again!**

The Supreme Court of the United States issued a second 30-day extension to the Department of Justice (DOJ) officials contemplating an appeal of a lower court ruling (*Procopio v Wilkie*) that will delay the decision until the end of June. In January, the U.S. Court of Appeals for the Federal Circuit in Washington DC, in 9-2 decision, extended presumptive VA disability benefits to the so-called Blue Water Navy veterans who served off the coast of Vietnam and who were exposed to toxic chemical defoliants during the Vietnam conflict.

Mr. Procopio, a Blue Water Navy Veteran, never stepped foot on land in Vietnam and was exposed to Agent Orange during his military service off the coast of the Republic of Vietnam. Due to this exposure, he developed medical conditions consistent with other veterans who served on land and were exposed to Agent Orange. He argued that he should be entitled to a presumptive category and thereby eligible for disability benefits. FRA is listed as a "Friend of the Court" by the petitioner Blue Water Navy Veteran, Mr. Procopio.

Members are urged to use the [Action Center](#) to ask President Trump to direct the DOJ not to appeal the Procopio decision thereby requiring the VA to provide this presumption to Blue Water Navy Vietnam veterans as they did before 2002.





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



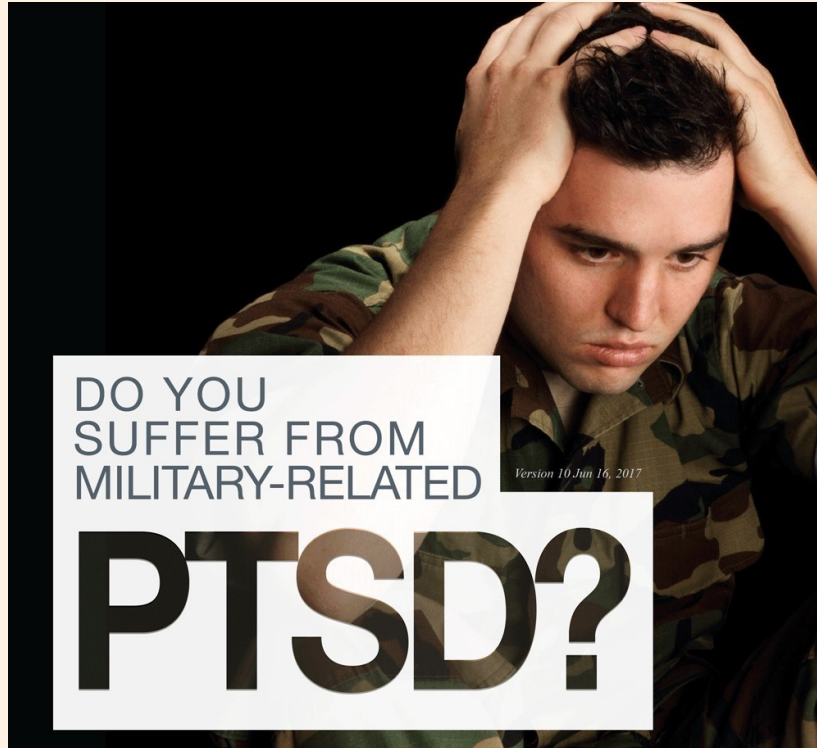
Gold Star Family Tax Relief Passes House and Senate

The FRA-supported Gold Star Family Tax Relief Act bills, (S.1370/H.R.2481) have each passed their chamber of origin. These bills, first reported in 5/17/19 NewsBytes, will fix a 2017 tax law error affecting military families. These proposals sponsored by Sen. Bill Cassidy (La.) and Rep. Elaine Luria (VA) are intended to fix a special tax dating back to 1986 that was intended to stop wealthy parents from sheltering income by shifting it to their children with lower tax rates, inadvertently causing higher taxes on military survivor benefits. This bipartisan legislation effectively removes this provision (A.K.A. Kiddie Tax) from the special 1986 tax, resolving the unintended tax treatment of survivor benefits. Because of this mistake in the tax code, military families could now be paying a 37 percent tax rate, instead of 12 to 15 percent, on the survivor benefits.

"This bipartisan legislation helps those who lost a husband or wife, a father or mother, serving in the military to protect us. This legislation fixes an unintended problem and lessens the taxes of the surviving spouse," said Dr. Cassidy. "The Tax Cut and Jobs act has helped millions. I thank Democratic colleagues for joining to improve the law and ensure more Americans benefit."

"Gold Star Families have already paid the ultimate price, so it broke my heart when a surviving spouse from Coastal Virginia alerted me to this injustice," Rep. Luria said. "I knew I had to fight for her in Congress to fix a broken system that should be working for her and her family."

Members can use the FRA [Action Center](#) on the website to weigh in on this issue.



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



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





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





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





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

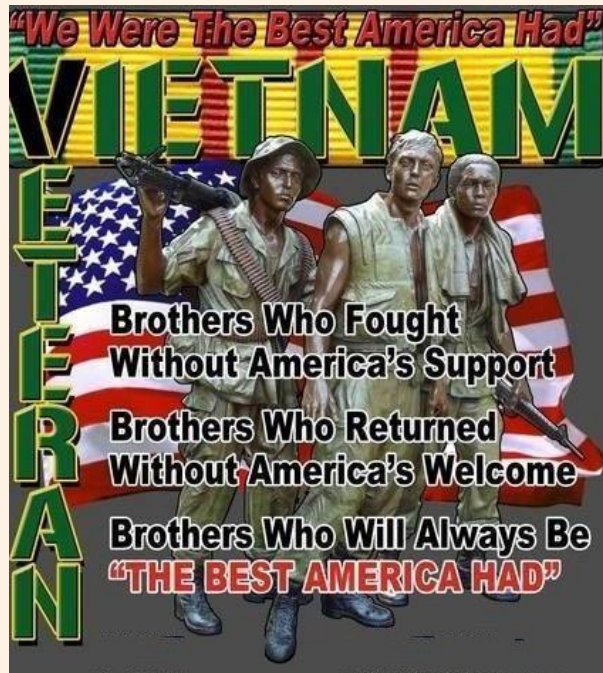
amount of the DIC benefit (currently \$1,283.11 per month). In general, when DIC benefits are payable but the monthly rate is equal to, or greater than, the monthly SBP payment amount, beneficiaries lose the entire SBP payment.

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





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2. [Trump reportedly taking broad look at Veterans convicted of battlefield crimes](#)
3. [Patriot Boot Camp for Military Entrepreneurs is accepting applications](#)
4. [This new coffee company is giving a 'hand up' to homeless Vets](#)

5. Lawmakers Press VA About Denying Veterans Home Loans Over Marijuana Industry Work
6. Big boost in VA funding could be halted by border wall funding fight
7. VA building trust with Veterans through customer experience improvements
8. VA overpayment puts Marine Vet, Navy officer on hook for \$75,000
9. Dispute over Bible at Manchester VA hospital divides Veterans
10. Disabled Army Vet awaits \$40K from VA as sheriff's sale looms on property
11. Win Your VA Voc Rehab Denial Using This Simple Strategy
12. This week in Congress: Defense, VA nominees finally moving ahead
13. VA Sec. Wilkie: A breakthrough in health care for Veterans is coming in June -- Here's what to expect
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15. House panel considers 'Blue Water' bill in wake of court ruling
16. The Post-9/11 GI Bill: Beneficiaries, Choices, and Cost

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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





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**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





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



GAO

U.S. Government Accountability
Office Reports

1. States Report Child Care and Development Funds Benefit All Children in Care



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



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





1. ADM Milling Expands Recall of Baker's Corner All Purpose Flour 5lb Bags Packaged for ALDI in Select States
2. Brodt Zenatti Holding LLC. Recalls Karawan Brand Tahini & SoCo Brand Tahini Because of Possible Health Risk
3. Cargill Expands Previously Announced Voluntary Recall of Select Southern States® Feed Due to High/Excessive/or Elevated Aflatoxin Levels
4. Edwards Lifesciences LLC Recalls EV1000 Clinical Platforms Due to Electrical Short Circuit Which May Cause the Device to Stop Working or Catch Fire
5. Heritage issues recall of amikacin sulfate injection and prochlorperazine edisylate injection
6. Heritage Pharmaceuticals Inc. Issues Voluntary Nationwide Recall of Amikacin Sulfate Injection, USP 1gm/4 mL (250mg/mL) and Prochlorperazine Edisylate Injection, USP 10mg/2mL (5mg/mL) as a Result of a Sterility Test Failure
7. Integra LifeSciences Recalls the LimiTorr Volume Limiting CSF Drainage System and the MoniTorr ICP External CSF Drainage and Monitoring System Due to Possible Breakage of the LimiTorr Transducer and MoniTorr Panel Mount Stopcock
8. Norbrook Laboratories Limited Recalls Veterinary Products for Health Risk
9. Norbrook Laboratories Limited Recalls Veterinary Products to Provide Sterility Assurance
10. Pharm D Solutions, LLC Issues Voluntary Nationwide

Recall of All Sterile Compounded Drugs Due to a Potential Lack of Sterility Assurance

11. The Village Company Issues Voluntary Nationwide Recall of La Bella Extreme Sport Styling Gel Due to Bacterial Contamination



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



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



Tax & Credit Information



1. Managing Tax Exposure



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

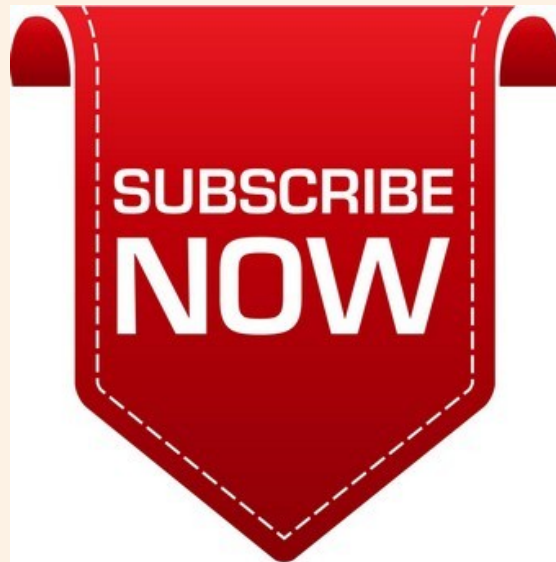
recognized by both the Departments of Defense and Veterans Affairs.

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

Take Action



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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



MIA Update

The Defense POW/MIA Accounting Agency has announced the identifications of eight American servicemen who had been missing and unaccounted for from Korea and WWII. Returning home for burial with full military honors are:

Army Cpl. Earl H. Markle was a member of Company M, 3rd Battalion, 8th Cavalry Regiment, 1st Cavalry Division, engaged against enemy forces near Unsan, North Korea. He was reported missing in action on Nov. 2, 1950, when he could not be accounted for by his unit following the attack. Interment services are pending. [Read about Markle.](#)

Marine Corps Reserve Pfc. John T. Burke was a member of Company B, 1st Battalion, 8th Marine Regiment, 2nd Marine Division. In November 1943, his unit landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands, in an attempt to secure the island. Burke died on Nov. 20, 1943. Interment services are pending. [Read about Burke.](#)

U.S. Navy Machinist's Mate 2nd Class Leo Blitz was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma

sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmembers, including Leo and his twin brother. Interment services are pending. [Read about Blitz.](#)

U.S. Navy Fireman 1st Class Rudolph Blitz was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmembers, including Rudolph and his twin brother. Interment services are pending. [Read about Blitz.](#)

Navy Seaman 1st Class Edward Wasielewski was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmembers, including Wasielewski. Interment services are pending. [Read about Wasielewski.](#)



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