



# **Veterans-For-Change Newsletter**

*A Voice of the Veterans*

Week Ending Sunday, June 09, 2019

Volume 10, Issue 23



## **This-N-That**

I'd like to say Congratulations to Blue Water Navy! DOJ decided not to pursue it, the House passed it, those are two huge steps!

Just goes to show what hammering on members of Congress can do and what good can come from them when it comes to legislation being passed to help Veterans, families and widows alike!

But we are far from done, so please, keep up the work, sending out the pre-written E-Mails every

week, calling your reps every week and asking their support, then stand back and watch as the change happens!

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



# **Victory at Last for Blue Water Navy Veterans:**

## **Department of Justice Drops Procopio Decision Appeal**

(Washington, DC)---"Vietnam Veterans of America applauds the decision by the Department of Justice to drop its appeal of the federal court decision overturning *Hass vs Peake* and finding Blue Water Navy Vietnam veterans to be eligible for the same benefits as 'boots on the ground' and 'brown water Navy veterans,' " said John Rowan, VVA National President. "We are grateful to VA Secretary Wilkie for his support of the court's decision favoring justice for those who served off the coast of Vietnam during the Vietnam War.

On January 29, in a 9-2 decision, the Court of Appeals ruled in favor of the veteran in *Alfred Procopio Jr. v. Robert Wilkie*, finding the intent of Congress in the Agent Orange Act of 1991 was to extend benefits to all veterans who had been awarded the Vietnam Service Medal, including all military, naval services, and air forces that served in the Vietnam theater of operations.

"It's been 17 years of hardship for these veterans

who served our country honorably. Many are sick and many have died of what should have been service-connected conditions. Those who remain will now be eligible to receive treatment and benefits," said Rowan. "Last month, the House of Representatives voted unanimously to pass legislation echoing the court decision so that any future legal challenge would not overturn the benefits. We urge the Senate to follow suit, passing the legislation with amended language that defines the territorial waters to mirror the exact language of the original legislation challenged in the courts."

In an abrupt about face, in February 2002, the VA changed its rules, arbitrarily terminating benefits to the Navy, Coast Guard, and FMF Marine veterans serving in the waters of Southeast Asia, thereby limiting the scope of the Agent Orange Act of 1991 to those veterans who could provide proof of "boots on the ground" in Vietnam. Suddenly, offshore veterans stopped receiving VA health-care and disability compensation. VVA urges all Blue Water Navy veterans who have not already submitted a claim to the VA to do so immediately.



## **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 **2,973** hits per day, and downloads average **2,884** per day with a total **5,061,321** 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 **17,275** 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: **8,587**)
- Polls
- Web Links, more than **5,013**, Added **87** New Links (Updated: 06/02/19)

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





## **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**



## **Take Command of Your Health During Men's Health Month**

Men, are you taking command of your health? Taking command of your health means making positive decisions each day that contribute to your overall physical and mental wellness. Men's Health Month is a great time to focus on taking preventive steps and making small changes to your lifestyle. You can start by getting familiar with the preventive services that TRICARE covers and health issues that more frequently affect men.

Read the full article [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 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](http://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**

**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



There are those who hate this flag,  
we would die for it!



## Celebrating Pride Month:

### CalVet Hosts LGBTQ Veteran Inclusion Forum

Los Angeles— LGBTQ Veterans can connect with community resources and Veterans benefits and hear from statewide leaders on Thursday, June 13,

2019, at the  
Los Angeles LGBT Center from 10 a.m. to 2 p.m.

In partnership with the Los Angeles LGBT Center and in honor of Pride Month, CalVet is hosting its first forum and resource fair for the Los Angeles LGBTQ Veteran community.

Veterans and their family members can visit over 20 service providers, Veterans organizations, and employers at the event, including representatives from the Los Angeles County Military and Veterans Affairs, UCLA, the California Military Department, and many more.

Attendees will also hear from distinguished guest speakers, CalVet Secretary Vito Imbasciani MD and Deputy Adjutant General for the California National Guard, Major General Matthew Beevers.

“This event kicks off future inclusive and supportive events and resource fairs specifically for LGBTQ Veterans,” said CalVet Deputy Secretary for Minority and Underrepresented Veterans, Elizabeth Perez.

“The Los Angeles LGBT Center is excited and honored to partner with CalVet for this event. Under

the leadership of Dr. Imbasciani, CalVet has been supportive of our Veterans' programming, geared to address the needs of our Veteran LGBTQ population and we're looking forward to future collaborations." said Yelba Carrillo, Manager of Social Services for Senior Services

To register for the LGBTQ Veterans Inclusion Forum [click here](#). For more information about the event, please call 916-201-9295 or email [minorityVeterans@calVet.ca.gov](mailto:minorityVeterans@calVet.ca.gov).



## **VA Will Soon Let You Go to Civilian Urgent Care Doctors**

Got a sore throat or a sprained ankle and don't want to go to a Department of Veterans Affairs hospital? Got sick at 8:00 on a Friday night and don't want to wait until Monday to see a VA doctor? A new program may be for you. Starting June 6, 2019, the VA will offer medical care to eligible Veterans at selected civilian urgent care facilities nationwide. This is an expansion of the VA's Mission Act, which itself was an expansion of the Veterans Choice Act. Read more about the new benefit [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**



## Retirees Can Soon Stay at This Military Lodge

Military retirees and troops stationed outside Europe can soon once again stay at the U.S. military's resort in Germany after a 2015 rule change was overturned in late May. The revised rules kick in June 3. The rule update doesn't offer unlimited bookings, however, officials noted. Although they didn't specify how many rooms will be open to those not stationed in Europe, they're considered "space available." Read more about the lodge and retiree use [here](#).



**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**





## **TRICARE Beneficiary Bulletin #505**

Listen to this week's podcast to hear about:

- Men's Health Month
- June TRICARE For Life Webinar
- Traveling Overseas

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



## **VA launches new health care options under MISSION Act**

WASHINGTON --- The U.S. Department of Veterans Affairs (VA) launched its new and improved Veterans Community Care Program on June 6, 2019, implementing portions of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act), which both ends the Veterans Choice

Program and establishes a new Veterans Community Care Program.

The MISSION Act will strengthen the nationwide VA Health Care System by empowering Veterans with more health care options.

"The changes not only improve our ability to provide the health care Veterans need, but also when and where they need it," said VA Secretary Robert Wilkie. "It will also put Veterans at the center of their care and offer options, including expanded telehealth and urgent care, so they can find the balance in the system that is right for them."

Under the new Veterans Community Care Program, Veterans can work with their VA health care provider or other VA staff to see if they are eligible to receive community care based on new criteria. Eligibility for community care does not require a Veteran to receive that care in the community; Veterans can still choose to have VA provide their care. Veterans may elect to receive care in the community if they meet any of the following six eligibility criteria:

1. A Veteran needs a service not available at any VA medical facility.

2. A Veteran lives in a U.S. state or territory without a full-service VA medical facility. Specifically, this would apply to Veterans living in Alaska, Hawaii, New Hampshire and the U.S. territories of Guam, American Samoa, the Northern Mariana Islands and the U.S. Virgin Islands.

3. A Veteran qualifies under the "grandfather" provision related to distance eligibility under the Veterans Choice Program.

4. VA cannot furnish care within certain designated access standards. The specific access standards are described below:

5. Drive time to a specific VA medical facility o  
Thirty-minute average drive time for primary care, mental health and noninstitutional extended care services. o Sixty-minute average drive time for specialty care. Note: Drive times are calculated using geomapping software.

6. Appointment wait time at a specific VA medical facility o Twenty days from the date of request for primary care, mental health care and noninstitutional extended care services, unless the Veteran agrees to a later date in consultation with his or her VA health care provider. o Twenty-eight days for specialty care from the date of request, unless the Veteran agrees to a later date in consultation with his or her VA health care provider.

7. The Veteran and the referring clinician agree it is in the best medical interest of the Veteran to receive community care based on defined factors.

8. VA has determined that a VA medical service line is not providing care in a manner that complies with VA's standards for quality based on specific conditions.

In preparation for this landmark initiative, senior VA leaders will visit more than 30 VA hospitals across the country to provide in-person support for the rollout.

The VA MISSION Act:

- \* Strengthens VA's ability to recruit and retain clinicians.
- \* Authorizes "Anywhere to Anywhere" telehealth across state lines.
- \* Empowers Veterans with increased access to community care.
- \* Establishes a new urgent care benefit that eligible Veterans can access through VA's network of urgent care providers in the community.

VA serves approximately 9 million enrolled Veterans at 1,255 health care facilities around the country every year.

For more information, visit [here](#).



**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



## Major VA Change Info Coming to Your Mailbox

Have you checked your mailbox lately for news from the Department of Veterans Affairs? Veterans around the country have started receiving a letter and brochure from the VA updating them on major changes coming to health care access. The letter, signed by Dr. Richard Stone, executive in charge of the Veterans Health Administration, is dated May 7 and briefly lays out the changes, including new access benchmarks and a new urgent care benefit. Read more [here](#) about what's included in the letter.





## **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.

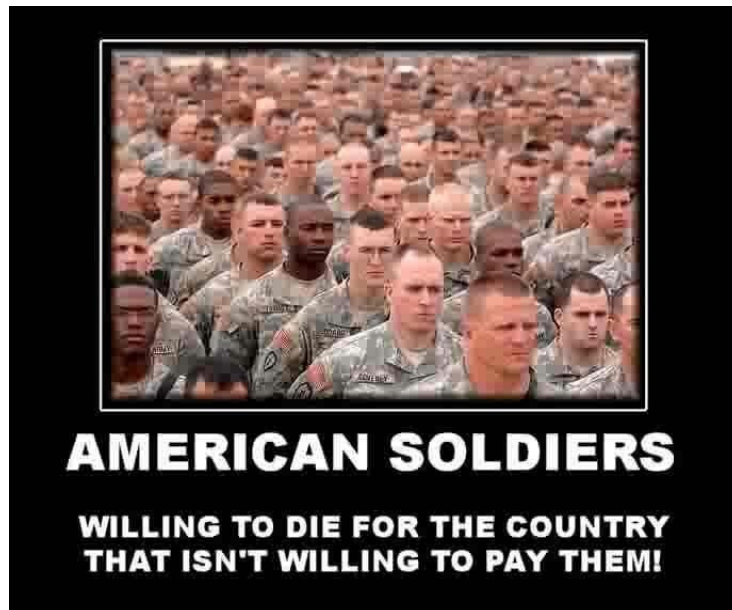
S.555 and H.R.1377 will expand recognized radiation risk activities to include the cleanup of Enewetak Atoll from January 1, 1977, to December 31, 1980. These bills will provide presumptive exposure to thousands of Veterans who participated in the testing and clean-up and who were previously excluded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



**Korean War Vets Eligible for Free  
Return Tour**

The Republic of Korea is footing the bill for Korean War Veterans and their family members to visit South Korea in thanks for their service. The Korean Ministry of Patriots and Veterans Affairs administers the program, which began in 1975. It pays for Vets' ground transportation, lodging and meals. It also covers 50 percent of airfare for Veterans and 30 percent of airfare for their companions. According to the organization Military Historical Tours, the Revisit Korea Program is offering four trips in 2019 to Veterans looking to take advantage of the opportunity. They will run July 22-28; Sept. 25-Oct. 1; Oct. 20-26; and Nov. 8-14, according to a news release from the organization. All trips have pre-tour options available from Military Historical Tours. The organization will assist Veterans and their companions in making flight reservations, and can also provide more information about the Revisit Korea Program. Learn 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





## **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.

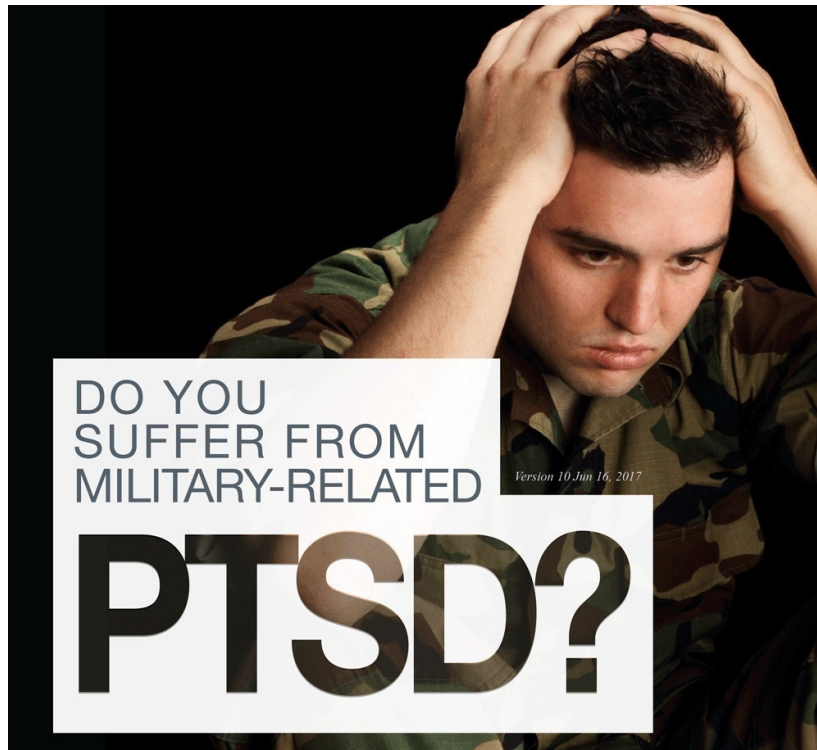
"This bipartisan legislation helps those who lost a husband or wife, a father or mother, serving in the military to protect us. This legislation fixes an unintended problem and lessens the taxes of the surviving spouse," said Dr. Cassidy. "The Tax Cut and Jobs act has helped millions. I thank

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.

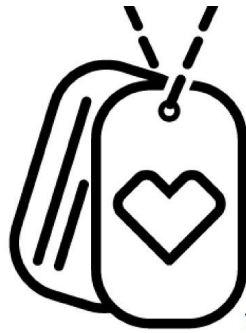
Thank you for your support of our nation's ill and injured Veterans. Please use the letters below to ask your elected officials to support S. 179/H.R. 712.

### **Take Action**



## **You Sent This World War II Vet 500 Birthday Cards**

What's the best way to celebrate the birthday of a 100-year-old World War II Veteran? With cake — and about 500 birthday cards and presents from around the world, of course. That's exactly the kind of celebration Military.com readers gave to former Army nurse Charlotte Schwid, who turned 100 on May 22. Friends and family threw a birthday party for her at Eagle River VFW Post 9785 in Alaska. And after Military.com published an article asking for your participation, you shipped in cards and packages as a surprise. Read more about Schwid's birthday party [here](#).



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## 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**



**Chinese-American WWII Vets Eligible  
For Congressional Gold Medal**



The Chinese American WWII Veterans Recognition Project is seeking Chinese Veterans of World War II and their families who wish to be recognized with the prestigious Congressional Gold Medal. Some 20,000 Chinese-American Veterans of World War II are eligible to be awarded the Congressional Gold Medal in a ceremony this fall in Washington, D.C. The Chinese-American World War II Veteran Congressional Gold Medal Act Project recognizes the hardships and heroism of Chinese-American troops during WWII and authorizes the medal. Learn more about the medal [here](#).





## **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**



**VA Seeks New Members for  
Caregiver and Family Advisory  
Board**

The Department of Veterans Affairs is looking for new members for its committee that advises Secretary Robert Wilkie on issues related to caregivers and family members of Veterans. In a [Federal Register notice](#) May 29, VA officials said they are seeking nominations for the board, which was established in 2017 to study and provide recommendations on caregiver and family needs, programs, services and benefits. The committee provides information, recommendations and feedback to the VA secretary on the department's family support programs, and care and benefits for family members, caregivers and survivors. Read more about the board [here](#).



## **Blue Water Navy Legal Battle Ends**

The VFW is saluting a decision by the Justice Department to not contest [Procopio v. Wilkie](#), which now paves the way for the return of Veterans disability benefits to some 90,000 so-called Blue Water Navy Veterans. “This is a huge victory for tens of thousands of deserving Veterans who were arbitrarily stripped of their earned benefits,” said VFW National Commander B.J. Lawrence. “Now we need the Senate to quickly pass H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2019, to ensure the Department of Veterans Affairs can never again interpret the intent of law differently.” said Lawrence. “Now we can focus on getting H.R. 299 passed into law to protect VA benefits for Blue Water Navy Veterans and expand much needed benefits for Veterans who were exposed to Agent Orange in Thailand and the Korean DMZ, as well as continue research on Gulf War illnesses.” If you need help filing a VA claim for a presumptive condition VFW Service Officers stand ready to assist you.





## **USS Pittsburgh Ready for Decommissioning**

The USS Pittsburgh, a Los Angeles-class fast-attack submarine, arrived at Naval Base Kitsap-Bremerton on May 28 to starting the inactivation and decommissioning process, making its first Arctic transit in the process. The submarine was commissioned in 1985 and was the fourth U.S. Navy vessel to be named for the city of Pittsburgh, Pennsylvania. Read more at [Navy.mil](http://Navy.mil).





## **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



Never forget our fallen!



## Airman Earns Bronze Star on Afghanistan Deployment

An Air Force master sergeant received the Bronze Star in May for meritorious achievement during a recent deployment to Afghanistan. Master Sgt. James Charles, 374th Aircraft Maintenance Squadron production superintendent, received the award May 22 for his work as Maintenance Training Adviser in support of Operation Freedom's Sentinel while at Kandahar Airfield, Afghanistan, from 2017-2018, according to an Air Force news release. Charles, assigned to the 438th Air Expeditionary Wing, led a team of Afghan maintenance personnel, advising on their aircraft fleets in Kandahar. The installation he worked on sustained 19 indirect-fire rocket attacks and he constantly faced the threat of insider attacks, officials said. Charles' work helped enable the execution of more than 1,800 combat sorties, over 2,300 casualty evacuations, and the recovery of over 880 human remains. Read more at [AF.mil](https://www.af.mil).





## **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**





## Links to Other Stories

You can help VFC by reading articles posted and commenting at the bottom and rate the articles. If you don't have an account, sign up today, it's FREE. Your comments and rankings tell us what type of information you want most.

1. [A Connecticut soldier exposed to smoke from 'burn pits' in Afghanistan now fights for benefits and battles terminal brain cancer](#)
2. [Disband the Veterans Administration](#)
3. [Dummies for Doctors](#)

4. Elaine Luria leads first Veterans' subcommittee hearing
5. Five VA employees named as finalists for Samuel J. Heyman Service to America Medals
6. House passes Blue Water Navy bill that could grant benefits to 90,000 Veterans exposed to Agent Orange
7. Indiana Veterans' affairs staffers resign after scandal; criminal investigation opened
8. 'My Own Place': 84 Homeless Vets Get 2-Year Housing in Mission Valley
9. Plan for 'blue water' Vietnam Veterans benefits on the move again
10. Rep. Tulsi Gabbard: Burn pits, the Agent Orange of our generation
11. Udall Fights For Action To Help New Mexico Veterans Exposed To Burn Pits In Iraq And Afghanistan
12. VA and Virta Health partner in innovative approach to diabetes care
13. VA hires IT systems integrator to meet new Forever GI bill implementation deadline
14. VA research: Leap forward in precision cancer care
15. VA to Pay Disabled Army Veteran Long-Overdue \$40K in Benefits
16. VA's improvements to Veteran community care

under MISSION Act on track for June 6  
implementation

17. VA's voluntary research genetics program  
reaches major milestone with 750,000 Veteran  
partners

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



## **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 US 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**





## **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**



1. Children Affected by Trauma: Selected States Report Various Approaches and Challenges to Supporting Children
2. Drug Policy: Assessing Treatment Expansion Efforts and Drug Control Strategies and Programs
3. Emergency Assistance for Zika: USAID Supported Activities Overseas but Could Improve Funds Tracking and Response Planning
4. Medicaid Demonstrations: Approvals of Major Changes Need Increased Transparency
5. Prescription Opioids: Voluntary Medicare Drug Management Programs to Control Misuse
6. VA Health IT: Use of Acquisition Best Practices Can Improve Efforts to Implement a System to Support the Family Caregiver Program



**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. Allergy Alert Issued for Undeclared Milk, Pine Nuts and Walnuts in Two Specialty Pesto Products Sold in North Atlantic Whole Foods Market Stores
2. Deep Foods Inc. Issues Allergy Alert on Undeclared Sulfites In "Deep Golden Raisins"
3. Drip More, LP Voluntarily Recalls Four Lots of Candy King – Worms 3 mg 100 mL due to Elevated Nicotine Content
4. Hamilton Medical AG Issues Recall (Correction) of all HAMILTON-G5 Ventilators (PN 159001 that contains the software versions < 2.60) Due to User Error Message “Panel Connection Lost”
5. NOVIS PR LLC Emite Recogido Voluntario a Nivel Nacional de PECGEN DMX Debido a Error en Etiqueta
6. NOVIS PR LLC Issues Voluntary Nationwide Recall of PECGEN DMX Due to a Labeling Error





## **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**



## **VA Implements New Health Care Programs**



This week, VA began the implementation of two key aspects of the VFW-supported VA MISSION Act. Starting this week, Veterans will have the opportunity to visit a [network of urgent care and walk-in clinics](#) throughout the country. [Certain Veterans](#) will be given three free urgent care visits per year, but all Veterans would pay \$30 per additional visit — regardless of priority group or service-connection. VA has also replaced the Veterans Choice Program with the new [Veterans Community Care Program](#). The new program includes six eligibility criteria, which provide Veterans the option to use community care (private-sector doctors and other federal health care facilities) when VA is unable to provide needed services, if it is in the Veteran's best medical interest, if Veterans live in a state without a full-service VA medical center, if VA is unable to meet quality or access standards, and others. [Learn more about the new changes.](#)





## **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

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1. All taxpayers should plan ahead for natural disasters
2. For taxpayers living, working outside the U.S., file a return by June 17
3. Form 990-T Fiscal Year 2017 Corporate Filers Apply Blended Rate to Unrelated Business Taxable Income (UBTI) for Entire Taxable Year
4. Got tip income? Here are some tips about tips from the IRS
5. Interest rates decrease for the third quarter of 2019
6. IRS now billing those who filed for 2018 but didn't pay; many payment options available
7. IRS reminder: Tax scams continue year-round
8. IRS takes additional steps to protect taxpayer data; plans to end faxing and third-party mailings of certain tax transcripts
9. IRS, Treasury unveil proposed W-4 design for 2020
10. Taxpayers have the right to appeal an IRS decision
11. Taxpayers should include tax plans in their wedding plans





## **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 Pvt. Edward M. Morrison** was a member of 1st Platoon, Company B, 1st Battalion, 34th Infantry Regiment, 24th Infantry Division. His unit was holding a defensive position north of P'yongt'aek, South Korea, when he was killed by small arms fire on July 6, 1950. Morrison was the first casualty of his company during its second engagement in the war. Interment services are pending. [Read about Morrison.](#)

**Army Cpl. William S. Smith** was a member of Company E, 2nd Battalion, 9th Infantry Regiment, 2nd Infantry Division, when he was reported missing in action after an enemy assault on his unit's position along the Naktong River, near

Yongsan, South Korea. Interment services are pending. [Read about Smith.](#)

**Army Master Sgt. James G. Cates** was a member of Company I, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 3, 1950, following combat actions against enemy forces in the vicinity of the Chosin Reservoir, North Korea. Interment services are pending. [Read about Cates.](#)

**Army Pfc. Hulett A. Thompson** was a member of the 2nd Battalion, 5307th Combat Unit (Provisional), also referred to as Task Force Galahad, or Merrill's Marauders, in the China-Burma-India region. On June 30, 1944, Thompson's unit fought in the siege of Myitkyina, Burma. He was reportedly killed in action and his remains could not be recovered. Interment services are pending. [Read about Thompson.](#)

**Navy Gunner's Mate 2nd Class Harold L. Dick** was stationed aboard the USS Colorado, which was moored approximately 3,200 yards from the shore of Tinian Island. Early in the morning, the USS Colorado came under attack by a concealed Japanese shore battery. From the attack, four crewmen were declared missing in action, and 39

personnel were killed, including Dick. Interment services are pending. [Read about Dick.](#)

**Army Air Forces Tech. Sgt. Charles G. Ruble** was a member of the 99th Troup Carrier Squadron, 441st Troup Carrier Group, serving as an aerial engineer aboard a C-47A aircraft. On Sept. 17, 1944, his aircraft was carrying a crew of five and transporting 10 paratroopers, approaching a drop-zone near Groesbeek, Netherlands. The plane was seen taking direct anti-aircraft fire to the wing. The paratroopers successfully exited the plane; however, only three crewmembers survived. The remaining two, including Ruble, could not be accounted for. Interment services are pending. [Read about Ruble.](#)

**Navy Signalman 3rd Class William J. Shanahan** 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 Shanahan. Interment services are pending. [Read about Shanahan.](#)

**Navy Seaman 1st Class Ralph H. Keil** 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 Keil. Interment services are pending.

[Read about Keil.](#)



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