



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, June 16, 2019

Volume 10, Issue 24



This-N-That

While I normally try my best to avoid politics, it's truly hard to do when it comes to all our Veterans. Veterans who need medical care, who need benefits, those who are on the verge of becoming homeless, the list goes on and on.

The DOJ is thinking about eliminating some 18,000 medical positions and the VA has over 18,000 vacant positions. So instead of elimination of jobs, why not transfer those who are serving on active duty in the military to the VA and let the VA cover their wages?

And why is it so important for Democrats in Congress to grant amnesty, benefits supported by taxpayer money to thousands upon thousands of illegal immigrants to the tune of \$850 billion annually when those funds should be used for those who served our country and are in serious need of assistance?

If we took that \$850 billion and were to use that to help our countries Veterans, we'd be able to help just over 17 million Veterans and at the same time not increase the national deficit.

We are far from done when it comes to Veteran legislation, and two more have been added. 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!

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





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 **3,026** hits per day, and downloads average **2,901** per day with a total **5,083,838** 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: **8,618**)
- 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



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



30 Minutes features cutting edge PTSD treatment available at Long Beach VA

I am excited to share that CBS's 60 minutes news program will feature a story on a very cutting edge treatment program offered at Long Beach VA.

Your local VA is one of only a few VA facilities across

the country that offers a breakthrough treatment for PTSD called “Stellate Ganglion Block Therapy (SGB).

This treatment, a Long Beach VA patient involved in the treatment and those providing SGB, will be highlighted on 60 Minutes, this Sunday, June 16, at 7:00 PM on CBS.

[\(Click Here to Watch 60 Minutes Preview\)](#)

Below is the related CBS news article from yesterday that reached an estimated 12.5 million viewers.

Could a simple shot be a breakthrough treatment for PTSD?

The first living Marine to win the nation's highest combat decoration since Vietnam was able to have his PTSD symptoms greatly eased.

But the experimental treatment Medal of Honor winner Sgt. Dakota Meyer received is only available in 12 of the 172 VA hospitals. Retired Army General Donald Bolduc, who also benefited from stellate ganglion block therapy, is calling for the procedure to be made a part of all PTSD treatments. He speaks to Bill Whitaker for a report about SGB on the next edition of 60 Minutes, Sunday June 16 at 7 p.m. ET/PT on CBS.

The numbers of soldiers and Veterans suffering from PTSD is the highest ever after 18 continuous years of war.

Despite the billions the U.S. Military has spent on PTSD, only about 40 percent of its sufferers find any relief. Bolduc, a former Green Beret and the only senior officer to admit having PTSD while on active duty, wants to change that. "There's enough evidence out there that this is a valid therapy and its something that works."

He says that after his wife confronted him about his PTSD he received an SGB.

"It was magnificent. Everything was crisper and clearer," he tells Whitaker. The procedure, commonly used since the 1920s for treating chronic pain, consists of injecting a local anesthetic into a cluster of nerves deep

in the neck called the stellate ganglion. Dr. Michael Alkire of the Long Beach, California, VA is studying how SGB works by pinpointing the changes in the parts of the brain affected by PTSD. He says 80 percent of his SGB patients had relief from depression and suicidal thoughts. He was shocked at first, "Because there's very few things in medicine that work that quickly," he says. When Whitaker characterizes SGB as "rebooting" the Veterans' brains, Dr. Alkire responds, "A very good way to think of it." The effects

of SGB can last up to six months, for some even longer. SGB is not a cure, but for PTSD sufferers like Iraq War Veteran Henry Coto, it helped when nothing else did. Coto blames PTSD for the failure of his marriage and the loss of his friends. SGB was a last resort when other treatments, such as anti-depressants and talk therapy failed.

He says he felt better in two minutes. "I can't control my smile... it's like a big weight was lifted off my shoulders and my chest and I can actually relax."

The Army is now funding the first clinical trial of SGB. Says Bolduc, "I think [SGB is] hugely important and it needs to be an intervention that's part of every post-traumatic stress therapy."



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 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



**Register for June 27 TRICARE
Webinar About TRICARE For Life**

Don't miss this month's TRICARE webinar, "Understanding How TRICARE For Life Coverage Works," on Thursday, June 27, from 1 to 2 p.m. ET. The webinar will take an in-depth look at all aspects of TRICARE For Life, from eligibility to how to get care. TRICARE For Life is for TRICARE beneficiaries who are entitled to Medicare Part A and have Medicare Part B. This is regardless of your age or place of residence.

Register for the webinar [here](#).



VA Overcharged Disabled Vets on Home Loans: Inspector General

The Department of Veterans Affairs charged nearly 73,000 veterans improper home loan funding fees adding up to \$286 million, an error that could result in refunds for the affected veterans. The VA Office of Inspector General released a report June 6 saying that, from Jan. 1, 2012, through Dec. 31, 2017, the VA improperly charged disabled veterans loan funding fees that they are not required to pay because of their disability status. About 53,200 veterans may be owed a total of \$189 million, while an additional 34,400 veterans could receive refunds adding up to \$164 million if the Veterans Benefits Administration, or VBA, doesn't fix the problem that resulted in erroneous funding fee charges, the report found. According to the IG, the VA was aware of the problem as early as 2014 but didn't act. Read more about the overcharges [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



Wait Time for Burial at Arlington Can Be Nearly a Year

Military families can wait up to 49 weeks for burials of loved ones at Arlington National Cemetery because of the high demand for graveside ceremonies and the increasing mortality rates of older veterans, according to a Pentagon Inspector General's report. The system in place for scheduling and conducting burials is suited to the task, the IG's report states, but the sheer volume of family requests routinely exceeds "the resources available on a daily basis for the conduct of burials," including honor guards and chapel availability. In addition, the advanced age of veterans from World War II, Korea and Vietnam leads to more requests for burials than can be handled on a daily basis, states the IG's report, released last month. Read more about the wait times [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 there 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 Extended Care Health Option Helps Families with Special Needs

Do you have a family member with special needs? Do they need health care services beyond those covered by their current TRICARE health plan? The TRICARE Extended Care Health Option (ECHO) may be right for them. ECHO provides supplemental health care coverage for active duty family members with a qualifying mental or physical disability.

Read the full article [here](#).



How to Use the VA's New Urgent Care Benefit

A new VA urgent care program will let veterans enrolled in the VA health care system visit a civilian urgent care provider for free without an appointment. The program, effective June 6, 2019, is part of the Department of Veterans Affairs' Mission Act. This new program allows veterans who are enrolled in the VA health care system and who have visited a VA doctor, or a civilian doctor under the VA Choice program, to see an urgent care doctor for free under certain circumstances. Veterans in Priority Groups 1 to 5, as well as some veterans in Priority Group 6, can visit an authorized urgent care center for free up to three times every year. After that, each visit will cost \$30. Veterans in Priority Groups 7 and 8 will have a \$30 co-payment for each visit. The VA says that most types of urgent care are covered under this program, including sprains, fever and cough due to cold. You should still go to the emergency room for things like broken bones or chainsaw accidents. You can get urgent care only from a provider who is part of the VA's contracted network. You can search for a provider online at the [VA's website](#).



**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



Pentagon Effort Underway to Make DD-214 Digitally Accessible, with More Privacy

The Pentagon is working to make the standard military service discharge form — the DD-214 — fully electronic. It's also looking to implement recommendations from a recent report that would include improving the accuracy and privacy of service members' records. The Pentagon's Office of the Under Secretary for Personnel and Readiness asked Rand Corp. to conduct a review of the DD-214 because the department intends to modernize the form by making it fully electronic, so it wants to understand which data from the form is used by different organizations and ways to get it to them more effectively. The military services are working to bring their records into the Integrated Pay and Personnel Systems, and the personnel office is coordinating alongside them to make the data from these records automatically included on the electronic DD-214. This is expected to take three to five years, officials said. Read more about the effort [here](#).





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

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

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

From 1951 to 1959, the United States conducted forty three nuclear tests, resulting in more than 30 megatons of TNT nuclear testing on the Enewetak Atoll. In March 1977, the United States began decontamination of Enewetak and built a concrete dome to deposit radioactive soil and debris. Approximately 6,000 military service members of the United States Department of Defense (DOD) participated in the

cleanup project. The decontamination efforts concluded in 1980.

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

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

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

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

TAKE ACTION



AMERICAN SOLDIERS

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



**Moving Away to College May
Change Your Child's TRICARE
Options**

Is your student heading away to college this fall? TRICARE coverage of eligible dependents extends to college students. A change of address, such as moving to a new country, city, region, or ZIP+4 code is a TRICARE Qualifying Life Event (QLE). If this QLE applies to your student, you have 90 days from the date of the address change to change his or her TRICARE Prime or TRICARE Select health plan.

Read the full article [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.

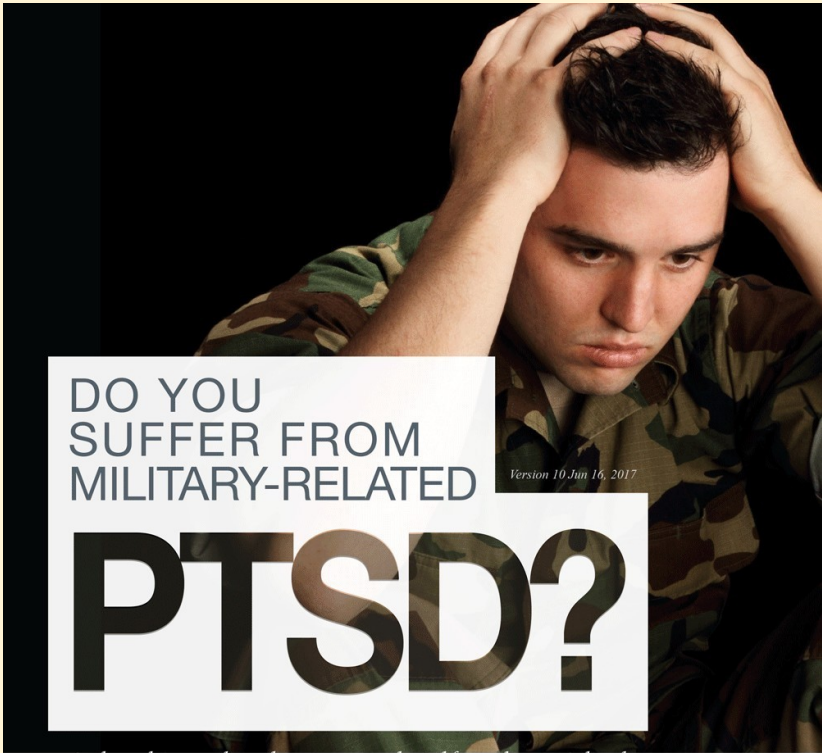
DAV Resolution No. 173 supports VA's provision of child care services and assistance to Veterans accessing needed VA health care, benefits, education, employment, rehabilitative or other specialized services offered.

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





DO YOU
SUFFER FROM
MILITARY-RELATED

Version 10, Jun 16, 2017

PTSD?

**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



Fallujah Vet Will Be First Living Medal of Honor Recipient from Iraq War

A former Army staff sergeant who took on enemy fighters at close range, first with an M249 light machine gun and then with a knife, will be the first living veteran of Operation Iraqi Freedom to receive the Medal of Honor, Military.com has learned. David S. Bellavia, 43, of Batavia, New York, will have his Silver Star upgraded to the highest military award for valor in a June 25 ceremony at the White House, a source close to Bellavia confirmed to Military.com. The news of the award was first posted at the American Legion's Burn Pit blog June 6 and then confirmed by Army Times. The White House made the official announcement Monday morning. Read more about Staff Sgt. Bellavia [here](#).



S. 980, the Homeless Veterans Prevention Act of 2019

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

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

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

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

Thank you for participating in the DAV Commander's

Action Network.

TAKE ACTION



 **Our values
match yours.**


Est. 2006

www.veterans-for-change.org



The Passing of Michael Eckstein

Michael Eckstein, age 74, of Hopatcong, N.J., formerly of Bronx, N.Y., passed away on Tuesday, June 11, 2019.

He was the beloved husband of Susan (nee Segal); devoted father to Craig (Tricia), Matt, (Jim), and Cindi; cherished grandfather (Elmo) to Danny, Maya, Alex, and Martin; loving brother to Stanley and also leaves many nieces and nephews.

Michael served in the US Army during the Vietnam War and was active in the VVA and the Agent Orange cause. He worked at Kulite Semiconductor for over 40 years and retired as the CFO.

Funeral services will be at 11 a.m. on Friday, June 14, 2019 at Louis Suburban Chapel. 13-01 Broadway (Route 4 West), Fair Lawn, N.J. Burial will follow at Cedar Park Cemetery, 735 Forest Avenue, Paramus, N.J.

Donations to VVA Chapter 327, Michael Eckstein Scholarship.





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



Build Your Civilian Career at American Income Life

We are looking for a select [group of entrepreneurs](#) eager to jumpstart their sales career.



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



Family Receives Purple Heart 75 Years After Veteran Sold it for Food

Pvt. William Myack stormed Utah Beach on D-Day, fighting his way through France and into Germany with the Army's 4th Infantry Division. After suffering numerous casualties, the Army sent Myack's division into Germany's Hurtgen Forest, where he lost part of his foot. Myack returned to Scranton with his Purple Heart, but there were no jobs. He bought food from a corner store with store credit and, at the end of the month when his bill was due, he didn't have money, so he had to sell his Purple Heart for food, said his nephew. Seventy-five years later, 94-year-old Mary Usckizczy received a new Purple Heart on her late brother's behalf. Capt. Nicole Garza presented the medal to Usckizczy on Friday at Linwood Nursing and Rehabilitation Center. Read more about the newly issued medal [here](#).



Justice Department Won't Appeal Agent Orange Ruling Benefiting Blue Water Navy Vets

The Justice Department decided last week against appealing a federal court ruling that extends [Department of Veterans Affairs](#) benefits to vets who served on ships off the Vietnam coast during the war. The decision paves the way for as many as 90,000 veterans to receive health care and compensation from the VA for health conditions presumed to be related to [Agent Orange](#). The Congressional Budget Office estimates that extending benefits to these veterans will cost \$1.1 billion over the next 10 years. The VA has said the cost may be closer to \$5.5 billion. The VA has not released information as to when it will begin processing claims from Blue Water Navy veterans. Read more about the decision [here](#).





H.R. 2200, the Keeping Our Promises Act

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

In the Veterans and Agent Orange update in 2016, the National Academy of Medicine (NAM) committee concluded there was compelling evidence for adding bladder cancer and hypothyroid conditions to the presumptive disease list. Further, the study clarified that Vietnam Veterans with "Parkinson's-like symptoms," but without a formal diagnosis of Parkinson's disease, should be considered under the presumption of Parkinson's disease.

In November 2017, the VA issued a press release noting they were exploring these new presumptive conditions related to herbicide exposure. However, to date, the VA still has not added the NAM

recommended presumptive diseases, or provided an update to its 2017 press release.

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

H.R. 2200 will add bladder cancer, hypothyroidism, "Parkinson's-like symptoms," and hypertension to the presumptive disease list for Agent Orange exposure. All four of these diseases are recommended for inclusion by the National Academy of Medicine.

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

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

TAKE ACTION



VA Rolls Out New Private-Sector Health Care Programs

The Department of Veterans Affairs implemented the largest changes to veterans health care in four years on Thursday, with Secretary Robert Wilkie hailing the changes as "putting veterans at the center of their care." Provisions of the VA Mission Act, signed by President Donald Trump last June, are now in effect, including a program that allows veterans to go to an urgent care facility for acute illness or injury and the Veterans Community Care Program, which expands access to health care services in the private sector. Under new Community Care rules, veterans who drive more than 30 minutes to a local VA facility or must wait more than 20 days for a primary care or mental health appointment may be eligible for private care. And if they drive more than 60 minutes to a VA facility or have to wait more than 28 days for a specialty care appointment, they will be considered for receiving care in the private sector. Read more about the new program on [here](#).





Vets Denied VA Home Loans if They Work with Cannabis

The Department of Veterans Affairs is denying home loans to veterans if they work in the cannabis industry, according to a letter sent May 23 to VA Secretary Robert Wilkie from Rep. Katherine Clark, D-Massachusetts, and 20 other members of Congress. The lawmakers want answers as to why one of Clark's constituents and other veterans were rejected for VA home loans after citing their income sources as marijuana cultivation, sales or related services in states where it is legal. According to Clark, the VA denied a veteran's application because "approving it would risk prosecution by U.S. Department of Justice under anti-money laundering statutes." Marijuana remains a Schedule 1 drug, illegal under federal law. Read more about the denials [here](#).



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.

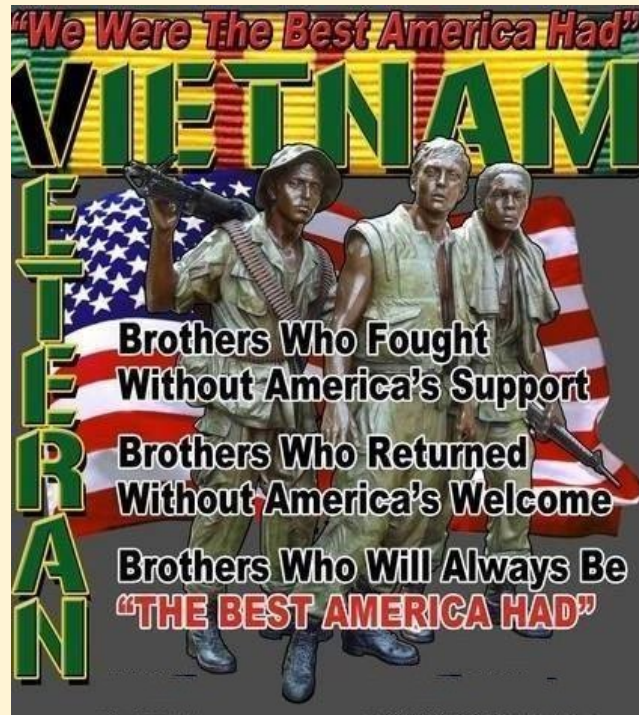
Upon the retiree's death, the SBP annuity is paid monthly to eligible beneficiaries; however, if a surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit (currently \$1,283.11 per month). In general, when DIC benefits are payable but the monthly rate is 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. [7,500 boots are on display at Fort Bragg to honor US service members killed since 9/11](#)
2. [A better VA, with mental health services, is essential for America's Veterans](#)
3. [A Breakthrough in Health Care for Veterans](#)
4. [A doggone fine send off for Veteran Affairs K-9 Max](#)

5. After years of troubling reports, VA secretary says Memphis VA hospital has turned corner
6. 'American Sniper' widow Taya Kyle: The VA is 'a disaster'
7. An opportunity to improve the technology of health care for Veterans and the nation
8. Army memorabilia reportedly stolen from Veteran's car
9. Army sergeant battles HOA over American flag display
10. Carpentry Students Build Shelters for Homeless Veterans
11. Disabled Veterans eligible for free National Park Service Lifetime Access Pass
12. Feds probing Veterans Affairs hospital for malpractice, forged records after Vet files formal complaint and sues
13. Florida couple left Veteran, 82, suicidal after emptying his bank account, police say
14. Free Program is Helping Veterans Become 'IT-Ready'
15. Glassdoor names VA among the top employers of Veterans
16. Housing resources available for Michigan Veterans
17. Massachusetts Veteran, 72, embarks on cross-country walk to support other Vets
18. Nearly 100,000 Veterans cured of Hepatitis C
19. New GI Bill transfer rule will impact older service

members

20. Should You Say "Thank You for Your Service"?
21. The job of preventing suicides one case at a time
22. This Veteran population map shows VA healthcare access is wildly unequal throughout the U.S.
23. VA deputy nominee praises accountability law that failed to fire senior leader
24. VA Hiding Data To Minimize Payouts
25. VA Home Loan Secretly Ripped Off Veterans By \$150 Million
26. VA launches community-focused public health model to prevent Veteran suicide
27. VA partners with Microsoft to improve how rural Veterans access VA's online services and benefits
28. Veterans Affairs employee arrested for recording women in bathroom
29. Whistleblower wins discrimination award against VA
30. White House VA Hotline surpasses 250,000 calls from Veteran community
31. Will the military 'widows tax' disappear this year?

Check us out today: www.Veterans-for-change.org



**VA on Track to Cure Nearly All
Patients with Hepatitis C**

Four years ago, the Department of Veterans Affairs launched an ambitious initiative to cure all VA patients with chronic hepatitis C. Today, the department is more than three-quarters of the way, healing nearly 100,000 veterans of the virus, with 26,000 more to go. Hepatitis C disproportionately affects people born between 1945 and 1965 and is contracted by sharing contaminated needles, getting a tattoo in an unregulated setting, having a blood transfusion before 1992, or having sex with infected partners. Many of those with hepatitis C at the VA are Vietnam-era veterans who may have contracted it through transfusions, field vaccinations or intravenous drug use. Given that the VA is the largest single hepatitis C care provider in the country, the department set out in 2015 to eradicate the disease within its patient population, reducing their risk for cirrhosis, liver failure, cancer and death. Read more about the cure effort [here](#).



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





Your actions
could save a life.

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

VeteransCrisisLine.net

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

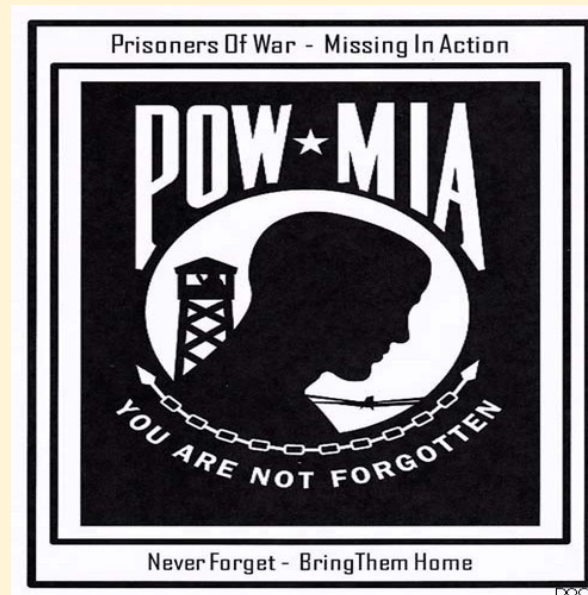


TRICARE Overseas Program (TOP) Prime Remote Overview Briefing Webinar - June 19

In an effort to help TRICARE beneficiaries get the most from their benefit, International SOS will be offering a TRICARE Overseas Program (TOP) Prime Remote Overview Briefing Webinar.

The webinar is scheduled for Wednesday, June 19, 2019 at 2:30pm (UK)/3:30pm (Germany)/9:30am (US EST)/10:30pm (Singapore), but can be joined by all TOP beneficiaries via archive recording.

You can register in advance by clicking [here](#). Advance registration can be done any time prior to the event.





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



The Warning Signs of Suicide and What to Do

While it often seems that suicides occur without warning, the Centers for Disease Control and Prevention says those considering suicide often exhibit certain behaviors. The CDC recommends being familiar with the signs and knowing what to do if someone needs help. Some warning signs of suicide include: talking about wanting to die; looking for ways to die; talking about feeling hopeless and having no purpose; talking about feeling trapped or being in unbearable pain; talking about being a burden to others; increasing the use of alcohol or drugs; acting anxious or agitated, or behaving recklessly; sleeping too little or too much; withdrawing or feeling isolated; showing rage or talking about seeking revenge; and displaying mood swings. According to the CDC, the more signs a person shows, the greater the risk. If someone close to you is exhibiting warning signs, the CDC recommends ensuring that the individual is not left alone and taking the following steps: removing any firearms, sharp objects, alcohol and drugs from the area; calling the suicide prevention lifeline (for veterans, the number is 800-273-8255, press 1); and taking the person to an emergency room or medical professional.





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

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

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

Bile duct cancer (cholangiocarcinoma) is a cancer of the biliary duct system, which includes the gallbladder, bile ducts, and certain cells inside the liver. One risk factor for bile duct cancer is past infection with tiny parasitic worms called liver flukes, which are found in the fresh waters of Southeast Asia. Veterans who ate raw or undercooked freshwater fish during their service

in Southeast Asia, such as Vietnam veterans, might have been infected. Once eaten, the liver flukes grow to adulthood inside the human biliary duct system. The irritation and scarring caused by liver fluke infection can lead to bile duct cancer. Currently, there are no available studies to show that bile duct cancer occurs more often in Vietnam veterans than in other groups. DAV strongly supports H.R. 2568 as it will help determine if this Vietnam veteran environmental exposure can be linked to bile duct cancer. This legislation is in accord with DAV Resolution No. 090.

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

TAKE ACTION



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



The Lone Sailor Statue Dedicated at Utah Beach During D-Day Ceremonies

Adm. James G. Foggo III, commander of U.S. Naval Forces Europe and Africa, and the U.S. Navy Memorial joined forces to dedicate The Lone Sailor statue at Utah Beach during the 75th Anniversary of D-Day on June 6, 2019. The statue has long been a symbol of the Navy Memorial and its mission to "Honor, Recognize, and Celebrate the men and women of the Sea Services, past, present, and future and to inform the public about their service." The statue at Utah Beach is the first to be located outside of the United States and is intended to honor the early "frogmen" of Naval Combat Demolition Units and all Navy personnel who served at Normandy. Read more at Navy.mil.



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. Brodt Zenatti Holding LLC. Recalls Karawan Brand Tahini & SoCo Brand Tahini Because of Possible Health Risk
2. FDA warns compounders not to use glutathione from Letco Medical to compound sterile drugs
3. Kirkland Three Berry Blend recalled due to possible Hepatitis A contamination
4. Kroger Recalls Select Frozen Private Selection Berries for Possible Health Risk
5. Teva Pharmaceuticals USA, Inc. Expands Voluntary Nationwide Recall of Losartan Potassium to 50 mg and 100 mg Tablets USP, Sold Exclusively to Golden State Medical Supply, Inc.
6. Townsend Farms, Inc., Notifies Costco of Possible Health Risk and Recalls Conventional Frozen Kirkland Three Berry Blend



**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).

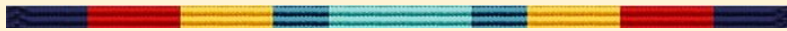
DAV Resolution No. 138 recognizes the current VA policy on beneficiary travel is a barrier to some Veterans obtaining appropriate care and calls for changes to improve Veterans' access to specialized care for MST-related conditions.

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. All taxpayers should check their withholding ASAP
2. Final Regulations on Charitable Contributions and State and Local Tax Credits
3. Here's what taxpayers should know about doing a Paycheck Checkup
4. IRS continues campaign to encourage taxpayers to do a Paycheck Checkup; use Withholding Calculator to help get right amount for 2019
5. IRS reminder: Get tax withholding right; do a Paycheck Checkup at least once every year
6. IRS reminder: June 17 is next deadline for those who pay estimated taxes
7. IRS reminds taxpayers to adjust tax withholding to pay the right tax amount
8. IRS warns of higher penalty for some tax returns filed after June 14
9. IRS Withholding Calculator can help workers have right amount of tax withheld following tax law changes
10. Taxpayers have options for paying the tax they owe throughout the year
11. Taxpayers have the right to pay no more than what they owe
12. There are two ways taxpayers can check their withholding on IRS.gov





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





WAVES

Upon the sand; a wave of water fell.
Where it's from; a mystery tell.

Mothers sent their boys to war
Now they meet in Valhalla's lore
Destroyers Scurry; Battleships blast.
Infantry hope it's not their last.

Men descend by nets and ropes.
Down from the sides and into boats.

Prayers to God "My Soul to Save"
Riding boxes to their grave.

Waves of nausea foams the lips.

Side to side rocks boats and ships.

The Bow is up and then the stern.
Stomachs heave and acid burns.

Mock brave some lad begins to sing
Others duck the occasional ping.

Fleeting glimpses, twinkling flashes
Here and there the monstrous splashes.

Where a boat pushes through the boil
Then a flash and only oil.

Lookouts cry, "Beware the Mines."
Engines groan, gearbox grinds.

From the land and to the shore
Bullets ripped and bodies gored.

First one lands and then another
Some cry silent; some cry "Mother!"

"Let's go men; Let's go forward."
Up the beach they charged onward.

Up the bluffs they braved the fire
Some shot blind; others blew wire.
Robert Smith; and Julius Meyer.

Boys made men and men made dead.
Thoughts of friends brought pain and dread.

Nightmares filled the darkening sky.
Day lived over for those alive.

Quiet comes the morning; the virgin dew unstepped.
All is well; the grass so neatly kept.

"Dress Right Dress; Form straight ranks."
"The visitors are here to leave their thanks."

Some never made it to the sand.
The wave gently pushed them to the land.

The waves that rocked them from their shore.
Now rocks them all night evermore.

Kent Herrick
June 24, 2007



MIA Update

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

Air Force Col. Roy A. Knight, Jr. was a pilot with the 602nd Tactical Fighter Squadron, assigned to Udorn Royal Thai Air Base, Thailand. On May 19, 1967, Knight's aircraft was hit by anti-aircraft fire, severing the right wing. No parachute was observed prior to the aircraft crashing and bursting into flames. The Air Force declared Knight deceased in September 1974. Interment services are pending. [Read about Knight.](#)

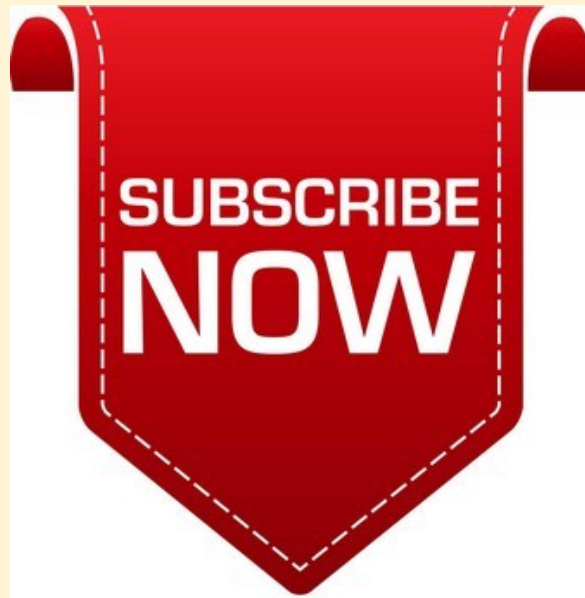
Army Cpl. Robert L. Bray was a member of Company C, 1st Battalion, 34th Infantry Regiment, 24th Infantry Regiment. He was reported missing in action on July 20, 1950, when he could not be accounted for following his unit fighting in a defensive action against enemy forces near Taejon, South Korea. The Army declared him deceased on Dec. 31, 1953. Interment services are pending. [Read about Bray.](#)

Army Pvt. Ballard McCurley was a member of Company M, 3rd Battalion, 12th Infantry Regiment, 4th Infantry Division, during the Battle of the Hürtgen Forest. On Nov. 29, 1944, his battalion went to a reserve position in the woods west of the town of Hürtgen. According to witnesses, while clearing out a tree stump, McCurley inadvertently set off an enemy anti-personnel mine and he was killed instantly. His remains were not recovered or identified immediately after his loss. Interment services are pending. [Read](#)

about McCurley.



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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



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