



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, June 23, 2019

Volume 10, Issue 25



This-N-That

There are so many facets when it comes to VA rules, regulations, benefits, facilities and more that it's truly hard to ever be able to cover everything.

Recently it was brought to my attention something I was never aware of and that's the ability of courts to demand a Veteran obtain SBP insurance coverage and that order says the beneficiary must be to an ex-spouse without regard to a current spouse.

I wasn't aware of this bit of information as I've never really had a need to read and learn more about SBP

and court mandated purchase and payment of premiums like this, I had only learned what I thought I needed to know and when there was so much I needed to learn from the beginning there was just no way there was ever enough time to become thoroughly educated on these issues.

What I'd like to ask of all our readers, if this has happened to you, please send me an E-Mail and tell me of your story. I need to know just how many are affected by a situation like this so I can determine what, if there is a next step I can take.

Rest assured, all personal information will be kept in strictest confidence and no information will be release without your expressed consent.

This is a fact finding mission for me to see what, and if anything can be done to change this.

Homeless Veterans is still very much a hot issue, and the ability to care for them.

Most don't trust the VA and with good reason! But there are many who might have been falsely educated and don't know how to obtain service and benefits.

And it seems the general population is under the misguided impression, the majority of those who are

homeless, want to be!

A program was brought to VFC back in 2008 and after serious review and consideration we took action to put the program into action to see first hand how it would help, how many, and would it be long term.

With the help of the Community Liaison Officer at Garden Grove Police Department, Latter Day Saints Church and members, Long Beach Health and Human Services and the Long Beach VA Homeless Outreach Team and the Young Marines, we were able to assemble 800 back packs to use as a tool to reach out, open a line of communications and offer services, programs, benefits, and help in being placed in a semi long term facility.

Police Vehicles carried between 1-5 backpacks in the trunks of their cruisers, Health and Human Services and Long Beach VA carried 25-75 in their vans and some Veterans carried 1-5 in the trunks of their personal vehicles, and we were on the go.

We'd go to encampments, hide outs in the woods areas, back allies, where ever we all knew we could locate homeless Veterans, and we'd prove each one with a back pack which contained personal care items, non-perishable food and protein items, under garments, socks, thermal under pants and shirts, when

we had them blankets, shoes, shirts and information to every single service available including the Long Beach VA Outreach team who would help process claims.

Out of the first 800 made and all were distributed, we managed to gain the trust of 603 Veterans, got them into temporary shelters while claims were being processed, made sure all were provided mental health care, physical health care, and in a couple of Veterans emergency care.

A year later those first 603 we had 598 remain in the programs, that's a pretty darn good success rate, and to this day the program is still in full operation and that very program which started in Orange County California was brought to Riverside California and is doing very well there too!

IF homeless Veterans were approached in this manner nation wide, just imagine how many thousands could be helped.

For anyone who is interested in how the program works, how to pull it all together, please contact me I will be more than happy to share the program.

And by the way, our program has even been adopted by many churches and adapted to meet the needs of

low income families with children, providing school supplies and more.

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



**NATIONAL VETERANS
ADVOCACY GROUP
DISAPPOINTED IN CONGRESS'
DECISION TO ADOPT H.R. 299
VERSUS S. 1195 IN ATTEMPT TO
SECURE BENEFITS FOR BLUE
WATER NAVY VETERANS**

During the past Congressional session, many battles were won and lost. One, however, has resonated with tens of thousands of veterans throughout the United States.

For more than 10 years, Military Veterans Advocacy, a national non-profit that advocates for service members and veterans, has been fighting tirelessly to see benefits restored to Blue Water Navy Veterans - those who served off the coast of Vietnam and in its territorial waters but who were denied Agent Orange benefits.

Last year, a House bill to restore these benefits (H.R. 299) passed the lower chamber unanimously but stalled and died in the Senate. In 2019, a rehash of that bill, again titled HR 299, passed through both chambers of Congress. In the interim, Military Veterans Advocacy won a landmark court case, *Procopio v. Wilkie*, in which a federal court agreed that benefits for Blue Water Navy Veterans must be restored, and that such benefits must include those who served in territorial waters. The court also recognized a pathway into "waters offshore" which extends past the territorial sea.

"Last year we would have been happy with the House bill, but the Procopio decision opened up another pathway for veterans serving past the territorial sea line," said Cdr. John Wells (USN, Ret.), executive

director of MVA.

The main difference between the legislation and Procopio is where the line is drawn that would decide what veterans would receive aid from the Department of Veterans Affairs for complications caused by exposure to Agent Orange during their service in the Vietnam War.

H.R. 299 is a bill that defines "offshore" as the geographical limits of the territorial sea of the Republic of Vietnam. Any serviceman who was farther than 12 miles beyond the coast may not now be eligible for VA benefits regarding ailments likely due to Agent Orange exposure. Initially, MVA was in support of H.R. 299, but was becoming more and more burdened with cases that, due to the language in the proposed legislation, would not be able to technically meet the proper qualifications. Although, along with the Blue Water Navy Vietnam Veterans Association pulled their support and placed it behind a better drafted Senate bill, it was too late.

Because their job is never complete, Military Veterans Advocacy leaders will continue to take cases and work to get the Blue Water Navy Veterans who seem to have been forgotten the care they need and deserve. In light of H.R. 299 passing, MVA feels as though their

efforts going forward will be best utilized in campaigning for those who were beyond the 12-mile threshold. However, they will continue efforts for the 55,000 veterans that may have been left behind by the legislation. Wells has gone on to apologize for not blocking H.R. 299, and takes full responsibility for this failure.

"We did our best, but our best was not good enough," Wells said. "But we will push forward to restore the success we achieved with the Procopio case.

"This was a situation where Congress rushed to jump on the Procopio bandwagon and messed it up," Wells said, "In their haste, they rejected the advice of the subject matter experts and embraced the wishes of the 'Big Six' veterans service organizations who did not understand the legal or factual ramifications of what they were doing."

Wells also urged Blue Water Navy veterans who served past the territorial sea to submit their claims prior to January 1, 2020, the effective date of the legislation. MVA will argue that they are grandfathered under the Procopio decision.

Cmdr. John Wells, USN (Retired)



Join June 27 TRICARE Webinar on TRICARE For Life Coverage

Do you have questions about TRICARE For Life (TFL)? Not sure if you have to enroll in TFL, or when you become eligible for TFL coverage? Are you getting ready to turn 65? Join the "Understanding How TRICARE For Life Coverage Works" webinar on June 27, from 1 to 2 p.m. ET.

Read the full article [here](#).





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

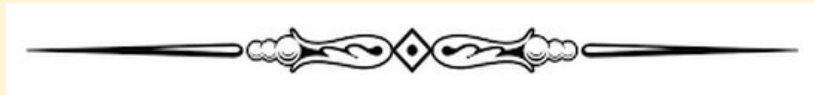
malpractice by military health care providers unconnected to combat results in severe injury or even death.

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 **2,765** hits per day, and downloads average **2,216** per day with a total **5,104,739** visitors as of Friday.

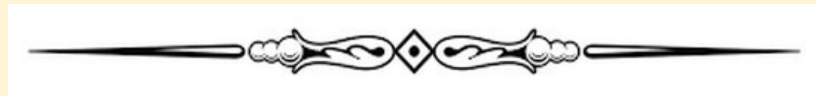
If you subscribe you will have full access to the entire website and best of all it's FREE of charge! You just need a valid E-mail address so the system can send you a confirmation E-Mail. Once received, click on the link to be authorized automatically.

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: **8,626**)
- 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



SCOTUS: Bladensburg Peace Cross Stays

Yesterday, the U.S. Supreme Court announced its decision that the World War I memorial in the shape of a 40-foot-tall cross can continue to stand on public land in Maryland. The court's 7-2 decision in favor of allowing the cross to stand, clarifies the fact that the mere shape of a monument does not create an "Establishment" of religion. Therefore, the nearly 100-year-old memorial will be allowed to stay on public land. The VFW's amicus brief is cited in the opinion. "The Supreme Court made the right call," said VFW National Commander B.J. Lawrence. "Today's decision not only protects this memorial outright, but helps to establish a precedent to protect thousands of other veterans' memorials that currently reside on federal, state or municipal land. "My hat's off to all of the organizations that joined the VFW in filing amicus briefs concerning this case." [Read the VFW's amicus brief.](#)



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



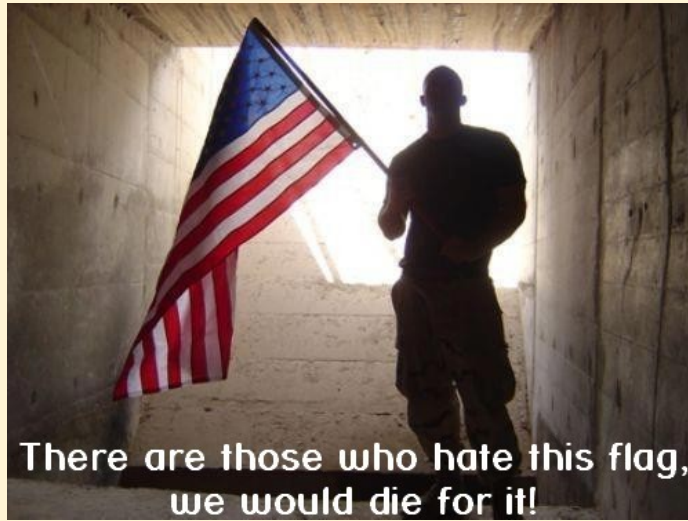
H.R. 303, the Retired Pay Restoration Act

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



Participate in a Conference Call with President Trump About the VA MISSION Act

Please join President Trump and Secretary of Veterans' Affairs Wilkie for a conference call on Tuesday, June 25, at 11:45 a.m. EST to discuss the one-year anniversary of the passage of the MISSION Act and the milestones accomplished during this time. To attend the conference call, please [fill out the following link](#) and you will receive the dial-in information, upon RSVP'ing. To begin the registration process, please provide Conference ID # 469230. [RSVP for the call today.](#)



H.R. 2359, the Whole Veteran Act

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

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

HR 2359, the Whole Veteran Act, would require VA to report on access and availability of several

complementary and integrative medicine practices, including: massage; chiropractic services; acupuncture; meditation; yoga, Tai Chi or Qi gong; and Whole Health group services.

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

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

TAKE ACTION





TRICARE Catastrophic Cap Reimbursement

On Tuesday, VFW National Legislative Service Director Carlos Fuentes and VFW National Legislative Service Associate Director Kyle Kalman attended the Military Health System MSO/VSO Executive Council meeting with the Defense Health Agency (DHA) Director, Vice Adm. Raquel Bono and senior military medical personnel. DHA is working to correct an error with the implementation of recent TRICARE changes which resulted in retiree enrollment fees not being credited to the family catastrophic cap. To rectify the overpayment, DHA has sent out letters to affected beneficiaries that indicates they can be refunded or credited to future enrollment fees.





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;

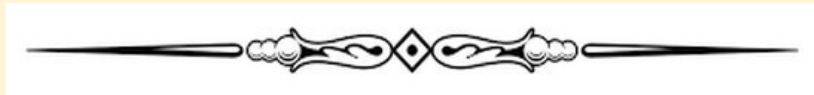
- Requiring VA to provide information on staffing levels of women's health providers including PACT team members and gynecologists;
- Requiring data collection and reporting on all VA programs serving Veterans, by gender and minority status;
- Requiring VA to report on the availability of prosthetics 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



The GI Bill Turns 75

This week the Service Members Readjustment Act of 1944, also known as the GI Bill, will celebrate its 75th anniversary. The first-ever GI Bill was signed into law on June 22, 1944. Since then, the GI Bill has been a critical tool for veterans during their transition to civilian life. The bill has provided veterans and their families education benefits, financial assistance, and home loan guarantees that have led to the expansion of the American middle class and economic growth and opportunity. Recently, the VFW-supported Forever GI Bill expanded this incredible benefit so future service members will be able to use their education benefits throughout their lives. Learn more about the [Forever GI Bill](#).



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.

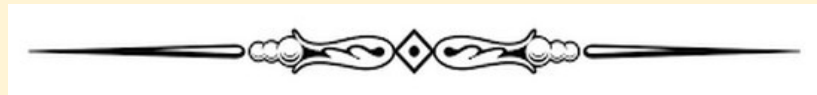
Please use the prepared letter to write to your Representative to cosponsor and support passage of H.R. 445, the Help Hire Our Heroes Act. Thank you for your efforts and support of the Commander's Action Network.

TAKE ACTION



New VA Policy Aims to Stop Veterans from Hiding Guns in Wheelchairs

The Department of Veterans Affairs now has a policy requiring veterans in wheelchairs to switch to ones provided by the facility during emergency room visits to make sure they're not hiding guns, a top VA official testified Tuesday. The policy was adopted following a February incident at the West Palm Beach, Florida, VA Medical Center in which a double-amputee patient pulled a weapon from his motorized wheelchair and fired at least six shots in the emergency room, wounding a doctor in the neck and injuring two staff members, said VA official Renee Oshinski. Oshinski said the wheelchair transfer policy is directed at all VA medical centers, but she couldn't vouch for how many had put it into effect besides the West Palm Beach facility. Read more about the policy [HERE](#).



**CONTACT YOUR
MEMBERS OF CONGRESS!**

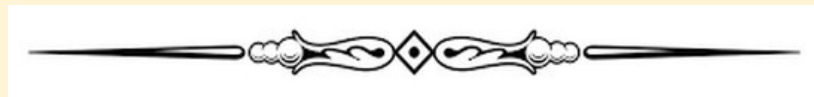
To Call your Representative:
202-225-2305

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



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



Vietnam Vet First Native American to Receive Lifetime Achievement Oscar

Longtime actor Wes Studi, Cherokee, has become the first Native American to be awarded an Oscar. Known for prominent portrayals in "Dances with Wolves," "Last of the Mohicans" and "Bury My Heart at Wounded Knee" among many others, Studi is one of four Honorary Award recipients chosen by the Board of Governors of the Academy of Motion Picture Arts and Sciences. The Board of Governors announced June 3 that Studi, filmmaker David Lynch and director Lina Wertmüller would receive the awards, along with a Jean Hersholt Humanitarian Award going to actress Geena Davis. The awards are reserved for contributions that fall outside the normal Oscar categories, the Academy says on its website. Read more about the award [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.

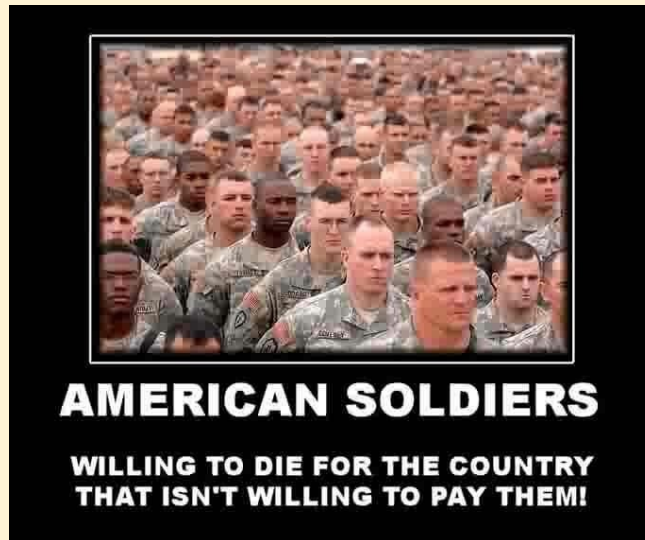
VA only recognizes those Veterans who participated in nuclear testing on Enewetak Atoll from 1951 to 1959 as participating in a radiation risk activity. Current statutes regarding presumptive service connection for radiation exposure defines a radiation-exposed Veteran as a Veteran that, while on active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



Veterans Wanted: Search 500+ Jobs Nationwide

Hundreds of companies are looking for Veterans.
[Search over 500 nationwide jobs](#) now and find your
next opportunity.





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.

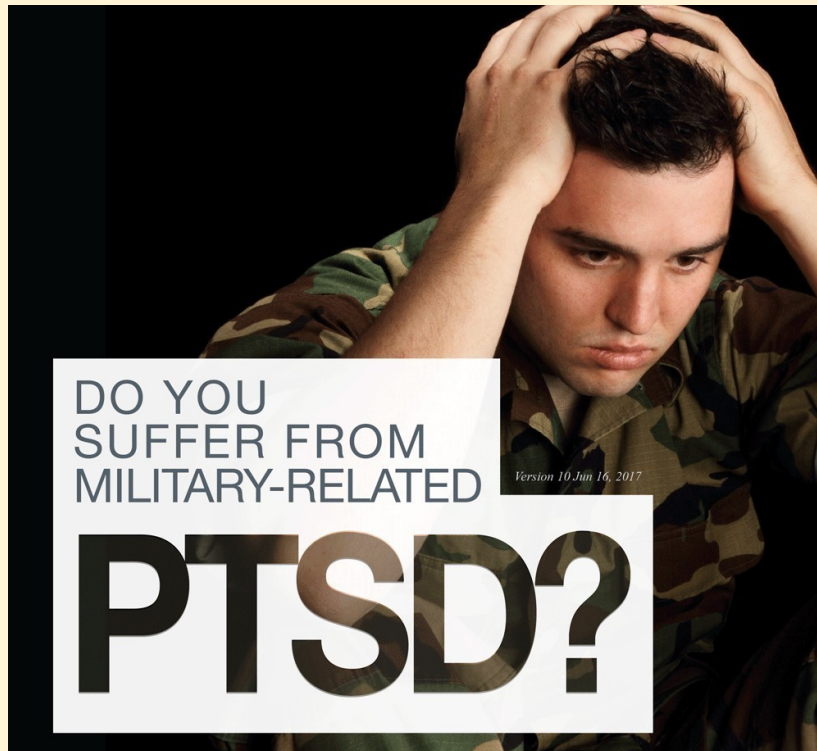
TAKE ACTION





Senate Passes Blue Water Navy Bill, Cementing Victory for Ill Vietnam Veterans

The Senate unanimously approved a bill June 12 to extend disability benefits to veterans who served on Navy ships off the coast of Vietnam, signaling the end of a decades-long fight for these former sailors and Marines to receive compensation for diseases presumed to be caused by exposure to Agent Orange and other defoliants used during the Vietnam War. Following similar approval by the House last month, the Senate vote sends the bill to President Donald Trump for his signature. The legislation passed by both the House and Senate will extend disability compensation to personnel who served offshore of the Republic of Vietnam between Jan. 9, 1962, and May 7, 1975, within 12 nautical miles of the coast of Vietnam and Cambodia, along a line of demarcation spelled out in the bill. Those eligible include veterans with one or more of the presumptive disease whose claims were previously denied, as well as new claims. Read more about the measure [HERE](#).



**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).

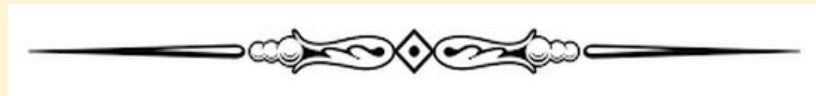
These measures would require the VA Secretary to conduct clinical trials that look into whether cannabis is able to reduce symptoms associated with chronic pain such as inflammation, sleep disorders, spasticity, and agitation and effects on the use or dosage of opioids, benzodiazepines or alcohol for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

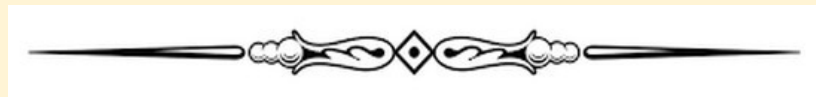


TRICARE Beneficiary Bulletin #507

Listen to this week's podcast to hear about:

- Healthy Tips for Men (Men's Health Month)
- TRICARE Costs Tools
- Sun Safety Tips

Visit the Multimedia Center for this podcast and previous podcasts [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



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

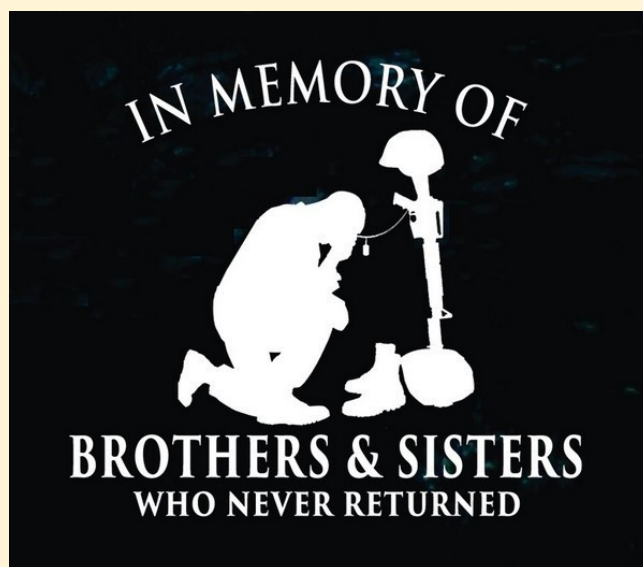
their families.

TAKE ACTION



VA Ordered to Stop Posting Firings, Discipline on Website After Union Win

The union representing 260,000 Department of Veterans Affairs employees recently won a "cease and desist" arbitration ruling against the department's posting of lengthy lists of firings, suspensions and other disciplinary actions in violation of the Privacy Act. The ruling found that the VA was guilty of an "unfair labor practice" against the American Federation of Government Employees (AFGE) in the website postings of "Adverse Action Reports" that allowed for the easy identification of workers targeted for disciplinary procedures. In his ruling, Andrew Strongin, an arbitrator with the Federal Mediation and Conciliation Service, directed the VA to "remove the AARs from its website and cease and desist publishing the AARs in that or like manner until such time as it achieves compliance with the Privacy Act." Read more about the order and what it means [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





Navy Expands Oversight of Privatized Housing Program

The Navy is trying to streamline housing oversight through a new system to track progress and analyze data on housing problems. Currently, the Navy must manually download and upload maintenance records from all managing members of privatized housing. The new, centralized database is expected to go live in September. A second phase will add housing information for Navy-owned and unaccompanied housing. Read more at 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.

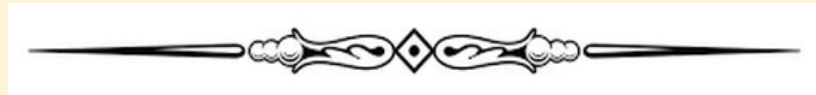
H.R. 2200 will add bladder cancer, hypothyroidism, "Parkinson's-like symptoms," and hypertension to the presumptive disease list for Agent Orange exposure. All four of these diseases are recommended for inclusion by the National Academy of Medicine.

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.

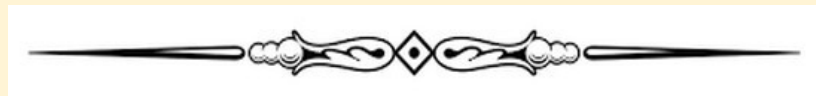
TAKE ACTION



**Summer's Fun, Just Avoid Too
Much Sun**

Summer is here, and that means sunny weather is here to stay. Soaking up the sun is one of the best parts about summer. However, make sure to protect your skin when enjoying the sun-filled days ahead. Too much unprotected exposure to the sun's ultraviolet (UV) rays can cause sunburn, eye damage, skin damage, and skin cancer, according to the American Cancer Society. Depending on your risk for developing skin cancer, TRICARE covers your skin cancer screening exams.

Read the full article [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



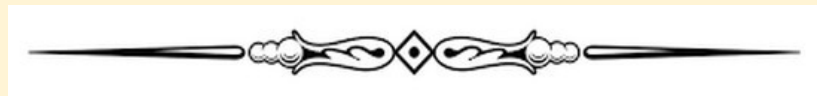


Links to Other Stories

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.

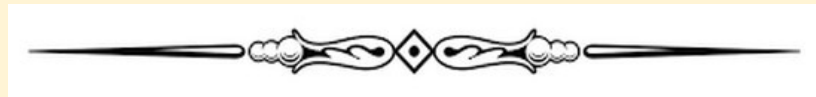
1. [Army Veteran says he'd 'do it again' at Dublin VA ceremony](#)
2. [Local Veteran stands guard for fallen soldiers](#)
3. [Mentor church surprises homeless Veteran with minivan on Memorial Day](#)
4. [New London's homeless shelters add beds for homeless Vets dealing with mental illness, substance abuse](#)
5. [The Catholic high school that holds funerals for homeless Veterans](#)
6. [Veterans Give Painfully Honest Answers After Army Asks 'How Has Serving Impacted You?'](#)
7. [Veterans in Burn Pit Registry helping fellow Vets](#)
8. [Vietnam War Veterans reunite in Lubbock and honor fallen comrades for Memorial Day](#)

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



Soldiers Subdue Unruly Plane Passenger

Four soldiers from the 94th Army Air and Missile Defense Command received commendations from an airline after jumping into action to subdue an irate passenger earlier this year. Two officers, a warrant officer and an enlisted soldier helped flight attendants on the Hawaiian Airlines flight Feb. 27, while the aircraft was over the Pacific en route to South Korea, according to a service release. The passenger, who was possibly drunk and screaming, at one point lunged at a flight attendant. The soldiers helped to subdue the man and put him in flexi-cuffs so the flight could continue safely. They were honored by the airline at a luncheon in late May. Read more at Army.mil.



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 AND 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



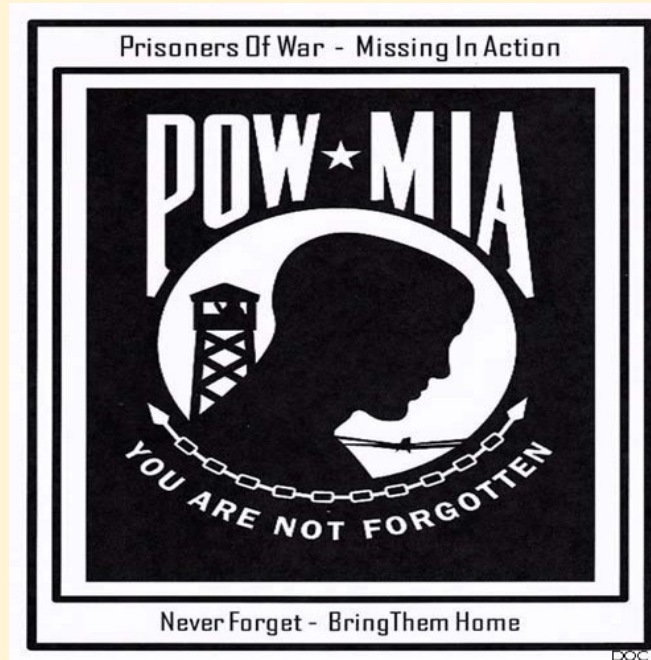
**Veterans
Crisis Line**
1-800-273-8255 **PRESS 1**



New Thunderbirds Demo Team Pilots Announced

The U.S. Air Force has announced the new pilots and officers who will join the prestigious Thunderbirds aerial demonstration team for the 2020 season. Maj. Trevor Aldridge, 493rd Fighter Squadron, RAF Lakenheath, U.K., has been selected as Thunderbird No. 2, the team's left wing pilot; Capt. Zane Taylor, 8th FS, Holloman Air Force Base, New Mexico, has been selected as Thunderbird No. 4, the slot pilot; and Capt. Kyle Oliver, 27th FS, Joint Base Langley-Eustis, Virginia, has been selected as Thunderbird No. 6, the opposing solo pilot. Other officers joining the team include Maj. Kevin DiFalco, 31st Operational Support Squadron, Aviano Air Base, Italy, who has been selected as Thunderbird No. 7, the team's operations officer; Capt. Katherine Moorkamp, Headquarters Air Combat Command, JB Langley-Eustis, Virginia, selected as Thunderbird No. 10, executive officer; and Capt. Remoshay Nelson, 8th Fighter Wing, Kunsan AB, South Korea, selected as Thunderbird No. 12, the public affairs officer. Read more at [AF.mil](https://www.af.mil).





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

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

This legislation will codify VA regulations regarding the adjudication of claims for mental health conditions, including post-traumatic stress disorder, associated with experiencing Military Sexual Trauma (MST). It would also add technological abuse, defined as "behavior intended to harm, threaten, intimidate, control, stalk, harass, impersonate, or monitor another person, [...] that occurs via the Internet, through social networking sites, computers, mobile devices [...] to the types of trauma and resulting conditions for which survivors may seek benefits and health care. Finally, the bill would require VA to re-establish specially trained teams to adjudicate MST-related claims for mental health conditions and to report annually to Congress to ensure that these claims are adjudicated equitably.

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

The IG reported it found that VA's manuals related to processing these cases were outdated and that more than half of the MST-related PTSD claims had been inappropriately developed and considered. This legislation will help to re-establish protocols for developing and adjudicating these cases thereby eliminating the disparity between awards for MST-related PTSD claims and other PTSD claims.

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

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

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

TAKE ACTION





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

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

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

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

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

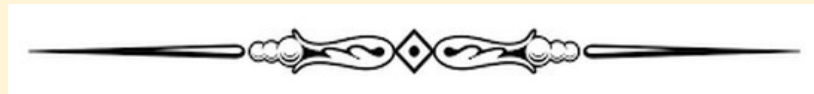
Please use the prepared electronic letter or draft your own to urge your Representative to support and cosponsor H.R. 2568. As always, we appreciate your support for DAV and your grassroots activism in participating in DAV CAN. Thank you for all you do for America's veterans and their families.

TAKE ACTION



Office of Inspector General

1. Black Lung Benefits Program: Financing and Oversight Challenges Are Adversely Affecting the Trust Fund
2. DOD Health Care: Improvements Needed for Tracking Coordination of Specialty Care Referrals for TRICARE Prime Beneficiaries
3. Post-9/11 GI Bill: Veterans Affected by School Closures
4. Transitioning Servicemembers: Information on Military Employment Assistance Centers
5. VA Health Care: Estimating Resources Needed to Provide Community Care
6. Veterans Health Administration: Regional Networks Need Improved Oversight and Clearly Defined Roles and Responsibilities



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. Alma Pak Voluntarily Recalls Frozen Blackberries Due to Possible Health Risk of Norovirus
2. Cook Incorporated Recalls Advance Enforcer 35 Focal Force PTA Balloon Catheter Due to Balloons Bursting Below the Rated Burst Pressure
3. Fecal Microbiota for Transplantation: Safety Communication- Risk of Serious Adverse Reactions Due to Transmission of Multi-Drug Resistant Organisms
4. Frito-Lay Issues Voluntary Allergy Alert on Undeclared Milk in Lay's Lightly Salted Barbecue Flavored Potato Chips
5. In Association with ADM Milling Co, King Arthur Flour, Inc. Voluntarily Recalls Limited Quantity of Unbleached All-Purpose Flour (5 Lb.) Because of Possible Health Risk
6. In Cooperation with ADM Milling Co., Hometown Food Company Issues Voluntary Recall of Specific Lot Codes Pillsbury® Best Bread Flour Due to Possible Health Risk
7. Infusion Options Inc. Issues Voluntary Nationwide Recall of All Lots of All Sterile Products Due to Lack of Assurance of Sterility
8. Mai Cuisine Recalls Shrimp Tempura Sushi Rolls For Undeclared Egg
9. Nature's Touch Frozen Foods (West) Inc. Voluntarily Recalls Signature Select Avocado Chunks Due to Potential Listeria Monocytogenes Contamination

10. Premier Pharmacy Labs Issues Voluntary Nationwide Recall of all Unexpired Sterile Drug Product Lots Due to Lack of Sterility Assurance
11. Recall of Glass Jars of in the Mix, Brand Castle and Sisters' Gourmet Baking Mixes Because of Possible Health Risk
12. RXQ Compounding issues voluntary recall of all sterile products and voluntarily cessation of production
13. RXQ Compounding Recalls All 'Sterile' Product
14. RXQ Compounding, LLC Issues Voluntary Nationwide Recall of All Sterile Products within Expiry and Voluntarily Cessation of Production Due to the Lack of Sterility Process Assurance
15. Shivam Distributors Recalls "Dry Dates" Because of Possible Health Risk
16. Sprouts Farmers Market Recalls Frozen Cut Leaf Spinach and Frozen Organic Cut Leaf Spinach 16oz. Packages Because of Possible Health Risk
17. Teleflex Medical Recalls the Hudson RCI Sheridan and Sheridan Endotracheal Tubes Due to Risk of the Sheridan Connector Disconnecting from the Breathing Circuit
18. UNFI Recalls its Woodstock Frozen Organic Grilled Red Peppers Because of Possible Health Risk
19. Voluntary Field Corrective Action Issued for GE Healthcare's Giraffe and Panda i-Res Infant Warmers
20. Winco Foods, LLC. Recalls Frozen Red Raspberries Because of Possible Health Risk



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



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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



**Air Force Completes 1st
Hypersonic Weapon Flight Test**

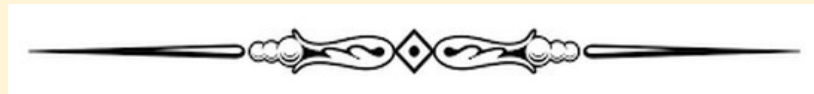
The U.S. Air Force this month conducted the first flight test of the hypersonic AGM-183A Air Launched Rapid Response Weapon on a B-52 Stratofortress bomber. The test took place June 12 at Edwards Air Force Base, California, according to a recent release. The prototype was armed only with a sensor, and was carried externally on the B-52. The flight test collected information on the effects of vibration and drag on the ARRW and is part of Air Force rapid prototyping efforts focused on the cutting-edge field of air-launched hypersonic weapons. ARRW is expected to reach early operational capability by fiscal 2022, officials said. Read more at [AF.mil](https://www.af.mil).



Tax & Credit Information



1. Here's what taxpayers need to know about backup withholding
2. IRS and Treasury issue guidance related to global intangible low-taxed income (GILTI)
3. IRS reminder: Taxpayers can help determine the right amount of tax to withhold from their paychecks by doing a Paycheck Checkup now
4. IRS wants to hear from large corporate taxpayers interested in applying for the Compliance Assurance Process



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.

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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

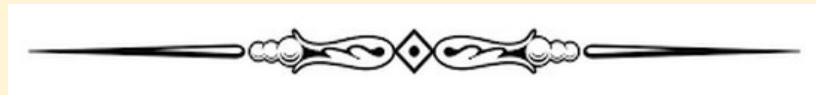


TREA Partners with The American Legion on 2019 Mental Health Survey

TREA members are encouraged to take an online mental health survey in support of the Department of Veterans Affairs (VA) Public Health Approach to Reducing Veteran Suicide. TREA is working with The American Legion to collect data on mental health issues impacting our nation's veterans.

The survey is designed to collect data that will help TREA and The American Legion bring local resources related to TBI, PTSD, and Suicide Prevention to veterans and their families. The information collected by the survey will help determine current suicide prevention readiness, areas of potential improvement, and aid in the development of a consolidated list of available resources. The resources will be categorized by location and vetted to ensure the treatments are evidence based and beneficial for veterans.

To take the survey, click [HERE](#).



MIA Update

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

Navy Reserve Seaman 2nd Class Moyses A.

Martinez 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 Martinez. Interment services are pending. [Read about Martinez.](#)

Army Pvt. Jacob W. Givens was a member of Company K, 3rd Battalion, 60th Infantry Regiment, 9th Infantry Division, which was engaged in battle against enemy forces in the Raffelsbrand sector of the Hürtgen Forest near Germeter, Germany. He was reported missing in action as of Oct. 20, 1944, when his company reorganized after a severe counterattack. [Read about Givens.](#)



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