



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, July 07, 2019

Volume 10, Issue 27



This-N-That

As is always normal for the most part civilians don't know, don't understand, or don't care about those who wrote a check to the United States of America in the amount of their life to serve and sacrifice all to protect and defend the United States against all enemies foreign and domestic, and they don't realize or care what that really means.

So part of our work has been to try and educate them, gain their trust and help to fight for Veterans and many do! Then the few have the nerve to make

comments like "they knew what they were getting into, they made the choice, so why should I care!"

And when pointed out all the freedoms they take for granted were all protected and provided by all those who served!

Sometimes it gets into a large debate (even sometimes an argument) and other times it helps to gain their newly found respect and again sometimes their help!

There are two areas in which people tend to turn their head, or walk away.

Homeless Veterans for the most part go ignored by the general population. Many will go out of their way to drive a different route to avoid homeless Veterans, others simply ignore them like they're not even there.

Then we have Veteran suicides! Most don't even know what signs to look for, what to do, what to say and regardless of what numbers the VA spins, it's far too low a number even though even the loss of one is one too many!

We've gone to the expense and taken the time to

print and pass out brochures on what to do, how they can help, signs to look for, and as many contacts and resources as we can provide so they can reach out to help.

What we call can do to help, go through your house or apartment every year and box up all items you don't need or don't want any more, clothes, shoes, etc. and find a local DAV (Disabled American Veterans) and either take the items to them or call and ask if they would pick them up.

Another thing you can do is maybe once a month pick up a couple canned items, or packaged non-perishable items and every few months, again take to the DAV or call for a pick up.

And if you're so inclined to make a monetary donation, please do. The DAV will make sure every item and every penny is well spent to help our Veterans in need.

There is one special issue this week I'd like everyone to focus on, take action by sending the pre-written E-Mails noted in a couple areas of this newsletter regarding SBP/DIC aka Widows Tax. Right now it's looking like it will end up on the cutting block for the 14th year in a row, and this is

their way of stealing up to \$12,000.00 per year from our widows. So please, take a few minutes to do the E-Mails and phone calls. We need to take care of our own!

If you recall last week we were off line for a couple of days due to maxed out storage available. We're back online again with a new 10 TB drive which now gives us a ton of space.

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

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

Respectfully,

Jim Davis

Founder

Jim.Davis@Veterans-For-Change.org



Press Release on Wilkie Memo Staying BWN claims

**Veterans Advocacy Group Decries VA Stay of
Blue Water Navy Claims for Benefits**

Military-Veterans Advocacy, who along with the Blue Water Navy Vietnam Veterans Association were the main proponents in the decade long struggle to attain benefits for veterans who served in the bays, harbors and territorial sea of South Vietnam decried the stay ordered by VA Secretary Robert Wilkie this week. Wilkie in a memo to the Under Secretary for Benefits and the Board of Veterans Appeals, availed himself of the stay provisions included in the Blue Water Navy Vietnam Veterans Act. This action was taken despite the fact that the Court of Appeals decision in *Procopio v Wilkie*, brought by Military-Veterans Advocacy, granted benefits to these veterans. The *Procopio* mandate went into effect last March.

"The stay provision was one of the reasons we opposed this legislation," said Commander John B Wells, USN (ret) Executive Director of Military-Veterans Advocacy. "We had told House Veterans Committee Chairman Mark Takano that his bill would actually hurt veterans rather than help them. He wouldn't listen"

Both Military-Veterans Advocacy and the Blue Water Navy Vietnam Veterans Association withdrew their support for the bill when it became

obvious Takano would not change the language. "This was a rush to pass a bill that was just not needed in light of Procopio," Wells said. "Both Takano and his allies in the "Big Six" Veterans Service Organizations thought it more important to preen for the cameras than to ensure the bill was properly written. They repackaged last year's bill without taking into consideration the impact of the Procopio decision. This is the result. I suspect there will be more bad news coming."

Wells has been critical of Takano and several veterans organizations including the Veterans of Foreign Wars (VFW), the Disabled American Veterans (DAV) and the Vietnam Veterans of America (VVA) for their refusal to change key wording in the bill. An invitation to speak to the VVA national convention was withdrawn after Wells criticized their support for the legislation.

Military-Veterans Advocacy is reviewing the Wilkie memorandum to decide whether additional litigation is appropriate.

Commander J. B. Wells U. S. Navy (Retired)

([See Statement](#))



President Trump Visits DMZ

On Sunday, President Trump became the first commander-in-chief to cross the demarcation line dividing North and South Korea. After exchanging greetings with North Korea's Kim Jong-un, the two walked back across the border to discuss a potential third bilateral summit along with South Korean president Moon Jae-in. Following their hour long meeting, President Trump stated that he and Mr. Kim had agreed to resume negotiations in the next few weeks, and that Mr. Stephen Biegun will remain in place as the U.S. Special Representative to North Korea.





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 **2,720** hits per day, and downloads average **2,201** per day with a total **5,139,966** 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 **17,406** documents on-line (Updated: 06/25/19)
- 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: **8,659**)
- Polls

- Web Links, more than **5,044**, Added 31 New Links
(Updated: 07/02/19)

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



Assistance with Vocational Rehabilitation

The VA Vocational Rehabilitation and Employment (VR&E) program, commonly known as Voc Rehab, is an excellent benefit that is not utilized by as many eligible veterans who may need it. VR&E services can assist eligible veterans with resume development skills, job search training, employment accommodations, and education in order to keep employed through different avenues. The VR&E program offers individual counselors to accommodate the different needs of the clients they serve. The VFW encourages all veterans to learn more about VR&E services and see if you may be eligible for this great benefit. [Learn more](#).



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



VA Video Appointments

Veterans who use VA can now book appointments with their providers to be seen on the VA Video Connect app in lieu of face-to-face appointments. The app provides a secure video connection through a camera phone, computer, or tablet and gives direct, real-time access to health care teams. VA Video Connect has successfully enabled thousands of veterans to receive services while reducing their travel and wait times. Through a partnership with VA, T-Mobile and Verizon Wireless have offered its customers the ability to access the VA Video Connect app without incurring data charges. [Learn more.](#)



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



Chlamydia, Syphilis Cases on the Rise Among US Military Members

Cases of some sexually transmitted diseases, including chlamydia, gonorrhea and syphilis, are rising in the U.S. armed forces, a trend that mirrors the general population but alarms military health officials who treat affected troops. According to a report released earlier this year by the Armed Forces Health Surveillance Branch, incidence rates of chlamydia in service men and women more than doubled from 2013 to 2018, gonorrhea infection rates also doubled for men and rose by 33 percent for women, and diagnoses of syphilis were nearly three times the number just 10 years ago. Read more [here](#).





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

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

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

S. 514 aims to eliminate barriers to care by:

- Adding \$20 million to retrofit VA medical facilities to comply with environment of care deficiencies;
- Requiring every VA medical facility to have at least one full-time or part-time designated women's health provider on staff;
- Studying the staffing needs of Women Veteran Program Managers in addition to determining the need for a Women Veterans Ombudsman;
- Conducting mini-residency training for women's health providers;
- Requiring VA to create a training module for community providers specific to women Veterans' unique medical needs;
- Providing support services for women Veterans seeking legal assistance;
- Authorizing grants for organizations supporting women Veterans and their families;
- Requiring VA to report on its use of various primary care models serving women Veterans;
- Requiring VA to provide information on staffing levels of women's health providers including PACT team members and gynecologists;
- Requiring data collection and reporting on all VA programs serving Veterans, by gender and minority status;

- Requiring VA to report on the availability of prosthetics for women Veterans; and
- Centralizing all information for women Veterans in one easily accessible place on VA's website.

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

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

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

TAKE ACTION





Don't Cut Military Health Care Staff!

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

Members are urged to use the **ACTION CENTER** to urge their legislators to delay and closely review these drastic cuts to military medical care staff.





H.R 445, Help Hire Our Heroes Act

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

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

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

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

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

TAKE ACTION



What You Need to Know About the Blue Water Navy Benefits Law

Veterans with one of 14 diseases presumed to be related to the herbicide Agent Orange, and who served offshore or in the specified areas of the DMZ, can now file a disability claim with the Department of Veterans to receive benefits, thanks to a law enacted June 25. H.R. 299 extends disability compensation to personnel who served off the coast of the Republic of Vietnam between Jan. 9, 1962, and May 7, 1975. It specifies that veterans must have served on a ship not more than 12 nautical miles off the coast. The expanse of territorial water covered begins on the southwestern demarcation line of Vietnam and Cambodia and runs through several points spelled out in the law. According to Congress and the Department of Veterans Affairs, an estimated 90,000 veterans may be eligible for benefits under the law. Read more [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



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.

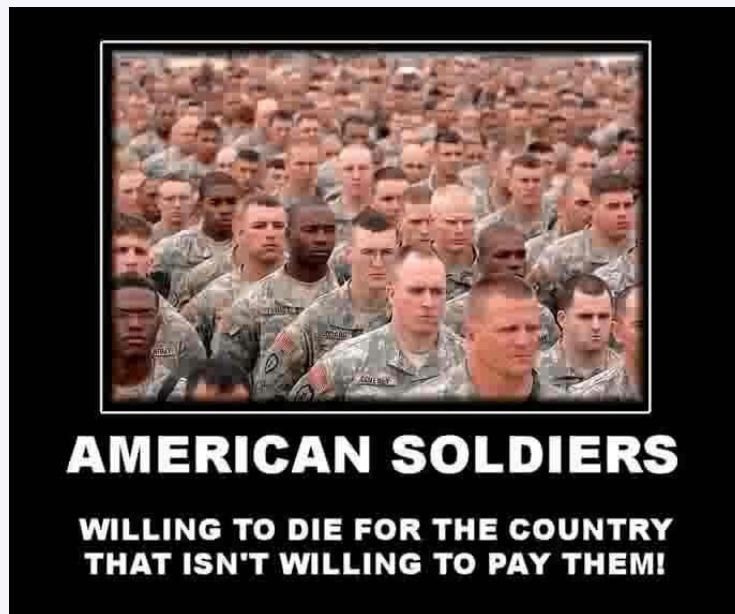
S.555 and H.R.1377 will expand recognized radiation risk activities to include the cleanup of Enewetak Atoll from January 1, 1977, to December 31, 1980. These bills will provide presumptive exposure to thousands of Veterans who participated in the testing and clean-up and who were previously excluded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

Our core values align with those who have served. Odyssey offers a culture built on teamwork within every project.



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

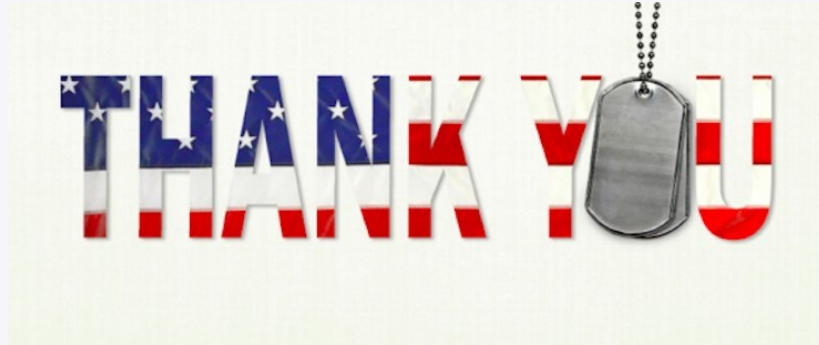
usage rates of VA mental health care services and data shows women Veterans are especially likely to make intensive use of such services. In a recent study, a third of Veterans indicated an interest in access to child care services and 10 percent reportedly have canceled medical appointments because 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

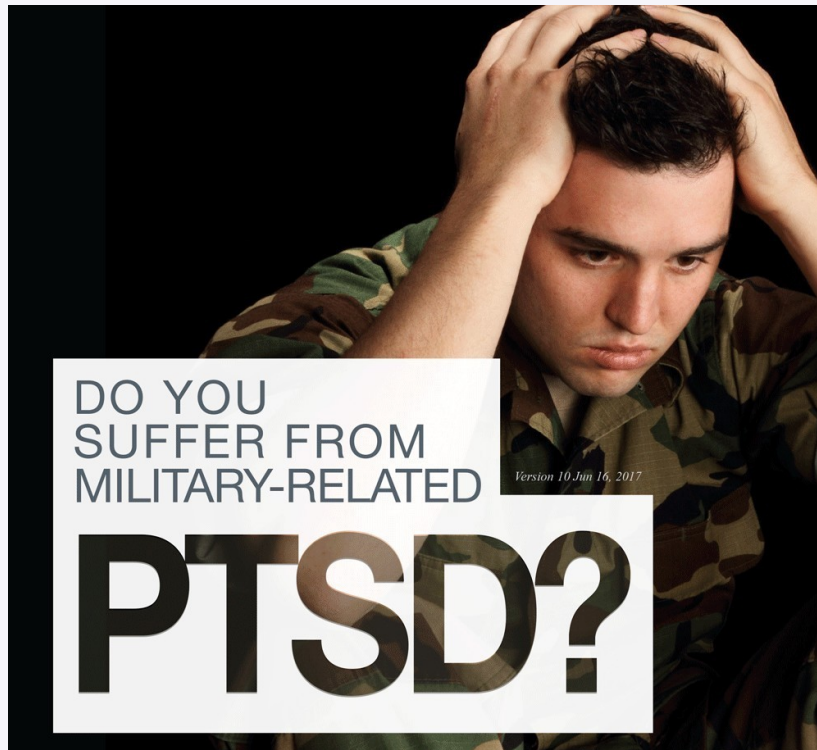


VA Imposes Strict Limits on Controversial Ketamine-Based Depression Treatment

After the VA announced in March it would offer a highly anticipated ketamine-based medication for treatment-resistant depression, a Department of Veterans Affairs panel voted last week against widespread use, instead restricting the drug for pre-approved, case-by-case treatment. The U.S. Food and Drug Administration on March 5 fast-tracked approval of Spravato, a nasal spray related to the anesthetic ketamine. Ketamine is also known in its illicit form as Special K, a party drug known for its disassociative effects, lending itself to abuse as a date rape drug. In prescription form, however, Spravato, or esketamine, has been hailed as a breakthrough treatment in a field with relatively few new options for treating unmanaged depression.

VA officials lauded its arrival two weeks after Spravato received FDA approval, saying the treatment would be available to patients based on individual medical need and physicians' assessments. But the panel that decides which medications should be included among those readily accessible to VA physicians and patients — known as the VA's formulary — voted last week to leave Spravato off the list. The decision means doctors will need prior approval before prescribing and buying the medication for patients. Read more [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



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.

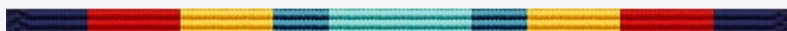
H.R. 2201 would automatically concede Agent Orange exposure for all Veterans who served at military installations in Thailand during the Vietnam Era, regardless of the base, duty on the perimeter or military occupational specialty. As a result, the presumptive diseases currently associated with Agent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



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

On January 10, 2019, Representative Julia Brown

(CA) introduced H.R. 444, the Reduce Unemployment for Veterans of All Ages Act of 2019.

Currently, Veterans with service-connected disabilities or other employment handicaps are able to receive career development services through VA's Vocational Rehabilitation and Employment program up to 12 years after they separate from military service. H.R. 444 would remove the limiting 12-year-period for eligibility.

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

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

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

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

TAKE ACTION



VA Accepting Applications For New STEM GI Bill Soon

If your GI Bill is about to run out or is already gone, you are enrolled in a STEM (Science, Technology, Engineering or Mathematics) program, or you have a STEM degree and are trying to get a teaching certification, you may want to investigate a new GI Bill program coming this fall. The Department of Veterans Affairs will begin accepting applications for the Edith Nourse Rogers STEM Scholarship program, also known as the Rogers Scholarship, on Aug. 1. This program offers up to nine additional months of Post-9/11 GI Bill benefits on top of those currently available for an additional maximum payout of \$30,000. Read more [here](#).





New Law Allows You to Get a Bigger VA Home Loan Without a Down Payment

A new law expanding VA disability benefits to more veterans who were exposed to the herbicide Agent Orange during the Vietnam War will change home loan limits for all veterans. The bulk of Public Law 116-23, the Blue Water Navy Vietnam Veterans Act of 2019, which became law on June 27, 2019, addresses the expansion of VA disability benefits for Agent Orange exposure to those who served in ships off the coast of Vietnam during the war. Previously, only those who served in-country or on inland waters were eligible for disability benefits. So what does that have to do with VA home loans? To pay for the expanded disability benefits for the approximately 90,000 veterans who may now be eligible, the VA is removing limits on VA home loans while raising the system's funding fee levied on those who do not have a VA disability rating. Read more [here](#).





H.R. 2200, the Keeping Our Promises Act

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

In the Veterans and Agent Orange update in 2016, the National Academy of Medicine (NAM) committee concluded there was compelling evidence for adding bladder cancer and

hypothyroid conditions to the presumptive disease list. Further, the study clarified that Vietnam Veterans with "Parkinson's-like symptoms," but without a formal diagnosis of Parkinson's disease, should be considered under the presumption of Parkinson's disease.

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

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

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

Academy of Medicine.

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

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

TAKE ACTION





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.

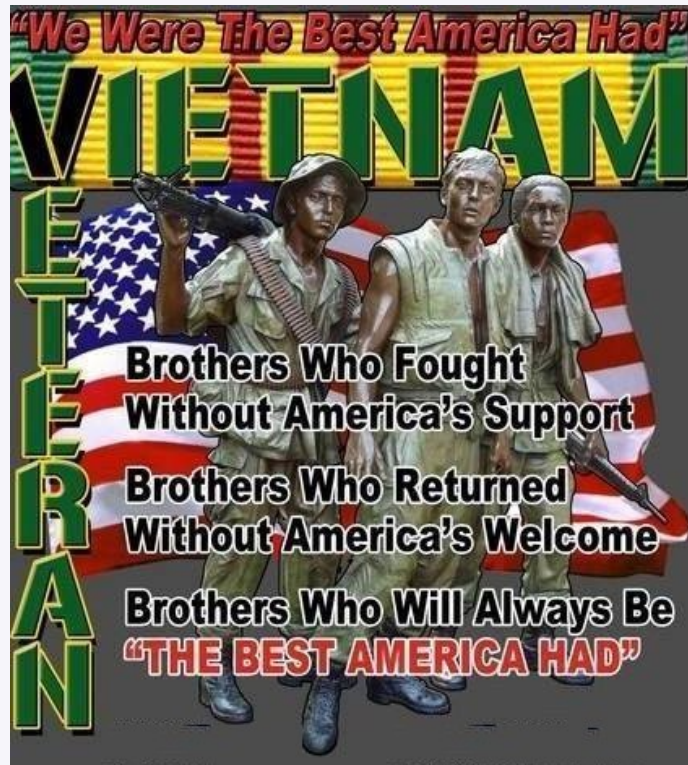
Upon the retiree's death, the SBP annuity is paid monthly to eligible beneficiaries; however, if a surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit (currently \$1,283.11 per month). In general, when DIC benefits are payable but the monthly rate is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

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1. [101-Year-Old WWII Vet Commissions Grandson Into Air Force: 'One of the Best Days of My Life'](#)
2. [2,3,7,8-Tetrachlorodibenzo-p-dioxin \(CAS 1746-01-6\) Market 2019 Global Industry Size, Future Trends, Growth Key Factors, Demand, Business](#)

Share, Sales & Income, Manufacture Players, Application, Scope, and Opportunities Analysis by Outlook – 2024

3. Advocates worry that the public will forget about homeless Veterans
4. Bilateral Amputee is active in multiple sports
5. Cerner defends progress on EHR interoperability between VA, DOD
6. Colin Powell Promotes Career Training Program for Vets, Military Spouses
7. Divers located toxic barrels in Wallowa Lake
8. National Academy of Medicine releases the latest report in the Gulf War and Health Series
9. TasNetworks now speaking with almost 50 over chemical exposure
10. The Holy Grail: An EASY Path to Proving Sleep Apnea is Service Connected?
11. VA may owe Veterans millions in refunds but knowingly hasn't paid them for years, probe finds
12. VA Orlando pioneers telehealth technology for its Environmental Health Registry exams
13. Veteran, Gitmo whistleblower investigates burn pits and their victims in new book
14. Veterans are visiting President Eisenhower's boyhood home
15. Veterans to get expanded access to private doctors at VA expense starting Thursday

16. [WRIISC research highlight: Veterans with Gulf War Illness/reduced balance function can improve](#)
17. [WWII Vet's missing Marine Corps jacket will return to him](#)
18. [Yoga shows promise in reducing pain for Veterans with Gulf War Illness](#)

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



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

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

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

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

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

TAKE ACTION





CLICK HERE TO FOLLOW US ON TWITTER !



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

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

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

TAKE ACTION

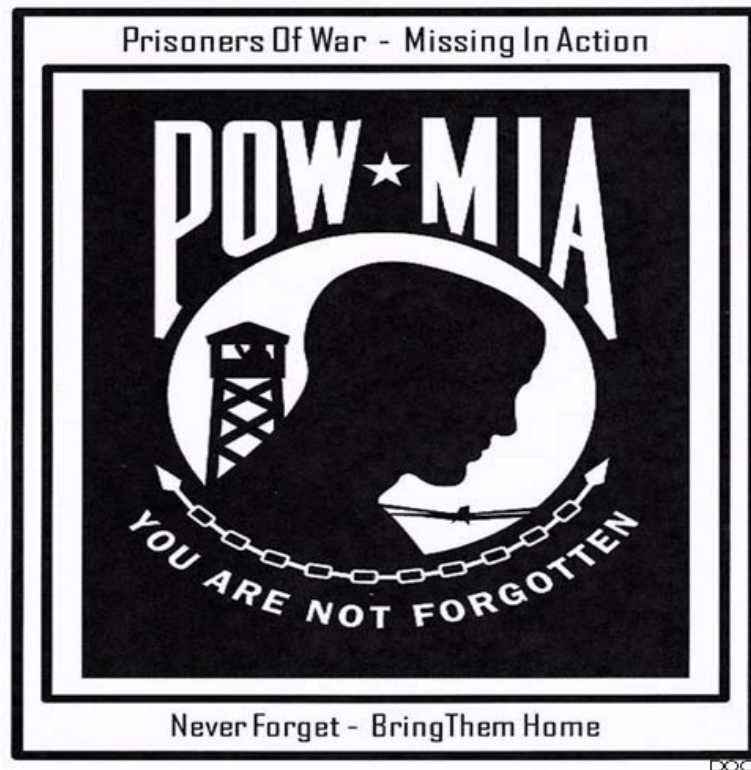




Historic Million-Veteran Study Could Lead to PTSD Research Breakthrough

The VA has teamed up with the Defense Department and thousands of veteran volunteers on what could be breakthrough research to get at the root causes of post-traumatic stress disorder and open up paths to new methods of treatment, according to VA officials. The research could provide a "source of hope for veterans living with the invisible wounds of war, and it is our job to turn that hope into treatments," said Dr. Carolyn Clancy, the deputy undersecretary for Discovery, Education, and Affiliated Networks at the Department of Veterans Affairs. At a hearing of the House Veterans Affairs subcommittee Jun 26, Clancy said that the research project, in coordination with DoD, would follow thousands of veterans identified with mild traumatic brain injury received in combat. Read more [here](#).





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. DOD Health Care: Improvements Needed for Tracking Coordination of Specialty Care Referrals for TRICARE Prime Beneficiaries
2. Immigration Enforcement: Actions Needed to Better Handle, Identify, and Track Cases Involving Veterans
3. Post-9/11 GI Bill: Veterans Affected by School Closures
4. Transitioning Servicemembers: Information on Military Employment Assistance Centers
5. Trends in Revenue and Grants Supported by the Community Health Center Fund
6. VA Health Care: Estimating Resources Needed to Provide Community Care
7. VA Health Care: Estimating Resources Needed to Provide Community Care
8. VA Real Property: Improvements in Facility Planning Needed to Ensure VA Meets Changes in Veterans' Needs and Expectations
9. Veterans Health Administration: Regional Networks Need Improved Oversight and Clearly Defined Roles and Responsibilities
10. 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



U.S. FOOD & DRUG
ADMINISTRATION

1. Altaire Pharmaceuticals, Inc. Issues Voluntary Recall of Multiple Ophthalmic Products Sold at Walgreens
2. Fresenius Kabi Issues Voluntary Nationwide Recall of Two Lots of Fluorouracil Injection Due to the Potential for Glass Particulate
3. Growers Express Issues Voluntary Recall of Multiple Fresh Vegetable Products Due to Potential Contamination of *Listeria monocytogenes*
4. Pet Supplies Plus Issues Consumer Advisory for Bulk Pig Ear Product FDA Investigating Contaminated Pig Ear Treats Connecting to Salmonella



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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).

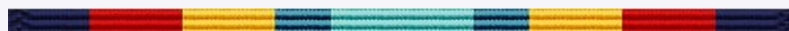
DAV Resolution No. 138 recognizes the current VA policy on beneficiary travel is a barrier to some Veterans obtaining appropriate care and calls for

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





New Podcast - Listen to TRICARE Beneficiary Bulletin #509

Listen to this week's podcast to hear about:

- Fourth of July Safety Tips
- July 18 TRICARE Webinar
- Water Safety Tips

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





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.

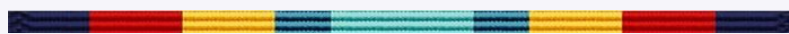
Thank you for your support of the Commander's Action Network and America's disabled Veterans.

TAKE ACTION



T-38 Pilot Honored for Life-Saving Landing

An Air Force instructor pilot was recently presented with an award recognizing outstanding feats of airmanship after using skill and strategy to safely land his T-38 aircraft despite mechanical failure. On June 27, Air Force Chief of Staff Gen. David Goldfein presented the 2018 Koren Kolligian Jr., Trophy to Capt. Matthew T. Heath, assigned to the 71st Flying Training Wing, Vance Air Force Base, Oklahoma, according to a service release. Heath's pilot skills would be put to the test Nov. 18, 2017, after a line worker inadvertently put diesel exhaust fluid in the fuel tank of his T-38, contaminating the fuel supply. When the throttle stopped responding during the subsequent flight as a result of this mistake, Heath was able to keep the aircraft on a landing profile by keeping the landing gear up until he was close enough to ensure enough energy to land. He's credited with saving the life of his co-pilot and saving the aircraft, worth \$8.2 million. Read more at AF.mil.



**Moving? Update DEERS for
Uninterrupted TRICARE Coverage**

Summer is when you and your family may fulfill new orders and move to a new duty station. If you move this summer, don't forget to update your information in the Defense Enrollment Eligibility Reporting System (DEERS). Being able to use TRICARE depends on keeping DEERS up to date.

Read the full article [here](#).



Tax & Credit Information



1. Educators can claim deduction to get money back for classroom expenses
2. Here's what taxpayers should know before visiting an IRS office
3. IRS issues guidance on the tax on the net investment income of certain private colleges and universities
4. Six IRS Audit Red Flags for Retirees
5. Tax transcript tips for those filing a FAFSA for the 2019-2020 college semesters
6. Three reasons why every family needs a legacy plan now
7. Tips for taxpayers who have tax issues after filing their taxes
8. Tips for taxpayers who make money from a hobby



H.R. 663/S. 191, Burn Pits Accountability Act

On January 17, 2019, Representative Tulsi

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

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

Both bills would require the Secretary of Defense to ensure that periodic health assessments ascertain whether a service member has been at a location when an open burn pit was used or exposed to toxic airborne chemicals. It will further require the Secretary to enter into an information sharing agreement with the Secretary of Veterans Affairs

(VA). If a service member was exposed, the VA Secretary will enroll the member into the VA Airborne Hazards and Open Burn Pit Registry, unless the member elects not to enroll.

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

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

TAKE ACTION





S. 1392, the Support for Suicide Prevention Coordinators Act

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

VHA requires each VA medical center and large community based outpatient clinic to have a full-time SPC, however there is no requirement for VHA to document that all VA medical center positions are filled or that SPCs are properly qualified and trained to perform their duties. System wide, there may be significant differences in the qualifications, workload, and additional responsibilities of SPCs.

Since qualifications for SPCs are not specified in VHA policy and workloads may vary significantly, VHA may not be providing adequate training, support and oversight for all incumbents.

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

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

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

TAKE ACTION



Navy Announces Ships to be Deactivated in 2020

The USS Olympia and USS Louisville, both Los Angeles class submarines, are scheduled to be dismantled in June 2020, Navy officials announced late last month. Starting then, both vessels will no longer be counted as a part of the Navy's battle force and decommissioning will be scheduled later. The commanding officer of each vessel will also submit a final naval message announcing the ship's retirement date and detailing the ship's history and significant events over the course of its time in service. Read more at [Navy.mil](https://www.navy.mil).



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H.R. 1963, Expanding Care for Veterans Act

Like other Americans, Veterans have grown increasingly interested in complementary treatment options to enhance wellness or address symptoms that are not well managed with conventional medicine. A 2014 study found that service members experienced chronic pain at a much higher rate (44% post combat) than the general population (26%). Veterans were also far more likely to be prescribed opioids compared to non-

Veterans (15% v. 4%) to manage their chronic pain. Many Veterans view complementary and integrative treatment approaches as a means to limiting or avoiding the use of opioids and other pharmaceuticals that may have adverse side effects.

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

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

- Require VA to develop a plan for expanding delivery and integration of complementary medicine within the Department;
- Create a 3-year pilot program to add complementary and integrative practices to the existing health benefits package in at least 15 VA medical centers and evaluate the effectiveness of these interventions for Veterans with mental health issues, chronic pain and other debilitating conditions;
- Require a study to determine barriers to Veterans' receipt of and administrators and clinicians' delivery

of complementary and integrative health practices furnished by or through VA; and

- Create a grant program to complement services of individuals receiving counseling through VA's Vet Center programs.

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

TAKE ACTION



MIA Update

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

Army Pfc. David C. Wilkes was a member of Company D, 1st Battalion 32nd Infantry Regiment, 7th Infantry Division. Approximately 2,500 U.S. and 700 South Korean soldiers assembled into the 31st

Regimental Combat Team (RCT), which was deployed east of the Chosin Reservoir, North Korea, when it was attacked by overwhelming numbers of Chinese forces. Wilkes was initially reported missing in action on Dec. 2, 1950, when he could not be accounted for after the withdrawal, but his status was later amended to killed in action. Interment services are pending. [Read about Wilkes.](#)

Marine Corps Reserve Pfc. Kenneth W. Likens was a member of Company B, 1st Battalion, 6th Marine Regiment, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. In Nov. 1943, approximately 1,000 Marines and sailors were killed, and more than 2,000 were wounded during the fighting. Likens died on the third day of the battle, Nov. 22, 1943. He was reported to have been buried in the East Division Cemetery, which was eventually renamed to Cemetery #33. Interment services are pending. [Read about Likens.](#)



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