



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, July 21, 2019

Volume 10, Issue 29



This-N-That

Seems like Congress is gearing up for the next election by presenting more bills for Veterans.

The latest would provide for Specially Adaptive Housing Improvement and Veterans could qualify for the full amount every ten years for improvement upgrades.

This is a good thing, but it's my suspicion that it would be like every other time when it comes around to or getting close to election time where

bills would be presented so the member(s) of congress can say see I did this for you, but have no intentions of pushing for their own bills.

As you've seen over the past few months there are a ton of bills for Veterans and widows, and unless we stay on their backs every single week and push them to get the bills on the floor, voted on and passed then chances are the majority will never make it.

Prime example is the "widows tax" where what ever benefits the widow is granted in DIC (Disability Indemnity Compensation) that amount is deducted from their spouses retirement pay and it has been for years.

And what this is, is "legalized" theft up to \$12,000.00 per year from widows. And each year or come near election time we have seen bills presented that would have fixed this, but none have ever made it to the floor for a vote and passage.

We need everyone both Veterans and civilians to help push. Push by sending out the pre-written e-mails weekly, follow it up with a phone call asking their support, passing on to friends and family and asking them to do the same then forward on to their

e-mail address list.

And if you have a fax machine, then copy the pre-written e-mail and fax it to your reps as well.

And if you live in California, we need a lot of pressure put on all the reps in California for them to force the director of the West Los Angeles VA Medical Center to abide by the court ruling of a few years ago and evict all civilian businesses of Veteran land.

Then to have all buildings renovated to support, care for and house homeless Veterans.

They've been promising to do this for many years now, and it's still the same song and dance, and now a "study" needs to be done on 12 of the buildings, when everyone already knows they need to be renovated and the asbestos insulation removed and decontaminate the buildings which can't be torn down as they are historical landmarks.

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 and if you know of an inexpensive web hosting service who can also act as webmaster, we're still looking.

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



VIETNAM VETERANS OF AMERICA RESCIND SPEAKING INVITATION FOR BLUE WATER NAVY ADVOCATE AT SPOKANE CONVENTION

As the Vietnam Veterans of America (VVA) gather for their biennial convention in Spokane, Washington, one speaker is noticeably absent. Military-Veterans Advocacy (MVA) Executive Director, Commander John B. Wells, USN (ret) was invited to speak at the convention to detail his advocacy for the Blue Water Navy veterans and his successful representation of veteran Al Procopio in the landmark case of Procopio v. Wilkie.

After a decades long struggle by MVA and the Blue Water Navy Vietnam Veterans Association,

(BWNVVA), Wells won a major court victory. In a 9-2 decision, a federal appeals court ordered the VA to include veterans serving in the bays, harbors and territorial sea of the Republic of Vietnam, into their presumption of exposure to herbicides.

Subsequent to the Procopio ruling, Congressman Mark Takano pushed for a bill to cover roughly the same area as the Procopio decision. The bill also contained a provision for a stay. Both MVA and BWNVVA withdrew their support of the bill when Takano refused to modify the language to incorporate Procopio. Wells, speaking on behalf of both organizations, criticized the VVA and other veterans organizations who continued to support the legislation. As a result, John Rowan, VVA President, withdrew the invitation in a terse two line letter dated June 21st.

Wells was also scheduled to receive a national VVA award for his efforts, but he declined it in his response to Rowan. "I don't do this for awards," Wells said. "I do it for the veterans."

"It's probably for the best," Wells noted. "I certainly would not have wanted to betray their hospitality by engaging in criticism, but their decision to support the flawed legislation is hard to justify."

Recently the Secretary of Veterans Affairs, relying on provisions of the legislation MVA and BWNVVA opposed, decided to impose a stay on Blue Water Navy benefits. MVA quickly challenged the Secretary and has threatened legal action if the stay is not rescinded or clarified. According to Wells, the stay not only affects claims submitted under the legislation, but ongoing claims submitted under Procopio.

"The VA had already begun to process claims under Procopio and some veterans actually received favorable decisions," Wells noted. "But this stay has brought this effort to a screeching halt. This, along with Takano's poor wording, was why we withdrew our support for the legislation. "

The day after MVA demanded that the VA cancel or modify the stay, VVA sent a letter to the Secretary also asking him to lift the stay. The letter, signed by Rowan, reiterated some of the points emphasized by MVA. "While we appreciate VVA jumping on board our effort," Wells said, "the stay was arguably authorized by a bill that they supported. A flip-flop now may be too little too late. We will push forward, with or without VVA support, to gain coverage for these sick and dying veterans."

Cmdr. John Wells, USN (Ret.)



House Holds Hearing on Pending Legislation

This week the House Veterans' Affairs Subcommittee on Economic Opportunity held a hearing to discuss 18 pieces of pending legislation to improve veteran programs and strengthen protections. Many of the draft bills introduced are supported by the VFW, such as expansion for homeless programs, small business enhancements, closing financial loopholes for predatory colleges, and an adjustment for enrollment into the Montgomery GI Bill. The VFW thanks Chairman Mark Levin (D-Calif.) and Ranking Member Gus Bilirakis (R-Fla.) for their continued bipartisan efforts to expand benefits and protections for service members, veterans, and their families. Read the [VFW's Testimony](#).





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.

TAKE ACTION



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 **2,701** hits per day, and downloads average **2,516** per day with a total **5,178,944** 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)
- News (Articles On-Line: **8,695**)
- 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



JEFFREY R. WHITE

1946 - 2019

On July 3, 2019, age 72 of Broomall, formerly of Newtown Square. Devoted son of the late Robert E. White and Gloria E. (nee Ingersoll). Beloved brother of Donna Halasz, Barbara White, Linda Weaver and Thomas White. Funeral Service Thursday July 18 at 11 A.M. in The Newtown Square Presbyterian Church, 3600 Goshen Rd., Newtown Square, PA 19073. In lieu of flowers, memorial gifts may be sent to The Vietnam Veterans of America, Inc., 8719 Colesville Road, Suite 100, Silver Springs, MD 20910 or the above name church. Int. Valley Forge Memorial Gardens.



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





House Passes 3.1% Troop Pay Raise

The House passed a \$733 billion defense policy bill July 12 — \$17 billion short of what the White House wanted — following a debate in which Democrats taunted Republicans that they would be voting against a 3.1% pay raise for the military. Rep. Mikie Sherrill, D-New Jersey, a former Navy helicopter pilot, said the 3.1% pay raise is "exactly what the president asked for," and the highest in 10 years.





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





Most Veterans Say Iraq, Afghanistan Wars Weren't Worth It: Pew Report

A majority of veterans taking part in a new research study says that the cost and burden of the wars in Iraq and Afghanistan outweigh any successes or progress made in either conflict. A Pew Center report published July 10 states that 64% — or almost two-thirds — of veterans polled in a new survey said the Iraq war "was not worth fighting," and 58% said the same about the war in Afghanistan. Pew surveyed 1,284 U.S. military veterans between May 14 and June 3. It conducted a parallel survey of 1,087 U.S. adults May 14-24 to compare findings. Read more [here](#).





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



Bills Would Expand VA House Renovation Program for Disabled Veterans

The Ryan Kules Specially Adaptive Housing Improvement bill, introduced last month in the House by Rep. Gus Bilirakis, R-Florida, and co-sponsored by Rep. Mike Levin, D-California, would increase the number of times veterans could tap into the program and give access to the full amount every 10 years. A similar measure was introduced in the Senate on Wednesday by Sens. Jerry Moran, R-Kansas, and Kyrsten Sinema, D-Arizona. Under the current program, veterans who have lost at least two limbs to amputation can access funds up to three times to pay for housing renovations to accommodate their needs. The current cap on these grants is \$83,000 per veteran. The proposed legislation would increase that cap to \$98,000 per veteran and allow eligible veterans to access the pool of grant money up to six times. The bill would also allow the VA to determine who is eligible for the program and expand the number of grants available each year from 30 to 120. 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.

TAKE ACTION





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



Medal of Honor Recipient Dakota Meyer Launches GoFundMe for PTSD Treatment

Medal of Honor recipient Dakota Meyer has launched a crowd sourced fundraising campaign to help other veterans receive an obscure post-traumatic stress disorder treatment that he says changed his life. The 31-year-old Marine veteran launched the [GoFundMe.com effort](#) on July 9 to promote stellate ganglion block (SGB), a treatment that involves injections of a local anesthetic into the stellate ganglion, a group of nerves in the neck. SGB is not a cure for PTSD, Meyer said, but added that the procedure has helped him cope with his own PTSD demons. 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



DynCorp International — Build a Future with Us: Search Jobs Now

At DynCorp International, we recognize the experience and dedication that veterans contribute to our business. [View jobs now.](#)



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

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

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

From 1951 to 1959, the United States conducted forty three nuclear tests, resulting in more than 30 megatons of TNT nuclear testing on the Enewetak Atoll. In March 1977, the United States began decontamination of Enewetak and built a concrete dome to deposit radioactive soil and debris. Approximately 6,000 military service members of the United States Department of Defense (DOD) participated in the cleanup project. The decontamination efforts concluded in 1980.

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

S.555 and H.R.1377 will expand recognized radiation risk activities to include the cleanup of

Enewetak Atoll from January 1, 1977, to December 31, 1980. These bills will provide presumptive exposure to thousands of Veterans who participated in the testing and clean-up and who were previously excluded as radiation exposed Veterans.

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

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

TAKE ACTION





AMERICAN SOLDIERS

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



Marines in These In-Demand Fields Can Take Home Big Bonuses in 2020

The Marine Corps is throwing big money at grunts, aviation maintainers, air traffic controllers and others in high-demand fields who agree to another enlistment. Enlisted Marines in dozens of military occupational specialties will qualify for re-enlistment bonuses in fiscal 2020, which starts Oct. 1. Those bonuses run between \$6,400 and \$57,000; Marines in some jobs can stack on lucrative "kickers" or lateral-move incentives that top out at \$40,000. Read more [here](#).





H.R. 840, the Veterans' Access to Child Care Act

Representative Julia Brownley introduced H.R. 840, the Veterans' Access to Child Care Act, authorizing the Department of Veterans Affairs (VA) to pay for or provide child care for Veterans traveling to and returning from a VA facility for regular or intensive mental health treatment or necessary health care services. Veterans-particularly younger women Veterans returning from recent deployments-have indicated that lack of child care is a significant barrier in accessing medically necessary mental health readjustment services.

VA reports that younger Veterans demonstrate high usage rates of VA mental health care services and data shows women Veterans are especially likely to make intensive use of such services. In a recent study, a third of Veterans indicated an interest in access to child care services and 10 percent

reportedly have canceled medical appointments because they did not have child care. H.R. 840 would allow VA to pay for or otherwise furnish child care to those children for whom a Veteran is the primary caretaker to allow the Veteran to seek needed treatment.

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

Please help support passage of this important legislation by sending your representative the prepared letter or drafting your own version.

Thank you for your participation in the DAV Commander's Action Network and for your support of our nation's Veterans.

TAKE ACTION

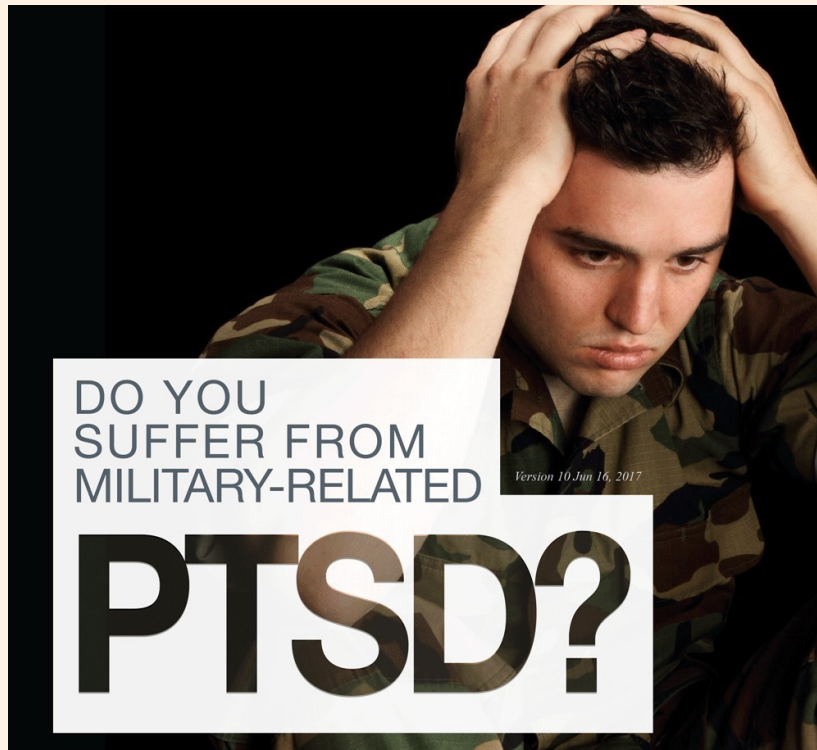




VA Announces Yellow Ribbon Schools for 2019-2020 Academic Year

The Department of Veterans Affairs has announced the schools that will participate in the Yellow Ribbon Program for the 2019-2020 academic year, which begins Aug. 1. See the list of schools [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



Guard Deploys for California Earthquake Aid

After two major earthquakes hit towns in California's Mojave Desert earlier this month, elements of the California National Guard were called up to provide aid to disaster victims. The 143rd Military Police Battalion set up an emergency supply distribution point in Trona High School after 30 miles of highway closed, leaving the town isolated, according to a service news release. With water lines broken and a limited food supply, Guard members have been distributing 500 cases of drinking water per day to residents, along with about 200 Red Cross snack packs and about 100 Meals, Ready to Eat. About 200 members of the Guard were initially activated after the quakes July 4 and 5, and about 50 remain on active duty. California's 95th Air Wing is also supporting with aerial damage assessments. Read more at Army.mil.



Soldier Helps Save Lightning Strike Victim

An Army captain risked his own safety to help a man struck by lightning. On June 6, Capt. Robert Blume, a physician assistant who supervises combat medic trainees at Joint Base San Antonio-Fort Sam Houston, was driving through stormy weather at the end of a workday when his skills were called upon. Spotting the lights of emergency responder vehicles ahead of him, he stopped to investigate and discovered a 21-year-old man had been struck by lightning while on the roof of a house. According to a service news release, Blume sprang into action, climbing onto the roof and working with paramedics to continue chest compressions on the man, and then open an airway. As the storm continued, Blume helped responders lower the man from the roof so he could receive further care. Read more at [Army.mil](https://www.army.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



**New Podcast - Listen to TRICARE
Beneficiary Bulletin #510**

Listen to the latest podcast to hear about:

- TRICARE July 16 Facebook Event
- Disaster Preparedness
- Traveling Overseas Tips

Visit the Multimedia Center for this podcast and previous podcasts at www.tricare.mil/podcasts.



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

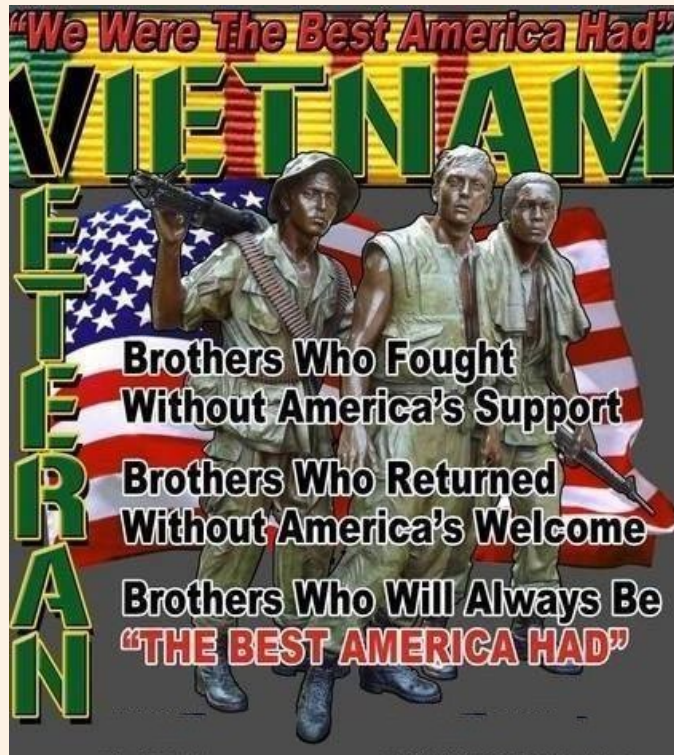
equal to, or greater than, the monthly SBP payment amount, beneficiaries lose the entire SBP payment.

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. [VA mental health therapy in your living room](#)
2. [Veteran Homelessness Has Barely Budged In LA. Here's Why That's A Win](#)
3. [New Update In VA Lawfare Against Vietnam War Veterans](#)

4. GI Bill transfer ban for older troops could be thrown out
5. 20-acre camp to provide 'one-stop shop' for East Texas Veterans
6. Agent Orange, Exposed: How U.S. Chemical Warfare In Vietnam Unleashed a Disaster
7. New VA Policy Aims to Stop Veterans from Hiding Guns in Wheelchairs
8. New VA rule allows Vet to save time and money
9. EXCLUSIVE: After the VA missed a spine-eating infection, a loophole kept him from suing. A new bill would change that for other Vets
10. VA Announces New "Breakthrough" Painkiller Replacement For Opioids
11. Veterans courts could get big boost if Congress passes this law
12. Same Day Mental Health services for Veterans
13. Cheerios, Nature Valley cereals contain Roundup ingredient, study finds
14. Influx of Navy Vets may swamp VA disability system just as it was righting the ship, secretary says
15. Traces of Dioxin found in chilled Irish horse meat
16. Pentagon effort underway to make DD-214 digitally accessible, with more privacy
17. Nine tips for Men's Health

18. [Perry County Woman Sentenced For Role In Defrauding Disabled Veteran](#)

19. [VA receives awards for innovation in health IT](#)

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.

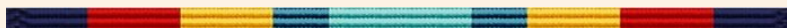
TAKE ACTION

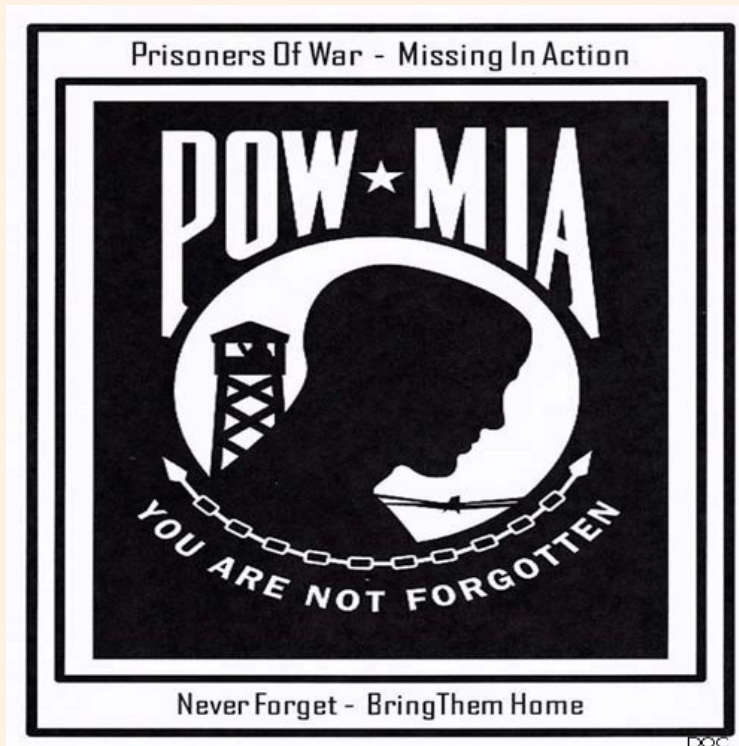




Assistant Secretary of the Navy Visits Wallops

The Navy's Assistant Secretary for Research, Development and Acquisition, James Geurts, visited Wallops Island, Virginia, to tour the Surface Combat Systems Center this month. Geurts met with Navy, NASA, NOAA and Mid-Atlantic Regional Spaceport officials. He also toured the Unmanned Aircraft Systems Airfield, a \$5.8 million facility funded through the State of Virginia; and the Engineering Towers and Sensors Site that holds the Enterprise Air Surveillance Radar and the Navy's AEGIS Engineering and Training Complex. Read more at [Navy.mil](https://www.navy.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



Join July 25 TRICARE Webinar on TRICARE Coverage After Retirement

Will you or a family member be retiring soon? Join the "TRICARE Coverage After Retirement from Active Duty, National Guard, or Reserve" webinar on July 25, from 1 to 2 p.m. ET. When you retire from active duty or turn age 60 as a Retired Reserve member, your TRICARE coverage will change. The webinar will cover health plan eligibility, enrollment, dental and vision plans, and much more. Register today!

Read the full article [here](#).





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. Limited Information Exists on the Effects of Synchronizing Medication Refills
2. Trends in Corporate Restructurings and Implications for Employee Pensions
3. VHA Improved Certain Prescribing Practices, but Needs to Strengthen Treatment Plan Oversight



**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



VA offers new Urgent Care Benefit for enrolled Veterans

WILMINGTON, Del. — The U.S. Department of Veterans Affairs recently announced a new urgent care benefit under the newly implemented MISSION Act, for eligible Veterans. The urgent care benefit lets Veterans enrolled with the VA Healthcare to visit participating urgent care clinics in their community for treatment of minor healthcare

needs.

“We want to be the preferred healthcare provider for Veterans and we will continue to strive to provide convenient, timely and high-quality health care to our Veterans. The new urgent care benefits offer additional options for eligible Veterans and helps VA leverage healthcare resources to better meet the needs of Veterans,” said Director Vince Kane who oversees the Wilmington VAMC and its five outpatient clinics in Delaware and southern New Jersey.

The urgent care benefit offers added convenience for eligible Veterans to use at any time, with any participating provider throughout the country – an excellent benefit for eligible Veterans that may be traveling over these summer months. Veterans do not need to receive VA authorization prior to visiting a participating urgent care provider nor do they have to make a co-payment at the time of their visit. Some Veterans may experience a VA copay after their urgent care visit based on their assigned priority group and the number of times they visit an in-network urgent care provider in a calendar year.

Medications prescribed to Veterans during their urgent care visit are covered for up to a 14-day

supply through a VA pharmacy, VA contracted pharmacy or a non-contracted pharmacy. Prescriptions longer than a 14-day supply must be submitted to a VA pharmacy to be filled. If a non-contracted pharmacy is used the Veteran will have to pay out of pocket and file a reimbursement through their local VA.

To be eligible for urgent care benefits, Veterans must be enrolled in the VA health care system and have received care through the VA from either a VA or community provider within the past 24 months. To learn more about VA urgent care benefits contact your local VA facility or visit www.va.gov/communitycare.

Veterans can contact the Wilmington VA Medical Center eligibility office at 800-461-8262 to check on their eligibility status.

If you are a Veteran and need assistance in enrolling in VA healthcare, you can contact one of our Veteran outreach specialists in your area. For the State of Delaware and Salem, New Jersey call 302-357-8715 or 302-932-7519. In Cape May, Northfield, Atlantic and Cumberland, New Jersey call 302-304-5509 or 302-358-9736. This

A comprehensive list of participating urgent care community providers is available at www.va.gov/find-locations.



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. Becton Dickinson (BD) Recalls Alaris Infusion Sets for the Alaris Pump Model 8100 Due to Potential for Tube Collapse that May Cause Unintended Delivery or Faster than Expected Delivery of Medication
2. DaVinci Laboratories Issues Allergy Alert on Undeclared Fish Allergen in Omega-3 1000 Product Lot 35532200
3. Growers Express Expands Voluntary Recall of Select Fresh Vegetable Products Due to Potential Contamination of *Listeria monocytogenes*
4. Magnetic Field Interference with Programmable CSF Shunts
5. Northfork Bison Distributions Inc. is Voluntarily Recalling Bison Burgers & Bison Ground Because of Possible Health Risk
6. Pita Pal Foods, LP Recalls Various Hummus and Dips Due to Possible Health Risk
7. Teleflex Recalls NEONATAL ConchaSmart Breathing Circuit Due to Circuit Cracks
8. Wismettac Asian Foods Recalls Fish Cakes Due to Undeclared Allergens





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



IMPORTANT UPDATE for Blue Water Navy Vietnam Veterans

A few weeks ago, we alerted you about enactment of the Blue Water Navy Vietnam Veteran Act (P.L. 116-23), which makes veterans who served in the waters offshore of Vietnam eligible to receive VA health care and benefits for conditions presumed associated with Agent Orange exposure.

Unfortunately, a week later, the Department of

Veterans Affairs issued a blanket stay on all Blue Water Navy claims until January 1, 2020, which would delay granting these claims for at least six months.

After reviewing the law, the Procopio Court decision and the VA stay, and having discussions with VA officials and leaders in Congress, we want you to be aware of actions you should take and actions DAV is taking to ensure that Blue Water Navy veterans get access to VA health care and benefits as soon as possible.

First, although the new law does not take full effect until January 1st next year - and even though VA has issued a stay on all claims - it is imperative that Blue Water Navy veterans begin filing claims right now.

If you think that you or anyone you know may be eligible for these benefits, including survivors of Blue Water Navy veterans, you should contact a [DAV Service Officer](#) and file a claim as soon as possible so that you can receive the maximum benefits to which you are entitled, at the earliest date.

Second, DAV strongly disagrees with VA's decision

to stay all pending Blue Water claims.

We believe that the Procopio decision gives VA the authority right now to begin granting claims for those veterans who served up to 12 miles from shore, while those who served beyond 12 miles - up to the limits established by the new law - may have to wait until January 1, 2020.

That is why we are working with our VSO colleagues and supporters in Congress to get VA to lift the blanket stay and begin processing claims right now.

For decades, Blue Water Navy Vietnam veterans have been denied benefits and access to health care by VA. They have waited long enough!

VA and Congress must find a way to move forward and begin granting Blue Water Navy veterans claims before it's too late.

Rest assured that we will not relent in our efforts to get VA to lift the stay and begin processing and granting Agent Orange claims for Blue Water Navy veterans and survivors now.

As the situation evolves, we will keep you apprised

of our ongoing efforts and any additional actions you need to take.



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



Secretary of Defense Nomination Hearing

On Tuesday, the Senate Armed Service Committee conducted a hearing on the nomination of Dr. Mark T. Esper to be Secretary of Defense. He is a graduate of the United States Military Academy and served 10 years on active duty and 11 years in the National Guard and Army Reserve. After leaving active duty, he held numerous executive positions within the government and in the private sector. Before becoming the 23rd Secretary of the Army, he was the Vice President for Government Relations at Raytheon. Dr. Esper holds a Master of Public Administration degree from Harvard's John F. Kennedy School of Government, and a doctorate in Public Policy from George Washington University. During the hearing, Dr. Esper stated that if nominated he will continue supporting the strategic goals of the U.S. National Defense Strategy. He expressed concern that without a long-term predictable budget from Congress we would be unable to invest in future capabilities and future technologies and "we must actively seek ways to free up time, money, and manpower to

invest back into our top priorities.” He also stated that a crucial component to ensuring military readiness is to take care of our families, improve military housing and childcare, and reduce spousal unemployment. [Watch the hearing.](#)



Tax & Credit Information



1. People can act now to help others in their community next year
2. Have a sunnier tax season with these summertime IRS tax tips
3. Taxpayers can check online to get updates about their tax refund
4. Tax Security 2.0 – A ‘Taxes-Security-Together’ Checklist
5. Divorce or separation may have an effect on taxes
6. Tips to help taxpayers recognize tax scams
7. Taxpayers should be on the lookout for new versions of these two scams
8. Time is running out for some combat-injured Veterans to claim tax refunds of up to \$3,200
9. Taxpayers can still get help tax help this summer



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



Take the Veterans Health Care Survey

Major provisions of the VFW-supported VA MISSION Act of 2018 were recently implemented, including the new Veterans Community Care Program and other improvements to the way VA delivers care to veterans. To gauge the effectiveness of changes and inform its advocacy, the VFW would like feedback on your experience receiving VA health care. Help the VFW hold VA and Congress accountable for fulfilling their mission to veterans by taking a short survey regarding your preferences when receiving health care. [Take the survey.](#)



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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 thirteen 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 Cpl. Donald E. Angle was a member of Company C, 1st Battalion, 5th Cavalry Regiment, 1st Cavalry Division, fighting against members of the Korean People's Army. On July 25, 1950, he was reported missing in action in the vicinity of Yongdong, South Korea. Absent of evidence of

continued survival, the Department of the Army declared him deceased as of Dec. 31, 1953. Interment services are pending. [Read about Angle.](#)

Marine Corps Reserve Pfc. Grady J. Crawford was a member of Battery M, 4th Battalion, 11th Marine Regiment, 1st Marine Division, serving in North Korea. He was last seen engaged in combat operations at Yudam-ni, West Chosin Reservoir, North Korea, on Dec. 1, 1950. No lists provided by the Chinese People's Volunteer Forces or Korean People's Army showed Crawford as a prisoner of war. Absent evidence of continued survival, the Department of the Navy declared him deceased as of Oct. 30, 1953. Interment services are pending. [Read about Crawford.](#)

Army Pvt. Penn Franks was a member of Company G, 371st Infantry Regiment, 92nd Infantry Division. His unit was engaged in battle on the Gothic line in the northern Apennine Mountains near Strettoia, Italy, when he was killed in action on Feb. 10, 1945. Following the battle, his unit was unable to recover his remains. Interment services are pending. [Read about Franks.](#)

Army Pvt. James I. Trick was a member of Company M, 3rd Battalion, 109th Infantry Regiment,

28th Infantry Division, which was engaged against enemy forces in the Hürtgen Forest, near Germeter, Germany. He was reportedly killed by enemy shrapnel on Nov. 4, 1944, while bringing supplies for his unit. Interment services are pending. [Read about Trick.](#)

Army Air Forces Staff Sgt. Paul Cybowski was a member of the 373rd Bombardment Squadron, 308th Bombardment Group, based in Yangkai, China. On Sept. 15, 1943, Cybowski was a gunner aboard a B-24D aircraft, on a bombing mission over Haiphong, French Indochina. Approximately 50 Japanese fighters attacked the formation as it turned to make a run over the target, shooting down three of the five American aircraft. Five crewmembers were able to bail prior to the crash, but Cybowski, and four other crewmembers, were killed during the attack. Interment services are pending. [Read about Cybowski.](#)

Army Pvt. Laurel W. Ebert was a member of Company I, 126th Infantry Regiment, 32nd Infantry Division, serving as part of a nine-person patrol to find and silence an enemy machine gun position somewhere west of the Sanananda Track in the Cape Killerton area of the Australian Territory of Papua (present-day Papua New Guinea.) Six

members of the patrol, including Ebert, failed to return following the mission. He was subsequently listed as missing in action. Interment services are pending. [Read about Ebert.](#)

Navy Radioman 3rd Class Starring B. Winfield was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The battleship sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Winfield. Interment services are pending. [Read about Winfield.](#)

Navy Radioman 2nd Class Floyd A. Wells was stationed aboard the USS Arizona, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941, which caused a cataclysmic explosion, and ignited a fire that burned for two days. The attack on the ship resulted in the deaths of 1,177 crewmen, including Wells. Interment services are pending. [Read about Wells.](#)

Marine Corps Reserve Pvt. William E. Rambo was a member of Company H, 2nd Battalion, 8th 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. Rambo was killed on the first day of the battle, Nov. 20, 1943. Interment services are pending. [Read about Rambo.](#)

Army Pvt. Connie Cagle was a member of Company K, 126th Infantry Regiment, 32nd Infantry Division, when his unit was engaged with enemy forces along the Soputa-Sanananda Track, near Buna, in the Australian Territory of Papua (present-day Papua New Guinea.) Cagle was killed in action on Nov. 22, 1942. Interment services are pending. [Read about Cagle.](#)

Army Sgt. Robert W. McCarville was a member of Company L, 128th Infantry Regiment, 32nd Infantry Division. He was killed in action on Dec. 5, 1942, during an assault against enemy positions near Cape Endaiadere, Duropa Plantation, Territory of Papua. Due to intense enemy fire, his unit was unable to recover his remains. Interment services are pending. [Read about McCarville.](#)

Navy Fire Controlman 3rd Class Adolph J.

Loebach was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma was hit multiple times which caused it to capsize quickly and caused the deaths of 429 crewmen, including Loebach. Interment services are pending. [Read about Loebach.](#)

Navy Mess Attendant 1st Class Johnnie C.

Laurie was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma was hit multiple times which caused it to capsize quickly and caused the deaths of 429 crewmen, including Laurie. Interment services are pending. [Read about Laurie.](#)



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