



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, July 28, 2019

Volume 10, Issue 30



This-N-That

I know most are getting tired of seeing all the legislative action requests each week, but you have no idea how important it is to most if not all Veterans and there are two for all our widows which we desperately need to have passed in both the House and Senate!

Even though you think you reps don't listen, if we continue to get enough people putting pressure on them they can't ignore us and will pass them just to shut us up!

We so need a very heavy stronghold so when something else comes up we need passed, we can do a repeat and they won't think twice about it.

Military-Veterans Advocacy has filed a lawsuit against Sec VA Robert Wilkie over his stalling to enact the new BWN Law, their press release follows this piece.

Commander Wells has advised me that as of Thursday evening they have filed a Motion to Expedite but the court has not ruled yet.

We're certain that the minute there is more news Commander Wells will inform us quickly.

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



VETERANS, ADVOCATES SUE VA SECRETARY OVER BENEFITS STAY ORDER

Military Veterans Advocacy (MVA) this morning filed suit in the Federal Court of Appeals asking the judges to eliminate a stay of benefits order issued by Veterans Affairs Secretary Robert Wilkie earlier this month.

At issue is the processing of benefits claims from U.S. Navy veterans who served in the territorial seas and harbors of Vietnam and were thus exposed to Agent Orange, a toxic herbicide linked to numerous long-term health issues. Despite both court victories and new legislation signed by President Donald Trump in June that authorizes the restoration of these benefits, Wilkie on July 8 issued a stay order, prohibiting the processing of these veterans' claims.

Last week, MVA and other advocacy groups wrote to Wilkie asking him to rescind the stay order. He has yet to respond.

"There are myriad legal reasons why this stay is unlawful," said Cdr. John Wells (USN, Ret.), executive director of MVA. "We are asking the Court to intercede and allow these claims to proceed in accordance with federal law and with the Procopio v. Wilkie decision handed down by the Court earlier this year. It is unconscionable to create more delays and stumbling blocks for veterans whose health and longevity are at stake."

A copy of the lawsuit can be found here:

<https://www.militaryveteransadvocacy.org/uploads/3/4/1/0/3410338/petition.final.flattened.pdf>

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Military-Veterans Advocacy is a tax exempt non-profit corporation based in Slidell, Louisiana. For more information please go to

www.militaryveteransadvocacy.org

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Ask Senators to Support House NDAA Provisions

Now that both chambers of Congress have passed their version of the FY-2020 National Defense Authorization Act (NDAA), a conference committee will be appointed to resolve the differences between the two bills. The House bill has several FRA supported provisions that are not in the Senate bill. Members are urged to ask their Senators to support House provisions in the final bill that include:

- Repealing the SBP/DIC Offset known as the Widows Tax;
- Delaying proposed drastic cuts to military medical staff and require a study on the impact; and;
- Allowing military service members to sue the DoD for instances of medical malpractice unrelated to combat.

The conference committee bill will be submitted to the House and Senate for approval. If approved by both chambers the bill will go to the President to be signed into law or be vetoed. Use the [Action Center](#) to ask their Senators to accept the above referenced provisions in the final NDAA bill.





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 **2,513** hits per day, and downloads average **2,484** per day with a total **5,197,732** 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 **17,471** documents on-line (Updated: 07/22/19)
- 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: **8,731**)
 - Polls
 - Web Links, more than **5,056**, Added **12** New Links (Updated: 07/25/19)

If you have a submission for the memorial pages,
E-Mail: Jim.Davis@Veterans-for-change.org



Get to Know Your TRICARE Retired Reserve Plan

TRICARE Retired Reserve (TRR) is a premium-based health plan that provides medical coverage for retired National Guard and Reserve members under age 60. A premium-based health plan means you pay monthly premiums, in addition to other costs for your health care. TRR coverage is similar to TRICARE Select coverage, with the same retiree copayments or cost-shares and choice of providers.

Read the full article [here](#).



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





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



FEDVIP Provides Vision Coverage to TRICARE Beneficiaries

Routine eye exams can help keep your vision strong. The National Eye Institute reports that a comprehensive eye exam can identify common vision problems and prevent diseases that may lead to vision loss or blindness. TRICARE health plans may include an eye exam or other services to diagnose and treat eye conditions. Your eye exam coverage is different based on who you are, your health plan option, and your age.

Read the full article [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



**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



If you are a Vietnam Veteran or know of one who has been diagnosed with a Glioblastoma brain tumor, please contact the facebook page entitled “Vietnam Veterans with Glioblastoma Multiforme Grade IV Brain Cancer.” We are a closed page for privacy & our members are working hard to convince the VA to add GBMs to their presumptive list.

We have had many members awarded service connection for this diagnosis.





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



VA Abandoned More Than 200,000 Vets' Health Care Applications: Report

A well-known whistleblower at the Department of Veterans Affairs is charging that the agency has purged thousands of veterans' pending health care applications, leaving them without the benefits they have earned. Scott Davis, a VA employee who testified before Congress in 2015 on problems at the VA Health Eligibility Center in Atlanta, wrote [in an op-ed in The Washington Examiner in May](#) that the department has deleted more than 200,000 incomplete applications after failing to help resolve them. Davis said the VA has not sufficiently notified affected veterans on the status of their applications. He also said it has not been proactive in obtaining accurate contact information for the veterans through the Internal Revenue Service or Social Security Administration. 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



New Podcast - Listen to TRICARE Beneficiary Bulletin #511

Listen to the latest podcast to hear about:

- July 25 TRICARE Webinar
- TRICARE Qualifying Life Events
- TRICARE Publications Survey

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





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



New Military Suicide Report May Revive Debate Over Gun Restrictions

A new report from the Defense Department is likely to revive debate over the prospect of using "means restriction" — limiting access to firearms — as a way to reduce the number of suicides among U.S. troops. According to a DoD [report on military suicides in 2017](#) released July 17, two-thirds of suicides among active-duty personnel that year were by firearm, a statistic consistent with the previous five years. Of the 309 suicides among active-duty troops in 2017, firearms played a role in 202 deaths. Most were privately owned guns, not service weapons. In a [study published last month in JAMA Network Open](#), researchers found that the suicide rate among soldiers who owned guns was higher than for their peers who didn't. And storing a loaded gun at home or carrying one was associated with a fourfold increase in the odds of suicide death among soldiers. 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.

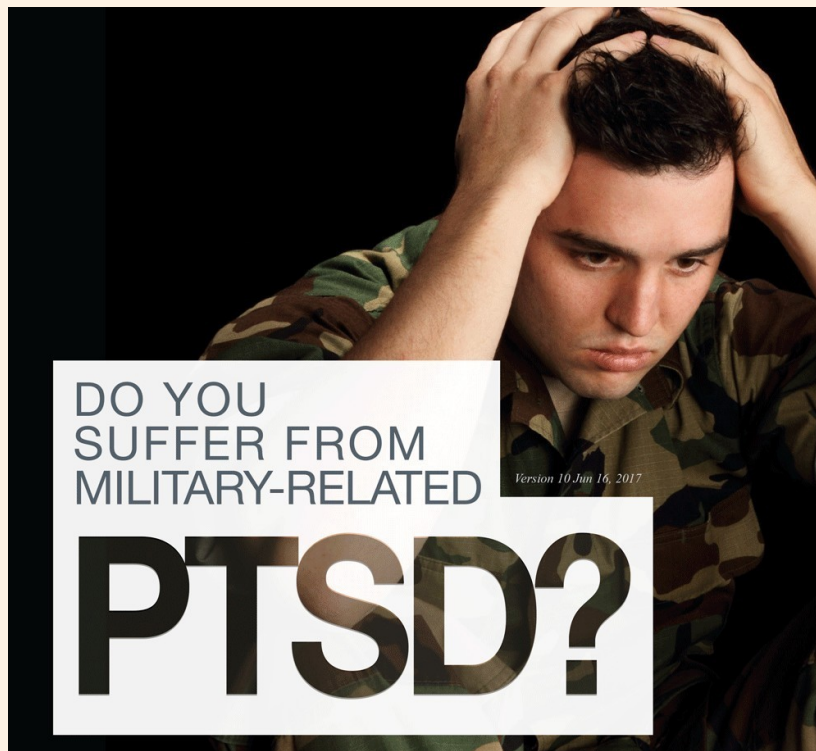
Thank you for your participation in the DAV Commander's Action Network and for your support of our nation's Veterans.

TAKE ACTION



Tax Benefits of VA Loans Great for Veterans

Tax benefits of VA loans mirror those of other mortgage loans, and are an additional advantage for veterans who buy homes using the government-backed military mortgage program. [Here are a few reasons why.](#)



**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



For 'unclaimed' veterans, strangers become family at burial services

By Lisa Maria Garza

ORLANDO (Tribune News Service) — There were no relatives at Vietnam veteran Stephen Jerald

Spicer's funeral, but his passing didn't go unnoticed as a few dozen patriotic strangers showed up to honor his service.

American flags fluttered behind a procession of motorcycles that escorted a hearse carrying Spicer's black casket with gold trim from Woodlawn Funeral Home in Gotha for 50 miles to Florida National Cemetery in Bushnell.

Spicer, 72, died June 14 and was designated by the U.S. Department of Veterans Affairs as an "unclaimed veteran" — someone who doesn't have a next of kin to claim their remains.

The Longwood resident is among more than 3,000 unclaimed veterans nationwide who have been buried with full military honors through the Dignity Memorial Homeless Veterans Burial Program.

The program, which launched in 2000, was "founded upon the belief that every veteran deserves a dignified and honorable burial," spokeswoman Ashley Bunton said.

The funeral homes under the Dignity Memorial network provide the casket, transportation to the cemetery and coordinate the funeral services.

The VA covers the cost of the opening and closing of the grave, a headstone or marker and burial in a national cemetery.

Nonprofit organizations such as the Patriot Guard Riders and the American Legion Riders often lead processions on motorcycles after a request from a funeral home director.

David Shelton of St. Cloud, Florida state captain for the Patriot Guard Riders, said members view all fallen veterans as family even if they've never met. The organization provides escorts to about 800 funerals in the state each year.

"They are our fellow brothers and sisters who put themselves in harm's way at one time or another for the freedoms that we have today in this country that we cherish," said Shelton, 65, who served in Air Force for 20 years. "We let them know that they're not alone."

Orange County Mayor Jerry Demings spoke at Spicer's service Thursday about the importance of community support for homeless veterans. The number of homeless veterans in Central Florida has dropped by nearly 74% since 2010, but there are only about 17,000 veterans in Orange County

out of 70,000 who are receiving any type of benefits.

“Unfortunately, many veterans do not know they are eligible for benefits, and still more are unaware that the county is here to help,” Demings said.

Spicer, an Oak Park, Ill., native, wasn’t living on the streets when he died. He spent the last eight years at All Stars Assisted Living Facility in Seminole County.

In Spicer’s obituary, his caretakers, Robert and Mary Singh, said he “was a good man with whom they shared laughter.”

“He never asked for much, was content and grateful,” the couple wrote.



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



100-Year-Old WWII Veteran Gets Overdue Medals

A member of the World War II Flying Tigers squadron, who manned a B-25 belly gun and cobbled together radio networks in the field, Antonio "Tony" Vaccaro, 100, was presented with five military medals July 19 during a ceremony attended by five generations of his family. The medals were presented at the Dover, New Hampshire, City Hall, where a parking space with Vaccaro's name was reserved at the front door and a line of people waited inside to shake his hand and thank him for his service. His Army jacket, with the Flying Tigers patch on the right shoulder and a communications patch on the right cuff, was displayed with Vaccaro's photo albums and news clippings. Read more [here](#).





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

On January 10, 2019, Representative Julia Brown (CA) introduced H.R. 444, the Reduce Unemployment for Veterans of All Ages Act of 2019.

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

In agreement with DAV Resolution No. 310, we support this legislation to eliminate the 12-year-period of eligibility. By removing the limited eligibility period, H.R. 444 will provide Veterans the flexibility to receive the support they have earned and

deserve throughout their lifetime and thus help reduce unemployment for service-connected Veterans.

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

Standing up for Veterans is vital and we thank you for your advocacy. Your actions help make DAV a highly influential and effective organization in Washington. Thank you for all you do for America's Veterans and their families.

TAKE ACTION



Should Low-Income Military Families Get a Food Allowance? White House Says No

Several advocates are pushing to help military families in financial straits, supporting a proposed bill that would furnish a basic needs allowance for service members whose gross household income does not exceed 130% of the federal poverty guidelines. The provision — in the House's version of the fiscal 2020 defense policy bill — would provide a monthly allowance for military families equal to 130% of the federal poverty guidelines minus the service member's gross income (not counting any allowances) divided by 12. The Trump administration has already weighed in, taking issue with the advocates' characterization of the situation as well as the need for the bill. In a statement released July 9, the White House said it "strongly objected" to the provision because service members "receive appropriate compensation already." "Most junior enlisted members receive pay that is between the 95th and 99th percentiles relative to their private-sector peers," Office of Management and Budget officials wrote in a statement of administrative policy on the House National Defense Authorization bill, H.R. 2500. Read more [here](#).





Home of the free
because of the
BRAVE.

Thank You Veterans!!!



Veterans Wanted to Work at Military Exchanges Downrange

If you are a veteran who would like to return to the Middle East, the Army & Air Force Exchange Service, or AAFES, may have a job for you. AAFES is currently recruiting veterans for jobs "downrange." Right now, jobs are open in Kuwait, but positions frequently come available in 41 stores in eight countries in the Middle East, including Iraq and Afghanistan. Current openings include safety and security managerial positions, courier, logistics technicians and service business technicians. According to AAFES, salary is commensurate with experience and, although the jobs start at \$33,000 for salaried positions and range between \$11 and \$22 an hour, downrange employees get free housing and meals at installation dining facilities. 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.

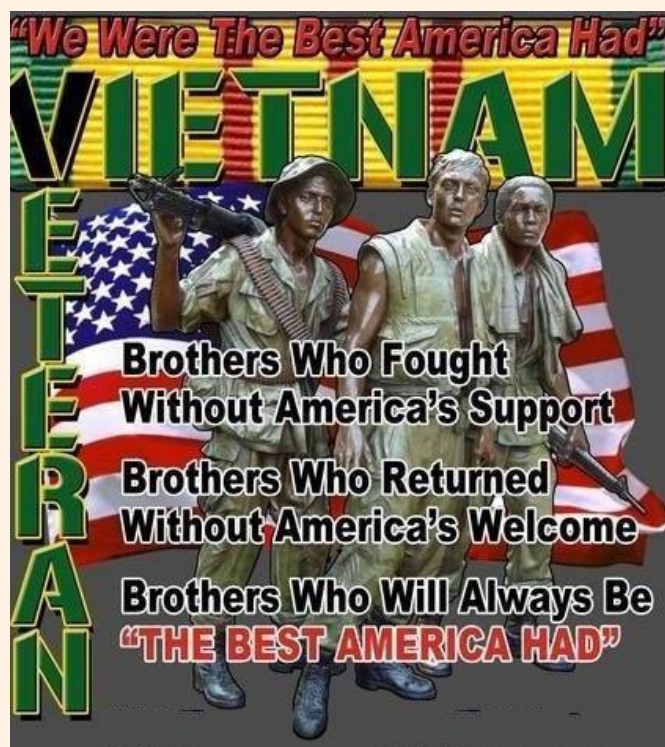
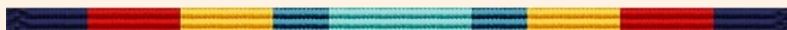
Upon the retiree's death, the SBP annuity is paid monthly to eligible beneficiaries; however, if a surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit (currently \$1,283.11 per month). In general, when DIC benefits are payable but the monthly rate is 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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2. [Vietnam Veteran receives surprise donation from community after collection jar stolen](#)
3. [Why Are VA Police Body Slamming Elderly Veterans?](#)
4. [Vet360 and Veterans Signals programs recognized by Fed Health IT](#)
5. [VA MISSION Act: top questions answered](#)
6. [The VA is improving because it's using more private healthcare](#)
7. [Fallen World War II Veteran remembered by his handiwork](#)
8. [Team Red, White and Blue connects Veterans to their communities with social and physical activities](#)
9. [A bittersweet victory: Veteran behind Blue Water case sees its resolution after 13 years](#)
10. [Combat Veteran roommates share stories,](#)

healing experience at VA North Texas

11. Practical Steps To Take with New VA Appeals Process

12. Court allows a class-action lawsuit against VA for the first time

13. New Medford homeless Veteran shelter approved

14. Exclusive: 'The VA is two-faced.'

Whistleblowers say managers are trying to silence them on Veteran care

15. Making home ownership easier for war-wounded Veterans

16. VA employees say agency is actively retaliating against whistleblowers

17. Vietnam Veteran receives settlement from Veterans Affairs ... after waiting almost 20 years

18. O'Rourke unveils plan for Veterans

19. Pete Hegseth: Democrats to America's Veterans – You're too dumb to choose

20. Veterans Affairs whistleblowers call for end to culture of retaliation

21. Don't implement controversial GI Bill transfer rule yet, or at all, lawmakers tell Pentagon

22. Why Reform Eludes Many VA Medical Centers

23. Supreme Court gives Marine seeking VA benefits second chance in agency power case

24. Sexually transmitted infections on the rise in

military

25. Do Memory Problems Always Mean Alzheimer's Disease?

26. After Decades of Fighting, the Blue Water Navy Benefits Bill Is Now a Law

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

28. Blue Water Navy Vietnam Veterans Act becomes law

29. President Trump secures benefits for Ohio Veterans exposed to Agent Orange

30. VA partners with Microsoft to bring internet to more Veterans

31. National VA problems mirror those in Nevada

32. Baylor grad to lead Central Texas VA Health Care System in Temple

33. VA Secretary Robert Wilkie reflects on a year spent trying to fix his vital but troubled agency

34. No Decision Yet From VA on New Agent Orange Presumptive Diseases

35. Navy Veteran injured in hit-and-run days after learning he made transplant list


36. World War II Veteran brings No Regrets Tour to Asheville

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



DoD, VA Partner to Offer Women's Health Transition Training

The Departments of Defense and Veterans Affairs are partnering to present Health Transition Training for female military members who are segueing to civilian life. The program, which is designed to provide a female perspective to active-duty, Reserve and National Guard servicewomen who plan to transition to civilian or Reserve/National Guard status, is being offered in both in-person and online versions. To address the underutilization of VA services by female veterans, and make women aware of the benefits for which they are eligible, the VA introduced the VA Women's Health Transition Training Program in July 2018 as a pilot program at five Air Force bases. By June 2019, the training began operating as an official VA program and expanded to all branches of the military. The training is expected to be fully operational in 2021. Read more about the program [here](#).





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

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

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

have the potential for harmful side effects, including addiction.

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

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

TAKE ACTION



CLICK HERE TO FOLLOW US ON TWITTER !



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

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

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

TAKE ACTION





Your actions
could save a life.

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

VeteransCrisisLine.net



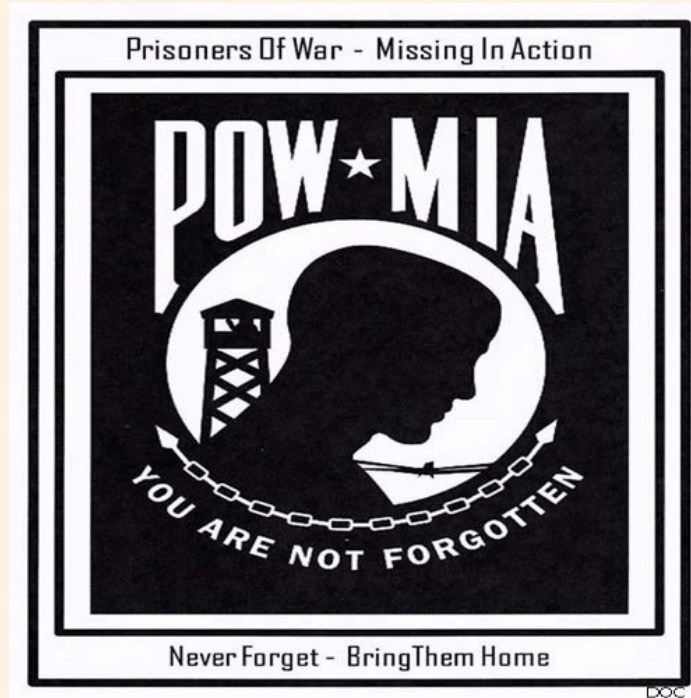
Veterans
Crisis Line
1-800-273-8255 PRESS 1



CHAMPVA Recipients Can Now Get Prescriptions Online from the VA

If you are a CHAMPVA recipient, you can now get your prescriptions refilled via the VA's [myHealtheVet website](#). The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the VA pays part of the cost of certain health care services and supplies to certain veteran family members. Like most insurance plans, you can get your prescriptions filled at a local pharmacy or through the provider's mail-order pharmacy. Effective immediately, CHAMPVA recipients can also use the MyHealtheVet site in addition to the other two options. 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



U.S. Government Accountability Office Reports

1. Improved Oversight Needed to Better Protect Residents from Abuse
2. Opportunities Remain to Improve Appointment Scheduling within VA and through Community Care
3. DHS Could Better Address Challenges to Ensuring EEO in Its Workforce



**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. Allergan Voluntarily Recalls BIOCELL® Textured Breast Implants and Tissue Expanders
2. Bayer Statement on Voluntary Recall of Two Lots of Kogenate® FS Antihemophilic Factor (Recombinant) in the United States
3. Datascope/Getinge Recalls Cardiosave Hybrid, Cardiosave Rescue, CS300 and CS100/100i Intra-Aortic Balloon Pumps (IABP) Due to Potential Battery Failure
4. Elevation Foods Recalls Packaged Egg Salad, Tuna Salad, Thai Lobster Salad, and Archer Farms Deviled Egg Sandwiches Because of Possible Health Risk
5. Euphoria Fancy Food Inc. Issues Alert on Undeclared Sulfites in “tainty Vostoka Assorted Dry Fruits-Apple”
6. FDA designates recall of intra-aortic balloon pumps as class 1
7. Herbal Doctor Remedies Issues Voluntary

Nationwide Recall of All Drug Products Due to Marketing Without FDA Approval and Concerns with Manufacturing Practices

8. Mizkan America, Inc., Announces Voluntary Recall of Select Varieties/Production Codes of RAGÚ® Pasta Sauce

9. Mountain Rose Herbs Recalls Fennel Seed Whole Because of Possible Health Risk

10. Oral Contraceptive Recalled Due to Possibility of Reduced Efficacy

11. The FDA Takes Action to Protect Patients from Risk of Certain Textured Breast Implants; Requests Allergan Voluntarily Recall Certain Breast Implants and Tissue Expanders from the Market: FDA Safety Communication



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



**To Support Military Families,
Pentagon Must Fix Fractured,
Outdated Programs: Report**

The Pentagon puts significant resources and effort into caring for military families, but the department lacks a coordinated approach and has failed to keep up with the population's changing demographics, researchers said in a new study published July 19. With the past two decades of war putting strain on the well-being of troops and families — stress that can affect readiness — the Defense Department wanted to review the issues facing military families. The National Academies Committee on the Well-Being of Military Families was formed to conduct the review. In [Strengthening the Military Family Readiness System for a Changing American Society](#), the group found that, on the whole, military-connected children and families are doing well, but there are "subgroups that would benefit from greater support." Read more [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



New Law Increases VA Home Loan Limits, Funding Fees

A law signed by President Donald Trump on June 25 to provide compensation to ill veterans who served on Navy ships in Vietnam also made several changes to Department of Veterans Affairs-backed home loans for all eligible veterans. Starting Jan. 1, any veteran who wants to take advantage of the VA's "zero-down payment" loan program will be able to do so, even in areas with high housing costs where veterans have historically been required to make a 25% down payment. Under current law, the VA's maximum loan guarantee amount is calculated as a percentage of the Federal Home Loan Mortgage Corporation Act (Freddie Mac) limit, which is \$484,350 for most counties. Essentially, since the VA's guaranty of a loan is 25%, its maximum allowable amount for a loan was capped at the Freddie Mac limit. If a veteran wanted to buy a more expensive home, he or she was required to pay 25% of the difference or not use the VA program. The new law eliminates the Freddie Mac link to VA loans and instead will make the maximum guaranty 25% of the loan amount. Read more [here](#).



Tax & Credit Information



1. IRS provides additional details on transition tax on untaxed foreign earnings
2. Tax Security 2.0 – A ‘Taxes-Security-Together’ Checklist – Step 1 IRS, states and industry outline ‘Security Six’ protections to help tax professionals and taxpayers be safer online
3. New Orleans prepped for IRS Nationwide Tax Forum, Aug. 6-8 Tax pros learn newest details on tax law, cybersecurity, disasters
4. Interactive tool on IRS dot gov helps taxpayers get answers to their tax questions
5. Tips to help organizations understand the tax-exempt application process
6. Extension filers: Don’t panic, just go to IRS dot gov for help
7. IRS expands list of preventive care for HSA participants to include certain care for chronic conditions
8. Here’s how individual taxpayers can view their tax account info
9. Medicare does not give out DNA kits
10. Tax Security 2.0 – A ‘Taxes-Security-Together’ Checklist – Step 2

11. Good tax planning includes good recordkeeping
12. Qualified Business Income sessions highlight 2019 Nationwide Tax Forum; 199A popular topic for tax pros attending
13. Taxpayers who need to get a tax transcript should first visit IRS dot gov
14. Scam Call
15. Hacker
16. Helping survivors of domestic abuse: What to do when you find stalkerware



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



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H.R. 1963, Expanding Care for Veterans Act

Like other Americans, Veterans have grown increasingly interested in complementary treatment options to enhance wellness or address symptoms that are not well managed with conventional medicine. A 2014 study found that service members experienced chronic pain at a much higher rate (44% post combat) than the general population (26%). Veterans were also far more likely to be prescribed opioids compared to non-Veterans (15% v. 4%) to manage their chronic pain. Many Veterans view complementary and

integrative treatment approaches as a means to limiting or avoiding the use of opioids and other pharmaceuticals that may have adverse side effects.

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

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

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

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

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

TAKE ACTION



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