



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, August 04, 2019

Volume 10, Issue 31



This-N-That

President Trump is expected to sign legislation that would allow thousands of Veterans to become members of the American Legion from period of time considered Peace Time.

This is a good move as it will give the American Legion a larger Membership, and hopefully more voices to be heard from.

Last week, the Supreme Court voted 5-4 to allow

the Trump Administration to reprogram \$6.1 billion in Department of Defense (DOD) funding to expand the barrier that divides the U.S. and Mexico.

Although it only covers 100 miles, it's far better than nothing or any of the cheesy chain link fences from the past that were so easily destroyed in a matter of a few months.

If you are a reservist, young adult or transitioning service member enrolled in Tricare or a transition health insurance plan, you will probably soon be paying more for your health insurance.

Why the DoD and VA can't pull it together and provide the same medical care and serviced at the same rates is still something I can't understand, other than it's a matter of who pays how much.

If our government asks Americans to serve, then they should also be calculating in all the after expenses that go along with service to our Country!

Wait times (aka Cooking the Books) in VA Medical Centers which was exposed nationally some five years ago is still an issue, and appears SecVA Wilkie isn't all too concerned over fixing the problem, and/or terminating those responsible which further shows accountability isn't a primary concern when it comes to our nations Veterans.

The fight to fix the SBP/DIC offset for widows is in jeopardy and even though we've been pushing in every newsletter for months now asking you to participate and send off all the pre-written E-Mails every week, we really do need your help NOW.

This has been in "the process" for over ten years now, and it's at the expense of our widows to the tune of \$12,000.00 minimum annually.

Imagine the day when you spouse becomes a widow, would you want your spouse to be cheated like this? Would your spouse be able to live on what they are given? I'm sure you wouldn't, so we're asking you to please participate in all the requests noted in this newsletter.

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



Korean/Cold War MIA Family Update

The VFW Washington Office attended the Korean/Cold War Family's annual meeting this week in nearby Arlington, Va. Hosted by the Defense POW/MIA Accounting Agency, the purpose was to highlight successes and continuing challenges to locate and recover more than 7,700 unaccounted-for Americans on the Korean Peninsula. Atop the agenda was the lack of movement in reopening DPAA-led recovery operations in North Korea, which the U.S. is trying to keep separate from denuclearization talks. One year ago this week, 55 transfer cases containing the co-mingled remains of perhaps more than 150 Americans returned to U.S. soil. To date, eight have been identified, with another two dozen IDs expected to be announced within a few weeks. The VFW is all-in where it concerns the return of missing and unaccounted-for servicemen, and looks forward to continuing to work with DPAA and the families to bring our troops home. [Learn more about the DPAA mission.](#)





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 **3,111** hits per day, and downloads average **2,781** per day with a total **5,222,771** 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 **1,662** 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: **8,735**)
- 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





**Prevent Mosquito-Borne Illness in
the U.S. and Overseas**

Did you know that there's more than 3,000 species of mosquitoes worldwide? Most cause nothing more than an itch. But three species bear most of the responsibility for the spread of certain serious diseases. Reduce your risk of getting these diseases by taking steps to prevent mosquito bites.

[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





Fight to End Widow's Tax in Jeopardy

The National Defense Authorization Act for Fiscal Year 2020 (NDAA) includes several VFW-supported provisions. One such provision would eliminate the Widow's Tax, which is a dollar for dollar offset of earned benefits for the surviving spouses of about 65,000 service members and veterans who have made the ultimate sacrifice. In the coming weeks, Senate leadership will meet in conference to resolve the differences between the Senate and House versions and debate final passage. Since the provision to end the Widow Tax is not in the Senate version of the NDAA, it is in jeopardy of being left out of the final conference agreement. [Contact your Senators and urge them to #AxeWidowsTax this year.](#)



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 us on 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





Avoid Bug Bites on Vacation With these TRICARE Tips

It's common to see an increase of bugs in the summer months, which can be annoying. But more than that, some bugs, like mosquitoes and ticks, carry harmful diseases. If you're traveling to areas where there may be a higher chance of getting malaria from mosquitoes or tick-borne diseases like Lyme disease, take steps to avoid these bugs and others. And learn what your TRICARE benefit covers should you run into creepy crawlers and flying pests this summer.

[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



Budget Deal Eliminates Sequestration

As NewsBytes goes to press, the House is expected to pass a two-year budget deal (H.R.3877) this week that in effect repeals the Budget Control Act spending caps, known as sequestration. The Senate is expected to pass the measure next week. President Trump and Congressional leaders reached an agreement on

the budget package earlier in the week. The FRA opposes sequestration because it poses a threat to national security and would substantially impact service member pay and benefits. These automatic cuts require that 50 percent come from Defense, even though Defense makes up only 16 percent of the total federal budget.

The budget deal adds more than \$320 billion in spending for two years and will clear the way for appropriations (spending) bills for FY2020 and FY2021. Specifically, the bill provides \$738 billion in Defense spending for FY2020. In addition, the agreement suspends the debt ceiling for two years. The suspension will allow the federal government to borrow and spend without having to worry about being limited by the debt ceiling. Congress had been operating under a debt holiday that ended in March 2019, when the Treasury Department was using "extraordinary measures," such as borrowing from retirement accounts, to keep government operating.





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



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.](#)



FRA Asks VA Secretary to Start Processing AOBWN Claims Now!

The FRA signed onto a letter, along with other VSO groups, urging the Department of Veterans

Affairs (VA) Secretary Robert Wilkie to begin adjudicating Blue Water disability claims immediately. The letter is in response to the VA Secretary's decision not to start processing these claims until Jan. 1, 2020. The letter states that delaying processing until Jan. 1, 2020 will unnecessarily delay thousands of aging and ill Vietnam veterans and survivors from getting benefits. Many of these men and women have waited decades for recognition that they too were exposed to Agent Orange herbicide and suffer negative health consequences as a result. It is unacceptable to make these veterans wait until January to have their claim processed.

The Procopio court decision mandated that veterans who served in Vietnam's coastal waters will be treated the same as those Vietnam veterans who served on land. Subsequently, the House and Senate both approved H.R.299, the Blue Water Vietnam Veterans Act, which was signed into law on June 25, 2019 (P.L.116-23). This legislation adds a new section 1116A to title 38, which extends the presumption of Agent Orange exposure to veterans who served in the waters offshore beyond the 12 nautical miles

recognized by Procopio, up to 90 nautical miles from Vietnam's shoreline in some locations, based on a series of grid coordinates. The law, which takes effect on January 1, 2020, also expands benefits to veterans exposed to Agent Orange while serving along the Korean DMZ and to children born with spina bifida due to a parent's exposure in Thailand.



**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





Ditch the Ticks this Summer: Protect Your Family from Lyme Disease

Do you know where ticks are most likely to be and how to protect yourself? Summer days means more time spent outdoors. And being outside, especially in warmer weather, comes with an increased risk of encountering a tick and getting a tick-borne disease like Lyme disease. If you or a family member get a tick bite and Lyme disease symptoms are present, TRICARE covers testing and treatment of the disease.

[Read the full article here.](#)





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

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

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

From 1951 to 1959, the United States conducted forty three nuclear tests, resulting in more than 30 megatons of TNT nuclear testing on the Enewetak Atoll. In March 1977, the United States began decontamination of Enewetak and built a concrete dome to deposit radioactive soil and debris.

Approximately 6,000 military service members of the United States Department of Defense (DOD) participated in the cleanup project. The decontamination efforts concluded in 1980.

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

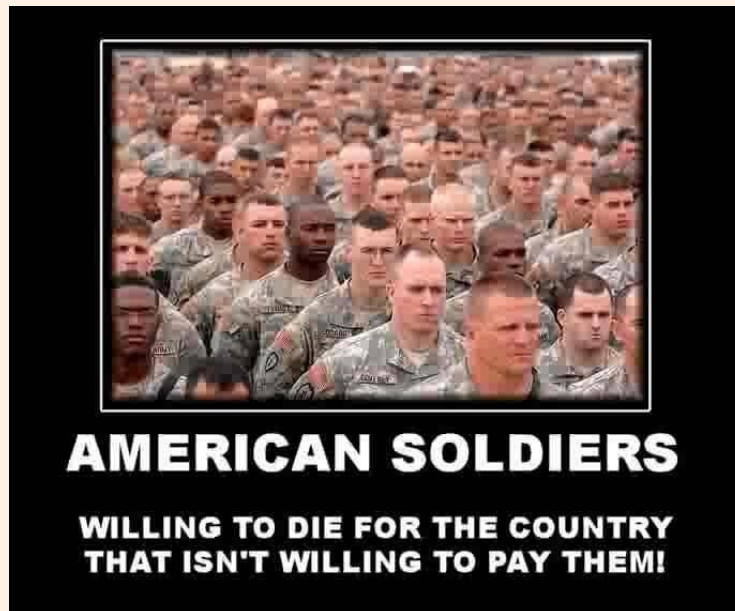
S.555 and H.R.1377 will expand recognized radiation risk activities to include the cleanup of Enewetak Atoll from January 1, 1977, to December 31, 1980. These bills will provide presumptive exposure to thousands of Veterans who participated in the testing and clean-up and who were previously excluded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

DAV supports this legislation as it is in concert with DAV Resolution No. 090. Please use the prepared electronic letter or draft your own to urge

your Senators and Representative to support and cosponsor S.555 and H.R.1377.

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

TAKE ACTION





New Podcast - Listen to TRICARE Beneficiary Bulletin #512

Listen to the latest podcast to hear about:

- FEDVIP Vision Coverage
- Military Health System Bug Week
- TRICARE Retired Reserve

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



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.

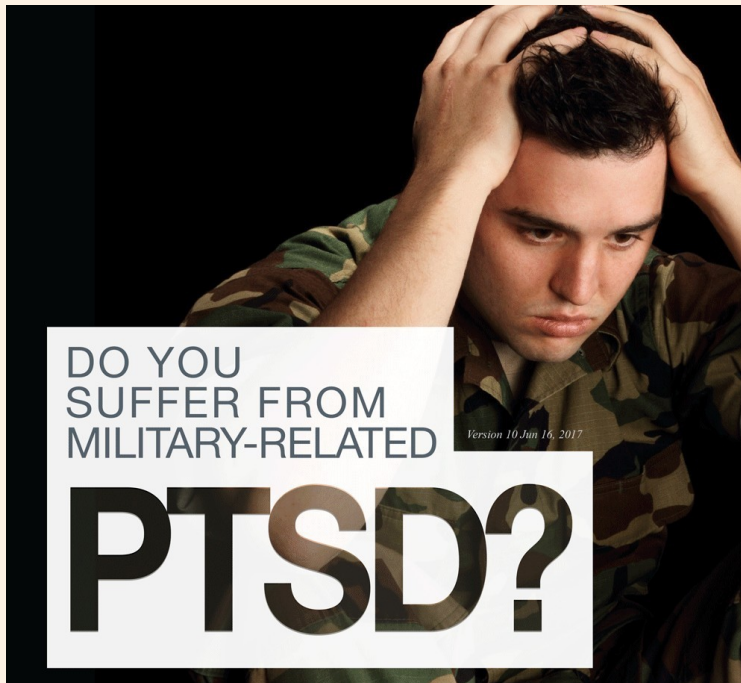
TAKE ACTION



VA Walk-In Community Care

As part of the VFW-supported VA MISSION Act of 2018, VA now has a network of urgent care community providers. There are currently 5,000 providers, with VA looking to add an additional 2,000. Urgent care providers can be used for injuries or illnesses that need to be treated immediately but are not life threatening. It is important to note that the eligibility criteria requires that the veteran must be enrolled in the VA health care system and they have to have received care from VA or a VA community provider in the preceding 24 months. The urgent care facility must also be part of VA's contracted network. [Learn more.](#)





**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



New Law Will Allow Thousands More Veterans to Join American Legion

Thousands of honorably discharged veterans will soon be able to join the American Legion under new legislation expected to be signed soon by President Donald Trump. Under the new law, any honorably discharged veteran who has served since Dec. 7, 1941, may join the American Legion, meaning military veterans who served in what were previously considered periods of peacetime between wars are now eligible for membership. The Let Everyone Get Involved in Opportunities for National Service, or LEGION, Act — the first Senate bill sponsored by Arizona Democrat Sen. Kyrsten Sinema to become law — is designed to recognize veterans who previously couldn't join, such as those who served during the Cold War. Read more [here](#).



S. 980, the Homeless Veterans Prevention Act of 2019

S.980, the Homeless Veterans Prevention Act of 2019, authorizes the VA to provide per diem payments for furnishing care to the dependents of certain homeless veterans, authorizes partnerships to provide legal services to homeless veterans and those at risk of homelessness, expands VA's authority to provide dental care to homeless veterans, repeals the sunset on counseling services for homeless veterans, and extends the financial assistance for supportive services for very low-income veteran families in permanent housing. In addition, this legislation would require the Government Accountability Office (GAO) to study VA's Homeless Veterans Programs and leaders assess whether these programs are meeting the needs of veterans.

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

of veterans and their families from becoming homeless.

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

Thank you for participating in the DAV Commander's Action Network.

TAKE ACTION



Border Wall Funding

Last week, the Supreme Court voted 5-4 to allow the Trump Administration to reprogram \$6.1 billion in Department of Defense (DOD) funding to

expand the barrier that divides the U.S. and Mexico. The bulk of the funding will be taken from military construction; Overseas Contingency Operations; drug interdiction; and military personnel funds from service member pay and compensation, retirement benefits, food, and moving expenses which were lower than originally budgeted. While there are little details regarding which military construction projects will be impacted, guidance issued by DOD states that no military construction projects that already have been awarded, and no military construction projects with FY 2019 award dates will be impacted. Projects like the \$5.2 million weapons maintenance shop for Anniston Army Depot in Alabama, which was due to be awarded in March 2020, could be cut. Other projects that would be delayed include: a mission training complex at East Camp Grafenwoehr, Germany; a rotary wing apron at Wheeler Army Air Field in Hawaii; and an engineering center at the U.S. Military Academy. [Read the DOD guidance, and see the list of projects that may be impacted.](#)





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





Tricare Rates Increasing in 2020 for Reservists, Young Adults, Others

If you are a reservist, young adult or transitioning service member enrolled in Tricare or a transition health insurance plan, you will probably soon be paying more for your health insurance. And an enrollment change could impact how much some users must pay up front. Tricare just released the 2020 rates for the Tricare Reserve Select (TRS) and Tricare Retired Reserve (TRR) programs, as well as for the Tricare Young Adult and Continued Health Care Benefit Programs. Like almost everything else, the prices will mainly be increasing. 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

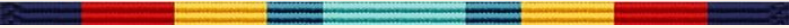
through VA's Vocational Rehabilitation and Employment program up to 12 years after they separate from military service. H.R. 444 would remove the limiting 12-year-period for eligibility.

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



Service Members Killed During Battle of Tarawa Returned

This past month, the Defense POW/MIA Accounting Agency (DPAA) announced that the remains of at least 22 service members that were killed during the Battle of Tarawa were returned to the U.S. during an Honorable Carry Ceremony at Joint Base Pearl Harbor-Hickam, Hawaii. During the battle, approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded, while the Japanese resistance was virtually annihilated. Service members killed in action were buried where they fell, or placed in large trench burials constructed during and after the battle. These graves were typically marked with improvised markers, such as crosses made from sticks, or an up-turned rifle. Grave sites ranged in size from single isolated burials to large trench burials of more than 100 individuals. [Read the official DPAA press release.](#)



5 Years After Nationwide Scandal, VA Still Struggles to Track Wait Times

Five years after the [Department of Veterans Affairs](#) was rocked by a scandal over appointment delays linked to veterans' deaths, it still struggles with scheduling issues and tracking wait times, a government oversight official told Congress last week. During a hearing July 24 before the House Veterans Affairs Committee, Debra Draper, health care director at the Government Accountability Office (GAO), said that, while the VA has "taken action to ensure its facilities provide timely access to medical care," it must do more. Draper said the VA has made progress since the GAO first warned in 2012 of shortcomings in its appointment scheduling and tracking system, as well as lengthy delays in patient care. But she added that the VA's data on wait times remains unreliable and appointment delays continue to be long. Read more [here](#).





**Bill to Increase Adaptive Housing
Grants for Wounded Vets Passes
House**

The House passed legislation June 23 that would increase the amount of money available to severely injured veterans to renovate their homes to accommodate their disabilities. The measure also would broaden scholarship eligibility for survivors of some troops who die from a service-connected condition and widen a grant program for blind veterans. The Ryan Kules Specially Adaptive Housing Act of 2019, passed by the House by voice vote, would increase funding for disabled veterans to adapt their houses from \$83,000 to roughly \$98,000. The bill also would let eligible veterans access the funds six times, instead of three, and give them access to the full amount every 10 years. 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



Veterans Wanted: Stryker Is Looking for Your Skills

Stryker gives you the opportunity to develop your civilian career based on your strengths and potential. [Search jobs now.](#)





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.

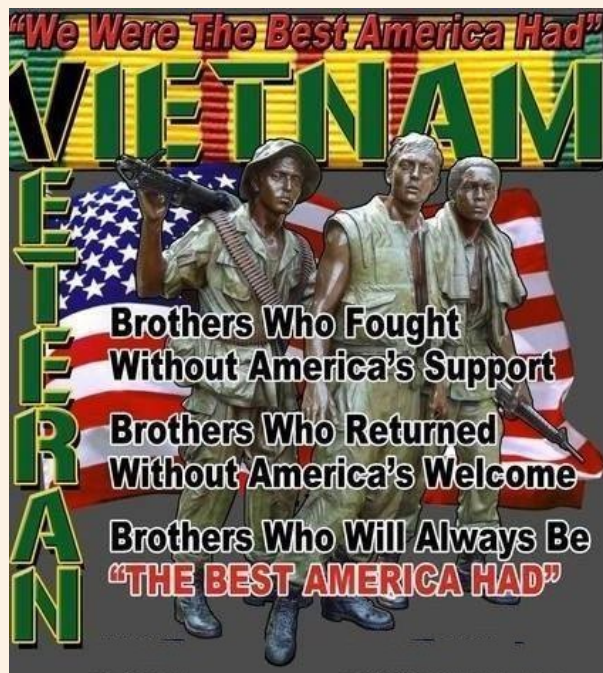
Upon the retiree's death, the SBP annuity is paid monthly to eligible beneficiaries; however, if a surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit (currently \$1,283.11 per month). In general, when DIC benefits are payable but the monthly rate is 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. [Veteran believes hackers took VA money, calling on agency to help](#)
2. [Researchers publish long-term findings from VA Diabetes Trial](#)
3. [VA delays decision to add more diseases to Agent Orange list](#)
4. [What Is the Veterans Choice Program?](#)
5. [Cincinnati VA's TRAC helps Veterans recover, grow, hope... and drum](#)
6. [WISER and ROVER: Houston VA's unique, in-patient trauma treatment programs](#)
7. [Wolf signs Pa. GI Bill into law: 'While you have our backs, we have yours'](#)
8. [Disabled Vets could see their student loan debts automatically erased](#)
9. [Verizon is teaming up with the VA on a telehealth program](#)

10. Veteran's wife dies. VA declares him dead, takes away his benefits

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



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



Google Expands Support for Veterans Looking to Compete in Fast-Paced Startups

Google has expanded its support for transitioning service members, veterans and military spouses looking to make their mark in the fast-paced and demanding business startup community. Google for Startups, launched by Google in 2011 as Google for Entrepreneurs, announced June 23 that it is partnering with two small business-focused veteran nonprofits and shoring up its existing relationship with a third. The new effort, in which Google will provide mentors and unspecified funding, will enable Bunker Labs, Patriot Boot Camp and Veteran Capital to build on their plans "to empower transitioning service members, veterans and military spouses to pursue their entrepreneurial dreams," Lisa Gevelber, Google for Startups vice president, said in a blog post. 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



**The Pentagon's Answer to Malaria,
Lyme Disease Cases: 'Bugapalooza'**

Dengue fever, Lyme disease, malaria, Chagas disease, Rocky Mountain spotted fever, Zika. These diseases and more are carried and transmitted by bugs. All inflict serious symptoms and can have potentially debilitating consequences. And all, the Pentagon wants you to know, are preventable. The Defense Health Agency kicked off its second annual "Bug Week" on July 27 with an event at the National Museum of Health and Medicine in Silver Spring, Maryland, highlighting the roles mosquitoes, ticks, flies and other pests play in the ecosystem. "[Bugapalooza](#)" is designed to raise awareness of illnesses caused by these bugs, prevention, treatment and the contributions the Pentagon has made in fighting vector-borne illnesses across the globe. Read more about Bugapalooza [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



U.S. Government Accountability Office Reports

1. Electronic Health Records: VA Needs to Identify and Report System Costs
2. Cybersecurity: Agencies Need to Fully Establish Risk Management Programs and Address Challenges
3. Medicaid: States' Use and Distribution of Supplemental Payments to Hospitals
4. Medicare Plan Finder: Usability Problems and Incomplete Information Create Challenges for Beneficiaries Comparing Coverage Options
5. Medicare Physician Services: Spending On and Use of Billing Codes for Comprehensive Care Planning Services



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



US Naval Base Guam Holds Annual Sumay Memorial Mass

The Navy hosted a memorial ceremony aboard U.S. Naval Base Guam last week in honor of former Sumay Village residents and their descendants. A thriving coastal town at the time, Sumay Village was decimated on Dec. 8, 1941, by Japanese bombs, leaving only a cross from the village church, some ruined structures and the village cemetery. Today, many of the former Sumay residents and their families live in Santa Rita, a village formed after the liberation of Guam in 1944. The Sumay memorial takes place once a year and allows former Sumay residents and their families to honor loved ones buried at the Sumay Village Cemetery. Santa Rita Mayor Dale Alvarez said he hopes to continue the tradition in partnership with the naval base as long as he is mayor. Read more at Navy.mil.



Protect Bankrupt Disabled Veterans from Losing Benefits

Sens. Tammy Baldwin (Wis.) and John Cornyn (Texas) have introduced the Honoring American Veterans in Extreme Need (HAVEN-S.679) bill to shield Veterans' disability benefits from debt collectors when a Veteran declares bankruptcy.

Under current law, when a disabled Veteran declares bankruptcy debtors can seize their disability benefits because they are considered disposable income. Yet social security benefits are exempt from being included as disposable income. Disability benefits in any form are not taxable and therefore should not be considered disposable income. The legislative sponsors noted that it is unfair Veterans may be forced to give up their disability benefits when declaring bankruptcy, while the general population receiving similar benefits from social security do not.

Sen. Baldwin believes this bill will help Veterans with mental health issues by easing their financial burdens. Members are encouraged to weigh in on this issue by contacting their Senators through the [FRA Action Center](#) online.



**~We Proudly Support our
Military Personnel & Families~**



S. 318, the VA Newborn Emergency Treatment Act

On February 4, 2019, Senator Patty Murray (WA) introduced S. 318, the VA Newborn Emergency Treatment Act. The bill would authorize the VA Secretary to provide payment for emergency transportation of a woman Veteran's newborn who requires more specialized treatment at a newborn care facility. In some cases, women Veterans are transferred with the newborn and payment is authorized by VA. However, VA believes it lacks clear authority to pay for the transportation of the newborn infant alone. This legislation would provide such authority.

DAV Resolution No. 019 calls for enhancing

women Veterans health care services. DAV believes women Veterans deserve a robust maternity care benefit that allows their infants initial coverage for care that would be covered under Medicaid and many private insurance plans. Maternity care is an important benefit to the significant portion of women Veterans now under VA care. Many women Veterans for whom VA coordinates maternity care are at high risk for pregnancy complications, including pre-term labor or low-birth weight newborns, because of service-connected conditions. Infants born to these mothers often require more specialized and intensive services after birth; however, not all hospitals have such services available and transportation for the infant, but not necessarily the mother, becomes necessary.

Please help us ensure that VA covers the expense of emergency transportation for newborns of women Veterans. Use the letter below to ask your Senators to support this important measure.

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

TAKE ACTION



S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act

Jon Tester (MT), introduced S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act to improve eligibility and access to transitioning service members and Veterans to federal programs such as transitional assistance programs and health care, including mental health care, to reduce suicide rates and improve mental health among Veterans.

The Department of Veterans Affairs (VA) mental health program experienced tremendous growth (86%) between 2005 and 2017. Troops returning from deployments in Iraq and Afghanistan required mental health care services including

treatment for PTSD, substance use disorders, depression, and anxiety. During this time VA also identified an upward trend in suicides among Veterans. Homelessness and unemployment were considered contributing factors, particularly for some subgroups in the Veterans' population such as women and minorities.

The bill would:

- Improve access to transition services for Veterans by extending VA health care eligibility to a year after discharge from military service;
- Create a grant program to help Veterans obtain employment and help identify the many non-profit programs available to Veterans in their communities;
- Create a new suicide prevention program to include new grant programs designed to reach Veterans at risk of suicide who are not obtaining VA mental health care;
- Help facilitate post-traumatic growth services through community partners;
- Encourage peer support by organizing education and awareness of Buddy Checks;
- Require VA to track and report on goals and

objectives in its suicide prevention plan and direct the Government Accountability Office to evaluate VA's case management program for Veterans at high risk of suicide;

- Require VA to update guidelines on suicide prevention including using gender specific risk factors and treatment options
- Require VA to create treatment guidelines for trauma comorbid with chronic pain and substance abuse; and
- Require certain oversight reports and improve authorities to assist in recruiting mental health providers and increasing Veterans' access to telehealth.

The following resolutions lead DAV to strongly support this bill. DAV Resolution No. 293 supports program improvement and enhanced resources for VA Mental Health Programs, emphasizing the importance of timely access to mental health and readjustment services for transitioning service members. DAV Resolution No. 304 urges Congress to monitor programs in place to assist those service members transitioning to civilian life with access to appropriate federal programs.

Please contact your Senators to ask them to support this comprehensive bill to support our nation's Veterans. Please use the letter prepared below or draft your own letter to ask for their support.

TAKE ACTION



U.S. FOOD & DRUG
ADMINISTRATION

1. The Lennox Intl Inc is Voluntary Recalling Natural Pig Ears on July 26, 2019
2. The Cookie Dough Cafe Issues Allergy Alert on "Chocolate Chip Chilled Gourmet Edible Cookie Dough Bar" Due to Possible Peanuts in Product
3. Williams Foods LLC Initiates a Voluntary Recall of Taco Seasoning Product Due to Possible Presence of Salmonella Contamination
4. Xeljanz, Xeljanz XR (tofacitinib): Drug Safety Communication - Due to an Increased Risk of Blood Clots and Death with Higher Dose
5. Six IRS Audit Red Flags for Retirees
6. How to securely send your personal information
7. S-Corp vs. C-Corp
8. Identity Theft



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



USS Ronald Reagan Holds Coral Sea Remembrance Ceremony

Sailors aboard the Navy's forward-deployed aircraft carrier Ronald Reagan held a wreath-laying ceremony in commemoration of the WWII Battle of the Coral Sea on July 26, a year after the wreckage of the USS Lexington (CV-2) was discovered in the Pacific. Cmdr. Jennifer Bowden, Ronald Reagan's chaplain, said the Battle of the Coral Sea Commemorative Association invited representatives from the Reagan to meet families connected to the battle during a recent port visit to Brisbane, Australia, for Talisman Sabre 2019. The association presented the Reagan's crew with the wreath used during the ceremony. "It's really to commemorate the efforts of the U.S. to protect Australia because they still find great value in what we did," she said. [Read more on the Navy Outreach blog.](#)





S. 154, VA CLEAR Act of 2019 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



**Gen. Berger Could Revolutionize
Marines' Career Paths. Here's What
He Wants to Change**

The Marine Corps' top general wants to reward top performers, push promotion authority down to unit-level leaders, offer more job flexibility, and allow people to stay in uniform past the 20-year mark — moves that could drastically shake up the service's career system. Leaders know their Marines better than those setting policy in Washington, D.C., or Quantico, Virginia, Commandant Gen. David Berger told Military.com in a recent interview, and they should be more involved in helping retain the right talent. Leaders are currently responsible for writing their Marines' performance evaluations, or fitness reports — the most important factor in determining whether someone will pin on the next rank. But Berger said he'll examine how else they can be involved in selecting who should go, who should stay, and what jobs Marines should be doing. Read more [here](#).



Tax & Credit Information



1. Orlando IRS Nationwide Tax Forum hosts seminars on cybersecurity, new tax law; Qualified Business Income sessions highly popular for tax pros
2. Here's the 411 on who can deduct car expenses on their tax returns
3. Aug. 1 IRS webinar to help employers, tax pros understand payroll taxes
4. IRS has begun sending letters to virtual currency owners advising them to pay back taxes, file amended returns; part of agency's larger efforts
5. Year-round tax planning includes reviewing eligibility for credits and deductions
6. Tax planning includes determining filing status



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



S. 1881 and H.R. 3356, Veterans Expedited TSA Screening Safe Travel Act

Senators Young (IN) and Duckworth (WI) have introduced S. 1881, and Representatives Gosar

(AZ) and Kirkpatrick (AZ) have introduced a companion bill, H.R. 3356. If enacted, this bill, the Veterans Expedited TSA Screening (VETS) Safe Travel Act, would provide free TSA Pre✓ (R) clearance to veterans with severe disabilities.

Veterans who use prosthetics or wheelchairs know how difficult it can be to get through airport security. Some have been asked to remove prosthetics, transfer from wheelchairs or give up canes that help visually impaired veterans safely navigate their surroundings. These devices are more than just equipment—they serve as extensions enabling our disabled veterans to live and function more independently.

The VETS Safe Travel Act would give severely disabled veterans the same benefit active-duty service members, Reservists and National Guardsmen are provided. TSA Pre✓ (R) allows beneficiaries to avoid the significant challenges imposed upon them by modern airport security. America's severely disabled veterans deserve to be treated with dignity and respect. For these reasons, DAV strongly supports this bill.

Please use the prepared email below or draft your own letter to ask your Representative and Senators to support the VETS Safe Travel Act.

Thank you for participating in the 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



Army Corps of Engineers Program Turns Veterans into Archaeologists

The Army Corps of Engineers' Veterans Curation Program gives veterans five-month contracts that provide 40-hour-week salaried employment and a chance for them to pick up skills while deciding whether to go back to school or pursue full-time jobs. Unlike most other veterans transition and jobs programs, VCP gives veterans employment and a chance to adjust while making future career decisions, said Kevin Bradley, the lab manager for the Alexandria, Virginia, site. Three hours out of the 40-hour week are devoted to counseling and training on working up resumes and preparing for job interviews, he said. Read more [here](#).



MIA Update

The Defense POW/MIA Accounting Agency has announced the identifications of 10 American servicemen who had been missing and unaccounted for from the Vietnam War, Korean War, and WWII. Returning home for burial with full military honors are:

Air Force Maj. Neal C. Ward was a member of the 602nd Special Operations Squadron, as the pilot of an A-1H aircraft, leading a flight of two on an armed reconnaissance mission in the Lao People's Democratic Republic. Following four bombing runs, Ward's aircraft was seen being stuck by automatic weapons fire, followed by a large fire and explosion. Ward's wingman was unable to establish contact and did not observe a parachute following the incident. Interment services are pending. [Read about Ward.](#)

Army Cpl. Herman R. Phy was an infantryman assigned to Company A, 1st Battalion, 17th Infantry Regiment, 7th Infantry Division. He was reported missing in action on July 6, 1953, near

Hill 255, Pork Chop Hill, North Korea, when he could not be accounted for by his unit. Interment services are pending. [Read about Phy.](#)

Army Cpl. Harold Pearce was a military policeman assigned to 1st Platoon, 24th Military Police Company, 24th Infantry Division. He was killed in action on July 20, 1950, during his unit's withdrawal from the city of Taejon, South Korea. Due to the hasty withdrawal, his unit was not able to recover his remains. Interment services are pending. [Read about Pearce.](#)

Army Pfc. Daniel W. Gerrity was a member of Headquarters Battery, 2nd Infantry Division, fighting against the Chinese People's Volunteer Forces near Kunu-ri, North Korea. Gerrity was reported missing in action on Nov. 30, 1950, when he could not be accounted for by his unit. Interment services are pending. [Read about Gerrity.](#)

Army Maj. Harvey H. Storms was a member of Headquarters Company, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division, which was part of the 31st Regimental Combat Team.

He was reported missing in action on Dec. 1, 1950, when his unit was attacked by enemy forces near the Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Storms.](#)

Army Pfc. Eugene E. Lochowicz was a member of Company A, 28th Infantry Regiment, 8th Infantry Division. On Feb. 23, 1945, he went missing while his unit was attempting to cross the Roer River, near Lendersdorf, Germany. The boat Lochowicz was in capsized and his remains could not be recovered. Interment services are pending. [Read about Lochowicz.](#)

Army Air Forces 1st Lt. Herschel H. Mattes was a pilot assigned to the 525th Fighter-Bomber Squadron, 86th Fighter-Bomber Group. On March 6, 1944, his aircraft crashed approximately 2.5 miles from Lake Bracciano, Italy. Prior to the crash, his aircraft was struck by small arms or machine gun fire. His remains could not be recovered following the crash. Interment services are pending. [Read about Mattes.](#)

Marine Corps Pfc. Joseph R. Livermore was a member of Company B, 1st Battalion, 6th Marine Regiment, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. In November 1943, approximately 1,000 Marines and sailors were killed, and more than 2,000 were wounded during the fighting. Livermore was killed around the third day of the battle, Nov. 22, 1943. Interment services are pending. [Read about Livermore.](#)

Army Air Forces Cpl. Walter J. Kellett was a member of the 17th Pursuit Squadron, 24th Pursuit Group, when he was taken as a prisoner of war by enemy forces and interned at the Cabanatuan Prisoner of War Camp. He was reported to have died July 19, 1942, and was subsequently buried in Grave 312, along with other prisoners who died on that date. Interment services are pending. [Read about Kellett.](#)

Army Pvt. Charlie M. Waid was a member of the Medical Detachment, 31st Infantry Regiment. Following the Japanese invasion of the Philippines

and the fall of Bataan, Waid was taken as a prisoner of war to the Cabanatuan Prisoner of War Camp. He was reported to have died on Nov. 19, 1942, and was subsequently buried in Common Grave 717, along with other prisoners who died that day. Interment services are pending. [Read about Waid.](#)



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