



# **Veterans-For-Change Newsletter**

*A Voice of the Veterans*

Week Ending Sunday, August 11, 2019

Volume 10, Issue 32



## **This-N-That**

Each and every day that passes either Congress or the Veterans Affairs looks for ways to reduce benefits pay outs, cut benefits, avoid paying benefits, avoid providing needed medical care and treatment, and every day there are many of us who are in this fight for the long haul.

But those of us who are fighting know we can't do it alone and this is one of the reason's we've run over and over again all the pieces of legislation

that need our support, our help, our need to push for each one to be passed, signed into law and make them all a done deal!

Along the past seven or eight months we've lost readers, gained readers, some have expressed their dislike for my approach or my attitude, but what I find interesting are those are the very one's we're fighting for who have been waiting months, years, even decades to get their benefits, some who have finally received their benefits and care simply vanish, never to be heard from again.

Many join the military because they wanted to, it was their calling, a need to protect and defend our country, way of life, and more.

Our Country asked you to do a job that they themselves would never dream of doing, didn't want to do, or were too scared to do, what ever their reason was/is makes no difference, but what does make a difference is how they've treated you since you were given orders to do what ever job it was you were ordered to do and not once did they ever take into consideration how or if they would seriously keep their word to take care of you and

your family when the need arose.

It's up to us to tell them end the nightmare, fulfill your promises, do your job! WE THE PEOPLE put you in the job your in and we expect you do actually fulfill that job no matter your personal feelings.

So we're asking you to help us help you! You don't have to be a Veteran, or a family member of a Veteran. Civilians can help too! But we do need to send a loud and clear message to all those who are supposed to represent us in Congress that enough is enough! No more bogus campaign promises, no more PR photo ops with captions of I'm doing this, or I'm doing that. Just do it!

I realize that we should not have to be doing this, but the real bottom line is if we don't, then nothing will ever be accomplished.

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](mailto:Jim.Davis@Veterans-For-Change.org)



**Join the Campaign to  
#AxeWidowsTax**

The House version of the National Defense Authorization Act for Fiscal Year 2020 (NDAA) 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. Unfortunately, the Senate version of the NDAA does not. In the coming weeks, members of Congress will meet to resolve the differences between the Senate and House versions of the NDAA and determine if provisions to end the Widow's Tax will make it into the final version. Since the provision to end the Widow's 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.**



# **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 **3,076** hits per day, and downloads average **2,711** per day with a total **5,256,836** 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](http://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: **8,777**)
- 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](mailto:Jim.Davis@Veterans-for-change.org)





## **Start the School Year Right With Healthy Teeth**

The school year is just around the corner. Make sure to send your child back to school with a healthy smile. According to the American Dental Association, "dental disease alone causes children to miss more than 51 million school hours each year." Before the new school year, it's a good idea to check your calendar to see if your child is due for a dental cleaning or exam.

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



**VA Has Signed Up 5,000 Urgent Care Providers Nationwide Since Mission Act**



The Department of Veterans Affairs has built a nationwide network of walk-in community providers for urgent care of minor ailments such as colds, strep throat or sprained ankles. It's now looking to recruit more clinics to plug gaps in coverage. As of late July, the new urgent care system had more than 5,000 participating local providers brought on board by the TriWest Healthcare Alliance, and the VA wants 2,000 more, Dr. Kameron Matthews, the VA's deputy under secretary of Health for Community Care, said in an interview July 31. She described the urgent care network as the result of one of the "lesser-known provisions" of the Mission Act, which went into effect June 6 to replace the troubled Choice program, with the intent of streamlining and expanding access for veterans to private-sector care. Read more [here](#).



## **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 MEWE Social Media**~

Follow us on [MEWE](#)! We've move to [MEWE](#) last December, 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 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**





## 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. [Get the Hearing Loss VA Benefits You Deserve](#)
2. [How a Vietnam Veteran overcame PTSD and survivor's guilt](#)
3. [Veterans demand end to widow's tax injustice](#)
4. [Elderly Veteran Death By VA Police Obfuscated By 'Queen Of Cover-Ups'](#)



5. Veteran: “I’m hearing better now than I have in 20 years”
6. ‘I’m at their mercy’: Decades later, Agent Orange Veterans still waiting on VA to decide claims
7. Alabama’s homeless Veterans: Navy Vet wants to teach his labor skills to others
8. Housing For Veterans accepting applications to help repair Veteran homes
9. What the Dept. of Veterans Affairs is doing to expand care and reduce Veteran suicides
10. Proposed law updates VA housing grants for disabled Veterans
11. Pentagon acknowledges burn pits exposes Veterans to health risks but refuses to close them, report shows
12. Homicide detective probing Veteran’s death following altercation with VA medical center police
13. Military Vets now have urgent care access through VA
14. VA extends Agent Orange presumption to ‘Blue Water Navy’ Veterans
15. VA overhauls religious and spiritual symbol policies to protect religious liberty
16. Get Your VA Benefits for the Top 3 Anxiety Disorders



17. 'Blue water' Veterans' claims delayed until next year
18. Will troops be able to use that meal card benefit outside the base dining facility?
19. 5 things you Didn't Know about Total VA Disability Ratings
20. Sedentary Labor: Learn all about the VA's favorite way to deny VA TDIU Benefits
21. Are you getting the best VA Disability Rate for Hearing Loss?
22. Department of Veterans Affairs' new 'smoke-free' policy doesn't apply to employees
23. Alabama's homeless Veterans: 'My kids are the reason I joined the military'
24. Urgent Veterans Affairs Supply Shortage Risking Veterans' Health
25. Montana senators demand benefits for Blue Water Vets
26. California's Homelessness Crisis Is Reaching Epic Proportions
27. Veterans Outreach Center awarded \$500,000 federal grant for homeless Veterans
28. Flags, markers removed from Veterans graves, left in pile at Pennsylvania cemetery
29. Feds Say Former VA Employee Used Vets' Ailing Kids to Scam Millions

30. Why the V.A. Won't Pay for Service Dogs to Treat PTSD

31. 'Totally inexcusable': Federal report finds significant mismanagement at Augusta's VA Medical Center

32. With the 'Tally Bill', Vets could hold the VA accountable when medical malpractice occurs at the hands of a contractor

33. Intern's efforts bring 3,000 attendees to funeral of Vietnam Veteran who had no living relatives

34. Grand opening of Lynchburg VA Veterans Home reflects show of support for homeless Veterans

35. Your GI Bill benefits: Everything you need to know

36. Stop the Bleed: A battlefield innovation on civilian soil

Check us out today: [www.Veterans-for-change.org](http://www.Veterans-for-change.org)





## **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 Oi sang; 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**



## **Get Kids Ready for Back-to-School With Preventive Health Care**

As summer draws to a close, it's time to look ahead to the approaching school year. Preventive services, routine immunizations, and health screenings are the best ways to make sure your kids are healthy and ready to hit the books. TRICARE covers many preventive health care services with no out-of-pocket costs to you. How you get preventive care depends on who you are and your TRICARE plan.

Read the full article [here](#).



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

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

The bill would permanently authorize counseling

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

S. 514 aims to eliminate barriers to care by:

- Adding \$20 million to retrofit VA medical facilities to comply with environment of care deficiencies;
- Requiring every VA medical facility to have at least one full-time or part-time designated women's health provider on staff;
- Studying the staffing needs of Women Veteran Program Managers in addition to determining the need for a Women Veterans Ombudsman;
- Conducting mini-residency training for women's health providers;
- Requiring VA to create a training module for community providers specific to women Veterans' unique medical needs;
- Providing support services for women Veterans



seeking legal assistance;

- Authorizing grants for organizations supporting women Veterans and their families;
- Requiring VA to report on its use of various primary care models serving women Veterans;
- Requiring VA to provide information on staffing levels of women's health providers including PACT team members and gynecologists;
- Requiring data collection and reporting on all VA programs serving Veterans, by gender and minority status;
- Requiring VA to report on the availability of prosthetics for women Veterans; and
- Centralizing all information for women Veterans in one easily accessible place on VA's website.

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



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

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

## **TAKE ACTION**



**Military Suicides Reach Highest Rate  
Since Record-Keeping Began After  
9/11**

While suicide remains a rare event among U.S. troops, 325 active-duty members died by suicide in 2018, the highest number since the Defense Department began collecting the data in 2001 and exceeding a record set in 2012. According to [a report released last week by the Defense Suicide Prevention Office](#), 139 active-duty soldiers, 68 sailors, 60 airmen and 58 Marines died by suicide last year, 40 more service members than the previous year. Read more [here](#).



**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**



## **Army Seeks Volunteers to Staff New National Museum**

When the Army calls for volunteers, it's traditionally for something that's mind-numbingly tedious and difficult, or possibly not well suited to continued good health. But this time it's different. The service is looking for volunteers to staff the \$200 million National Museum of the United States Army for its planned 2020 grand opening at Fort Belvoir, Virginia, about 30 miles south of Washington, D.C. Volunteers must be at least 18 years old, but no prior military service is required. They can serve in visitor services, special events, tours, education, gardening and administration, and can even pick the shift they prefer, according to a news release. Read more [here](#).



## **VA Turns to 'Hackathons' to Solve Health Care Challenges**

The Department of Veterans Affairs is tapping some of the world's brightest minds to address patient challenges, from geographical barriers to care and timely appointments to debilitating health conditions such as amputations and post-traumatic stress disorder. Working with the Massachusetts Institute of Technology, the Veterans Health Administration is participating in a series of problem-solving sessions this year to address its biggest health care challenges. 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](http://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**



## More than 100,000 Veterans Cured of Hepatitis C by VA Treatment

The Department of Veterans Affairs has cured more than 100,000 veterans of chronic hepatitis C virus infection (HCV), according to a news release from the VA. HCV infection can lead to advanced liver disease (ALD) and liver cancer, the VA said in the release. Curing HCV can prevent the development or progression of ALD, cutting death rates by up to 50%, it states. Prior to the VA's treatment advances, patients with HCV had to take medications daily by mouth and weekly by injection for up to a year, and cure rates were as low as 35%, officials said in the release. That treatment also has what VA officials called "disabling medical and psychiatric side effects," and many patients quit the program early. The new treatment, introduced in 2014, is based on all-oral antivirals that are more effective and less toxic with few side effects, officials said. [Read more from the VA.](#)





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

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

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

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

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

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

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

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

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

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

## **TAKE ACTION**



**AMERICAN SOLDIERS**

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



**Veterans Wanted: View Careers at  
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Part of our mission at Cognosante is to transform the delivery of healthcare and Veteran services in the United States. We work each day to improve the quality, accessibility, and responsiveness of these services for patients, providers, and Veterans alike. [Search jobs now.](#)



## **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.

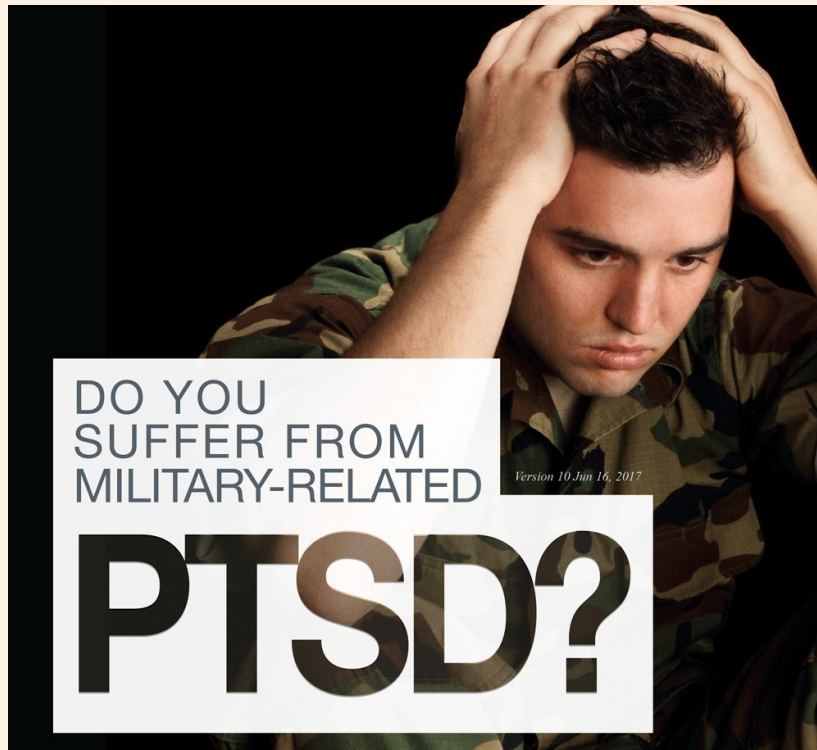
## TAKE ACTION



**These Bases Will Be Next to Get the  
New DoD Electronic Health Records  
System**

The Defense Department will expand its new electronic medical records system to four additional locations in September -- a rollout Pentagon officials say will be easier given the lessons learned at test-bed facilities during the past two years. Beginning Sept. 7, the MHS Genesis system will go live at Mountain Home Air Force Base in Idaho, as well as Travis Air Force Base, Naval Air Station Lemoore and the Army Health Clinic Presidio in California. The system previously was tested at four sites in Washington state beginning in 2017. Read more [here](#).





**Veterans Crisis Line:  
1-800-273-8255 & Press 1  
Ntl Call Center for Homeless Vets  
1-877-424-3838**



**S. 179/H.R. 712, Legislation Calling  
for Clinical Trials to Evaluate the  
Effectiveness of Medical Cannabis  
for Chronic Pain and PTSD**

These companion bills, S. 179 and H.R. 712, would direct the Secretary of Veterans Affairs (VA) to carry out a clinical trial of the effects of cannabis on health outcomes of adults with chronic pain and post-traumatic stress disorder (PTSD).

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

Research is necessary to determine the safety and efficacy of any drug. At this time there are few definitive answers about risks and benefits associated with the use of cannabis on various medical conditions and illnesses. Research is necessary to help clinicians better understand the safety and efficacy of cannabis use for certain conditions common in the Veteran population such as chronic pain and posttraumatic stress.

These bills are in line with DAV Resolution No.

023 which calls for comprehensive and scientifically rigorous research by the VA into the therapeutic benefits and risks of cannabis, cannabis-derived products as a possible treatment for service-connected disabled Veterans.

Thank you for your support of our nation's ill and injured Veterans. Please use the letters below to ask your elected officials to support S. 179/H.R. 712.

## **TAKE ACTION**



**New Podcast - Listen to TRICARE  
Beneficiary Bulletin #513**

Listen to the latest podcast to hear about:

- Preventing Mosquito-Borne Illnesses
- Avoiding Bug Bites on Vacation
- Preventing Tick Bites and Lyme Disease

Visit the Multimedia Center for this podcast and previous podcasts at [www.tricare.mil/podcasts](http://www.tricare.mil/podcasts).



## **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



## Over 500 Government Jobs Added this Week – Search Now

Ready for your next mission? Over 500  
Government jobs have been added in the past  
week, and your experience is in high demand.

**[Search jobs now.](#)**



## **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**



## **DANTES Offers Free Test Retakes for College Credit Exams**

The Defense Activity for Non-Traditional Education Support (DANTES) is offering service members a limited-time do-over for its college credit testing program. From Aug. 1 to Sept. 30, 2019, DANTES is offering free exam retake vouchers to every test participant who doesn't pass the DANTES Subject Standardized Test (DSST) on their first try. 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**



**Apply for the Rogers STEM  
Scholarship Before the Money Is  
Gone**

If you're interested in earning a degree in a STEM (Science, Technology, Engineering or Math) program, or you already have a degree and are trying to get a teaching certification, there is a new program that may help you. The Edith Nourse Rogers STEM Scholarship program, also known as the Rogers Scholarship, is a new pilot GI Bill program available from the Department of Veterans Affairs. The VA began accepting applications for the program Aug. 1. Read more [here](#).



## **Army Will Put Lasers on Combat Vehicles**



The Army has inked a \$203 million contract to accelerate rapid prototyping and fielding of its first combat-capable laser weapon system, to be mounted on Stryker vehicles, according to a service news release. Contractors Northrop Grumman and Raytheon will build competing laser weapon prototypes. They have a year to integrate them onto the General Dynamics-made Stryker vehicle and prepare a range demonstration showing how the weapon holds off various threats. The weapons prototypes, which will support the Maneuver-Short Range Air Defense (M-SHORAD) mission, will help protect maneuvering brigade combat teams from enemy drones, as well as helicopters and indirect fires. Following the initial test, the Army plans to purchase three more laser-equipped Strykers, making four prototype vehicles to be fielded to an M-SHORAD platoon in fiscal 2022. Read more at [Army.mil](https://www.army.mil).





**We will always be our  
Brothers Keeper!**



## **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**





## **First Air Force Pilots Qualify on New Helicopter**

Two test pilots from the 413th Flight Test Squadron at Eglin Air Force Base, Florida, became the first to receive a type rating on the civilian counterpart to the helicopter slated to replace the UH-1N Huey. According to a service news release, Maj. Zach Roycroft and Tony Arrington completed a five-week course on the AW-139 helicopter, earning the Federal Aviation Administration qualification. The MH-139, made by Boeing and Leonardo, was picked as the Air Force replacement to the aging Huey last year. The Air Force plans to purchase 84 MH-139 helicopters over the next 10 years, and the first is set to arrive at the 413th in November. Read more at [AF.mil](https://www.af.mil).



## **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



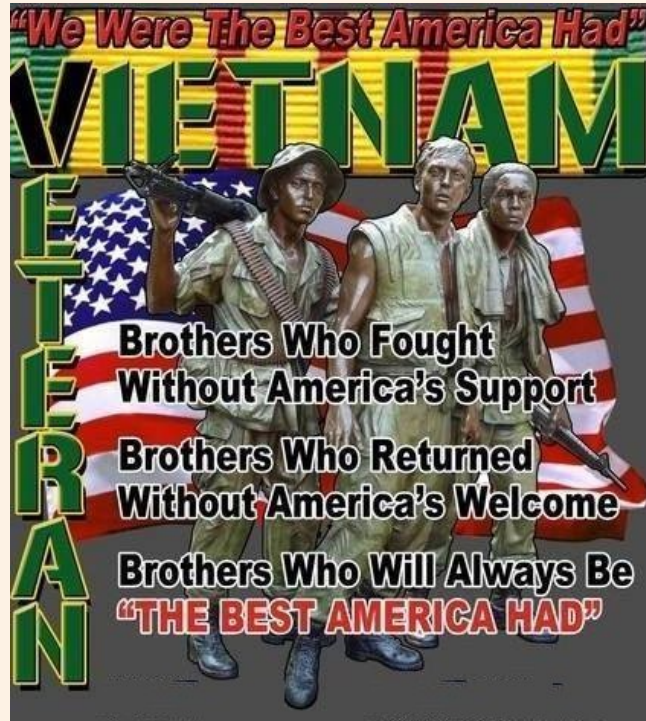
general, when DIC benefits are payable but the monthly rate is equal to, or greater than, the monthly SBP payment amount, beneficiaries lose the entire SBP payment.

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**





## Potential Changes Coming to the Montgomery GI Bill

This week Representatives Jack Bergman (R-Mich.) and Kathleen Rice (D-N.Y.) introduced the VFW-supported GI Bill Planning Act of 2019. This bill would change the time to enroll in the Montgomery GI Bill from the first week of recruit training to after a service member has served six months on active duty. “The first few days of recruit training is a chaotic period, and it is not the time to discuss the specific differences between the Post 9/11, and the Montgomery GI Bill,” said VFW National Legislative Service Deputy Director Pat Murray. “Many VFW members have stated if they knew more about the Montgomery GI Bill they may not have opted to pay \$1,200 for a program they would never use. This proposal would allow service members additional time to understand the nuances between the two chapters of the GI Bill, if both are still needed, and how to best utilize their education benefits.” The VFW thanks Representatives Bergman and Rice for their continued bipartisan work to ensure the best outcomes for our service members, veterans and their families. [Learn more.](#)





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

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

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

use of controlled substances, such as opioids, that have the potential for harmful side effects, including addiction.

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

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

## TAKE ACTION



*CLICK HERE AND FOLLOW US ON TWITTER!*





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

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

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

**TAKE ACTION**

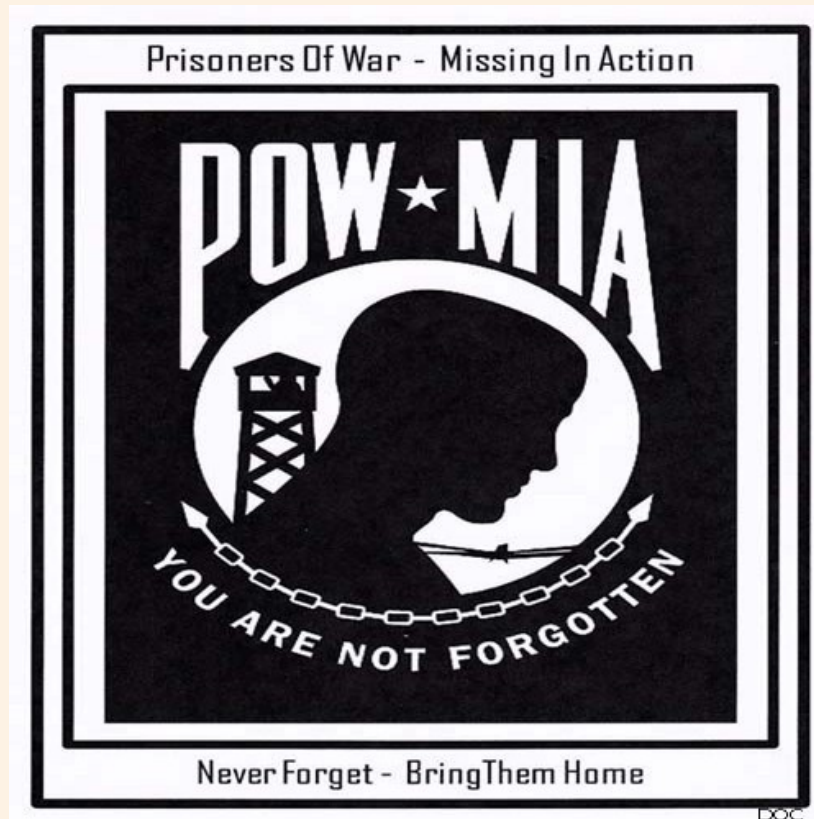




## Hepatitis C Test and Cure Available Through VA

To mark World Hepatitis Day, VA announced it has cured 100,000 veterans of Hepatitis C (HCV). VA recommends that all veterans born between 1945 and 1965 get tested for HCV. Thanks in large part to VA's aggressive outreach and treatment program, 85 percent of veterans at high risk of HCV had been tested by the end of 2018.

[Learn more about the Hepatitis C Testing and Treatment Awareness Campaign.](#)



## **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. [VA Health Care: Goals and Related Measures Needed to Better Assess the Impact of Same-Day Services](#)
2. [Generic Drug Applications: FDA Should Take Additional Steps to Address Factors That May Affect Approval Rates in the First Review Cycle](#)
3. [Electronic Health Records: VA Needs to Identify and Report Existing System Costs](#)
4. [Electronic Health Records: VA Needs to Identify and Report System Costs](#)



5. Health Centers: Trends in Revenue and Grants Supported by the Community Health Center Fund
6. Medicaid: States' Use and Distribution of Supplemental Payments to Hospitals
7. Medicare Physician Services: Spending On and Use of Billing Codes for Comprehensive Care Planning Services
8. Medicare Plan Finder: Usability Problems and Incomplete Information Create Challenges for Beneficiaries Comparing Coverage Options
9. Medicare: Limited Information Exists on the Effects of Synchronizing Medication Refills
10. Nursing Homes: Improved Oversight Needed to Better Protect Residents from Abuse
11. VA Mental Health: VHA Improved Certain Prescribing Practices, but Needs to Strengthen Treatment Plan Oversight
12. Veterans Health Care: Opportunities Remain to Improve Appointment Scheduling within VA and through Community Care
13. VA Nursing Home Care: VA Has Opportunities to Enhance Its Oversight and Provide More Comprehensive Information on Its Website





## **Urge Congress to Pass the Retired Pay Restoration Act**

Background: Military retirees who have a service-connected disability rating below 50 percent have their retirement pay reduced, dollar for dollar, by the amount of disability compensation they receive. This demeaning tax, created by Congress to save money, forces those who have dedicated their careers to military service to make due without benefits they need to provide for their families.

Take Action: Contact your members of Congress and urge them to cosponsor the Retired Pay Restoration Act. Our nation is still at war. We must ensure that benefits earned through honorable service to this country are improved, not eroded.

**TAKE ACTION**



## **Protect Bankrupt Disabled Veterans from Losing Benefits**

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

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

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



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



## **S. 318, the VA Newborn Emergency Treatment Act**

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

DAV Resolution No. 019 calls for enhancing

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

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

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

## TAKE ACTION



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

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

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



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

The bill would:

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

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

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

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

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

## TAKE ACTION



1. Bimbo Bakeries USA Voluntary Recall of Entenmann's Little Bites Cookies Due to Potential Presence of Plastic Pieces
2. Centurion Medical Products Recalls Airway Kit containing Sheridan® Endotracheal Tubes Due to Potential for the Tube Connector to Dislodge, Which May Result in Disconnection of the Patient from the Breathing Circuit
3. QIAGEN Recalls Filter Tips for use with the QIASymphony SP/AS Instruments Due to Potential to Leak, Which May Result in Delayed or Inaccurate Results
4. Ruleau Brothers Issues Allergy Alert On Undeclared Eggs, Soy, and Anchovies in "Door County Whitefish Smoked Whitefish Pate"
5. August 7, 2019 UPDATE: Treatment of Peripheral Arterial Disease with Paclitaxel-Coated Balloons and Paclitaxel-Eluting Stents Potentially Associated with Increased Mortality
6. Abbott (Formerly St. Jude Medical Inc.), Recalls Ellipse Implantable Cardioverter Defibrillators Due to Exposed Aluminum Wires That May Prevent Defibrillation Therapy
7. Pregel America, Inc. Issues Allergy Alert on Undeclared Milk in Lemon 50



## **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**





## **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



### **SBP-DIC Offset -- Contact your Senators -- Spending Debt Limit Signed**

SBP/DIC Offset Update -- More Members Cosponsor bills than ever before TREA continues to support efforts and urges Congress to pass legislation to allow military retiree survivors to receive full Survivor Benefit Plan benefits. H.R. 553 (352 cosponsors) in the House and S. 622 (75 cosponsors) in the Senate would end the deduction of Survivor Benefit Plan (SBP) annuities from Dependency and Indemnity Compensation (DIC) paid to survivors of fallen service members, also known as the "widows tax."

The SBP law includes a dollar-for-dollar offset of DIC from SBP, called the SBP/DIC offset, for surviving spouses of retired service members who voluntarily participated in the insurance annuity program, paid premiums, and then died of a service-connected issue. Post-9/11 active duty surviving spouses also are impacted. The offset

affects more than 60,000 military surviving spouses.

National Defense Authorization Act (NDAA) The Senate passed S. 1790, its version of the National Defense Authorization Act without the SBP/DIC provisions. The House passed its version, H.R. 2500 with the SBP/DIC offset elimination provisions. Differences will be resolved in a House/Senate Conference Committee in September.

TREA Members we need your help - The House version of the NDAA includes the offset elimination - the Senate version does not contain the provision.

It is urgent that you Contact your Senators - and urge them to support and retain the House NDAA provisions eliminating the SBP/DIC offset. Please contact them now!!

### **President Signs two-year Government Spending and National Debt Limit Bill**

The President signed a two-year bipartisan agreement to hike government spending and

extend the national debt limit, bringing months of talks to prevent a U.S. default to a close. But this year's budget work still isn't finished, with senators lacking any of the 12 appropriations bills that must be passed by Sept. 30 to avert another government shutdown.

The legislation extends the debt limit until after the 2020 election and authorizes additional federal spending. The Senate passed the legislation by a 67-28 margin, a week after the House voted 284-149 to support it.

The measure suspends the U.S. debt limit through July 31, 2021, eliminating the risk of a default until then. It also sets budget caps for two years that will allow \$324 billion in additional domestic and defense funding above current spending cap levels.

Congress will still need to pass spending bills in September adhering to the new \$1.3 trillion spending cap to avoid another federal shutdown when the next fiscal year begins Oct. 1. The House already passed 10 of 12 appropriations bills, including those that fund the Departments of Defense and Veterans Affairs. The Senate has

not completed action on any of its 12 spending bills, so a short-term measure extending current funding is likely, for at least some government agencies.

Contact your Senators and urge them to complete action of the 12 appropriations bills and highlight the need to adequately fund the Departments of Defense and Veterans Affairs!



## **Tax & Credit Information**



1. IRS: Truckers should e-file highway use tax return by Sept. 3
2. Here's where taxpayers can find answers to questions about their tax refund
3. Veteran IRS enforcement leaders selected to lead SB/SE, TE/GE; Hylton, Ripperda to serve as commissioners
4. Tax Security 2.0 – A 'Taxes-Security-Together' Checklist - Step 3
5. These summer actions might benefit taxpayers who itemize
6. IRS, Treasury issue guidance on making or revoking the bonus depreciation elections
7. Lowering AGI this year can help taxpayers when they file next year
8. Business owners may be able to benefit from the home office deduction
9. Tax Security 2.0 – A "Taxes-Security-Together" Checklist – Step 4
10. Taxpayers can file Form 2290 electronically to pay heavy highway vehicle use tax
11. IRS launches new Tax Withholding Estimator; Redesigned online tool makes it easier to do a paycheck checkup







## **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



## MIA Update

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

**Army Sgt. Willie V. Galvan** was assigned to Medical Company, 7th Infantry Division, as part of the 31st Regimental Combat Team. On Dec. 1, 1950, his unit was attacked by enemy forces near the Chosin Reservoir in North Korea. Following the attack, he could not be accounted for by his unit. Interment services are pending. [Read about Galvan.](#)

**Army Cpl. Norvin D. Brockett** was a member of Company A, 57th Field Artillery Battalion, 7th Infantry Division, 31st Regimental Combat Team. He was declared missing in action on Dec. 6, 1950, when enemy forces attacked his unit near the Chosin Reservoir, North Korea. His remains could not be recovered following the attack. Interment services are pending. [Read about Brockett.](#)

**Army Pfc. Donald E. Mangan** was a member of 1st Battalion, 112th Infantry Regiment, 28th Infantry Division. He was reported missing in action on Sept. 17, 1944, after his unit was attacked by enemy forces near Wettlingen, Germany. His remains could not be recovered after the attack. Interment services are pending. [Read about Mangan.](#)

**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.](#)

**Navy Seaman 1st Class Lyal J. Savage** was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Savage. [Read about Savage.](#)



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