



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, September 15, 2019

Volume 10, Issue 37



This-N-That

Finally the Senate passed the COLA increase which will help millions of Veterans and Civilians.

I really do love how Congress protects government workers with using government credit cards for personal purchases, protect duplicative jobs, protect illegals, but always fight those with benefits or those needing benefits.

And they have made a "gesture" telling the VA to

provide care to victims of burn pits while serving our country. But to me this was only done to appease some constituents and nothing more.

This why we need everyone to speak out, write, call and e-mail your Reps in the House and Senate every single week. The more that speak out, the more we block their day to day functions and distract them from the miscellaneous mundane actions and get them to seriously pay attention to those who have served and their spouses or widows.

We still have thousands and thousands of Veterans suffering the effects of Agent Orange and Secretary Wilkie deliberately put the breaks on provision of benefits and medical care to Blue Water Navy.

I don't know how many Veterans are suffering from some form of cancer that the VA has not added to presumptive lists, but I'm sure it's in the thousands or more, not to mention the widows of those who have already passed on. They're not qualified for DIC (Disability Indemnity Compensation) benefits because the VA in their

own interests to keep costs down won't recognize these cancers. Glioblastoma is one of them.

I know I ask every week, I run the current items needing attention with the links to help in each piece of legislation, and I'm even more sure many of you are sick and tired of this, but how else can I get your attention and encourage you to take action weekly until each one is passed?

I would still like to hear from all Veterans who were court ordered to purchase SBP insurance for a divorced spouse.

We can't begin to seek a change if we don't know how many are affected by these court orders, or to what extent your life has been affected by divorce and your benefits or survivor benefits.

As I mentioned a few weeks back, I've opened up the entire website with the exception of the forums so that any Veteran can see and download any document on-line, have access to all web links, etc.

We've added a little more than 200 new

documents totaling over 10,000 pages and we've added over 100 new FAQ's (Frequently Asked Questions), and just over 100 new web links and there are hundreds and thousands more to be prepped and put on-line so please do check often.

All the new documents can be readily identified as they have an orange colored flag next to each document name that says "NEW". Plus we've added I believe 3-5 new categories again with more to come.

I do apologize for the wonky system as we're still looking for a new hosting service and a qualified webmaster so we can get all the minor repairs done and get the system back to 100%.

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

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

Respectfully,
Jim Davis

Founder

Jim.Davis@Veterans-For-Change.org



Senate Passes Veterans COLA and TSA Pre-Check Bills

Yesterday, the Senate passed the VFW-supported [H.R. 1200](#), Veterans' Compensation Cost-of-Living Adjustment Act of 2019, which would authorize a cost-of-living increase for certain VA benefits, equal to the same increase granted for Social Security benefits. H.R. 1200 was passed by the House earlier this year and now heads to the president's desk. The Senate also passed [S. 1881](#), Veterans Expedited TSA Screening Safe Travel Act, which would make Transportation Security Administration (TSA) Pre✓® available for certain severely disabled veterans at no cost. TSA Pre✓® is already offered to active duty, reserves, and National Guard service members at no cost. S. 1881 now heads to the House.





REMEMBERING THOSE LOST ON 09/11




If you are a Vietnam Veteran

or know of one who has been diagnosed with a Glioblastoma brain tumor, please contact our Facebook page

“Vietnam Veterans with Glioblastoma Multiforme Grade IV Brain Cancer”

<http://www.facebook.com/groups/VietnamVeteransGlioblastoma>

We are a closed page for privacy & our members are working hard to convince the VA to add GBM to their presumptive list. We have had many members awarded service connection for this diagnosis



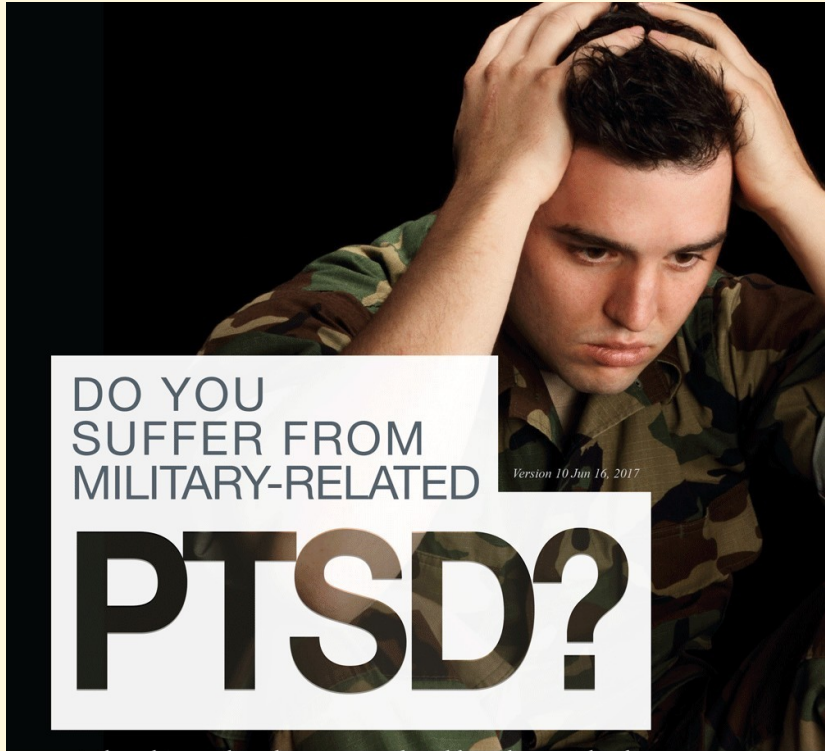


Ask Senators to Support House NDAA Provisions

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.



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



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 around since 2009. 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 **3,266** hits per day, and downloads average **3,317** per day with a total **5,375,130** visitors as of Friday.

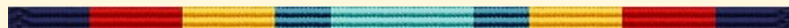
If you subscribe you will have full access to the entire website and best of all it's **FREE** of charge! You just need a valid E-mail address so the system can send you a confirmation E-Mail. Once received, click on the link to be authorized automatically.

www.Veterans-for-change.org

- Documents Library with over **17,868** documents in 149+ Libraries, added 63 documents on-line (Updated: 09/12/19)
- FAQ's on-line with **1,790** FAQ's on 101 topics! (Updated 08/29/19 - 128 NEW)
- 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: **8,932**)
- Polls

- Web Links, more than **5,099**, Added 29 New Links (Updated: 09/10/19)

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



VFW Statement on Wolfe v. Wilkie

The VFW is applauding the U.S. Court of Appeals for Veterans Claims, who in a 2-1 decision Monday, correctly ruled for the plaintiffs in [Wolfe v. Wilkie](#). The class action lawsuit was the result of the Department of Veterans Affairs failing to

fully reimburse veterans for the emergency room care they received from non-VA facilities, an issue the VFW had thought solved in 2016 when the same court ruled in favor of *Staab v. Shulkin*. But a [report released last month](#) by the VA Office of Inspector General found that the non-VA emergency room claims of some 17,400 veterans were denied or rejected primarily due to a VA work culture that favored speed over accuracy, a number that accounts for nearly a third of the 60,800 claims examined during the IG's six-month nationwide audit in 2017. "The first thing the VA tells people to do when calling is to hang up and dial 911 if it's an emergency," said VFW National Commander William J. "Doc" Schmitz. "So the VA must reimburse the actual cost of emergency medical care, regardless of whether the veteran has secondary insurance or not," he said. "VA Secretary Robert Wilkie must make these veterans financially whole again, correct its policies and practices regarding non-VA emergency room billing immediately, and fully adopt the IG report's 11 recommendations to improve the accuracy of the non-VA emergency room claims processing."



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



Senate Confirms Deputy Secretary of Veterans Affairs

With an 81-11 vote, the Senate has confirmed VFW member and Marine Corps veteran James Byrne as Deputy Secretary of Veterans Affairs. Byrne has more than 20 years of public service experience, including service as a deployed Marine infantry officer and a U.S. Department of Justice international narcotics prosecutor. [Watch his confirmation hearing](#), which starts at the 18:30 mark.



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 ~

Follow us on MEWE! The support staff at MEWE is responsive, open to suggestions and works very hard to protect your personal information.

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. [VA Cuts Off Assisted Living Home After Finding Veteran Dead for 4 Days](#)
2. [Updated VA rating schedule includes Infectious Diseases, Immune Disorders, Nutritional Deficiencies](#)
3. [Man arrested after gunfire at Chicago hospital for military Veterans, cops say](#)
4. [Air Force Chief Grapples With Suicide Scourge: 'I Don't Have a Solution'](#)
5. [Prosecutors: Man faces charges for Veterans benefit fraud](#)
6. [Houston VA makes it easier for Veterans to get psychology services](#)
7. [VA Is Changing GI Bill Payment Amounts for Some Online Classes](#)
8. [Remembering the Navajo Code Talkers](#)
9. [VA Video Connect brings therapy to the Veteran](#)
10. [Project Atlas creates better access to care for Veterans](#)
11. [Telemental health for Veterans expands care and career options](#)
12. [LifeWaters provides adaptive scuba programs](#)

to disabled Veterans

13. Five surprising facts about a VA career
14. VA Police: Protecting those who protected us
15. Advisory Committee assesses VA homeless Veteran programs
16. Am I Still Able To Work While on IU | Unemployability?
17. Johnny come home: a Purple Heart returned
18. Doris "Dorie" Miller: The Hero of Pearl Harbor
19. Robot-guided water jet helps Veterans' prostate treatment
20. Why Is the VA Reexamining My Disability?
21. Veterans: Your time is valuable – make the most of it
22. Veterans Legacy Memorial honors deceased Veterans online
23. VA psychologists help Veterans overcome self-stigma
24. Quad amputee finds adrenaline through skiing, golfing and adaptive sports

Check us out today: 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 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



New Podcast - Listen to TRICARE Beneficiary Bulletin #518

Listen to the latest podcast to hear about:

- Traveling and Moving With the TRICARE Dental Program
- TRICARE Plan Finder
- Banked Donor Milk

Visit the Multimedia Center for this podcast and previous podcasts [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



Purple Heart Vets from Vietnam Could Win a Trip to Former Battlefields

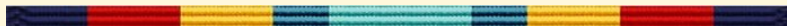
If you're a Vietnam veteran who received the [Purple Heart](#), are still in decent physical shape, and you're OK with Vietnamese food, you could be one of nine vets chosen in a drawing for the Veterans of Foreign Wars' annual "Return to Vietnam" trip next year. In a news release Thursday, VFW staff said the April 16-29, 2020, trip will include "mainly Vietnamese meals," so just grab that bowl of pho noodles, slop it down with nuoc mam sauce (watch out for the hot stuff), and you're good to go. 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



S. 2022, Specially Adaptive Housing Improvement Act of 2019

On June 27, 2019, Senator Jerry Moran (KS) introduced S. 2022-the Paul Benne Specially Adaptive Housing Improvement Act of 2019.

The Department of Veterans Affairs (VA) Specially Adapted Housing (SAH) grant helps veterans with certain service-connected disabilities live independently in a barrier-free environment. However, the maximum grant amount adjusts annually, and the grant benefit cannot be used more than three times up to the maximum dollar amount allowable.

SAH grants can be used to build a home on land already owned if it is suitable for specially adapted housing or remodel an existing home if it can be made suitable for specially adapted housing.

These often lengthy processes become of great concern for veterans with severely restricting disabilities or terminal illnesses, as veterans with ALS and other terminal illnesses often do not survive long enough to benefit from the improvements that an SAH grant could afford them.

This bill, if enacted, would require the VA Secretary to give priority to veterans with serious or terminal illnesses with pending claims for Specially Adapted Housing grants. S. 2022 would also provide an increase in the maximum amount for the SAH grants.

Just last month, the House of Representatives passed H.R. 3504, the Ryan Kules Specially Adaptive Housing Improvement Act of 2019. This bill is the Senate version.

DAV strongly supports S. 2022, as it is in agreement with DAV Resolution Nos. 127 and 357. Please use the prepared electronic letter or draft your own to urge your Senators to support and co-sponsor this important bill. Take action today.

Your advocacy helps make DAV a highly influential and effective organization in Washington. Please help us keep the promise to the men and women who served.

TAKE ACTION



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



Former WWII POW Gives Free Toolboxes to Veterans

A 94-year-old World War II veteran and former prisoner of war is giving back to veterans in a big way. The organization he created is giving free toolboxes to veterans. Each toolbox is filled with up to \$500 worth of quality hand tools. Resources Exchange Association (REA) is a veteran-managed nonprofit organization founded in 1984. In 1994, C.R. "Bud" Shepherd, a veteran of World War II who also spent time in a Nazi POW camp, began operating a small warehouse in Burlington, North Carolina, to assist other nonprofit organizations with their missions to help the ill, needy and infants in the local community. From its headquarters in Graham, North Carolina, REA ships fully loaded toolboxes to post-9/11 combat wounded veterans across the country. The toolboxes and shipping are free to the vets. Read more [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



AMERICAN SOLDIERS

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



**Lawmakers to VA: Provide Health
Care to All Veterans Made Sick by
Burn Pits**

A bipartisan group of congressmen is pressuring the Department of Veterans Affairs to extend health benefits and disability compensation automatically to veterans battling illnesses thought to be caused by exposure to open-air burn pits. Rep. Gus Bilirakis, R-Florida, and Rep. Raul Ruiz, D-California, have both introduced legislation that would direct the VA to study illnesses thought to be related to exposure to the toxic fumes emitted by waste disposal sites in Iraq and Afghanistan and designate any linked illnesses as presumed to be caused by exposure, thereby automatically qualifying affected veterans for VA health care and disability benefits. Read more [here](#).



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

Representative Julia Brownley introduced H.R. 840, the Veterans' Access to Child Care Act,

authorizing the Department of Veterans Affairs (VA) to pay for or provide child care for Veterans traveling to and returning from a VA facility for regular or intensive mental health treatment or necessary health care services. Veterans-particularly younger women Veterans returning from recent deployments-have indicated that lack of child care is a significant barrier in accessing medically necessary mental health readjustment services.

VA reports that younger Veterans demonstrate high usage rates of VA mental health care services and data shows women Veterans are especially likely to make intensive use of such services. In a recent study, a third of Veterans indicated an interest in access to child care services and 10 percent reportedly have canceled medical appointments because they did not have child care. H.R. 840 would allow VA to pay for or otherwise furnish child care to those children for whom a Veteran is the primary caretaker to allow the Veteran to seek needed treatment.

DAV Resolution No. 173 supports VA's provision of child care services and assistance to Veterans

accessing needed VA health care, benefits, education, employment, rehabilitative or other specialized services offered.

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

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

TAKE ACTION



USS Arizona Memorial Reopens After Repairs

With the American flag billowing in the wind above and "The Star-Spangled Banner" playing on the loudspeakers from Joint Base Pearl Harbor-Hickam, the first boatload of tourists and residents in nearly 16 months stepped onto the USS Arizona Memorial on Sept. 8. The 145 visitors on the Navy boat disembarked to spend a few solemn minutes within the white walls of the shrine at the same time, 8:10 a.m., that the Arizona was hit on Dec. 7, 1941, also a Sunday, by an armor-piercing bomb that sank the ship and killed 1,177 men. The battleship suffered the greatest loss of life of all the ships and planes attacked that day. Included among the dead were a father and son named Free and 23 sets of brothers. Read more [here](#).





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



Women Veterans to be Honored by CalVet

2019 Women Veterans Reception, “Empowering Women Veterans: Achieving Equality Through Education”

Sacramento – Three women veterans will be honored Tuesday, October 15 at California State University, Sacramento during the [2019 Women Veterans Reception](#) from 5:30-8 p.m.

The veterans will be recognized for their leadership and noteworthy impact on their communities with the annual California Department of Veterans Affairs (CalVet) Trailblazer Award. The 2019 Awardees are [Elizabeth L. Hillman](#) of Oakland, Frances Palu of Sacramento, and Martine Wilson of Sacramento.

“Without the military benefits, I definitely would not be in the position I’m in now – working in higher education and being a catalyst, an advocate, a leader, for the Asian Pacific Islander and veteran communities,” said Palu, a U.S. Navy veteran.

Hillman, a U.S. Air Force veteran, added, “I’m

honored to join this celebration of all women veterans, each of whom deserves our respect and gratitude."

These extraordinary California women serve as examples of what veterans are capable of achieving beyond military service. "We are proud to recognize three incredible women who, through their leadership and example, are making an impact in higher education that will benefit the women they serve, teach, and mentor for generations to come," said Lindsey Sin, CalVet Deputy Secretary, Women Veterans Affairs.

In partnership with the [Sacramento State Veteran's Success Center](#), CalVet will host the reception, "Empowering Women Veterans: Achieving Equality Through Education."

The reception is free and is open to the public; it will include light appetizers and refreshments. Pre-registration for the reception is required. Please register for the event at www.calvet.ca.gov/womenvets or call 916-653-1402.



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





**Our values
match yours.**



www.veterans-for-change.org



Younger Vets Are on a Mission to Change the American Legion from Within

Older men sporting ball caps, and perhaps leather-patched vests, sit in a dark bar, smoke wafting about while they talk about their war days. It's a stereotypical image associated with American Legion posts: a place to retreat and share kinship with men who became close because they stood side by side in conflicts like the Vietnam War, or met in veteran outreach programs. But it's not the impression the next generation of vets wants people to think of. As they attempt to change the image of the nearly two-million-member organization, younger veterans say it's time to go back to a grassroots campaign of family-oriented programs and community service. Read more [here](#).



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.

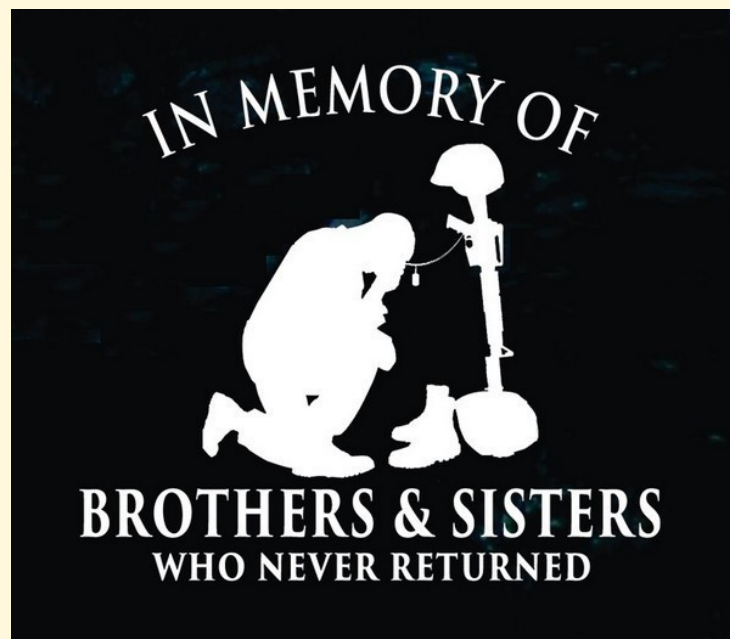
Standing up for Veterans is vital and we thank you for your advocacy. Your actions help make DAV a highly influential and effective organization in Washington. Thank you for all you do for America's Veterans and their families.

TAKE ACTION



VA Wrongly Denied Some Veterans' GI Bill Benefits, Judges Rule

A panel of Department of Veterans Affairs judges has ruled in favor of a veteran who petitioned to receive full education benefits under both the Montgomery and Post-9/11 GI Bills, a decision that, if allowed to stand, could expand the payout for thousands of eligible veterans. In a decision published last month, two of three judges with the U.S. Court of Appeals for Veterans Claims ruled the department erred in denying a benefits claim filed by a former soldier with "split time," having served as an enlisted soldier and later returning to the service as an officer. 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



Deployment Really Can Give You a Pain in the Gut. The VA Is Researching It

Researchers from the Department of Veterans Affairs are planning a series of studies to learn about gastrointestinal (GI) and liver problems that many veterans face after deployments. Dr. Arun Sharma, a health science officer in the VA's Office of Research and Development, says VA patients have a "very high incidence" of GI conditions such as irritable bowel syndrome, inflammatory bowel disease and infectious diarrhea. Liver diseases such as cirrhosis are also common. The VA is attempting to understand the total body connection and interrelation between stomach and liver problems and other chronic conditions that veterans face more often than the general public. Read more [here](#).



S. 2216, Transparency and Effective Accountability Measures for Veteran Caregivers Act

Senators Peters (MI) and Blackburn (TN) have introduced S. 2216, the Transparency and Effective Accountability Measures for Veteran Caregivers Act or the TEAM Veteran Caregivers Act. If enacted, this bill would make needed improvements to the VA's Comprehensive Caregiver Support Program.

The VA's Office of the Inspector General report in 2018 and veterans and their family caregivers who have come to DAV for assistance reveal VA is not adequately recognizing that caregivers often provide complex medical and personal care tasks for severely injured veterans every day, and that VA does not adequately communicate why caregivers and veterans are discharged or downgraded from the caregiver support program.

The TEAM Veteran Caregivers Act would require VA to recognize and record all severely injured veterans family caregivers and require a minimum standard of information when decisions to disrupt or terminate caregiver supports are made. In addition, the bill would ensure family caregiver supports are extended for at least 90 days after being discharged from the program to ease their

transition. America's severely disabled veterans and their caregivers deserve to be treated with dignity and respect. For these reasons, DAV strongly supports this bill, in accordance with DAV Resolution No. 018.

Please use the prepared email or draft your own letter to ask your Senator to support the TEAM Veteran Caregivers Act.

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

TAKE ACTION



Mental Health Disorders in Troops Far Below National Average

Diagnoses for mental health conditions among active-duty U.S. military personnel have remained steady over the last four years, with 8.3% of the total force diagnosed in 2018, compared with 8% in 2014, according to a new study from the Defense Department. The DoD's [2018 Health of the Force study](#), released last month with the August edition of the Medical Surveillance Monthly Report, found that mental health appointments among active-duty troops accounted for roughly 16% of all military medical appointments, or 1.8 million outpatient visits. Read more [here](#).





**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.

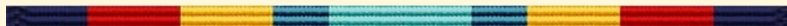
In the Veterans and Agent Orange: Update 11, released in November 2018, the NAM concluded that there is sufficient evidence of an association between Agent Orange and the development of hypertension. The report elevated hypertension from suggestive evidence to sufficient evidence of a link. The VA has 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





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.

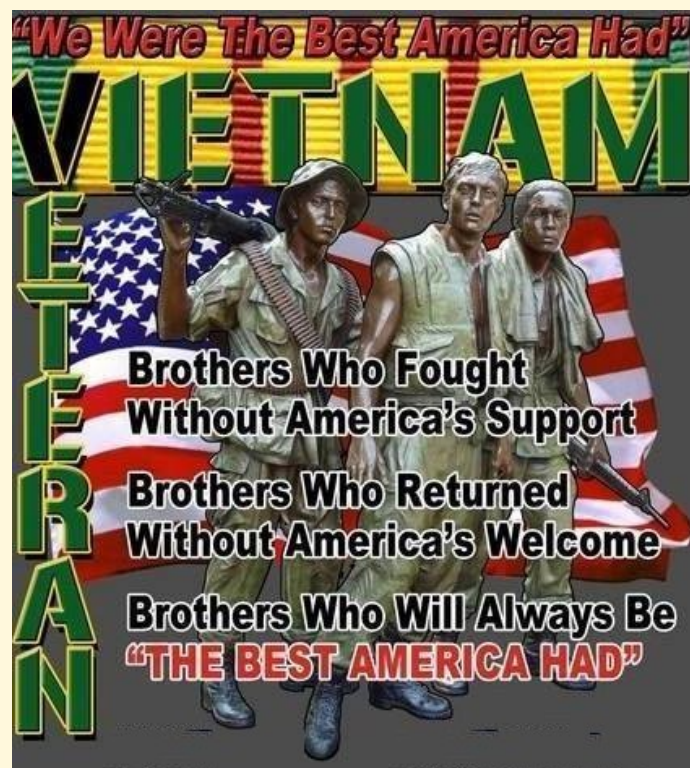
Upon the retiree's death, the SBP annuity is paid monthly to eligible beneficiaries; however, if a surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit (currently \$1,283.11 per month). In general, when DIC benefits are payable but the monthly rate is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





S. 2072, Veterans' Compensation Cost-of-Living Adjustment Act of 2019

On July 10, 2019, Senator Johnny Isakson (GA), Chairman of the Senate Veterans' Affairs Committee, introduced S. 2072-the Veterans' Compensation Cost-of-Living Adjustment Act of 2019.

This bill, if enacted, would authorize a cost-of-living adjustment (COLA) for veterans in receipt of compensation and pension, and for survivors of veterans who died from service-incurred disabilities and are in receipt of Dependency and Indemnity Compensation (DIC). It would provide a COLA increase at the same percentage rate as Social Security and would be effective December 1, 2019.

Receipt of annual COLA increments aids injured and ill veterans, their families, and their survivors to help maintain the value of their VA benefits against inflation. Without COLAs, these individuals, who sacrificed their own health and their family life for the good of our nation, may not be able to maintain a quality of life in their elder years. DAV strongly supports S. 2072, as it is in accordance with DAV Resolution No. 038.

Earlier this year, the House of Representatives passed H.R. 1200, the Veterans' Compensation Cost-of-Living Adjustment Act of 2019. This bill, S. 2072, is the Senate version.

Take action today and use the prepared electronic letter or draft your own to urge your Senators to support and co-sponsor S. 2072.

As always, we appreciate your support and your grassroots activism in participating.

TAKE ACTION





Paying Tricare Young Adult Premiums Just Got Easier and More Transparent

The Tricare Young Adult (TYA) program is implementing small changes to make paying premiums easier. It also plans to improve communications about rate increases. Effective Nov. 6, 2019, the military sponsor will be able to make premium payments via allotment. Currently, the only way premiums can be paid is by automatic bank or credit card transfer. Read more [here](#).



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

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

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

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

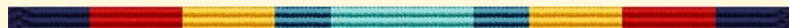
1182.

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

TAKE ACTION



CLICK HERE TO FOLLOW US ON TWITTER !



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

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

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

TAKE ACTION



Your actions
could save a life.

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

VeteransCrisisLine.net



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

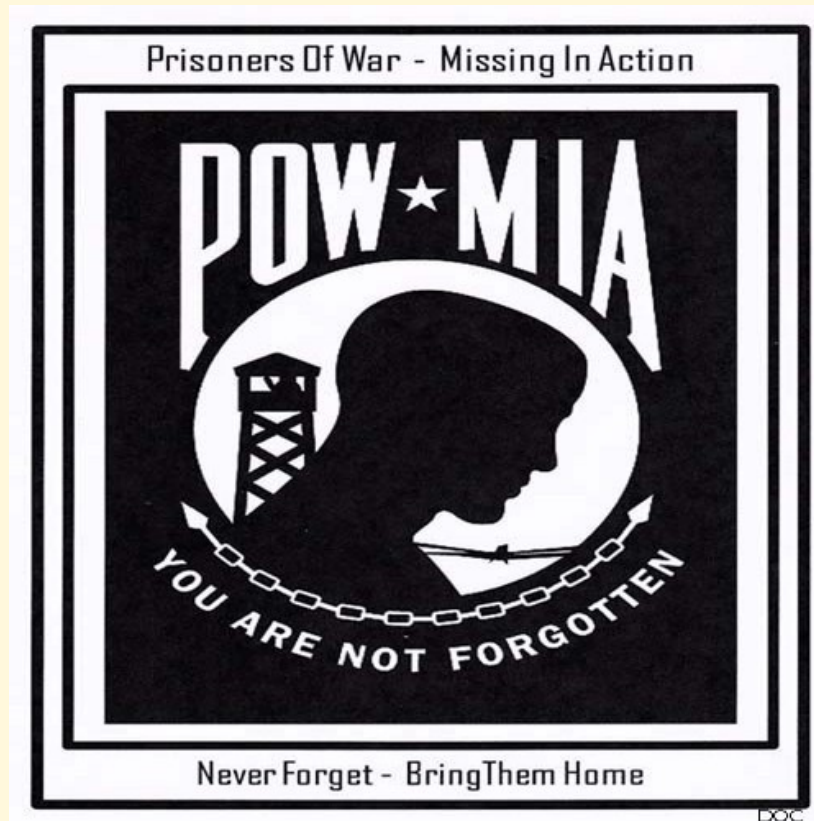


Get to Know Your TRICARE Young Adult Plan

Did you know that if you're a TRICARE beneficiary turning age 21, you may no longer be eligible for regular TRICARE coverage? But don't worry—even if you've aged out, you may still be eligible for TRICARE Young Adult (TYA). TYA is a premium-based health care plan. There are two options for TYA—TRICARE Young Adult Prime and TRICARE Young Adult Select. Your sponsor's status and your geographic location determine whether you can purchase either TYA Prime or TYA Select.

Read the [full article](#).





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



Senators Urge VA to Expand List of Medical Conditions for Agent Orange Exposure

Ranking Member of the Senate Veterans' Affairs Committee Jon Tester (Mont.) and six Senate colleagues dispatched a letter to Secretary Robert Wilkie, urging the Department of Veterans Affairs (VA) to take action on behalf of thousands of veterans across the country living with chronic health conditions, by expanding the VA's list of medical conditions associated with exposure to Agent Orange.

"Mr. Secretary, thousands of veterans - many of whom are aging and in urgent need of critical

health care and other benefits - have waited far too long for a final decision that should have been made by the VA in 2016," wrote the Senators. "We therefore urge you to add Parkinsonism, Bladder Cancer, Hypertension and Hyperthyroidism to the list of presumptive health outcomes for service-connected exposure to Agent Orange without further delay."

The Senators also called into question the Department's delay in adding Parkinsonism to the list of conditions: "It seems arbitrary to make a distinction between Parkinson's and Parkinsonism as both severely affect the health and quality of life for veterans... We owe it to our veterans to lift the burden of proving their symptoms are the nexus for service-connected herbicide exposure."

Earlier this year, President Donald Trump signed the Blue Water Navy Vietnam Veterans Act (H.R.299) into law- a long overdue legislative step to ensure that more Vietnam veterans living with the effects of exposure to Agent Orange receive the benefits and care they have earned and urgently need. This law also extends presumption of Agent Orange exposure to more veterans who

served in or near the Korean Demilitarized Zone and provide benefits to children of Vietnam veterans who served in Thailand and were born with spina bifida.

For more information on this issue go [online](#).



H.R. 2568, the Vietnam Veterans Liver Fluke Cancer Study Act

On May 7, 2019, Representative Lee Zeldin (NY) introduced H.R. 2568, the Vietnam Veterans Liver Fluke Cancer Study Act.

This bill would direct the Secretary of Veterans Affairs, in consultation with the Director of the Centers of Disease Control and Prevention of the Department of Health and Human Services, to conduct an epidemiological study on the prevalence of cholangiocarcinoma in veterans of the Vietnam era. H.R. 2568 would require the

Secretary to provide a report of the study within one year of completion.

Bile duct cancer (cholangiocarcinoma) is a cancer of the biliary duct system, which includes the gallbladder, bile ducts, and certain cells inside the liver. One risk factor for bile duct cancer is past infection with tiny parasitic worms called liver flukes, which are found in the fresh waters of Southeast Asia. Veterans who ate raw or undercooked freshwater fish during their service in Southeast Asia, such as Vietnam veterans, might have been infected. Once eaten, the liver flukes grow to adulthood inside the human biliary duct system. The irritation and scarring caused by liver fluke infection can lead to bile duct cancer.

Currently, there are no available studies to show that bile duct cancer occurs more often in Vietnam veterans than in other groups.

DAV strongly supports H.R. 2568 as it will help determine if this Vietnam veteran environmental exposure can be linked to bile duct cancer. This legislation is in accord with DAV Resolution No. 090.

Please use the prepared electronic letter or draft

your own to urge your Representative to support and cosponsor H.R. 2568. As always, we appreciate your support for DAV and your grassroots activism in participating in DAV CAN. Thank you for all you do for America's veterans and their families.

TAKE ACTION



Office of Inspector General

1. Investigational Drugs: FDA and Drug Manufacturers Have Ongoing Efforts to Facilitate Access for Some Patients
2. Generic Drug Applications: FDA Should Take Additional Steps to Address Factors That May Affect Approval Rates in the First Review Cycle
3. Global Tobacco Control: U.S. Efforts Have Primarily Focused on Research and Surveillance
4. Medicaid Payment: CMS Has Not Overseen States' Implementation of Changes to Third-Party Liability
5. Medicare Part D: Use of Pharmacy Benefit Managers and Efforts to Manage Drug Expenditures and Utilization

6. Obesity Drugs: Few Adults Used Prescription Drugs for Weight Loss and Insurance Coverage Varied
7. Social Security and Medicare: Improved Schedule Management Needed for More Timely Trust Fund Reports
8. VA Health Care: Goals and Related Measures Needed to Better Assess the Impact of Same-Day Services
9. VA Nursing Home Care: VA Has Opportunities to Enhance Its Oversight and Provide More Comprehensive Information on Its Website
10. Medicaid: Efforts to Identify, Predict, or Manage High-Expenditure Beneficiaries



**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



9/11 Attack Remembered

Across the country there were ceremonies remembering the tragic loss of life 18 years ago caused by a terrorist attack on September 11, 2001. The coordinated suicide attack was

launched by a terrorist organization with no real military objectives and included our largest city and our nation's Capital, as targets. The only real goal was to kill as many Americans as possible. Since 9/11, America has launched a "global war on terrorism" that is still ongoing today.

President Donald Trump and the First Lady participated in a ceremony at the White House and at the Pentagon. A large American flag was draped over the portion of the Pentagon that was hit by the hijacked commercial airliner. The names of those killed were read at a bell ringing ceremony.

Members of Congress attended a remembrance ceremony on Capitol Hill. Vice President Mike Pence participated in a ceremony near Shanksville, Pennsylvania. There was a ceremony at "ground zero" in New York City where the World Trade Center towers were destroyed. Ceremonies remembered the ordinary citizens that 18 years ago, rose to the challenge and responded with extraordinary acts of courage. Ceremonies also paid tribute to the first responders (fireman, police, EMS) and men and

women in uniform who keep us safe, fighting terrorism around the world today.



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. The Metrix Company of Dubuque, Iowa is Recalling Specific Lots of the Empty IV Flexible Containers (Bag) Marketed Under the Metrix Secure EVA Dual Chamber and Baxter ExactaMix Names, Due to the Potential for Leaking of the IV Bag at the Chamber Divider Rod
2. Hospira, Inc., Issues A Voluntary Nationwide Recall for one lot of BACTERIOSTATIC WATER for Injection, USP, due to a Potential Lack of Sterility Assurance
3. Hospira, Inc., Issues A Voluntary Nationwide Recall for one lot of BACTERIOSTATIC WATER

for Injection, USP, due to a Potential Lack of Sterility Assurance

4. Udi's Classic Hamburger Buns Recalled due to Potential Presence of Foreign Material

5. Recall Alert: Martha White Gluten Free Sweet Cornbread Muffin Mix

6. House Of Spices (India) Issues Recall of "MDH Sambar Masala" Due To Salmonella Contamination

7. Plastikon Healthcare Issues Voluntary Nationwide Recall of Milk of Magnesia Oral Suspension 2400 mg/30 mL due to Microbial Contamination

8. Major Pharmaceuticals Milk of Magnesia Recalled For Microbial Contamination

9. Tetrahydrocannabinol (THC)-containing Vaping Products: Vaping Illnesses

10. Vaping Illnesses: Consumers can Help Protect Themselves by Avoiding Tetrahydrocannabinol (THC)-Containing Vaping Products

11. FDA issues recall of certain Kroger tuna steaks

12. Hy-Vee Voluntarily Recalls Several Hy-Vee Mealtime Asian Entrees Due to Undeclared Milk Allergen

13. House Of Spices (India) Issues Recall of

"MDH Sambar Masala" Due To Salmonella Contamination

14. Zantac (ranitidine): Safety Information - NDMA Found in Samples of Some Ranitidine Medicines
15. FDA warns about rare but severe lung inflammation with Ibrance, Kisqali, and Verzenio for breast cancer
16. KRS Global Biotechnology, Inc. Issues Voluntary Nationwide Recall of All Human and Animal Sterile Drug Products Due to Lack of Assurance of Sterility
17. Rong Shing Issues Allergy Alert on Undeclared Eggs and Milk in FuPaiYuan Nougat Candies
18. Stark Group International Issues Allergy Alert on Undeclared Milk Allergens in Ritter Sport KAFFEESPLITTER - 3.5 Ounce /100 Gram
19. Urban Remedy Voluntarily Recalls 76 Salads, Wraps That May Contain E.Coli Bacteria No Illnesses Reported, Company Taking Preventive Action





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



**September is Suicide Awareness
Month**

The Department of Defense (DoD) and the Military Health System (MHS) are observing September as Suicide Prevention Month. They want to increase awareness about behavioral health care services and promote and enhance suicide prevention, intervention, and postvention for service members and their families.

The goal is to reduce the stigma and increase awareness in order to facilitate help-seeking behaviors. MHS will highlight that strength and resilience are possible through support networks and the use of DoD and Department of Veterans Affairs (VA) resources. The VA also declared September to be suicide awareness month. The Veterans Crisis Line telephone number is 800-273-8255, then press 1





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



Tax & Credit Information



1. IRS announces new procedures to enable certain expatriated individuals a way to come into compliance with their U.S. tax and filing obligations
2. Treasury and IRS issue proposed regulations and provide relief for certain tax-exempt organizations
3. Tax preparers can follow these simple steps to protect client data
4. Third quarter estimated tax payment due Sept. 16
5. Taxpayers can go to IRS.gov for answers to questions about payments and penalties
6. It's important for tax pros to know the signs they are a cyberthief's victim
7. IRS announces leadership appointments in the Small Business/Self-Employed Division; Harris, Guillot join Hylton in key enforcement positions
8. Two education credits help taxpayers with college costs
9. IRS Expanding the Compliance Assurance Process for 2020, Accepting New Corporate Applicants
10. Tax pros should create recovery plan and report thefts immediately



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



NDAAs and Spending Bills

Key lawmakers and the White House agreed on top-line numbers for spending bills before Congress went on its summer recess. Now that they are back for three weeks before the start of the new fiscal year there is much legislative work to get done before the Oct. 1, 2019 deadline. The House has passed 10 of the 12 appropriations bills, but some do not conform to the budget agreement. The Senate has not passed any, so a short-term Continuing Resolution (CR) to keep government open after Oct. 1, 2019 is all but certain. The House is expected to pass a CR next week that flat lines spending at FY2019 levels that will start on October 1 and end on Nov. 21, 2019. This will give legislators time to complete work on

appropriations.

Lawmakers will also be trying to reach an agreement on the competing National Defense Authorization Acts (H.R.2500 and S.1790) passed by their chamber of origin earlier. In addition, they need to resolve differences in total spending - \$733 billion in the House vs. \$750 billion in the Senate. There are a number of other disagreements between the two bills; among them are three important provisions for FRA members. 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 Widow's 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. Members are urged to use the Action Center and ask their Senators to accept the above referenced provisions in the final NDAA bill. The issues are listed in "[Ask Senators to Support House Provisions in Final NDAA](#)" on the [Action Center](#) website.



MIA Update

The Defense POW/MIA Accounting Agency announced the identification of eleven servicemen who were formerly missing and unaccounted-for

from World War II and the Korean War. Returning home for burial with full military honors are:

Navy Fireman 1st Class Lawrence E. Woods, of Texas, was assigned to the battleship USS Oklahoma, which capsized after sustaining multiple torpedo hits as it was moored off Ford Island in Pearl Harbor, Hawaii, on Dec. 7, 1941. The attack on the ship resulted in the deaths of 429 crewmen. [Read about Woods.](#)

Navy Fireman 1st Class James C. Webb, of Oklahoma, was assigned to the battleship USS Oklahoma, which capsized after sustaining multiple torpedo hits as it was moored off Ford Island in Pearl Harbor, Hawaii, on Dec. 7, 1941. The attack on the ship resulted in the deaths of 429 crewmen. [Read about Webb.](#)

Navy Boatswain's Mate 1st Class Arnold M. Nielsen, of California, was assigned to the battleship USS Oklahoma, which capsized after sustaining multiple torpedo hits as it was moored off Ford Island in Pearl Harbor, Hawaii, on Dec. 7, 1941. The attack on the ship resulted in the deaths of 429 crewmen. [Read about Nielsen.](#)

Navy Chief Water Tender Francis D. Day, of New Jersey, was assigned to the battleship USS Oklahoma, which capsized after sustaining multiple torpedo hits as it was moored off Ford Island in Pearl Harbor, Hawaii, on Dec. 7, 1941. The attack on the ship resulted in the deaths of 429 crewmen. [Read about Day.](#)

Army Air Forces Sgt. R.L. Tyler, of Texas, was a member of Headquarters Squadron, 19th Bombardment Group, when taken prisoner after the fall of Bataan in the Philippines on April 9, 1942. He reportedly died July 18-19, 1942, and was buried in a common grave at the Cabanatuan prisoner of war camp. [Read about Tyler.](#)

Army Cpl. Joe T. Avant, of Mississippi, was a member of Heavy Mortar Company, 31st Infantry Regiment, 7th Infantry Division, 31st Regimental Combat Team, engaged in intense fighting near the Chosin Reservoir in North Korea. He was reported missing and unaccounted-for on Nov. 30, 1950. [Read about Avant.](#)

Army Cpl. Autrey J. Betar, of Texas, was a member of Company A, 1st Battalion, 32nd

Infantry Regiment, 7th Infantry Division, 31st Regimental Combat Team, engaged in intense fighting near the Chosin Reservoir in North Korea. He was reported missing and unaccounted-for on Dec. 2, 1950. [Read about Betar.](#)

Army Cpl. Gerald N. Wilson Company F, 2nd Battalion, 5th Cavalry Regiment, 1st Cavalry Division. He was last seen July 25, 1950, while participating in the defense of Yongdong, South Korea. His remains could not be recovered. Interment services are pending. [Read about Wilson.](#)

Army 1st Lt. Robert C. Stysliger Battery B, 57th Field Artillery Battalion, 7th Infantry Division. He was reported to have been killed in action Nov. 29, 1950, while fighting enemy forces near Hagaru-ri, Chosin Reservoir, North Korea. His remains could not be recovered. Interment services are pending. [Read about Stysliger.](#)

Army Pfc. Harold K. Knight was a member of Headquarters and Headquarters Company, 31st Infantry Regiment, 31st Regimental Combat Team. His unit was engaged in intense fighting

with the Chinese People's Volunteer Forces, near the Chosin Reservoir in North Korea, from Nov. 27-Dec. 1, 1950. Witness accounts noted that Knight was killed in action Nov. 25, 1950. His remains could not be recovered. Interment services are pending. [Read about Knight.](#)

Army Sgt. Donald L. Murphy was a member of Company A, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division, 31st Regimental Combat Team. The 31st RCT was east of the Chosin Reservoir, North Korea, enduring repeated attacks from the Chinese People's Volunteer Forces, before withdrawing from their positions on Dec. 1, 1950. Murphy could not be accounted for by his unit, and he was subsequently declared missing in action as of Dec. 2, 1950. Interment services are pending. [Read about Murphy.](#)



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