



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, August 25, 2019

Volume 10, Issue 34



This-N-That

Many of us are always reading about run away costs on various projects within the VA Healthcare System, medical records migration from the old to the new systems is only one.

Costs of medical supplies and equipment are another, government credit cards being used for personal use is yet another.

And all others who are supposed to be accountable for all these projects and costs are not doing their

jobs, not being held accountable, and the march goes on all the while it's Veterans who pay the costs!

"Not enough funds" to cover benefits, not enough funds to cover programs, lives being lost needlessly, but there are more than sufficient funds to provide all the free programs and benefits to those who enter our country illegally.

It wasn't long ago I told you how those freebies were costing in excess of \$850 billion dollars annually. And if you were to break that number down to payments over 20 years that would help 1,062,500 Veterans to receive benefits of \$40,000.00 annually.

In regard to equipment and medical supplies, we've recommended on many occasions to develop medical supply houses in each region to supply the hospitals in that area and use government owned trucks to deliver to each medical center. And to put equipment on an expiration list and a computer would tell them when that equipment is about to pass it's expiration date and be replaced to up to date equipment is always on the floor in each hospital.

With their mass purchasing power that's several billion dollars annually that could be saved, and thus passed on to Veterans to be used for Benefit payments.

Then we've got the constant battle of providing benefits, and making sure the issues where benefits are not currently being supplied for, getting laws passed and help end that battle.

But we simply cannot make these things happen as long as the majority of Veterans and friends of Veterans remain silent. So, please, take the time to send out the pre-written E-Mails on all the "Take Action" items all through out this newsletter. It might take you all of 30-45 minutes a week to send them all. And isn't it worth your time to help in the fight, let them know we're here and we're not going away.

Even if a particular piece of legislation doesn't affect you personally, it will help thousands of others, and where there is no legislation now, when it comes up and would help you, wouldn't you want everyone to help you help get that legislation passed?

For now, since we're still seeking a new hosting service and all support for maintaining our current software is non-existent, I've opened up the entire

website system in the library, so everyone can access all documents on the site.

We're still having problems with log-in's and account creations, so just send me an E-Mail and I will manually fix that for you and if you know of an inexpensive web hosting service who can also act as webmaster, we're still looking.

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

Respectfully,

Jim Davis

Founder

Jim.Davis@Veterans-For-Change.org



**Terminally Ill Military Kids Can Now
Receive Both Treatment and Hospice**

The parents of children with terminal illnesses covered by Tricare no longer have to choose between treatment and end-of-life care, thanks to a policy update issued Aug. 6. The policy change, ordered by the 2018 National Defense Authorization Act, will allow military dependents under 21 to receive both medical treatment for their terminal illness, such as medication, radiation or surgeries; and care that falls under the umbrella of "hospice," which includes pain relief and symptom control. Under previous law and policy, a patient could receive only one or the other. Read more [here](#).



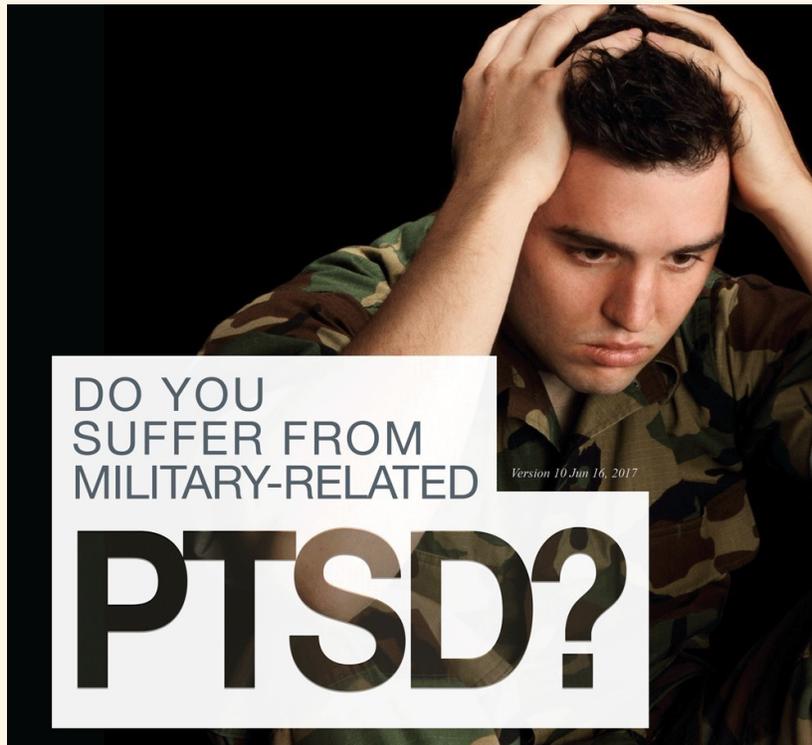
Ask Senators to Support House NDAA Provisions

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)

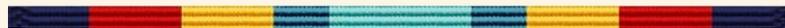
Congresswoman Jackie Speier (CA), Chair of the
House Armed Services, Military Personnel

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 **3,644** hits per day, and downloads average **3,245** per day with a total **5,299,339** visitors as of Friday.

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

www.Veterans-for-change.org

- Documents Library with over **17,471** documents on-line (Updated: 07/22/19)
- FAQ's with more than **1,662** FAQ's and answers
- Multiple Forums
 - o Afghanistan Veterans
 - o FMP - Foreign Medial Program
 - o Gulf War & Desert Storm Veterans
 - o Iraq Veterans

- o Korean Veterans
- o Men Veterans Forum
- o Mental Health for Veterans (Counselor Needed)
- o Political Issues
- o Suggestion Box
- o The Mess Hall
- o VA Hospitals and Medical Centers
- o Veteran Affairs
- o Vietnam Veterans
- o Welcome Mat
- o Women Veterans Forum
- o WW II Veterans
 - Job Postings
 - Memorial Pages (Updated: 10/30/18) (37 Added)
 - News (Articles On-Line: **8,861**)
 - Polls
 - Web Links, more than **5,056**, Added 12 New Links (Updated: 07/25/19)

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





**Available Now: TRICARE Dental
Program Newsletter (August 2019 -
Issue 3)**

This newsletter is for TRICARE beneficiaries who have dental coverage through the TRICARE Dental Program. In this issue, you'll learn about oral health during pregnancy, orthodontic coverage, moving and traveling with the TRICARE Dental Program, covered dental services, and much more.

Download your copy of the newsletter today at [here](#).



H.R. 1527, the Long-Term Care Veterans Choice Act

Representative Clay Higgins introduced H.R. 1527, the Long-Term Care Veterans Choice Act. This bill would provide Veterans who are no longer capable of living independently an alternative to nursing home care, in which the Veteran would continue to receive the care that they need in an intimate home-like environment through VA's Home-Based Primary Care program, and the Medical Foster Home (MFH) attendant program.

Started in 2000, VA Medical Foster Homes provide Veterans who need nursing home level of care an alternative to being placed in a nursing home. VA Medical Foster Homes merge traditional adult foster care with comprehensive longitudinal care provided in the home by a VA interdisciplinary team that includes a physician, nurse, social worker, rehabilitation therapist, mental health provider, dietitian, and pharmacist. Since its inception, over 4,000 Veterans have resided in Medical Foster Homes.

However, many service-connected Veterans who wish to reside in a VA Medical Foster Home are unable to do so because of substantial out-of-pocket costs of approximately \$1,500 to \$3,000 per month. Because VA does not have the authority to cover these costs, Veterans are placed in nursing homes which VA pays for but cost more than twice as much.

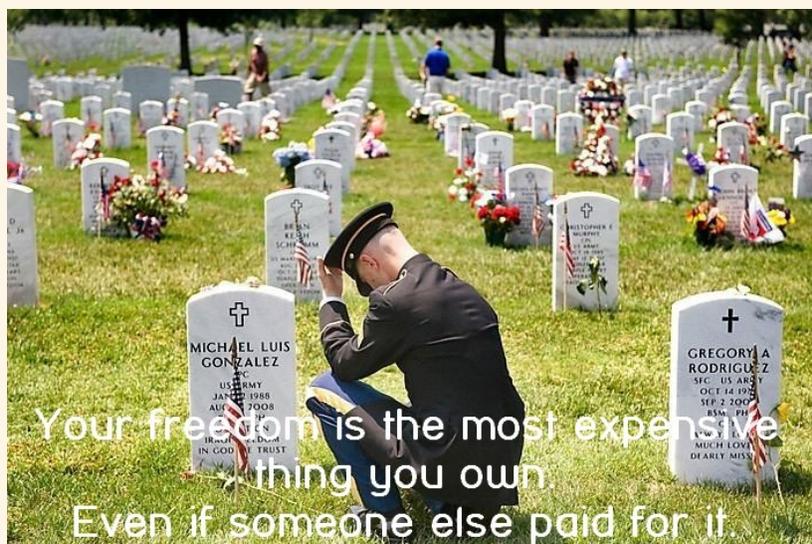
As the Veteran population continues to age, the need for long-term care services will continue to grow. Home-based community programs like MFHs will enable VA to meet the needs of aging Veterans in a manner closer to independent living than institutionalized care. With the passage of this bill,

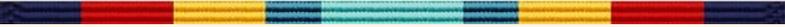
Veterans would have the option of care that more closely aligns with their independence while maintaining their quality of life.

This bill is in accordance with DAV Resolution No. 085, which calls for legislation to improve the comprehensive program of long-term services and supports for service-connected disabled Veterans regardless of their disability ratings.

Please use the prepared letter to write your Representative to cosponsor and support passage of H.R. 1527, the Long-Term Care Veterans Choice Act. Thank you for your efforts and support of the Commander's Action Network.

TAKE ACTION





Pentagon Rolls Out New Spouse Transition Program

More than two years after officials announced its planned creation, a new military spouse transition education program is almost ready for primetime. [The program](#), currently available only online through Military OneSource, looks to empower military spouses with the information they need to help their service members and family transition into military life, said Eddy Mentzer, associate director for children, youth and families in the Pentagon's Military Community and Family Policy office. Eventually, Mentzer said, the Military Spouse Transition Program (MySTEP) will contain a series of short video lessons designed to address three spouse life stages: new spouses, spouses whose service members are mid-career; and those getting ready to leave. Read more [here](#).



Action Alert: Tell Congress to End the Widow's Tax Now!

Background: More than 65,000 surviving military spouses and dependents are unjustly penalized because their loved ones made the ultimate sacrifice for our country.

Similar to life insurance, the Survivor Benefit Plan (SBP) is purchased through DOD by military retirees to ensure their surviving loved ones can maintain a modest standard of living. When service members or Veterans die from injuries or illnesses related to their military service, survivors are eligible for VA Dependency and Indemnity Compensation (DIC). Despite the two payments being paid for two different reasons from two different federal departments, all monthly SBP retirement payments are reduced by \$1,319 — the current payout for DIC benefits. For many survivors, this offset completely eliminates their SBP payments and threatens their financial security. The recent tax law makes this situation worse by doubling the tax on dependents to whom parents transferred SBP benefits to avoid having to forfeit DIC benefits.

Take Action: Contact your members of Congress

and urge them to end the injustice now! The message these aptly termed “Widow’s Tax” and “Kiddie Tax” sends to service members, Veterans, and their families is that our government salutes their service while in uniform, but they cost too much if they die on active duty or from service-connected conditions.

TAKE ACTION



~Follow us on MEWE ~

Follow us on [MEWE](#)! We've move to [MEWE](#) last December, membership has grown and the support staff at [MEWE](#) is responsive, open to suggestions and works very hard to protect your personal information.

IMAGINE A SOCIAL NETWORK WITH ALL THE FEATURES YOU LOVE AND NONE OF THE BS.

Where you are the customer to serve and not data to sell.

Where you share your real life and celebrate, not censor, diversity.

We hope you will join us on this new site.

VETERANS-FOR-CHANGE

**HOMELESS HEROES PROGRAM OF
VETERANS-FOR-CHANGE**

AMVETS GROUP

VETERANS SOCIAL GROUP

**{USAVET} SUPPORTING GOD & ALL WHO
SERVED OUR GREAT NATION**

AMERICANS FOR SOVEREIGNTY





H.R. 303, the Retired Pay Restoration Act

On January 8, 2019, Representative Gus Bilirakis (FL) introduced H.R. 303, the Retired Pay Restoration Act.

This bill would extend concurrent receipt authority to longevity retirees with service-connected disabilities rated less than 50 percent disabling.

Under current law disabled Veterans with longevity retirement from active military service who are also in receipt of a Department of Veterans Affairs (VA) disability determination of 50 percent or higher may retain both military retirement pay and their compensation.

DAV strongly supports H.R. 303 as it would end the unfair policy of forcing many military longevity retirees to forfeit some of their retired pay in order to receive equal amounts of disability compensation from the VA. This legislation is in accord with DAV Resolution No. 104 and would eliminate concurrent receipt for all longevity retirees.

Please use the prepared electronic letter or draft your own to urge your Representative to support and cosponsor H.R. 303. As always, we appreciate your support for DAV and your grassroots activism in participating in DAV CAN. Thank you for all you do for America's Veterans and their families.

TAKE ACTION



Links to Other Stories

You can help VFC by reading articles posted and commenting at the bottom and rate the articles. If

you don't have an account, sign up today, it's FREE. Your comments and rankings tell us what type of information you want most.

1. 'We are dropping like flies' — Former fighter pilots are pushing the Pentagon for earlier cancer screenings
2. VA updates the disability rating schedule for infectious diseases, immune disorders and nutritional deficiencies
3. Congresswomen introduce bill aimed to make preventive health care more affordable for Veterans
4. Advocates plead to keep widow's tax repeal in military policy measure
5. Veterans: It's on you to bridge the civil-military divide
6. Veterans ride their way to recovery
7. VA enhances research and education efforts related to airborne hazards and burn pit exposure with newly restructured research hub
8. VA releases Benefits Administration's 3rd quarter benefits performance results
9. Collier County vows to take action after first homeless Veteran count
10. #VeteranOfTheDay Army Veteran Arthur J. Bridges
11. VA Military Sexual Trauma program enables

trust

12. VA Migrates 23.5 Million Veteran Patient Records To Cerner Data Center

13. VA Doesn't Really Know What It Costs To Run VistA

14. Lubbock County Commissioners to establish Veterans Treatment Court

15. Disability benefits stolen from decorated Veteran

16. They served their country. Why aren't elite colleges serving them better?

17. Insomnia in the military is up 650 percent since 2003 — here's how DoD is hoping to curb that trend

18. Veterans receive free concert, sporting event, family activity tickets

19. Lawmaker: Texas should curb Veteran homelessness using Abilene model

20. Research finds Veterans earn more than non-Veterans

21. Around 50 'tiny homes' for homeless Veterans planned at city-owned site on Milwaukee's northwest side

22. Letter: The privatization of Veterans Affairs health care

23. Tick Facts: Dangers at the height of tick season

24. Zapping mosquitoes from the inside out

25. Better together: DoD, VA collaboration focus of DHITS session
26. Medical devices, MHS GENESIS: DHITS session focuses on ties that bind
27. Flanders rallies health IT professionals to be 'cost warriors'
28. Want to be a Wildland Firefighter? Montana is Training Veterans for Free
29. Veterans Win with Trump Administration's MISSION Act Reforms
30. Executives needed to lead Veteran care in 11 cities
31. California trucking school owner pleads guilty to \$4.2 million scam to defraud Veterans Affairs Department
32. "Eat it or starve:" food causes stress for women Veterans
33. 11 brothers from Alabama, 158 years of US military service
34. Victims of ex-DAV chief still await day in court
35. Local Vietnam Veteran still suffers from struggles caused by Agent Orange
36. 'We Are Going To Be There': Gov. Tim Walz Working To End Veteran Homelessness In Minnesota
37. Spinal cord injury Veterans can now effectively cough

38. Veterans unemployment rose slightly in July, still sits below national estimates
39. VA releases Benefits Administration's 3rd quarter benefits performance results
40. VA achieves critical milestone in its Electronic Health Record Modernization Program
41. For Two Vietnam Veterans battling cancer in Houston, Fisher House is a blessing
42. Women Veterans: Talk to your provider about cervical cancer
43. 4 Tips For Non-Military Trauma Mental Health Claims
44. Up to \$920 million in possible 'illegal, improper' spending on VA charge cards, watchdog report shows

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



Two U.S. Soldiers Killed in Afghanistan

On Wednesday, a spokesperson for the NATO Resolute Support Mission in Afghanistan announced that two American soldiers had been killed supporting combat operations in the country. Since 2001, more than 2,400 U.S. service members have been killed in Afghanistan, and according to the Defense Casualty Analysis System, these most recent losses bring the total number of U.S. deaths in Afghanistan this year to 16. These most recent deaths come just a week after the U.S. Special Representative for Afghanistan Reconciliation returned to Washington, D.C., following an unproductive round of negotiations with the Taliban, and a little more than a month before the country's next presidential election.





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





Be Disaster Prepared With TRICARE

Weather events and natural disasters are, by nature, unpredictable. But you can predict what you should do before, during, and after an emergency. Being prepared for events like wildfires, floods, and hurricanes can help keep you and your family safe. A disaster may change access to your TRICARE benefit, prescriptions, and medical resources.

Read the [full article](#).



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).

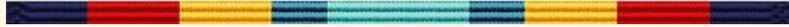
The VRAP was started in 2012 to provide training assistance to unemployed Veterans between the

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



Easier Student Loan Forgiveness for Disabled Veterans

This week, the president directed the Department of Education to find easier ways to wipe out the federal student loan debt of 100 percent permanently & totally disabled veterans. “The debt of these disabled veterans will be entirely erased. It will be gone. They will sleep well tonight,” said President Trump. Veterans who are 100 percent permanently & totally disabled are already eligible to have their federal student loan debt completely erased, but government officials have struggled to get all eligible veterans to take advantage of the program. Earlier this year, Rep. Connor Lamb (D-Pa.) and Senate Veterans’ Affairs Committee Chairman Johnny Isakson (R-Ga.), each sponsored legislation to make loan forgiveness automatic, putting the impetus of clearing the debt on federal agencies instead of veterans. The president’s announcement this week is aiming to fix the same issue. The VFW has called for automatic forgiveness of the student loan debt for these disabled veterans for years, and applauds the president and our members of Congress for making this a priority. [Read the Presidential Memorandum.](#)





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



VA's Smoke-Free Policy Will Include Employees

In June, VA officially publicized a new smoke-free policy for veterans, visitors, volunteers, contractors, and vendors at all VA health care facilities beginning on Oct. 1, 2019. This Wednesday, VA announced that they were able to work with union officials and will be extending the smoking ban to staff as well, however, not until January 2020. The smoke-free ban includes cigarettes, cigars, pipes, and e-cigarettes. The Veterans Health Administration has a number of programs to help veterans quit smoking. [Learn more.](#)





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

You deactivate once you're no longer on active duty as a National Guard or Reserve member. Deactivating is a TRICARE Qualifying Life Event. This means you have 90 days after your deactivation date to change your health plan. You and your family may be able to continue TRICARE coverage while you transition out of active duty service. Your coverage options will depend on if your time on active duty was for a preplanned mission or in support of a contingency operation.

Read the [full article](#).



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



Tricare Dental Users Get Free Cleanings

Active-duty and Guard or Reserve beneficiaries enrolled in Tricare's dental program through United Concordia can get a free cleaning every six months, officials reminded users in a [recent release](#). The plan, which must be purchased by the service member for his or dependents, covers two annual cleanings and two fluoride treatments for children starting at age 1. The plan costs \$11.54 per month for one dependent or \$30 monthly for more than one.



Lawmakers Push for Quick Fix for Veterans Wrongly Billed for \$53M in Emergency Care

More than 30 Senate and House members from both parties pressed Department of Veterans Affairs Secretary Robert Wilkie on Aug. 12 for a quick fix to accounting errors that may have wrongly forced thousands of veterans [to pay for more than \\$50 million in treatment](#) at non-VA emergency facilities. In a letter to Wilkie, the bipartisan group referred to a report from the VA's Office of Inspector General last week charging that the department may have wrongly billed about 17,400 veterans for at least \$53.3 million over a six-month period in 2017. 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



Professional Medical Organizations Express Concern About Cuts to Military Medical Staff

Recently, a group of 17 professional medical organizations have dispatched a joint letter to key legislators that expresses their concern regarding the Administration's proposed cuts (18,000) to military medical staff that is provided in the Senate version of the Defense Authorization bill (S.1790). The letter cautions that these cuts will reduce military medical readiness and will be detrimental to the more than 9 million TRICARE beneficiaries,

including 2 million children, who receive care through the Military Health System (MHS). Proposals to reduce the number of uniformed military health care provider billets threaten access to primary and specialty health care services for service members and their families. Reductions in billets will also reduce the number of military-trained uniformed providers that are needed to deliver essential health services to active duty members, their families and retirees who live near the impacted installations.

The letter notes that Section 716 from the House version of the FY2020 NDAA bill prohibits the Defense Departments from realigning or reducing military medical end strength until analyses are conducted on potential manpower realignments and the availability of health care services in the local area. The letter urges legislators to include this language in the final conference report. A copy of the letter is available on the [website](#).





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



VA Partners With DoD to Upgrade Supply Chain at High Risk for Abuse

The Department of Veterans Affairs announced a partnership with the Defense Department last week to upgrade its supply chain system, which is perennially on a government watchdog agency's "high risk" list for waste, fraud and abuse. The partnership with the Defense Logistics Agency (DLA) will give the VA access to the DLA's worldwide procurement system in an effort to streamline the VA's purchase of everything from medical and surgical supplies to cleaning equipment and construction materials, the VA said in a news release Aug 12. Army Lt. Gen. Darrell Williams, director of the DLA, said the agreement would help the VA reduce costs for supplies. 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





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



**New Podcast - Listen to TRICARE
Beneficiary Bulletin #515**

Listen to the latest podcast to hear about:

- Separating from active duty
- Enrolling in TRICARE using milConnect
- Using other health insurance with TRICARE

Visit the Multimedia Center for this podcast and previous podcasts [here](#).



Disabled Veterans May Get Refund

The Department of Veterans Affairs (VA), Inspector General recently issued a report claiming that more than 53,000 disabled veterans may be owed refunds totaling approximately \$189 million in home loan fees they were incorrectly charged by the VA. Auditors found it "troubling" that senior Veterans Benefits Administration officials were aware in October, 2014 that thousands of exempt veterans were owed refunds, but didn't take adequate action to issue refunds. The auditors estimated that nearly 73,000 exempt veterans were incorrectly charged an estimated \$286 million in funding fees for their VA home loans from 2012 through 2017. During that period, the VA issued about \$97 million in refunds to 19,700 of the veterans -- leaving an estimated 53,200 who may be eligible for refunds.

Based on a sample of 200 home loans made from 2012-2017, auditors found overcharges that averaged \$4,483.

Generally, veterans and service members are required to pay a VA funding fee when they apply for a VA home loan, to defray the VA's cost for administering the loan. However, veterans are exempt from paying a funding fee if they're entitled to receive VA disability compensation. VA funding fees range from 0.5 percent to 3.3 percent of the loan amount. The VA guarantees the loans, which are made through lenders such as banks and credit unions.

The VA Loan Guaranty Service has developed a plan to identify these exempt veterans and to issue the refunds. One issue identified by the Inspector General, and being reviewed by the VA, is how to credit borrowers who, after their loan has closed, were awarded disability compensation with retroactive effective dates, which would have made them eligible for the waiver at the time the loan was given.

In their response to the VA IG, Loan Guaranty Service officials cited other competing priorities: unprecedented growth in the VA home loan

program from 2012 through 2017, with parallel increases in phone call volume, requests for VA certificates of eligibility, and appraisals. In 2014, the VA estimated it would take 12 employees devoted full time for one year to complete the refunds. More recent data indicates it would take at least 30 full-time employees more than a year to complete the process, according to the VA.

Veterans who think they may be eligible for a refund should [go online](#) or call (877) 827-3702 to request a refund.



Another Pleads Guilty in Multi-Million-Dollar Scam of VA Spina Bifida Program

A phony home care businessman has pleaded guilty to paying more than \$1 million in bribes to a Department of Veterans Affairs employee, who allegedly set up an elaborate scheme to defraud the VA's benefits program for children diagnosed with spina bifida of nearly \$20 million, according to the U.S. Attorney's office in Denver. In his guilty plea, Roland Brown, 58, of Clearwater, Florida, admitted to being long-time friends with the employee and to working with him to set up a bogus home care company called Legacy Home Health, whose purpose was to submit false claims to the VA. Read more [here](#).





H.R. 2200, the Keeping Our Promises Act

On April 10, 2019, Representative Bruce Westerman (AR), introduced H.R. 2200, the Keeping Our Promises Act. This legislation would add multiple diseases to the presumptive disease list for Agent Orange exposure.

In the Veterans and Agent Orange update in 2016, the National Academy of Medicine (NAM) committee concluded there was compelling evidence for adding bladder cancer and hypothyroid conditions to the presumptive disease list. Further, the study clarified that Vietnam Veterans with "Parkinson's-like symptoms," but without a formal diagnosis of Parkinson's disease, should be considered under the presumption of Parkinson's disease.

In November 2017, the VA issued a press release noting they were exploring these new presumptive conditions related to herbicide exposure. However,

to date, the VA still has not added the NAM recommended presumptive diseases, or provided an update to its 2017 press release.

In the Veterans and Agent Orange: Update 11, released in November 2018, the NAM concluded that there is sufficient evidence of an association between Agent Orange and the development of hypertension. The report elevated hypertension from suggestive evidence to sufficient evidence of a link. The VA has not taken any action on adding hypertension since the November 2018 report.

H.R. 2200 will add bladder cancer, hypothyroidism, "Parkinson's-like symptoms," and hypertension to the presumptive disease list for Agent Orange exposure. All four of these diseases are recommended for inclusion by the National Academy of Medicine.

DAV strongly supports H.R. 2200 as it is aligned with DAV Resolution No. 174, which calls for the addition of these presumptive diseases. Please use the prepared letter or draft your own to urge your Representatives to support and cosponsor H.R. 2200.

Stand with us and support the addition of these

diseases as presumptive to Agent Orange. Thank you for your continued support of the DAV Commander's Action Network.

TAKE ACTION



H.R. 553, Military Surviving Spouses Equity Act

On January 15, 2019, Congressman Joe Wilson introduced H.R. 553, the Military Surviving Spouses Equity Act. This bill would eliminate an unfair offset placed on many surviving spouses of service

members who pass away during active duty or spouses of retirees who die of a service-connected disability.

Currently, purchased Survivor Benefit Plan (SBP) annuities are offset by the amount of any benefit payable under the VA Dependency and Indemnity Compensation (DIC) program. SBP is not a government gratuity benefit; rather, it is a type of insurance purchased out-of-pocket by military retirees for their survivors while DIC is a VA benefit intended to provide spouses of Veterans who died from a service-connected condition some semblance of financial security. Thousands of survivors of military retirees are adversely affected by this unfair offset between SBP and DIC benefits.

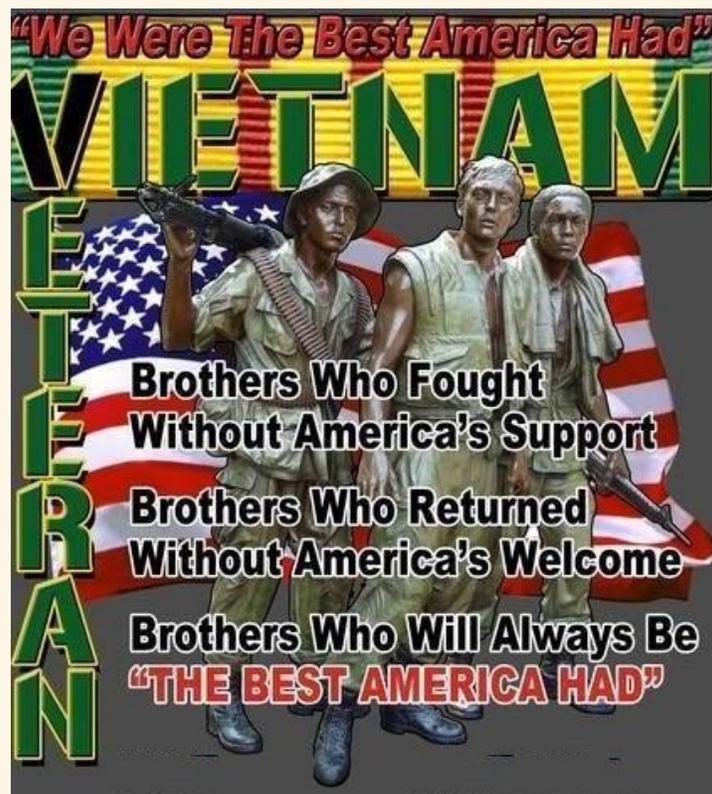
Upon the retiree's death, the SBP annuity is paid monthly to eligible beneficiaries; however, if a surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit (currently \$1,283.11 per month). In general, when DIC benefits are payable but the monthly rate is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

This bill would eliminate the offset and allow surviving spouses to receive both the purchased

SBP annuities and their earned DIC benefits. This bill is in accordance with DAV Resolution No. 014, which calls for Congress to repeal the offset between SBP annuity payments and DIC payments.

Please use the prepared letter to write your Representative to cosponsor and support passage of H.R. 553, the Military Surviving Spouses Equity Act. Thank you for your efforts and support of the Commander's Action Network.

TAKE ACTION





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



**Congressman Claims Evidence Links
Lyme Disease to US Military
Bioweapons Research**

A lawmaker who wants the Pentagon to investigate whether military biological weapons experiments with ticks cause Lyme disease insists he is not spreading conspiracy theories. "Why wouldn't we want to know?" Rep. Chris Smith (R-N.J.) told Task & Purpose. "Let the IG [inspector general's office] decide that -- and put this to bed forever -- if indeed it's a fable, if it's untrue." Smith authored an amendment to the House version of the Fiscal 2020 National Defense Authorization Act [that would require the Pentagon to investigate whether the military released infected ticks onto an unsuspecting American public](#) "by accident or experiment design." But experts say they are skeptical of any link between U.S. military bioweapons research and the outbreak of Lyme disease. 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 & 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

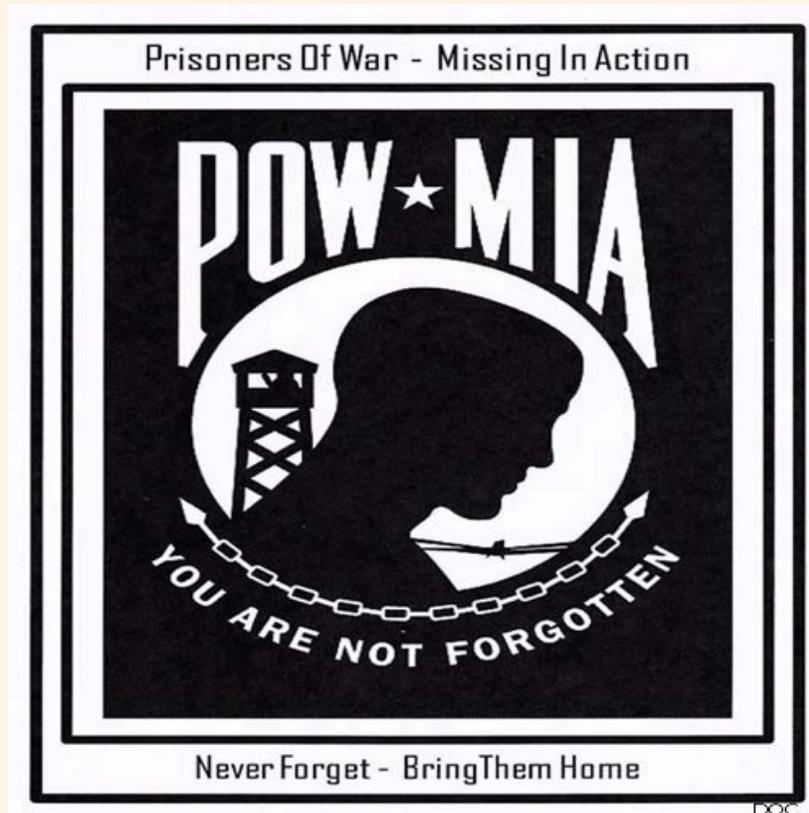


VA Is Changing GI Bill Payment Amounts for Some Online Classes

GI Bill students enrolled in courses that combine distance and in-class learning will soon get paid a full housing allowance thanks to a change by the Department of Veterans Affairs.

The change impacts "hybrid courses," which the VA defines as any course that combines both classroom training and distance learning, often conducted online. Starting Aug. 19, hybrid courses will be considered residence training for GI Bill purposes, triggering the Monthly Housing Allowance (MHA) to be paid accordingly. Until now, a student enrolled in hybrid classes was eligible for only half the national average MHA, a much lower payout than the full residence rate in almost all cases, unless their class met several stringent requirements. Learn more on [here](#).





S. 374/H.R. 1092, the Servicemembers and Veterans Empowerment and Support Act of 2019

Senator Jon Tester (MT) and Representative Chellie Pingree (ME) introduced S. 374 and H.R. 1092, the Servicemembers and Veterans Empowerment and Support Act of 2019.

This legislation will codify VA regulations regarding the adjudication of claims for mental health conditions, including post-traumatic stress disorder, associated with experiencing Military Sexual Trauma (MST). It would also add technological abuse, defined as "behavior intended to harm, threaten, intimidate, control, stalk, harass, impersonate, or monitor another person, [...] that occurs via the Internet, through social networking sites, computers, mobile devices [...] to the types of trauma and resulting conditions for which survivors may seek benefits and health care. Finally, the bill would require VA to re-establish specially trained teams to adjudicate MST-related claims for mental health conditions and to report annually to Congress to ensure that these claims are adjudicated equitably.

VA's regulations for adjudicating claims for mental health conditions stemming from MST allow the Department to consider sources such as a statement from police, a rape hotline, or corroborating reports from friends, relatives or roommates to substantiate a claim. However, in 2017 the Inspector General (IG) issued a report indicating VA had discontinued the specialized training and handling of MST-related cases which

resulted in discrepancies in the outcome of many of these claims.

The IG reported it found that VA's manuals related to processing these cases were outdated and that more than half of the MST-related PTSD claims had been inappropriately developed and considered. This legislation will help to re-establish protocols for developing and adjudicating these cases thereby eliminating the disparity between awards for MST-related PTSD claims and other PTSD claims.

This bill is consistent with DAV Resolution No. 042 which calls for VA to conduct rigorous oversight of adjudication personnel who are responsible for evaluating disability claims associated with military sexual trauma and review of data to ensure existing policies are being faithfully followed and standardized in all VA regional offices.

Please ask your elected officials in Congress to cosponsor and support for final passage of S. 374/H.R. 1092.

Thank you for your support of the DAV CAN-Commanders Action Network.

TAKE ACTION



VA Updating Schedule of Rating Disabilities (VASRD)

The Department of Veterans (VA) is updating its Schedule of Rating Disabilities (VASRD) to align with current medical knowledge. The most recent portion of the disability schedule to be updated is the section covering infectious diseases, immune disorders and nutritional deficiencies.

The federal regulation for the disability rating criteria is being rewritten to update medical terms and to more accurately reflect the changes that medicine and treatment have undergone since the original code was written in 1945.

This most recent update pertains to the VA's rating schedule that covers different diseases and sections of the human body. The new rating schedule for infectious diseases, immune disorders and nutritional deficiencies joins updates for dental and oral conditions; conditions related to the endocrine system; gynecological conditions and disorders of the breast; diseases of the eye; skin conditions; and the hematologic and lymphatic systems. Any claims in these three areas that were

pending on Aug. 11, 2019, will be considered under both the new and old rating schedules with the more favorable rating result going to the veteran. All claims that were filed on or after Aug. 11, 2019 will be rated on the new standards.

The VA uses the collection of federal regulations to determine exactly what is considered a disability related to military service and to compute any disability compensation payments.



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



**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



Veterans Wanted: NYU Langone Health

At NYU Langone Health, we're made of the stuff that gets the job done. Our teams are driven by a shared mission to serve our patients and communities by providing them with world-class care. We strive for excellence, but we can't achieve it without skillful and talented people like you.

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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. Edwards Lifesciences, LLC, Recalls SAPIEN 3 Ultra Delivery System Due to Burst Balloons During Surgery, Which May Result in Vascular Injury, Bleeding, or Surgical Intervention
2. AWERS, Inc. Recalls Grained Salmon Caviar 95g Because of Possible Health Risk
3. Danger: Don't Drink Miracle Mineral Solution or Similar Products
4. Altaire Pharmaceuticals, Inc. Issues Voluntary Recall Of Veterinary Ophthalmic Products
5. Allergy Alert for Undeclared Egg in "Decorated Red Apple Cookies" Issued by Southern Pacific Whole Foods Market Stores



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



VA Seeking Input on FSGLI Coverage for Stillborn Children

The Department of Veterans Affairs is seeking the public's input on Family Servicemembers' Group Life Insurance (FSGLI) coverage of stillborn children. FSGLI is a life insurance program for spouses and dependent children of military members insured under SGLI. By law, children are automatically covered under the program with \$10,000 of life insurance at no cost, and coverage begins either on the date of birth or on the date a child becomes a legal dependent. Public Law 110-389, the Veterans' Benefits Improvement Act of 2008, [expanded the definition of "insurable dependent"](#) for SGLI purposes to include a member's stillborn child. The VA is proposing to amend that definition to allow reliance upon the fetus' gestational age even if the fetus' weight is known. As a result, a fetus whose duration in utero is 20 completed weeks of gestation but which weighs less than 350 grams would qualify as a "member's stillborn child." Read more [here](#).





S. 154, VA CLEAR Act of 2019

Senator Jon Tester, Ranking Member of the Senate Committee on Veterans' Affairs, introduced S. 154, the Department of Veterans Affairs Contract, Leadership, and Ensuring Accountability and Reform Act of 2019, or the VA CLEAR Act of 2019. The bill will allow VA to establish measures for contractors that help it oversee implementation of the VA MISSION Act and other large contracts that are vital to ensuring the quality of care for our nation's Veterans.

Contracts would need to include: measurable metrics to assess performance; a plan of action and milestones for provision of services; safeguards to ensure a minimal level of quality offered by the contractor; appropriate measures for awards or incentives; and a requirement that the service provider document performance using information technology so the VA Secretary can ascertain the quality of services rendered.

For larger contracts (those worth more than \$2 billion), VA must submit to Congress justification for the contract and how it intends to pay for it in future years. Such contracts will also be reviewed by both VA's Inspector General (IG) and the GAO-Government Accountability Office to ensure the contractor is meeting the performance metrics in its contract. The Act also requires an independent third party to review VA's financial processes and actuarial and estimation models and for VA to submit any requests for funding outside of the normal budget process at least 45 days before the program requiring funding is affected along with justification for the needed funds. The bill would grant the IG with subpoena power over individuals associated with contract work under review who are not federal employees and require VA to

provide centralized records on all administrative investigation board reviews and referrals of clinicians to state licensing boards.

VA has not clearly established performance measures for quality or access to contractors in its proposed regulations. See [DAV comments](#) about VA's proposed regulations on access and quality standards here. As VA begins to implement the VA MISSION Act-its new broad authority for community care-and develops its integrated community care network, it must have comparative information from VA and its community providers that allows it to make clinical decisions in the best interest of Veterans.

Please use the prepared email or write your own letter to your Senators to ask them to cosponsor the VA CLEAR Act of 2019.

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

TAKE ACTION



AAFES Warns of New Scam Involving Vehicle Sales

The Army and Air Force Exchange Service (AAFES) is warning the public that scammers are once again trying to take advantage of military members, veterans and their families. This time, scammers are using the name "Exchange Inc." in an attempt to trick unsuspecting types into believing they are dealing with AAFES while buying used vehicles and engines. In a news release on its website, AAFES says that the scammers are attempting to fool military members into thinking they are working with AAFES, pretending the exchange is brokering the sale of used cars, trucks, motorcycles, boats and boat engines. Read more [here](#).



**Tax & Credit
Information**



1. Taxpayers with expiring ITINs should renew them now
2. IRS automatically waives estimated tax penalty for eligible 2018 tax filers
3. Here's what taxpayers should know about the new IRS Tax Withholding Estimator
4. Tax planning should include a Paycheck Checkup
5. Tax pros should review new checklist with steps to protect data
6. IRS Video Portal features tax info for small businesses and employers
7. Security Summit warns of new IRS impersonation email scam; reminds taxpayers the IRS does not send unsolicited emails
8. Employers who provide leave might qualify to claim valuable credit



H.R. 663/S. 191, Burn Pits Accountability Act

On January 17, 2019, Representative Tulsi

Gabbard (HI) introduced H.R. 663, the Burn Pits Accountability Act in the House and Senator Amy Klobuchar (MN) introduced a companion bill, S. 191, in the Senate.

Since the Persian Gulf War, a common waste disposal practice at military sites outside the United States was the use of burn pits. Smoke from these pits contained toxic substances that may have short- and long-term health effects, especially for those who were exposed for longer periods. Many service members reported acute symptoms of respiratory or eye irritation, gastrointestinal distress, or rashes during or shortly after exposure, but the research thus far has been inconclusive about whether there are longer lasting consequences to these exposures as many Veterans, who are still struggling with health conditions that arose during or after military service believe.

Both bills would require the Secretary of Defense to ensure that periodic health assessments ascertain whether a service member has been at a location when an open burn pit was used or exposed to toxic airborne chemicals. It will further require the Secretary to enter into an information sharing agreement with the Secretary of Veterans Affairs

(VA). If a service member was exposed, the VA Secretary will enroll the member into the VA Airborne Hazards and Open Burn Pit Registry, unless the member elects not to enroll.

In agreement with DAV Resolution No. 069, DAV supports H.R. 663 and S. 191-legislation that would ensure that exposure to burn pits and airborne chemicals are recognized by both the Departments of Defense and Veterans Affairs.

Thank you for all you do for America's wartime service-disabled Veterans and their families.

TAKE ACTION





S. 1392, the Support for Suicide Prevention Coordinators Act

Suicide prevention coordinators (SPCs) play a pivotal role in helping connect veterans at risk of suicide to services and supports within the Department of Veterans Affairs (VA). They connect veterans identified as most at risk of suicide, using the VETS-REACH program, to services and

supports and reach out to veterans who are referred through VA's very active Veterans Crisis Line to refer them to appropriate care.

VHA requires each VA medical center and large community based outpatient clinic to have a full-time SPC, however there is no requirement for VHA to document that all VA medical center positions are filled or that SPCs are properly qualified and trained to perform their duties. System wide, there may be significant differences in the qualifications, workload, and additional responsibilities of SPCs. Since qualifications for SPCs are not specified in VHA policy and workloads may vary significantly, VHA may not be providing adequate training, support and oversight for all incumbents.

S. 1392, the Support for Suicide Prevention Coordinators Act, would require the Government Accountability Office to conduct an assessment of the responsibilities, workload, and vacancy rates of VA's suicide prevention coordinators. A related bill, H.R. 2333, has already been approved by the House of Representatives and sent to the Senate.

DAV strongly supports this legislation in accordance with Resolution No. 293, which calls on VA to support program improvements, data

collection, and reporting on suicide rates among veterans and service members as part of a robust and fully resourced mental health effort.

Please write your Senators to ask them to cosponsor this important legislation. Thank you for participating in the DAV National Commander's Action Network.

TAKE ACTION



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

Senators Young (IN) and Duckworth (WI) have introduced S. 1881, and Representatives Gosar (AZ) and Kirkpatrick (AZ) have introduced a companion bill, H.R. 3356. If enacted, this bill, the Veterans Expedited TSA Screening (VETS) Safe Travel Act, would provide free TSA Pre✓ (R) clearance to veterans with severe disabilities.

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

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

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

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

TAKE ACTION



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H.R. 1963, Expanding Care for Veterans Act

Like other Americans, Veterans have grown increasingly interested in complementary treatment options to enhance wellness or address symptoms that are not well managed with conventional medicine. A 2014 study found that service

members experienced chronic pain at a much higher rate (44% post combat) than the general population (26%). Veterans were also far more likely to be prescribed opioids compared to non-Veterans (15% v. 4%) to manage their chronic pain. Many Veterans view complementary and integrative treatment approaches as a means to limiting or avoiding the use of opioids and other pharmaceuticals that may have adverse side effects.

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

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

- Require VA to develop a plan for expanding delivery and integration of complementary medicine within the Department;
- Create a 3-year pilot program to add complementary and integrative practices to the existing health benefits package in at least 15 VA medical centers and evaluate the effectiveness of these interventions for Veterans with mental health

issues, chronic pain and other debilitating conditions;

- Require a study to determine barriers to Veterans' receipt of and administrators and clinicians' delivery of complementary and integrative health practices furnished by or through VA; and
- Create a grant program to complement services of individuals receiving counseling through VA's Vet Center programs.

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

TAKE ACTION



MIA Update

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

Marine Corps Pfc. Billy E. Johnson was a member of 1st Marine Division, attached to the U.S. Army's 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division. He was reported missing in action on Nov. 30, 1950, when enemy forces attacked his unit near the Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Johnson.](#)

Army Sgt. 1st Class Phillip C. Mendoza was a member of Battery D, 15th Anti-Aircraft Artillery, 57th Field Artillery Battalion, 31st Regimental Combat Team. He was reported missing in action on Dec. 2, 1950, when enemy forces attacked his unit near Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Mendoza.](#)

Army Pfc. Junior C. Evans was a member of Company I, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 12, 1950, in the vicinity of the Chosin Reservoir, North Korea. However, accurate accountability of troops was often difficult due to the chaotic environment and Evans likely went missing

during a battle between Nov. 27 and Dec. 6, 1950. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Evans.](#)

Marine Corps Reserve Pfc. Raymond Warren was a member of Company K, 3rd Battalion, 8th Marine Regiment, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. In November 1943, approximately 1,000 Marines and sailors were killed, and more than 2,000 were wounded during the fighting. Warren died between the first and second day of battle, Nov. 20-21, 1943. Interment services are pending. [Read about Warren.](#)



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