



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, September 08, 2019

Volume 10, Issue 36



This-N-That

It's bad enough Veterans die on a daily basis from lack of medical care, lack of benefits to care for them and their family. But now we have medical staff murdering Veterans on VA property.

This among many other reasons is why I've been pushing and insisting that all "old guard" staff be let go and replace with those who are truly caring, compassionate, and want to do the job and do the job properly and live up to their commitment of

"first do no harm!"

This include not just licensed staff, but also VA Facility Directors who have learned the play the game and play the game to their own benefit.

And it seems from what I see, read and hear that our current Secretary of the VA is doing nothing less than pushing his own agenda and ignoring the duty to which he was charged to carry out.

This also carries on to all those who handle, process/review claims and make determinations as to who does and who does not get benefits.

Seriously, how many Veterans lives does it cost to get what is right, earned, just and always slow in coming, and coming if at all!

Same I could say holds true with politicians!

We have many bills before both the House and Senate, and most if not all of them have made campaign promises to get a bill out there and then passed.

How many bills have been drafted and presented,

but either never made it out of committee, or never passed on the floor? It's an answer I've failed to keep up on, but I do know of many bills drafted for some of the very same things all through out this newsletter have been presented over and over again during the past thirteen years,

These are just some of the many reasons why it's so important to be vocal, be pro-active, to make politicians listen to all of us, and to take the actions needed to fulfill not only campaign promises, but to uphold the promise to take care of all those who have served.

Suicide is still on the rise both in the military as well as with Veterans, have we seen any real improvement in mental health care in the VA?

In some areas, some VA Medical Centers, Yes we has, but across the board absolutely NOT! It's taking way too long to get claims approved for PTSD, TBI, where it seems other claims get processed faster, mainly from what we can see, the costs are far less.

There are many times I wish we had someone on the "inside" to help us get many of the answers to the questions we've been asking, but that's close to impossible as it would be just like how those who do blow the whistle are treated.

So please, even if you think it's a waste of time, your reps in DC won't or don't listen, please send the E-Mails, make the follow up calls, and do this every single week, and be sure to pass on to family friends, anyone you can think of and get them involved too!

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-ins 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



Authorities Investigating 'Person of Interest' in Suspicious Deaths at VA, Senator Says

Multiple investigations have focused on a "person of interest" and possible wrongful injections of insulin in the suspicious deaths of several veterans at the Louis A. Johnson VA Medical Center in Clarksburg, West Virginia, according to Sen. Joe Manchin, D-West Virginia. A wrongful death suit filed against the Department of Veterans Affairs in August by the family of one of the veterans charges that an autopsy performed by an armed forces medical examiner ruled the 2018 death of 82-year-old retired Army Sgt. Maj. Felix Kirk McDermott a homicide. The lawsuit also charges that there were nine or 10 other suspicious deaths at the Clarksburg facility, according to the Clarksburg Exponent Telegram newspaper, which first reported on the allegations. Read more [here](#).



Columbus Veterans Day Parade - 2019

The Military / Veterans Education Foundation (MILVETS) is proud to announce that the Columbus Veterans Day Parade will be held on Friday, November 8, starting at Nationwide Blvd and High St. and ending at the National Veterans Memorial and Museum on Broad St. across from COSI The parade will start staging on Nationwide Blvd., between Neil and High St. and will step off promptly at Noon.

This year we will be celebrating "The Greatest Generation" remembering the 75th anniversary of D-Day this year and the 75th anniversary of the end of WWII next year. The Participation Application Form is available below and is due in to MILVETS no later than Friday, November 1, 2019. There is also a link to the parade poster below.

We are looking for Military Veterans that served in WWII to participate. WWII Veterans should contact Jane Lengal at (614)353-0609.

For more information, see our [website](#).



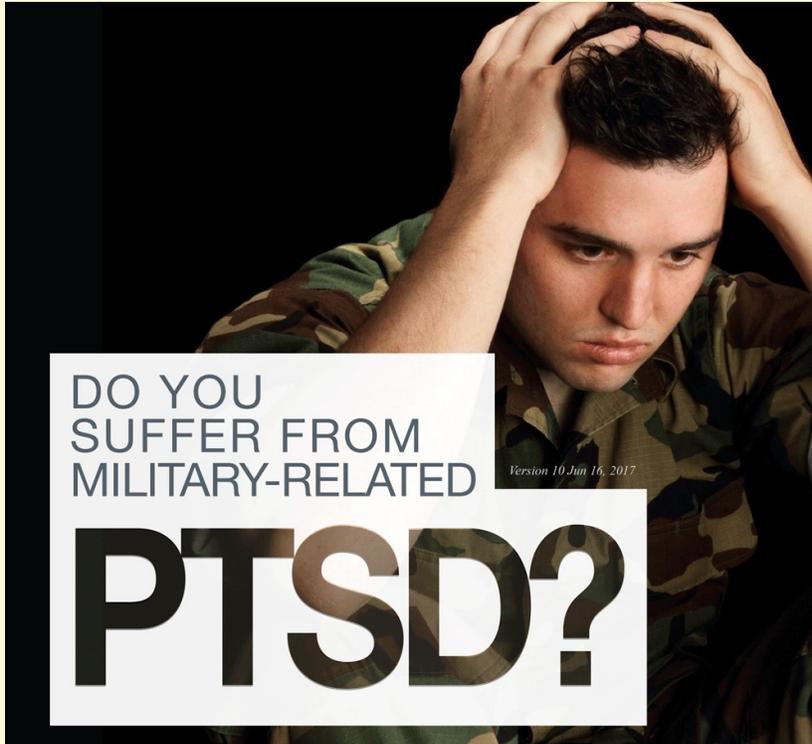


Ask Senators to Support House NDAA Provisions

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

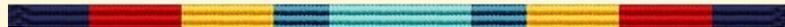
House Armed Services, Military Personnel Subcommittee, has introduced the “Sergeant First Class Richard Stayskal Military Medical Accountability Act” (H.R. 2422), which would allow military service members to sue the Department of Defense for instances of medical malpractice unrelated to their military 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 **3,405** hits per day, and downloads average **3,328** per day with a total **5,350,313** visitors as of Friday.

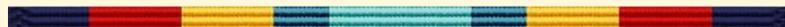
If you subscribe you will have full access to the entire website and best of all it's **FREE of charge!** You just need a valid E-mail address so the system can send you a confirmation E-Mail. Once received, click on the link to be authorized automatically.

www.Veterans-for-change.org

- Documents Library with over **17,663** documents in 148+ Libraries, added 192 documents on-line (Updated: 08/27/19)
- 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: **8,908**)
- Polls

- Web Links, more than **5,070**, Added 14 New Links (Updated: 08/29/19)

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



**New Citizenship Policy to Affect
Roughly 25 Military Children Per
Year, Officials Say**

Following the disastrous rollout of a policy that delineates U.S. residency requirements for the purpose of U.S. citizenship as it applies to children born abroad, U.S. Citizenship and Immigration Services on Thursday sought to clarify the changes, saying in a conference call with reporters that its data indicate the measure would affect only "20 to 25 children a year." The policy, issued Wednesday, spells out what the department deems residency in terms of U.S. citizenship considerations of offspring born overseas. Read more [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





Senators Push for Elimination of Widows Tax

Senators Doug Jones (Ala.) and Susan Collins (Maine) recently sent a bipartisan letter - co-signed by 64 of their Senate colleagues - to the chairmen and ranking members of both the House and Senate Armed Services Committees calling on them to ensure the House-passed provisions to repeal the SBP/DIC offset (Military Widow's Tax) remains in the final version of the National Defense Authorization Act (NDAA-HR 2500-S. 1790). Senators Jones and Collins were unsuccessful in their efforts in June to amend the Senate NDAA.

However, the House NDAA includes this FRA-

supported provision. The final bill is currently being negotiated between the House and the Senate. The final bill will be voted on by both chambers and if approved will go to the President to be signed into law or vetoed.

If signed into law, this legislation will repeal the unfair law that prevents as many as 67,000 surviving military spouses nationwide from receiving their full Department of Defense and Department of Veterans Affairs survivor benefits. Currently, military widows and widowers who qualify for the VA's Dependency and Indemnity Compensation (DIC) are forced to take a dollar-for-dollar offset from the Survivors Benefits Plan (SBP) benefit, even though retirees elected to pay into the program.

Legislation to repeal the Military Widow's Tax has been repeatedly introduced in the Senate and House over the past 18 years, but this is the first time this provision has been included a bill that has passed either chamber of Congress. The text of the letter can be found [online](#).





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.

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. [Let's Roll: NCA and Carry The Load host a National Day of Service on September 11](#)
2. [Trump to grant student loan forgiveness for disabled Veterans](#)
3. [Local Thrift store offers homeless Veterans hope](#)

4. Citizenship will no longer be automatic for children of some US military members living overseas
5. This Company Is Offering Cannabis For U.S. Military Veterans At A 30% To 50% Discount
6. Former Army Ranger behind Veteran-owned company on allegation that he's profiting off war and tragedy
7. Despite inter-agency best efforts, VA can't eliminate Veterans homelessness without expanding its reach
8. McAllen VA and Food Bank partner to fight hunger
9. Wilkie Promises No VA Budget Cuts in 2021 Request
10. Pentagon Struggles to Address Service Member Suicides
11. Is DoD moving too quickly to merge commissaries and exchanges?
12. VA says "Don't Go it Alone" on International Overdose Awareness Day

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



Traveling or Moving? TRICARE Dental Program Goes With You

When making plans to travel or move, know how your dental benefit goes with you. If you're enrolled in the TRICARE Dental Program (TDP), you're covered around the world, whether moving to a new duty location or traveling on leave.

Read the [full article](#).





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



DHA will Manage DoD Healthcare

Effective Oct. 1, 2019 the Department of Defense will begin consolidating military hospitals and clinics under a single agency. The Army, Navy and Air Force will begin a two year transition to shift administration and management of their medical facilities to the Defense Health Agency (DHA) by October 2021.

"For the first time in our modern military's history, a single agency, the DHA, will be responsible for all the health care the Department of Defense delivers to our 9.5 million beneficiaries," Bono said. "Whether you receive your care at an on-base facility or through our TRICARE civilian networks, DHA will oversee your care. This consolidation will drive higher levels of readiness for operational and medical forces and integrate health care services to standardize practices across the entire Department, which means patients will have a consistent, high-quality health care experience, no matter where they receive

their care."

This change was mandated in the National Defense Authorization Act (NDAA) of 2017 that included sweeping changes to military healthcare. Congress, among other changes, wanted a single agency to be responsible for the administration and management of all military hospitals and clinics. DHA will be responsible for health care delivery and business operations across the Military Health System including budgets, information technology, health care administration and management, administrative policies and procedures, and military medical construction.



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



As 3-Star Head of Defense Health Agency Exits, Changes to Empower Military Patients Continue

When Vice Adm. Raquel Bono became director of the Defense Health Agency in 2015, her to-do list was lengthy. She joined the agency just as the Defense Department invested in a new electronic health records system, established geographic "markets" to support military hospitals and facilities in various regions, and was on the verge of awarding multimillion-dollar contracts for two realigned Tricare regions. What she didn't foresee — and what happened within her first 18 months in office — was the consolidation of Tricare programs and the assignation of all military health facilities to the Defense Health Agency, or DHA, a change that began last October with some facilities in North Carolina, Florida, Mississippi and South Carolina. Another change coming to the military facilities and Tricare users is an emphasis on quality of care, rather than quantity of services provided. Read more [here](#).



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



Concurrent Receipt

Seek the enactment of legislation that authorizes comprehensive expansion of concurrent receipt of uniformed services retired pay and VA disability compensation, by expanding Concurrent Retirement and Disability Payments (CRDP) to

beneficiaries with 20 or more years of service with less than 50 percent disability rating and all those medically retired with less 20 years of service (Chapter 61) who are not eligible for concurrent receipt.

Uniformed Services Retirement System

- Oppose any initiatives which would further reduce the value of the military retirement benefit earned after 20 years of service.
- Ensure that the Department of Defense (DOD) develops and executes in advance of the implementation date of the blended retirement system (Jan. 1, 2018), a financial education program that provides both service members and their spouses with the knowledge and information necessary to help them better understand the new retirement system and to better enable them to make sound financial decisions required to achieve success under the new retirement system.
- Seek legislative change to the new blended retirement system to extend the period of government matching funds beyond 26 years to actual retirement.

- Oppose any delay of employer matching contributions for the newly created "portable" Thrift Savings Plan (TSP) which starts after 3 years of service.
- Amend the new blended retirement system to increase the government matching from 4% to 5%.
- Oppose any efforts to eliminate or reduce the mandatory 12 years of service bonus in the blended retirement program if the service member signs up for 4 more years.
- Ensure that "lump sum" payouts to retirees under the new blended retirement system are commensurate with the service rendered and indexed to increase with inflation.
- Protect and sustain the current retiree health care benefit, by opposing proposals to constrain the growth of health care spending by shifting an inappropriate and disproportionate share of costs to beneficiaries.
- Oppose any attempts to degrade retiree benefits associated with military commissaries, exchange facilities, family support services, and Morale, Welfare and Recreation activities.





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.

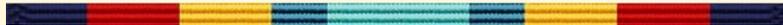
S.555 and H.R.1377 will expand recognized radiation risk activities to include the cleanup of Enewetak Atoll from January 1, 1977, to December 31, 1980. These bills will provide presumptive exposure to thousands of Veterans who participated in the testing and clean-up and who were previously excluded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



**Retirees Could Receive Tricare
Refund Check**

Military retirees who paid annual Tricare Prime enrollment fees in 2018 or 2019 could soon see a refund check in the mail, thanks to a new change to how the system calculates their annual out-of-pocket maximum payment. After a set of sweeping Tricare reforms went into effect in 2018, the annual fee paid by retirees to use Tricare Prime no longer counted toward the yearly out-of-pocket max. That meant some families were faced with an increase of about \$600 in their yearly Tricare spending. Now, a new Tricare change, retroactive to 2018, will allow annual enrollment payments to count toward the cap once again. 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



**Featured Employer: Smithfield Is
Hiring Veterans**

Be proud of the company you work for. As the world's largest pork processor and hog producer, Smithfield Foods is passionate about producing good food the right way. [We are hiring Veterans now.](#)



Cost-of-Living Adjustments (COLAs)

- Guard against any discriminatory treatment of uniformed services retired members compared to other federal retirement, or federal COLA-eligible, by maintaining/enhancing the equity of annual COLAs.
- Oppose the adoption of the proposed a "chained" Consumer Price Index (CPI) which would devalue military retirement and disability compensation.
- Monitor any proposed Bureau of Labor and Statistics (BLS) adjustments to the Consumer Price Index (CPI) calculation process.
- Ensure continued fulfillment of Congressional COLA intent, as expressed in House National Security (HNSC) Committee Print of Title 37, USC: "to provide every military retired member the same purchasing power of the retired pay to

which he/she was entitled at the time of retirement [and ensure it is] not, at any time in the future...eroded by subsequent increases in consumer prices."

- Ensure equal treatment of all uniformed service personnel, to include NOAA/USPHS/USCG personnel, in conjunction with any retirement/COLA legislation.
- Monitor action on Budget Resolution, Omnibus Budget Reconciliation, Social Security reform initiatives, and other proposals to guard against discriminatory treatment of uniformed services retired members.





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



Public Health Possibly Endangered at Fort Carson by 'Parrot Fever' Last Year: Report

Authorities at Fort Carson potentially exposed the community to "parrot fever" when they failed to replace the carpeting in a privatized base home after a spouse contracted the highly contagious illness, a military medical report said. The 24-year-old wife of a junior-enlisted soldier at the Colorado Army base likely contracted the illness from a cockatiel she'd raised from a chick, last month's Medical Surveillance Monthly Report said. The report blamed Balfour Beatty Communities, a private company that came under congressional scrutiny along with other base housing providers earlier this year after reports of squalid homes and numerous service member complaints surfaced throughout the military. However, a company spokeswoman said it was never informed of any public health concerns by the Fort Carson health department, the garrison, the resident or anyone else. Read more [here](#).





S. 980, the Homeless Veterans Prevention Act of 2019

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

DAV supports this legislation in accordance with

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

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

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

TAKE ACTION





**Our values
match yours.**



www.veterans-for-change.org



Navy Housing Survey Shows Poor Rank for Virginia's Hampton Roads

The Navy wanted to know how sailors and their families living in privatized military housing felt about their homes. Turns out, those in Hampton Roads are less satisfied than most. Their experiences with their homes and the company that manages them, Lincoln Military Housing, ranked 40th out of 42 installations for overall satisfaction, according to the results of a national survey. Across the country, the Navy's housing scored 70 for overall satisfaction, or "average," according to the survey, which was completed by CEL & Associates. 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.

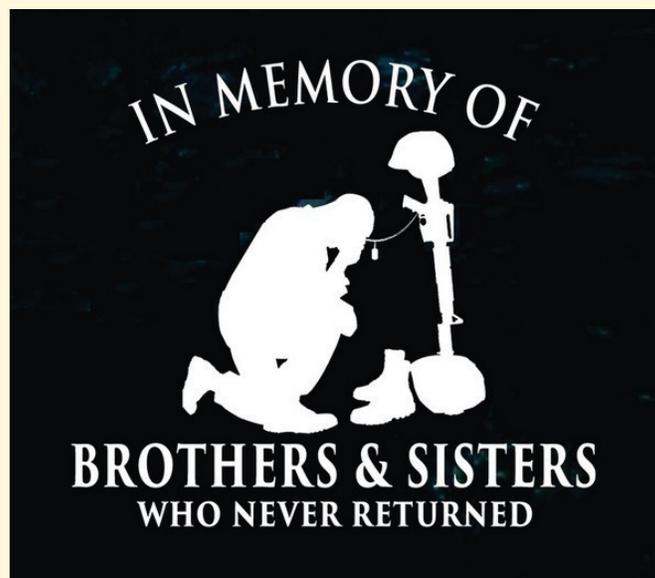
Standing up for Veterans is vital and we thank you for your advocacy. Your actions help make DAV a highly influential and effective organization in Washington. Thank you for all you do for America's Veterans and their families.

TAKE ACTION



Disability Retirement Reform

- Ensure the principles of the DOD disability retirement/VA disability compensation are not compromised.
- Ensure any restructure of the DOD and VA disability and compensation systems does not inadvertently reduce compensation levels for disabled service members.
- Oppose distinguishing between disabilities incurred in combat vice non-combat when determining benefits eligibility for retirement.





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



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



Disability Severance

- As an interim step, expand eligibility to include all combat-related injuries (not just those incurred in a combat zone), using same definition defined under combat related special compensation (CRSC);
- Ultimately, expand eligibility to include all service-connected disabilities; there should be no distinction made between members disabled in combat vice members with non-combat, service-caused disabilities.





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



DoD Begins Next Military Hospital Consolidation Phase

The Defense Department is getting ready for the next step in consolidating all military hospitals and clinics under the Defense Health Agency. On Oct. 1, the Army, Navy and Air Force will begin the last two years of transition, shifting administration and management of medical facilities under the DHA, according to a recent news release. The change was mandated in the 2017 National Defense Authorization Act and is intended to streamline operations and reduce redundancy. The DHA will be responsible for health care delivery and business operations across the Military Health System, including budgets, information technology, health care administration and management, administrative policies and procedures, and military medical construction. Between Oct. 1, 2019, and Oct. 1, 2021, transition efforts will focus on developing centralized administration and management; establishing 21 large health care markets; establishing a small-market and standalone military treatment facility organization for facilities and clinics not aligned to a large market; and establishing defense health regions overseas. Read more at [AF.mil](https://www.af.mil).



Reduced Retirement Age for Guard and Reserve Personnel

Support legislation that recognizes the service and sacrifice of Reserve Component members, by authorizing early retirement credit for all active duty service by all Guard and Reserve members since Sept. 11, 2001.



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

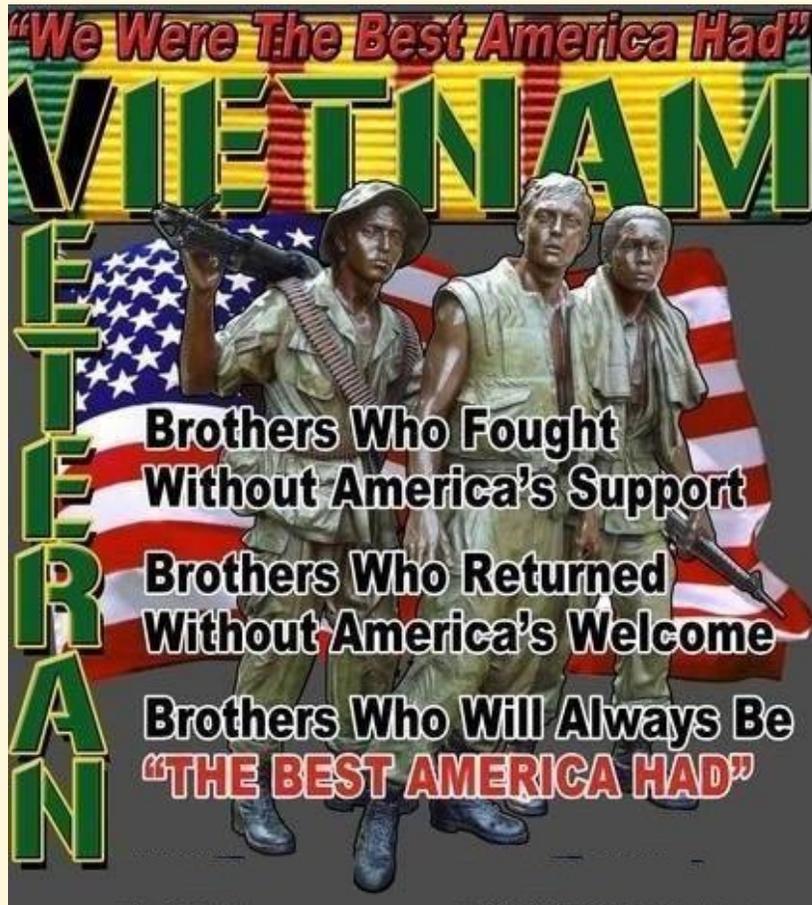
surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit (currently \$1,283.11 per month). In general, when DIC benefits are payable but the monthly rate is equal to, or greater than, the monthly SBP payment amount, beneficiaries lose the entire SBP payment.

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



Survivor Benefit Program (SBP) Reform

Under current law, retirees may stop paying SBP premiums when they have paid for 30 years and reach age 70. This disadvantages a group who may have entered the service at age 17 and will be required to pay for 33 years until attaining paid-up SBP status. Therefore, we support changing the minimum age for paid-up SBP from age 70 to age 67 so those who joined the military at age 17, 18 or 19 and serves 20 years will only have to pay SBP premiums for 30 years (joint initiative with TMC's Survivor Committee).



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**



Prisoners Of War - Missing In Action



POW★MIA

YOU ARE NOT FORGOTTEN

Never Forget - Bring Them Home

DOC





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

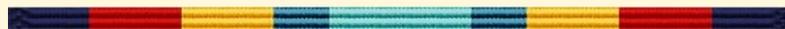
these cases thereby eliminating the disparity between awards for MST-related PTSD claims and other PTSD claims.

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



**Uniformed Services Former
Spouses' Protection Act (USFSPA)**

Pursue legislation which eliminates USFSPA inequities to include:

- Prohibiting the award of imputed income or "forced retirement" of active duty members;
- Extending 20/20/20 benefits to 20/20/15 for former spouses;
- Eliminate the "10-year Rule" for the direct payment of retired pay allocations by the Defense Finance and Accounting Service (DFAS).
- Assist DOD and the Services with greater outreach and expanded awareness to members and former spouses of their rights, responsibilities, and benefits upon divorce.



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

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

Fluke Cancer Study Act.

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

Bile duct cancer (cholangiocarcinoma) is a cancer of the biliary duct system, which includes the gallbladder, bile ducts, and certain cells inside the liver. One risk factor for bile duct cancer is past infection with tiny parasitic worms called liver flukes, which are found in the fresh waters of Southeast Asia. Veterans who ate raw or undercooked freshwater fish during their service in Southeast Asia, such as Vietnam veterans, might have been infected. Once eaten, the liver flukes grow to adulthood inside the human biliary duct system. The irritation and scarring caused by liver fluke infection can lead to bile duct cancer. Currently, there are no available studies to show

that bile duct cancer occurs more often in Vietnam veterans than in other groups.

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

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

TAKE ACTION



U.S. Government
Accountability Office
Reports

1. Management Report: Improvements Needed in Controls over the Processes Used to Prepare the U.S. Consolidated Financial Statements
2. Prescription Opioids: Patient Options for Safe and Effective Disposal of Unused Opioids



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

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

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

TAKE ACTION



Protect Bankrupt Disabled Veterans from Losing Benefits

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

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

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



**“We Proudly Support our
Military Personnel & Families”**



S. 318, the VA Newborn Emergency Treatment Act

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

DAV Resolution No. 019 calls for enhancing

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

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

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

TAKE ACTION



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

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

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

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

The bill would:

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

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

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

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

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

TAKE ACTION



Allow Survivors of Retirees to Draw Full Month's Retired Pay for Month in Which Retirees Die

Support legislation to allow survivors a full month's pay for the month the retiree dies. Currently DFAS recovers all retired pay paid in month the retiree dies and later pays a final settlement for the number of days in month the retiree was alive. This often creates hardships for survivors who must wait several months for SBP benefits to be started by DFAS (joint initiative with TMC's Survivor Committee).





**U.S. FOOD & DRUG
ADMINISTRATION**

1. Great One Trading Inc. Issues Expanding Allergy Alert on Undeclared Egg In Fishball Products
2. Pacifico National, Inc. dba AmEx Pharmacy Issues Voluntary Nationwide Recall for all Lots of Bevacizumab
3. Hiland Dairy Announces Voluntary Recall of Hiland Dairy Half-Gallon and Pint Lemonades



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



BRAC Impact on Retirees

Closely monitor the impact of base closures and realignments, and support retention of military treatment and other facilities at BRAC sites that are patronized by sizeable retiree and Reserve populations.



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



Military Construction Funds Diverted to Fund Border Wall

The Trump Administration has informed Congress that it will divert \$3.6 billion in funding from the Military construction to build 175 miles of border wall on the Mexican/American border. Defense officials declined to release a full list of the affected projects until the Pentagon has finished notifying the lawmakers who oversee the districts where they are planned, but said that family housing, barracks or projects that have had contracts awarded or are expected to be awarded in fiscal year 2020 will not be affected.

The goal, according to the Pentagon's director of operations for the Joint Staff, is to build new or reinforce existing barriers in 11 locations that will help channel migrants to manned, designated ports of entry, eventually reducing the need for troops to be stationed at the border in those areas.

About 3,000 active duty and 2,000 National Guard troops are currently deployed to the southwestern border helping the Homeland Security Department with surveillance, detention of migrants and processing asylum requests. The merits of the border wall are outside the scope of FRA's legislative advocacy. However, adequate funding for barracks and childcare centers is a concern of the association.



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Tax & Credit

Information



1. Taxpayers have a few more days to file Form 2290 in 2019
2. As Hurricane Dorian gains strength, IRS encourages preparation for natural disasters
3. IRS announces waiver of dyed fuel penalty in Florida due to Hurricane Dorian
4. Here's what tax professionals should know about creating a data security plan
5. Here's what tax pros can do so they aren't taken on a phishing trip
6. Taxpayers can use 2018 tax return to estimate 2019 withholding amount
7. New IRS Tax Withholding Estimator helps workers with self-employment income



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



Suspicious Deaths at VA Center Being Investigated

The Department of Justice is investigating 11 suspicious deaths beginning in 2017 and occurring through 2018 at the Louis A. Johnson VA Medical Center in Clarksburg, West Virginia. The current Department of Veterans Affairs (VA) Secretary, Robert Wilkie has told the press that he has been kept in the dark on details of the investigation. Officials at the Clarksburg facility have told the press that no current employees are under investigation. Secretary Wilkie has expressed frustration with the apparent slowness of the investigation stating that the investigation has produced too little information for VA officials and the families of the deceased.





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