



# **Veterans-For-Change Newsletter**

*A Voice of the Veterans*

Week Ending Sunday, September 22, 2019

Volume 10, Issue 38



## **This-N-That**

Repeal of 'Widow's Tax" is gaining more and more support to help get the legislation passed.

To everyone who has helped, I sincerely thank you, but the game is not over, there is no win yet and why we need more and more people jumping in and taking action by sending off all the pre-written E-Mails and following up with phone calls to your Reps in DC and politely demanding their support for immediate passage.

Please keep putting the pressure on, not just for the widows tax, but all the rest of the items needing action taken. We can win all of these issues if everyone does their part.

Over the past week I have had a few discussions pertaining to Indian Veterans and Veteran Suicide as well as the Mission Act.

Veteran Suicide has been touted at 20 per day for several years, point of fact is the VA will only tell you what they want to tell you, and their numbers have been proven wrong so many times. There are many who aren't accounted for pushing that number closer to 40 per day.

Then we have the American Indian Veterans who are having an even more difficult time just getting medical care, not to mention benefits.

Then there is the Mission Act which was fully funded but the VA is dragging it's feet on contracting outside services for Veterans, and has no excuse in the world worth listening to.

These are only just a few issues, a small scratch

on the surface as to all that needs to be made right, but, again, we can't do it alone, we need you!

We're still looking for Veterans who have been forced by court order to provide SBP insurance with a beneficiary of their Ex-Spouse.

We need you to tell us your story, and keeping in mind all names, contact information will be held in the strictest confidence and not shared!

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

We've added a little more than 37 new documents totaling over 3,500 pages and we've added over 100 new web links and there are hundreds and thousands more to be prepped and put on-line so please do check often.

All the new documents can be readily identified as they have an orange colored flag next to each

document name that says "NEW". Plus we've added I believe 3-5 new categories again with more to come.

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

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

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

Respectfully,

Jim Davis

Founder

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



**Support for Repeal of 'Widow's Tax'  
Higher than Ever, Military Coalition  
Tells Congress**

A group of 32 military and veterans organizations is pressing House and Senate members to pass legislation they've spent years lobbying for -- eliminating what is colloquially known as the "widow's tax." The Military Coalition, as it's called, also backs measures under consideration in Congress that would slow Defense Department efforts to cut nearly 18,000 uniformed medical billets and combine the commissary and exchange systems. In a letter sent Sept. 12 to the chairmen and ranking members of the House and Senate Armed Services Committees, members of the coalition, which represents more than 5.5 million troops, veterans and family members, praised passage of the Bipartisan Budget Act of 2019. The bill raised defense spending caps and extended the debt ceiling through July 2021, thereby averting drastic budget cuts to the DoD. Read more [here](#).





## **If you are a Vietnam Veteran**

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

“Vietnam Veterans with Glioblastoma Multiforme Grade IV Brain Cancer”

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

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

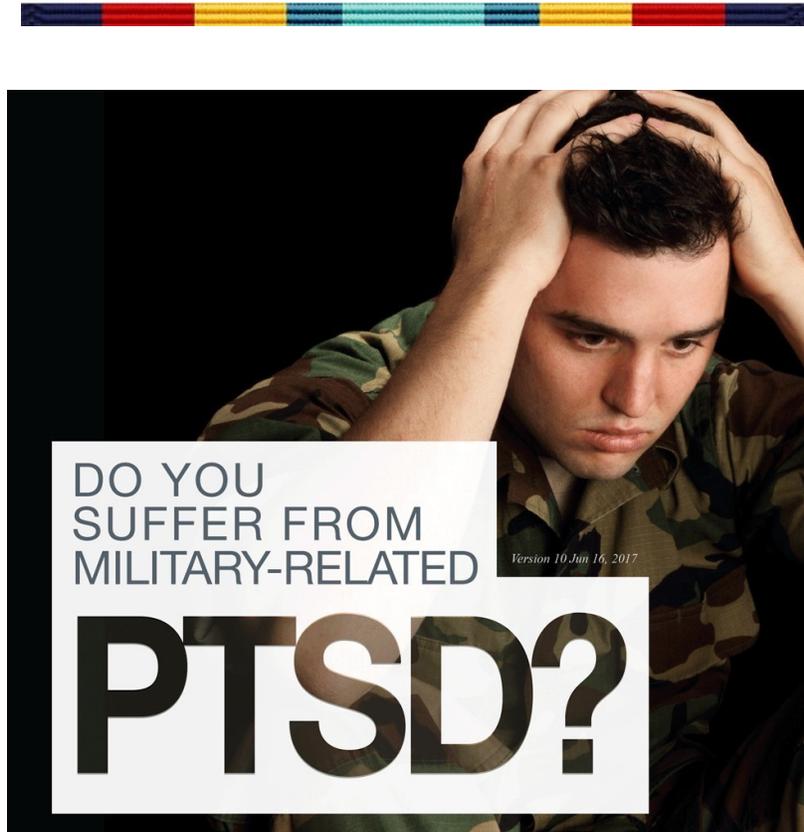


## **Ask Senators to Support House NDAA Provisions**

Now that both chambers of Congress have passed their version of the FY-2020 National Defense Authorization Act (NDAA), a conference committee will be appointed to resolve the differences between the two bills. The House bill has several FRA supported provisions that are not in the Senate bill. Members are urged to ask their Senators to support House provisions in the final bill that include:

- Repealing the SBP/DIC Offset known as the Widows Tax
- Delaying proposed drastic cuts to military medical staff and require a study on the impact; and
- Allowing military service members to sue the DoD for instances of medical malpractice unrelated to combat

The conference committee bill will be submitted to the House and Senate for approval. If approved by both chambers the bill will go to the President to be signed into law or be vetoed. Use the [\*\*Action Center\*\*](#) to ask their Senators to accept the above referenced provisions in the final NDAA bill.



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



**Allow Active Duty to Sue Military for  
Medical Malpractice (H.R. 2422)**

Congresswoman Jackie Speier (CA), Chair of the

House Armed Services, Military Personnel Subcommittee, has introduced the “Sergeant First Class Richard Stayskal Military Medical Accountability Act” (H.R. 2422), which would allow military service members to sue the Department of Defense for instances of medical malpractice unrelated to their military duties. Currently, the Feres Doctrine prevents service members from having their day in court when malpractice by military health care providers unconnected to combat results in severe injury or even death.

The Feres Doctrine was established in 1950 from *Feres v. United States*, 340 U.S. 135 (1950), in which the Supreme Court of the United States held that the military is not liable under the Federal Tort Claims Act for injuries to members of the armed forces sustained while on active duty resulting from the negligence of others in the armed forces. The practical effect is that the Feres doctrine effectively bars service members from collecting damages from the United States Government for personal injuries experienced in the performance of their duties. It also bars families of service members from filing Wrongful Death actions when a service member is killed.

This exclusion does not extend to killed or injured family members, so a spouse or child may still sue the United States for tort claims.

By creating an exemption to the Federal Tort Claims Act to allow service members to sue the military for medical malpractice, the bill would give service members the same right as the fellow citizens they serve and protect.

## TAKE ACTION



## Veterans-For-Change Web Site

The Veterans-For-Change website has been around since 2009. The looks pretty much stay the same, but in the background constant improvement and change is being done to make our website the most user friendly “**One-Stop-Shop**” website to find almost everything you might have tried to find searching the internet.

Almost a hundred people have been involved;

collecting web links to documents now houses on the VFC website, collecting thousands of web links for various issues, illnesses and benefits. Creating forums for all eras of service and two forums one just for men and one just for woman where you can go question, comment, share medical and personal concerns, what ever you'd like it to be.

We also have a forum with for Mental Health and are currently seeking a new Licensed Mental Health Worker, where you can seek help or just ask questions.

We average **3,562** hits per day, and downloads average **3,947** per day with a total **5,401,057** visitors as of Friday.

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

[www.Veterans-for-change.org](http://www.Veterans-for-change.org)

- Documents Library with over **17,905** documents in 149+ Libraries, added **37** documents on-line (Updated: 09/19/19)
- 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: **8,952**)
- Polls

- Web Links, more than **5,202**, Added **103** New Links (Updated: 09/16/19)

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



## **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



## Court orders VA to cover Veterans' emergency room debts

A federal court this week ordered Veterans Affairs officials to reimburse Veterans for all expenses at non-department emergency medical centers, a move that could mean payouts of tens of thousands of dollars to patients facing financial distress because of their hospital bills.

The ruling also has the potential to add billions in

medical care costs to the department's budget in coming years.

A divided three-judge panel on the U.S. Court of Appeals for Veterans Claims on Tuesday said that VA's current reimbursement regulation for Veterans who seek non-department medical care violates existing federal law.

They blasted administration officials for creating an "unacceptable" policy and ordered that any emergency medical expenses not covered by Veterans' private medical insurance must be covered by the agency.

In August, the VA Inspector General found \$716 million in improperly processed payments in cases involving Veterans who sought medical care outside the department's health system in 2017, including about \$53 million that should have been refunded under existing rules.

The legal defeat is the second time in the last three years that the court has struck down VA's emergency medical services payment policies, both times chastising the department for only

partially covering Veterans' expenses. Advocates praised the ruling, which also established a class of Veterans eligible for reimbursement

"The court's decision rights a terrible injustice and its order ensures that Veterans who were unjustly denied reimbursement for critical emergency treatment at non-VA facilities will finally be reimbursed," said Bart Stichman, executive director of the National Veterans Legal Services Program. "It is a hard-won victory for hundreds of thousands of Veterans."

The latest case centered on two Veterans who were denied several thousand dollars in unpaid emergency room expenses under existing VA policy. The majority of one plaintiff's bills were paid for by private insurance. The other's was mostly covered by Medicare.

But in both cases, VA insisted they did not need to handle the unpaid balance because the Veterans were primarily covered under other insurance plans. The court ruled that violates both existing law and past legal precedent

The ruling gives 45 days for VA to submit to the court plans to contact Veterans with denied claims since 2016 and develop a criteria for reimbursing eligible claims. Those would not include the costs of co-payments related to private insurance.

NVLSP officials estimate the decision could cost the department as much as \$6.5 billion by 2025, including the three years of past reimbursements ordered by the court.

VA officials can appeal the ruling to a higher court. In a statement, they said they are reviewing the decision but offered no further comment.

The full decision is available on the court's website. Click [Here](#).

Source: Leo Shane III



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

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

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

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

## TAKE ACTION



~Follow us on MEWE ~

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

We hope you will join us on this new site.

**VETERANS-FOR-CHANGE**

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

**AMVETS GROUP**

**VETERANS SOCIAL GROUP**

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

**AMERICANS FOR SOVEREIGNTY**



# **H.R. 303, the Retired Pay Restoration Act**

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

This bill would extend concurrent receipt authority to longevity retirees with service-connected disabilities rated less than 50 percent disabling. Under current law disabled Veterans with longevity retirement from active military service who are also in receipt of a Department of Veterans Affairs (VA) disability determination of 50 percent or higher may retain both military retirement pay and their compensation.

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

Please use the prepared electronic letter or draft your own to urge your Representative to support

and cosponsor H.R. 303. As always, we appreciate your support for DAV and your grassroots activism in participating in DAV CAN. Thank you for all you do for America's Veterans and their families.

## TAKE ACTION



## Links to Other Stories

1. [Appeals Modernization: Opting in from SOC/SSOC](#)
2. [VA updates the disability rating schedule for](#)

infectious diseases, immune disorders and nutritional deficiencies

3. Service-Disabled Veterans Insurance (S-DVI)
4. The 3 Types of Temporary 100% Disability Ratings
5. VA launches Veterans Legacy Memorial to honor deceased Veterans online
6. DoD to begin next major phase of military hospital consolidation
7. Adaptive surfing helps Vets put the Rubik's Cube back together
8. The future of Patient Experience at VA
9. A letter home: Edgar Andrews
10. Lease signature returns hope and pride to formerly homeless Veteran
11. How the VA Rates Obstructive Sleep Apnea
12. Artificial intelligence could help save kidneys
13. Program connects homeless Veterans to employment initiatives
14. Exploring Veterans' preferences for receiving genetic test results
15. WWII Veteran creates program for Post-9/11 Purple Heart recipients
16. Patriot Boot Camp helps Veterans grow tech start-ups
17. Veterans Crisis Line helps North Texas, Iraq

## Veteran

18. VHA iEx Talks: VHA's innovation story is its people, purpose, and passion
19. Trail to Zero ride educates on Veteran suicide, equine therapy
20. Insomnia, Treatment, and finding a path to better sleep

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



## **H.R. 2359, the Whole Veteran Act**

Growing awareness and acceptance of complementary and integrative practices has interested more veterans in obtaining these services, especially if they struggle with disorders, such as chronic pain, that are resistant to more conventional medical treatment. Because of the growing opioid epidemic, many veterans are also increasingly concerned about using opioids to

manage chronic pain and want, or are told by medical providers, to seek safer alternatives.

While VA has made some complementary health services available to veterans, DAV is aware of significant limitations on the use and availability of services. VA's guidance on complementary or integrative health practices encourages, but does not require, VA medical centers to make such services available to veterans.

HR 2359, the Whole Veteran Act, would require VA to report on access and availability of several complementary and integrative medicine practices, including: massage; chiropractic services; acupuncture; meditation; yoga, Tai Chi or 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**



# **Mental Health Counseling, Support Services for DoD Civilians Resume -- For Now**

The Defense Department's Employee Assistance Program (EAP), which offers referrals for mental health counseling, substance abuse and other support services to DoD civilians, has been restored for at least 60 days following its abrupt suspension in an apparent contract dispute, according to the Pentagon. EAP programs, provided through the Program Support Center at the Department of Health and Human Services, have been restored "for a period of 60 days that started September 9," Pentagon spokeswoman Heather Babb said late Sept. 12. Read more [here](#).





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

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

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

the line of duty.

S. 514 aims to eliminate barriers to care by:

- Adding \$20 million to retrofit VA medical facilities to comply with environment of care deficiencies;
- Requiring every VA medical facility to have at least one full-time or part-time designated women's health provider on staff;
- Studying the staffing needs of Women Veteran Program Managers in addition to determining the need for a Women Veterans Ombudsman;
- Conducting mini-residency training for women's health providers;
- Requiring VA to create a training module for community providers specific to women Veterans' unique medical needs;
- Providing support services for women Veterans seeking legal assistance;
- Authorizing grants for organizations supporting women Veterans and their families;
- Requiring VA to report on its use of various primary care models serving women Veterans;
- Requiring VA to provide information on staffing levels of women's health providers including PACT team members and gynecologists;

- Requiring data collection and reporting on all VA programs serving Veterans, by gender and minority status;
- Requiring VA to report on the availability of prosthetics for women Veterans; and
- Centralizing all information for women Veterans in one easily accessible place on VA's website.

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

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

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

## TAKE ACTION



### **WWII Sailor Receives Combat Medals 76 Years After 'Hazardous Flying' Over Europe**

A sailor involved in dozens of combat missions in Europe during World War II has finally received the valor medals he earned more than seven decades ago. Bernard Bartusiak, 95, received a pair of Distinguished Flying Crosses during a ceremony last week at the Pentagon. The awards, which are given for heroism or extraordinary achievement during aerial flights, were presented by Navy Secretary Richard V. Spencer. Read more [here](#).





## **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



### **DoD to Military Members, Dependents: Steer Clear of Vaping**

U.S. military health officials have issued an alert recommending that service members and their families refrain from vaping, after the Centers for Disease Control and Prevention linked 380 cases of severe lung disease, including six deaths, to the habit. Defense Health Agency officials posted an article on Health.mil describing the symptoms of the yet-to-be-identified illness and encouraging anyone who vapes and shows symptoms to see a physician. 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](http://www.veterans-for-change.org)



**H.R. 96, to Provide Dental Care for  
All Veterans Enrolled in Veterans  
Health Care**

Chairwoman Julia Brownley of the House Veterans' Affairs Subcommittee on Health introduced H.R. 96, legislation that would phase in eligibility for all Veterans enrolled in the Department of Veterans Affairs (VA) for health care to receive dental care as a part of their

medical benefits package.

The bill would require the VA Secretary to furnish dental care in the same manner as any other medical service, and defines a four-year implementation plan beginning with Veterans in priority groups one and two (Veterans with service-connected disabilities rated at 30 percent or more) in year one.

Dental care has been proven to be an important part of overall health care. Many private employers and state Medicaid programs provide it as part of a comprehensive health care package. Most clinicians agree there are strong associations between significant dental issues and other adverse systemic health outcomes.

Unfortunately gaps in coverage often affect people with lower incomes and complex health needs the most.

DAV Resolution No. 018 calls for the provision of comprehensive dental care to all service-connected disabled Veterans within the VA health care system. Therefore, DAV strongly supports this legislation.

Please use the prepared email or your own letter to ask your Representative in Congress to cosponsor H.R. 96.

Thank you for your support of the DAV's legislative priorities.

## **TAKE ACTION**



## **Former WWII POW Gives Free Toolboxes to Veterans**

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



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

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

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

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

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

VA only recognizes those Veterans who

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

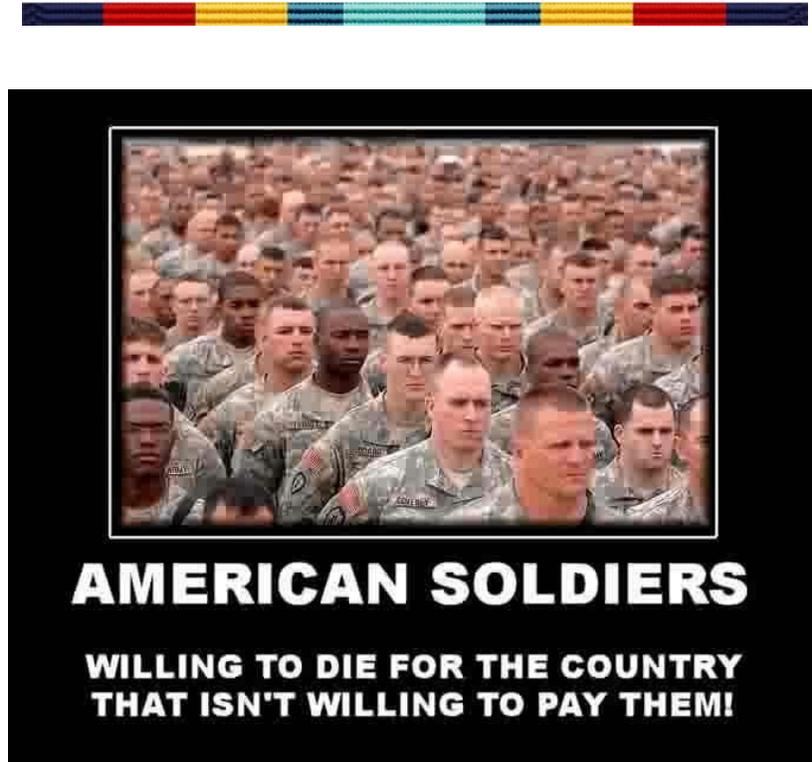
S.555 and H.R.1377 will expand recognized radiation risk activities to include the cleanup of Enewetak Atoll from January 1, 1977, to December 31, 1980. These bills will provide presumptive exposure to thousands of Veterans who participated in the testing and clean-up and who were previously excluded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

DAV supports this legislation as it is in concert with DAV Resolution No. 090. Please use the prepared electronic letter or draft your own to urge your Senators and Representative to support and cosponsor S.555 and H.R.1377.

Your commitment and advocacy help make DAV a highly influential and effective organization in Washington. Thank you for all you do for

America's Veterans and their families.

**TAKE ACTION**



**List of Bases Contaminated with  
PFAS Chemicals Expected to Grow,  
Pentagon Says**

The number of active and former U.S. military installations found to be contaminated with chemical compounds found in firefighting foam is expected to rise as a Defense Department task force investigates the scope of the problem, the group's chairman said Sept. 12. Assistant Secretary of Defense for Sustainment Bob McMahon told reporters during a media roundtable that he "expects to see growth [in the number of bases contaminated with per- and polyfluoroalkyl substances, known as PFAS] as we begin to get a better understanding and better characterization of where we are." 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



**Montgomery and Dependent GI Bill  
Payments Are About to Increase**

If you are one of the few remaining veterans who isn't using the Post-9/11 GI Bill, you'll see an increase in your monthly payments beginning Oct. 1. The fiscal 2020 monthly GI Bill payment rates will rise an average of 2.8% over 2019 rates. Also, a full-time student using the Dependents Education Assistance Program will see their monthly payment increase from \$1,224 to \$1,248, while a half-time student will see an increase from \$710 to \$724. Read more [here](#).



## **National POW/MIA Recognition Day**

The VFW is attending National POW/MIA Recognition Day ceremonies at the Pentagon today to remember more than 82,000 missing and unaccounted-for Americans from our nation's wars going back to the beginning of World War II. The number includes 72,000 from World War II, 7,600 from Korea, nearly 1,600 from the Vietnam War, 126 from the Cold War, and six from post-Vietnam operations that include one from Operation Eldorado Canyon, two from Operation Desert Storm, and three civilian contractors from Operation Iraqi Freedom. Today the nation also salutes the more than 140,000 Americans captured in battle. Most would return home, but with physical and emotional scars that would last their lifetime. [Learn more](#) about our nation's ongoing efforts to return missing and unaccounted-for Americans.





## **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**



## **NOTICE OF ORAL ARGUMENT 2019- 2184**

Procopio v. Secretary of Veterans Affairs This is the suit to lift the stay the VA claims was authorized by Congress and Pub L 116-23

This case has been scheduled for oral argument on November 8, 2019 at 10:00 a.m ET at the Court of Appeals for the Federal Circuit 717 Madison PL NW Washington DC.

If anyone would like the briefs pls contact me.

Commander J. B. Wells U. S. Navy (Retired)  
Attorney at Law  
Chairman of the Board and Director of Litigation  
Military-Veterans Advocacy, Inc.  
PO Box 5235  
Slidell, LA 70469-5235

For more information on Military-Veterans Advocacy go to [www.militaryveteransadvocacy.org](http://www.militaryveteransadvocacy.org) or like us on Facebook.

**Please support Military-Veterans Advocacy through the Combined Federal Campaign. Our CFC number is 59905**



## **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](http://www.veterans-for-change.org)



# **National Defense Authorization Act for Fiscal Year 2020**

On Thursday, the Senate and House conferees for the National Defense Authorization Act for Fiscal Year 2020 (NDAA) began meeting to resolve the differences between the House and Senate versions of the defense authorization bill. The conferees are mostly members of the Senate and House Armed Services Committees. No specific deadline has been set, but since many of the authorities provided by the NDAA expire at the end of the fiscal year, significant efforts are being made to reconcile the bills by Oct. 1. Once the conferees complete their report, the House and Senate will vote on the final NDAA, which Congress has passed for 58 straight years. Once complete, the NDAA will be presented to the president for final approval.



## **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**



## **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**





## **Caregivers of Wounded Vets Have Unique Job Needs. These New Projects Aim to Help**

Two new projects aim to make employment easier for what their creators said is an often-overlooked group: military veteran caregivers. A new 38-page booklet is designed to serve as a "practical guide" for employers who want to support caregivers in the workplace. And officials with the U.S. Chamber of Commerce Foundation announced 20 new spots in its corporate fellowship program specifically earmarked for veteran caregivers. Read more [here](#).





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



## **H.R. 2200, the Keeping Our Promises Act**

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

In the Veterans and Agent Orange update in

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

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

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

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

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

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

Stand with us and support the addition of these diseases as presumptive to Agent Orange. Thank you for your continued support of the DAV Commander's Action Network.

**TAKE ACTION**





## **Bring Your TRICARE Benefit Questions to September 26 Webinar**

Do you have questions about your TRICARE benefit? Here's your chance to get some answers. Join the "Ask TRICARE" webinar on Sept. 26, from 1 to 2 p.m. ET. The Q&A webinar will include a panel of subject matter experts to answer your stateside and overseas questions about TRICARE health care, pharmacy, and dental programs.

Read the [full article](#).





Never forget our fallen!



## **H.R. 553, Military Surviving Spouses Equity Act**

On January 15, 2019, Congressman Joe Wilson introduced H.R. 553, the Military Surviving Spouses Equity Act. This bill would eliminate an unfair offset placed on many surviving spouses of service members who pass away during active duty or spouses of retirees who die of a service-connected disability.

Currently, purchased Survivor Benefit Plan (SBP)

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

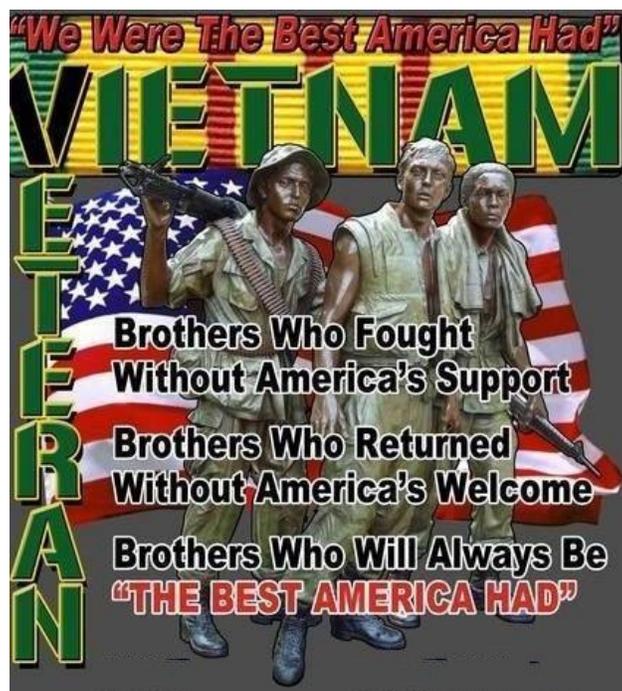
Upon the retiree's death, the SBP annuity is paid monthly to eligible beneficiaries; however, if a surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit (currently \$1,283.11 per month). In general, when DIC benefits are payable but the monthly rate is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

This bill would eliminate the offset and allow surviving spouses to receive both the purchased SBP annuities and their earned DIC benefits. This

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

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

## TAKE ACTION





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

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

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

Receipt of annual COLA increments aids injured

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

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

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

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

**TAKE ACTION**





## **Paying Tricare Young Adult Premiums Just Got Easier and More Transparent**

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





## **Senate Bill Introduced to Protect Active Duty from Medical Malpractice**

Sens. John Kennedy (La.) and Mazie Hirono (Hawaii) recently introduced the SFC Richard Stayskal Military Medical Accountability Act (S.2451) to allow active duty service members to sue the military for medical malpractice and negligence. This bill is identical to a bill (H.R.2422) introduced by Congresswoman Jackie Speier (Calif.), Chair of the House Armed Services, Military Personnel Subcommittee (reported in 5/24/19 NewsBytes).

A Supreme Court decision in 1950 banned active duty service members from suing the military for medical malpractice or negligence, and this decision became known as the Feres Doctrine. This legislation will help overturn that decision.

Sgt. Richard Stayskal is the primary champion of this legislation. In two separate appointments, Army doctors detected a cancerous tumor growing in Sgt. Stayskal's lungs, but they did not initiate the proper treatment or make him aware of the tumor's existence. Under the Feres Doctrine, he could not sue the military hospital that failed to inform him of his condition for medical malpractice.

The provisions of this legislation are included in the House version of the FY2020 National Defense Authorization Act (NDAA-H.R.2500). Members are urged to contact their Senators on this issue listed on the FRA [Action Center](#) in the campaign titled "Ask Senators to Support House NDAA Provisions."



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

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

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

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

1182.

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

## TAKE ACTION



*CLICK HERE TO FOLLOW US ON TWITTER !*



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

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

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

**TAKE ACTION**



**Your actions**  
**could save a life.**

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

VeteransCrisisLine.net



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

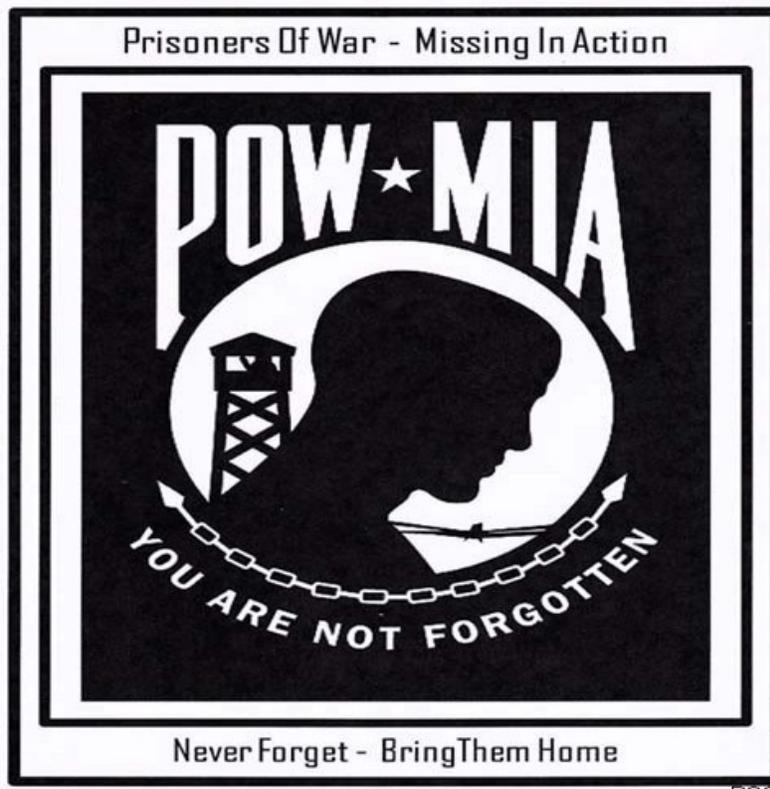


## Get to Know Your TRICARE Young Adult Plan

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

Read the [full article](#).





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

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

## Empowerment and Support Act of 2019.

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

VA's regulations for adjudicating claims for mental health conditions stemming from MST allow the Department to consider sources such as a statement from police, a rape hotline, or corroborating reports from friends, relatives or

roommates to substantiate a claim. However, in 2017 the Inspector General (IG) issued a report indicating VA had discontinued the specialized training and handling of MST-related cases which resulted in discrepancies in the outcome of many of these claims.

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

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

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

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

## **TAKE ACTION**



**Get Ready: TRICARE Open Season,  
Federal Benefits Open Season  
Begins Nov. 11**

Open season is an annual period when you can enroll in or change health plans for the next year. Now is the time to think through whether you or your family members want to make changes to your current health, dental, and vision plan coverage. Two open seasons run at the same time this fall: TRICARE Open Season and Federal Benefits Open Season. Both open seasons begin on Nov. 11 and end on Dec. 9. Enrollment choices made during this period will take effect on Jan. 1, 2020.

Read the [full article](#).



## **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**



**GAO**

U.S. Government Accountability  
Office Reports

1. VA Health Care: Actions Needed to Improve Family Caregiver Program
2. DOD Education Benefits: Data on Officer Participation in and Views on Proposed Changes to the Tuition Assistance Program
3. Medicaid: Additional CMS Data and Oversight Needed to Help Ensure Children Receive Recommended Screenings
4. Elder Abuse: Federal Requirements for Oversight in Nursing Homes and Assisted Living Facilities Differ
5. Veterans Affairs: Sustained Leadership Attention Needed to Address Long-Standing Workforce Problems
6. VA Disability Exams: Opportunities Remain to Improve Oversight of Contracted Examiners
7. Health Care Quality: CMS Could More Effectively Ensure Its Quality Measurement Activities Promote Its Objectives



# 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**





## **American Heroes Network - A Veteran Podcast**

**Mission:** Serving the brave men and women who have sacrificed to ensure our freedom

American Heroes Network airs a weekly podcast with true stories of our US Military American Heroes. You'll hear firsthand, personal accounts of heroes whose selfless actions have contributed to the traditions and values that represent the soul of America. You'll also hear from stellar organizations that provide a wide range of resources for our Veterans and Military Families.

American Heroes Network was founded in January of 2013 and run by veterans, active military, and volunteers. Because of their hard work, commitment and professionalism they now have

listeners in all fifty states and in more that 98 countries around the world.

By providing a unique blend of information and advocacy American Heroes Network has created a National Veteran's Resource Directory that is making a difference through their weekly podcasts and resource page. All episodes are available at [americanheroesnetwork.com](http://americanheroesnetwork.com) as well as on Podbean, iTunes, Google Play, Spotify, Stitcher, and TuneIn for easy access any time, any where, and on any mobile device. For more information or questions about AHN please email their Resources and Special Projects Coordinator at [michaelddavis@mddastudio.com](mailto:michaelddavis@mddastudio.com). Please be sure to put AHN in the subject line when you do.

Best Regards,  
Michael





## **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**



## **VA has New Deputy Secretary**

The Senate recently confirmed James Byrne as Deputy Secretary, the second-highest post at the Department of Veterans Affairs (VA). Byrne, a former Marine infantry officer who previously served as VA's general counsel, was approved for the post by an 81-11 vote. His nomination has been pending since April, but he has been serving in the post as acting deputy secretary since August 2018.

Earlier, speaking on behalf of the nomination, Senate Veterans' Affairs Committee (SVAC) Ranking Member Jon Tester, (Mont.) acknowledged that Byrne "has ruffled feathers among some here" in his dealings with some lawmakers on implementation of the VA Mission Act and other department priorities. But said he still supported the acting deputy for the permanent job. SVAC Chairman Senator Johnny Isakson (Ga.) praised Byrne and said we need to make his position permanent.





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

1. Takeda Issues US Recall of NATPARA® (parathyroid hormone) for Injection Due to the Potential for Rubber Particulate
2. Darmerica LLC Issues Voluntary Nationwide Recall of Quinacrine Dihydrochloride Due to A Labeling Error
3. Fitoterapia USA Inc. Issues Voluntary Nationwide Recall of MERO MACHO ARTIFICIAL PASSION FRUIT FLAVORED VITAMIN C LIQUID SUPPLEMENT Due to Presence of Active Ingredient Tadalafil
4. General Mills Recalls Five Pound Bags of Gold Medal Unbleached All Purpose Flour



## **Court Tells VA to Pay for Emergency Care**

The U.S. Court of Appeals for Veterans Claims recently ruled *Wolfie v Wilkie* that federal law requires the Department of Veterans Affairs (VA) to pay for veteran's emergency room expenses if

they are not covered by private insurance.

The ruling resulted in part from a reimbursement sought by Coast Guard veteran Amanda Wolfe, who had a bout of appendicitis and sought care at a nearby civilian hospital because the nearest VA hospital was three hours away. She filed a claim for \$2,558.54 of the \$22,348.25 bill, representing the amount not covered by her employer-sponsored health insurance. The VA denied the claim, saying that amount was for copayments, coinsurance and deductibles that it was not required to pay.

The court decision overturns the VA denial and requires the agency to reimburse veterans for out-of-pocket emergency medical bills not covered by private insurance, other than copayments.

Because the case was ruled a class action, the National Veterans Legal Services Program, which helped represent plaintiffs, said any affected veteran must be reimbursed. It said based on the VA's past estimates, the decision could cost the department \$1.8 billion to \$6.5 billion in reimbursements for service-connected claims filed or pending for hundreds of thousands of veterans

from 2016 through 2025.

"The court's decision rights a terrible injustice and its order ensures that veterans who were unjustly denied reimbursement for critical emergency treatment at non-VA facilities will finally be reimbursed," said NVLSP Executive Director Bart Stichman.



## **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**



**CR Passage Pending**

The House passed a Continuing Resolution (CR-H.R.4378) based on an agreement between the White House, Senate and House of Representatives that will keep the federal government open after Oct. 1, 2019, the beginning of the new fiscal year. The CR will keep government operating at the current spending levels until Nov. 21, 2019. The CR still needs to pass the Senate and be signed into law by the President before Oct. 1, 2019.

The bill will now go onto the Senate for consideration. The agreement may be unraveling in the Senate when Senate Democrats asked to renegotiate the deal regarding the issue of the border wall. Senate Democrats blocked consideration of House passed spending bills that included appropriations for Defense. Congress needs to pass and the President sign into law a CR before Oct. 1, 2019, to avoid another government shutdown.





## **Urgent Action Needed to End "Widow's Tax"**

We need you to take action today and let your Senators know that we want them to end the Survivor Benefit Plan (SBP)/Dependency Indemnity Compensation (DIC) offset, which is effectively a "widow's tax." Now that Congress has returned from summer recess, lawmakers are working to pass the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2020. The House authorization bill that was passed in July included a provision that would eliminate the SBP/DIC offset; the Senate version did not. Now the Senate and House must agree on what will end up in the final version of this bill. It is up to us to let the Senate know that we want the SBP/DIC offset provision to be included with the final version of the NDAA.

Currently, purchased SBP annuities are offset by

the amount of any benefit payable under the VA 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. 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 provision, which is in accordance with DAV Resolution No. 010, which calls for Congress to repeal the offset between SBP annuity payments and DIC payments, would eliminate the offset and allow surviving spouses to receive both the purchased SBP annuities and their earned DIC

benefits.

Please use the prepared letter to write your Senators and urge them to keep this important provision in the NDAA for FY 2020 and finally end the "widow's tax." Thank you for your efforts and support of the Commander's Action Network.

## TAKE ACTION



## **S. 154, VA CLEAR Act of 2019**

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

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

For larger contracts (those worth more than \$2 billion), VA must submit to Congress justification for the contract and how it intends to pay for it in future years. Such contracts will also be reviewed

by both VA's Inspector General (IG) and the GAO- Government Accountability Office to ensure the contractor is meeting the performance metrics in its contract. The Act also requires an independent third party to review VA's financial processes and actuarial and estimation models and for VA to submit any requests for funding outside of the normal budget process at least 45 days before the program requiring funding is affected along with justification for the needed funds. The bill would grant the IG with subpoena power over individuals associated with contract work under review who are not federal employees and require VA to provide centralized records on all administrative investigation board reviews and referrals of clinicians to state licensing boards.

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

community providers that allows it to make clinical decisions in the best interest of Veterans.

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

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

## **TAKE ACTION**



**New Podcast - Listen to TRICARE  
Beneficiary Bulletin #519**

Listen to the latest podcast to hear about:

- TRICARE Young Adult
- Reporting TRICARE Fraud
- TRICARE Coverage After Divorce

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



## **VVA Releases Massive Report On Foreign Entities Targeting Veterans Online**

(Washington, D.C.)--- Today, Vietnam Veterans of America made public the results of a two-year investigation into foreign entities targeting servicemembers, veterans, and their families online. VVA's 191-page document, posted at [vva.org/trollreport](http://vva.org/trollreport), details how foreign trolls target the military and veterans community for the purposes of sowing discord in our democracy, perpetrating financial fraud, and spreading anti-American propaganda. The report also includes evidence of election interference regarding the 2020 election cycle similar to that which the

Russians engaged in during 2016.

"Vietnam veterans, likely, remember the Chieu Hoi (Open Arms) program, the psychological operation campaign of our war --- with leaflets strewn from the air into enemy-controlled areas and messages delivered via bullhorn from helicopters," noted John Rowan, VVA National President. "Today's version of psychological warfare, as VVA's Kristofer Goldsmith details in An Investigation Into Foreign Entities Targeting Servicemembers and Veterans Online, is broadcast through the internet into our homes through our personal computers. Hostile forces have and continue to infiltrate our families and communities. This insidious attack on our democracy is a serious national security threat that continues to go without check. We must act to stop this interference now."

VVA's report documents foreign entities' persistent and pervasive efforts to infiltrate and influence the military and veterans community. Individual servicemembers and veterans, including those who have been elected to Congress, are being imitated online so that their identities and

personal stories can be leveraged in so-called "romance scams." These foreign online predators use these imposter accounts to frequent forums and social media groups dedicated to Gold Star Families so that they can prey on Americans who have recently lost a loved one.

Foreign cybercriminals have also falsely represented themselves as VVA employees, tricking our supporters into giving away sensitive financial information on the premise that they're offering jobs to help fundraise for VVA. VVA's trademark has been infringed upon both in these types of fraud schemes, as well as to sell counterfeit merchandise that's advertised as being sold to "help veterans."

VVA has found these foreign entities to be both sophisticated and dedicated to targeting American troops and veterans. In order to add credibility to their imposter social media accounts, they often create websites that plagiarize legitimate news relevant to veterans, as well as create original content related to veterans' benefits.

Foreign trolls have created pages that represent fake VSOs on social media, both stealing from

real VSO's trusted logos, and creating their own unique branding. VVA found that these foreign admins also run private Facebook groups specifically targeting disabled veterans, which they then use to disseminate divisive political content.

VVA analyzed the Russian ads released by the House Permanent Select Committee on Intelligence, and found at least 113 ads that were targeted at, or related to servicemembers and veterans. Of those 113 ads, the millions of social-media followers of 5 major congressionally chartered VSOs, the Department of Veterans Affairs, and a host of other reputable veterans organizations were specifically included in the Russians' targeting criteria. The content used in these ads was often meant to divide Americans against one another based on identity or beliefs. At least one veteran who is currently a candidate for president in the 2020 election had their military service and personal story used in one of these Russian ads.

In early 2019, foreign trolls from Macedonia stole a Facebook page from a group of veterans

supporting a presidential candidate for the 2020 election. The Macedonians then used this Facebook page to engage in election interference, promoting one presidential candidate while attacking others. These foreign trolls also tricked followers of this veteran-focused political page into donating money to the Macedonians overseas, under the pretense that it was to support veterans and their work promoting a presidential candidate.

"We are making this report open to the public so that Americans, our government, and groups targeted by foreign trolls can better understand this problem," said Rowan. "We are calling on the federal government to take swift, coordinated actions to impede criminal activity by foreign trolls."

"Because our military service makes veterans a target for foreign adversaries," said Rowan, "VVA is calling for the federal government to provide all servicemembers and veterans complementary cybersecurity software and training on cyber-hygiene." With over 22-million veterans in the country, the VA must play a central role in these efforts to protect veterans in online environments.

"VVA is also calling on Congress to remove the current 2026 expiration of the identity-theft insurance and credit-monitoring services provided to victims of the 2015 data breach of the Office of Personnel Management (OPM), and to extend those programs indefinitely for all affected individuals, and all servicemembers and veterans," said Rowan. "The data that was stolen in the OPM breach by a hacking group suspected of being sponsored by the Chinese government is now and always will present a risk to the Americans impacted, so the resulting assistance programs should be without limitation."



## **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



**NDA and Spending Bills**

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

Lawmakers will also be trying to reach an agreement on the competing National Defense Authorization Acts (H.R.2500 and S.1790) passed by their chamber of origin earlier. In addition, they need to resolve differences in total spending - \$733 billion in the House vs. \$750 billion in the Senate. There are a number of other disagreements between the two bills; among them are three important provisions for FRA members.

A conference committee will be appointed to resolve the differences between the two bills. The House bill has several FRA supported provisions that are not in the Senate bill. Members are urged to ask their Senators to support House provisions in the final bill that include:

- Repealing the SBP/DIC Offset known as the Widow's Tax;
- Delaying proposed drastic cuts to military medical staff and require a study on the impact; and
- Allowing military service members to sue the DoD for instances of medical malpractice unrelated to combat.

The conference committee bill will be submitted to the House and Senate for approval. If approved by both chambers the bill will go to the President to be signed into law or be vetoed. Members are urged to use the Action Center and ask their Senators to accept the above referenced provisions in the final NDAA bill. The issues are listed in "[Ask Senators to Support House Provisions in Final NDAA](#)" on the [Action Center](#) website.





## MIA Update

The Defense POW/MIA Accounting Agency announced the identification of seven servicemen who had been missing in action from World War II and Korea. Returning home for burial with full military honors are:

**Army Air Forces 1st Lt. Herschel H. Mattes**, 22, of Pittsburgh, will be buried Sept. 23 in Avon, Conn. Assigned to the 525th Fighter-Bomber Squadron, 86th Fighter-Bomber Group, Mattis was piloting an A-36A Apache on March 6, 1944, when it crashed near Lake Bracciano, Italy, after being struck by ground fire. His remains could not be recovered immediately following the crash.

[Read about Mattes.](#)

**Army Cpl. Henry L. Phillips**, from Tennessee, was a member of Company C, 1st Battalion, 24th Infantry Regiment, 25th Infantry Division. He was reported missing in action on Nov. 28, 1950, as the result of enemy action 50 miles south of the Yalu River in North Korea. It would be later learned he had been captured, but would die in captivity on March 17, 1951. [Read about Phillips.](#)

**Army Cpl. Lloyd B. Odom**, from Missouri, was a member of Company A, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division, 31st Regimental Combat Team. He was reported missing in action Dec. 2, 1950, as the result of enemy action in the vicinity of the Chosin Reservoir in North Korea. It would be later learned he had been captured, but would die in captivity of pneumonia on Jan. 31, 1951. [Read about Odom.](#)

**Army Cpl. Wilfred K. Hussey Jr.**, from Hawaii, was a member of Company K, 31st Infantry Regiment, 7th Infantry Division, who would be reported missing in action on Dec. 12, 1950, following an engagement with enemy forces.

[Read about Hussey.](#)

**Coast Guard Lt. j.g. Thomas J.E. Crotty**, from New York, served aboard the USS Quail in the Philippines as part of the 16th Naval District-in-Shore Patrol Headquarters, during the onset of World War II. Crotty was among those reported captured after the surrender of Corregidor and held at the Cabanatuan POW camp, where he died on July 19, 1942. [Read about Crotty.](#)

**Army Cpl. Asa E. Vance**, from Illinois, was a member of Company D, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division, who would be reported missing in action Dec. 2, 1950, following an engagement with enemy forces in North Korea. [Read about Vance.](#)

**Army Pfc. William J. Winchester**, from Alabama, was a member of Company D, 1st Battalion, 24th Infantry Regiment, 25th Infantry Division, who was captured during combat operations in the vicinity of Unsan, North Korea. He was reported to have died in captivity in February 1951. [Read about Winchester.](#)



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