



Veterans-For-Change Newsletter

A Voice of the Veterans

Week Ending Sunday, September 01, 2019

Volume 10, Issue 35



This-N-That

This week we've been a little busy adding more to the website and although we have a ways to go to even get caught up, we've added 128 new FAQ's (Frequently Asked Questions) and have added several new categories there. We've added another 192 new documents in the library as well as a few new categories there too, and finally we've added 14 new web links to the system.

We have plans on adding at least 200+ more

documents in the coming week. It's a time consuming process or we'd add them all at once and be done, so do check back often and see what's new. All the new documents added have an orange flag on them that says it's new so that they are easily identified as new.

More and more cities and small organizations across the country are constructing "Tiny Homes" for homeless Veterans which is great, and finally the VA has a grant program to help support this effort but what no one can understand is why the VA owns so much land across the country that is vacant, or has private businesses on, or buildings that can be renovated to do the exact same thing but doesn't do this.

We've even had politicians "promise" to make sure this happens but it never happens! So again it's all up to private citizens, Veterans, etc. to come together and make sure these projects come to completion and help those who need us most.

All have requirements that each Veteran become enrolled into the VA's healthcare program, get the

needed medical care, go through job training, and are given the tools to become a productive citizen of society again so they can vacate the mini/tiny home and provide it to another homeless Veteran.

Veteran Suicide is also still a very huge problem and although the VA is claiming to fight this problem, again we're still not seeing anything but lip service.

Some, not all VAMC's won't provide mandated care even if the Veteran has not received his/her claim approval, and when being turned away only leads to the Veteran feeling worse and worse about themselves, feeling abandoned, tossed aside like a useless piece of equipment. So being vocal about this problem, getting involved in any local programs to help stop/prevent Veteran Suicide is a partial solution so I do encourage people to seek out local programs and volunteer time if you're physically able to.

I've added yet another piece of legislation that needs attention as much as all the others, and again, even if you don't think their listening please, take the time to send out all the pre-written E-

Mails! It might take you all of 35-45 minutes every week and we don't feel like that's much to ask.

For now, since we're still seeking a new hosting service and all support for maintaining our current software is non-existent, I've opened up the entire website system in the library, so everyone can access all documents on the site.

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

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

Respectfully,

Jim Davis

Founder

Jim.Davis@Veterans-For-Change.org



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

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



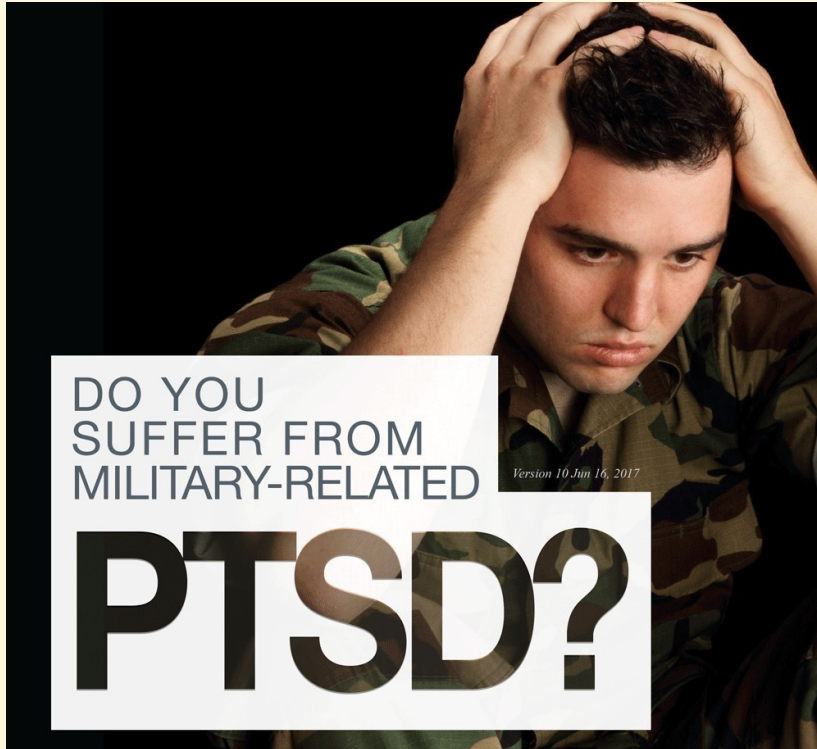


**Ask Senators to Support House
NDAA Provisions**

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 **3,346** hits per day, and downloads average **3,131** per day with a total **5,324,558** visitors as of Friday.

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

www.Veterans-for-change.org

- Documents Library with over **17,663** documents in 148+ Libraries, added **192** documents on-line (Updated: **08/27/19**)
- FAQ's on-line with **1,790** FAQ's on **101** topics! (Updated **08/29/19** - **128 NEW**)
- Multiple Forums
 - o Afghanistan Veterans
 - o FMP - Foreign Medial Program
 - o Gulf War & Desert Storm Veterans
 - o Iraq Veterans
 - o Korean Veterans
 - o Men Veterans Forum
 - o Mental Health for Veterans (Counselor Needed)
 - o Political Issues
 - o Suggestion Box
 - o The Mess Hall
 - o VA Hospitals and Medical Centers
 - o Veteran Affairs
 - o Vietnam Veterans
 - o Welcome Mat
 - o Women Veterans Forum
 - o WW II Veterans
- Job Postings
- Memorial Pages (Updated: 10/30/18) (37 Added)
- News (Articles On-Line: **8,896**)
- Polls

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

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



Two Veterans and Guard and Reserve Bills Signed into Law

The Honoring American Veterans in Extreme Need, (HAVEN) Act was signed on August 23, 2019. The HAVEN Act extends the same protection for veterans [disability payments](#) that's afforded Social Security disability payments: By law, debtors are now not allowed to count these benefits as disposable income subject to seizure during a bankruptcy. Under previous bankruptcy law, disability benefits paid by the Department of Veterans Affairs (VA) and Department of Defense (DoD) are included in the calculation of a debtor's monthly disposable income, increasing the portion of the debtor's income that is subject to the reach of creditors.

The legislation, H.R. 2938 passed the House on July 23 and passed the Senate on August 1, 2019, both by voice vote. TREA supported the proposal as disabled veterans' disability income should be protected and treated in the same way as social security benefits. It simply protects the security of those veterans who rely on disability benefits and may be experiencing financial

hardship.

The president also signed on August 23, an extension of the **National Guard and Reservists Debt Relief Act**, which offers protection during bankruptcy proceedings to members who serve for at least 90 days on active duty.

The legislation, H.R. 3304 was passed by the House by a vote of 417-1 on July 23 and by the Senate on August 1, 2019. The Act ensures that members of the [National Guard](#) and Reserves, who may earn higher pay while serving on active duty than they make in their civilian jobs, are not assessed at the higher pay bracket if they file for bankruptcy. The law was set to expire in December 2019 and extends the protections for four years to December 2023.



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



AMVETS Elects First Female National Commander

AMVETS, one of the "Big Six" veterans service organizations, now has its first female national commander with the election of retired Air Force Senior Master Sgt. Jan Brown. Brown, a 27-year veteran who spent 15 years in recruiting, said, "I thank my AMVETS family for putting their confidence in me to lead this organization." Her election reflects the increasing number of women ascending to top leadership posts as their numbers increase in both the military and veterans groups. Read more [here](#).



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

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

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

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

connected conditions.

TAKE ACTION



~Follow us on MEWE ~

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

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

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

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

We hope you will join us on this new site.

VETERANS-FOR-CHANGE

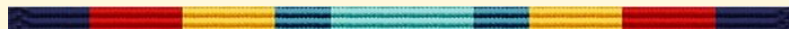
**HOMELESS HEROES PROGRAM OF
VETERANS-FOR-CHANGE**

AMVETS GROUP

VETERANS SOCIAL GROUP

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

AMERICANS FOR SOVEREIGNTY





H.R. 303, the Retired Pay Restoration Act

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

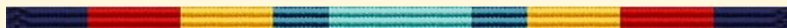
This bill would extend concurrent receipt authority to longevity retirees with service-connected disabilities rated less than 50 percent disabling. Under current law disabled Veterans with longevity retirement from active military service who are also in receipt of a Department of Veterans Affairs (VA)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

DAV strongly supports H.R. 303 as it would end the unfair policy of forcing many military longevity retirees to forfeit some of their retired pay in order to receive equal amounts of disability compensation from the VA. This legislation is in

accord with DAV Resolution No. 104 and would eliminate concurrent receipt for all longevity retirees.

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

TAKE ACTION



Links to Other Stories

You can help VFC by reading articles posted and commenting at the bottom and rate the articles. If you don't have an account, sign up today, it's **FREE**. Your comments and rankings tell us what type of information you want most.

1. [Helping Veterans is just what the doctor ordered](#)
2. [Veteran Treatment Courts](#)
3. [Florida program puts commandos back in uniform and out on the streets as law enforcement officers](#)
4. [More than two dozen missing Korean War troops just identified from returned remains](#)
5. [Body of 17-year-old Marine brought home 75 years after his death in the Battle of Tarawa](#)
6. [Milwaukee To Offer Homeless Veterans Free Housing In Tiny Home Village](#)
7. [DOD and VA jointly seek health records modernization director and deputy](#)
8. [94-Year-Old Veteran Almost Threw Away \\$6.5M Winning Lottery Ticket](#)

9. Grandmother averts mass shooting by bringing grandson to hospital after threats
10. For some Veterans, strangers are family at burial services
11. Senate Democrats Demand VA Return to Bargaining Table with Union
12. Exploring Veterans' preferences for receiving genetic test results
13. These 6 VA careers are perfect for transitioning Veterans
14. Mankato native selected to lead Disabled American Veterans
15. Beloved Army Veteran among those killed in El Paso shooting
16. Veteran dies by suicide in North Carolina VA hospital's parking lot
17. Warning: How the VA 'Red Flags' Patriots
18. Report: VA wrongfully denied \$53 million in Veterans' emergency care claims
19. More Vets Will Be Headed to Nursing Homes, and VA May Not Be Ready: Report
20. Cash settlement for troops whose cars were repossessed
21. Marine shot in the head in Afghanistan gets back helmet that saved his life
22. Study at VA community living centers

suggests positive results from antibiotic stewardship

23. Monsanto's Roundup Linked to Non-Hodgkin Lymphoma

24. Agent Orange report being finalized

25. Ignoring the casualties of war

26. Are fighter pilots at greater risk for prostate cancer? The Air Force is now asking

27. This pesticide is closely related to nerve agents used in World War II. Trump's EPA doesn't care

28. Southwest pilot flew his Vietnam Veteran father's remains back to the place where he last saw him 52 years ago

29. Warning to Gun Owners: See How the VA 'Red-Flags' Patriots

30. VA career providers help cure 100K Veterans of hepatitis C

31. Baton Rouge area organizations helping Veteran to get a job, car

32. Veterans Study Smarter, Not Harder for Free with StudyEdge

33. VA Colorado Life Skills Center helps Veteran come full circle

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

35. U.S. Army Veteran who served two tours in Afghanistan deported to Mexico

Check us out today: www.Veterans-for-change.org



H.R. 2359, the Whole Veteran Act

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

While VA has made some complementary health services available to veterans, DAV is aware of

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

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

DAV supports this measure to advance VA's Whole Health transformation in accordance with DAV Resolution 277, which supports the provision of comprehensive VA health care services to enrolled veterans, and specifically calls upon Congress to provide funding to guarantee access to a full continuum of care, from preventive through hospice services, including alternative and complementary care such as yoga, massage, acupuncture, chiropractic and other non-traditional therapies.

The House has recognized the importance of this legislation and approved it by voice vote on May

21, 2019. Ask your Senator to introduce a companion bill or push to move the House bill to the Senate floor for approval using the letter prepared below or drafting your own.

TAKE ACTION



Executive Order on Student Loan Education Debt Relief is First Step

On August 21, 2019, the Administration announced an [Executive Order](#) discharging the student debt of totally and permanently disabled veterans. While TREA is encouraged by this first step, TREA continues to support legislation to ensure this change is codified in federal law.

Legislation in the House (H.R.3598) and Senate (S. 2049) would provide disabled veterans with student loan relief. Entitled the Federally Requiring Earned Education-Debt Discharges for Veterans Act (FREED Vets Act) the bill requires the U.S. Department of Education to automatically discharge federal student loan debt for eligible permanently disabled veterans.

The U.S. Department of Education established a program with the Department of Veterans Affairs (VA) in October 2018 to identify veterans who are disabled or unable to work. Under the current program, the Department of Education would notify veterans who are eligible for debt forgiveness of the opportunity to apply. This places the burden on the veteran to apply. The FREED Vets Act would automatically forgive these loans and eliminate the paperwork barrier that prevents eligible veterans from attaining student loan debt relief. According to the Department of Education more than 42,000 eligible veterans have been identified, yet only 20 percent of those eligible have applied for the program.





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



New Podcast - Listen to TRICARE Beneficiary Bulletin #516

Listen to the latest podcast to hear about:

- Coverage Options When Deactivating
- Disaster Preparedness With TRICARE
- Traveling or Moving with TRICARE Dental Program

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





Don't Cut Military Health Care Staff!

FRA has signed onto a letter, with other like-minded organizations, to members of the House and Senate Armed Services Committees asking Congress to delay and closely review proposed cuts of nearly 18,000 military medical billets from the current 130,000. The Defense Department's fiscal 2020 budget calls for the elimination of about 18,000 military medical positions, and FRA is concerned that such drastic cuts could impact access and quality of care for retirees, active duty members and their families. These proposed cuts could also impact combat casualty care capabilities.

TAKE ACTION





H.R 445, Help Hire Our Heroes Act

On January 10, 2019, Representative Julia Brownley introduced H.R. 445, the Help Hire Our Heroes Act. This bill would amend the VOW to Hire Heroes Act of 2011 to make permanent the Veterans Retraining Assistance Program (VRAP).

The VRAP was started in 2012 to provide training assistance to unemployed Veterans between the ages of 35 and 60 who are no longer eligible for the GI Bill. It provided up to 12 months of training benefits at community colleges and technical schools in occupations that the Department of Labor has identified as "high demand." Since funding for this program expired in March 2014, the VA has not been able to enroll new Veterans in VRAP. This program gap means that thousands of older, qualified Veterans have been unable to access the resources which could help them find work.

This bill would strike the end dates of the Veterans Retraining Assistance Program and would replace it with year to year authorizations. This bill is in accord with DAV Resolution No. 190 which seeks adequate funding and permanency for Veterans' employment and training programs.

Please use the prepared letter to write to your Representative to cosponsor and support passage of H.R. 445, the Help Hire Our Heroes Act. Thank you for your efforts and support of the Commander's Action Network.

TAKE ACTION



Retirees Could Receive Tricare Refund Check

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



S. 2022, Specially Adaptive Housing Improvement Act of 2019

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

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

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

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

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

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

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

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

TAKE ACTION



CONTACT YOUR MEMBERS OF CONGRESS!

To Call your Representative:

202-225-2305

To Call your Senators:

202-224-3841 or 202-224-3553

To call Different Members of Congress:

202-224-3121

TOLL FREE: 866-272-6622

PLEASE... STOP Making Excuses!

www.veterans-for-change.org



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

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

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

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

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

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

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

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

TAKE ACTION



Millions of Veterans to Be Memorialized Online in VA Legacy Project

The Department of Veterans Affairs earlier this month launched the Veterans Legacy Memorial project, aimed at memorializing online forever the more than 3.7 million veterans interred at the 136 national cemeteries run by the VA's National Cemetery Administration. The project will begin with the basics on each veteran's memorial page — name, dates of birth and death, dates of service and other information usually included on a headstone, according to a VA news release Aug. 26. No final decisions have been made, but the future capabilities of the memorial project may include the opportunity for families, survivors and other veterans to add photos and share memories of the deceased veteran on the memorial page. Read more [here](#).



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

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

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

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

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

VA only recognizes those Veterans who

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

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

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

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

America's Veterans and their families.

TAKE ACTION



AMERICAN SOLDIERS

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



**Keep DEERS Up to Date to Use
TRICARE**

Being able to use TRICARE depends on you keeping your information up to date in the Defense Enrollment Eligibility Reporting System (DEERS). DEERS is a database of active duty and retired service members, their family members, and others who are eligible for TRICARE. TRICARE eligibility shows up in DEERS based on the sponsor's status. It's essential to keep your DEERS record up to date to get timely and effective TRICARE benefits.

Read the [full article](#).



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

Representative Julia Brownley introduced H.R. 840, the Veterans' Access to Child Care Act, authorizing the Department of Veterans Affairs (VA) to pay for or provide child care for Veterans

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

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

DAV Resolution No. 173 supports VA's provision of child care services and assistance to Veterans accessing needed VA health care, benefits, education, employment, rehabilitative or other

specialized services offered.

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

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

TAKE ACTION



**Here's How to Adopt a Military
Working Dog**

Who can resist the temptation to adopt a retired military working dog? The Air Force is once again looking for people — military members or otherwise — who want to adopt retired military working dogs. Air Force officials at Joint Base San Antonio-Lackland recently issued a news release highlighting the need for adoptive parents for retired dogs. Interested in adopting a retired military working dog? You can contact officials at mwd.adoptions@us.af.mil or call 210-671-6766. Read more on [here](#).



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

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





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



Senate VA Committee Chairman to Retire Early

Senate VA Committee Chairman Johnny Isakson of Georgia announced Wednesday that he will be stepping down from the Senate at the end of the year due to ongoing health challenges. Isakson, who will depart halfway through his third term, was presented the VFW's 2019 Congressional Award for his unwavering support to secure the passage of numerous VFW legislative priority goals, to include expedited VA employee accountability, modernizing the VA appeals process, the Forever GI Bill, improving veterans' health care through the VA MISSION Act, and expanding caregiver programs to veterans of all eras. "The VFW salutes the chairman for his decades of unwavering support to his fellow veterans, service members, their families, and survivors," said VFW National Commander William "Doc" Schmitz. "He is a true veterans' champion in Congress who was devoted to working with members of all parties and ideologies to keep veteran's issues bipartisan. The VFW honors his long service to country, and wishes him a quick and full recovery." Sen. Jerry Moran of Kansas is the second in order of seniority for committee Republicans.



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



Get to Know Your US Family Health Plan Coverage

The US Family Health Plan (USFHP) is a TRICARE Prime option. It's available through networks of community-based, not-for-profit health care systems in six areas of the U.S. If you're enrolled in USFHP, you can't get care at military hospitals or clinics or use military pharmacies. USFHP follows the same rules as TRICARE Prime. That means you can participate in TRICARE Open Season, or change your enrollment after experiencing a Qualifying Life Event.

Read the [full article](#).





H.R. 2201, Include Military Installations in Thailand as exposed to Agent Orange

On April 10, 2019, Representative Bruce Westerman (AR) introduced H.R. 2201, a bill that would concede Agent Orange exposure to all Veterans who served at military installations in Thailand during the Vietnam Era for purposes of determining their eligibility for VA benefits.

While VA's internal manual acknowledges herbicide exposure for specific military occupational specialties on the perimeter of eight Thai Royal Air Force Bases, statutes and regulations do not automatically recognize Veteran exposure to herbicides while serving in Thailand during the Vietnam Era.

H.R. 2201 would automatically concede Agent Orange exposure for all Veterans who served at

military installations in Thailand during the Vietnam Era, regardless of the base, duty on the perimeter or military occupational specialty. As a result, the presumptive diseases currently associated with Agent Orange exposure would be applicable to all Veterans who served at military installations in Thailand during the Vietnam Era.

Consistent with DAV Resolution No. 174, DAV supports the concession of exposure for Agent Orange to Veterans who served at military installations in Thailand; this will allow for presumption of service connection for the recognized diseases. Please use the prepared electronic letter or draft your own to urge your Member of Congress to support and cosponsor H.R. 2201.

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

TAKE ACTION



VA to Provide On-Site Counseling to National Guard Members

VA and DOD formalized a partnership on June 28, 2019, to provide Vet Center counseling, outreach staff, and other services to members during training or drill weekends. “This relationship between VA and the National Guard further advances the department’s efforts to decrease service member and Veteran suicide,” said VA Secretary Robert Wilkie. “Vet Center staff will provide counseling and referral to those who may be under stress and at risk for self-harm.” [Learn more.](#)





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



Space Command Reestablished

On Thursday, President Trump announced the official reestablishment of the United States Space Command (USSPACECOM), which will be DOD's 11th Unified Combatant Command. Initially established in 1985, and deactivated in 2002 following the establishment of U.S. Northern Command, the primary mission of USSPACECOM is to focus on the protection of U.S. space assets and to strengthen the military's posture in space as adversaries develop more advanced anti-satellite weapons. Initially, the command will be temporarily headquartered at Peterson Air Force Base, Colo. However, DOD is looking at six possible locations for a permanent headquarters: four in Colo., one in Ala., and one in Calif. On March 22, 2019, Air Force General John W. Raymond was selected to lead the organization, and on June 27, 2019, he was confirmed by the Senate. [Learn more.](#)





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.

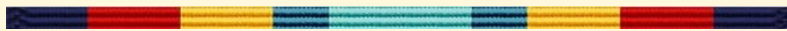
The TEAM Veteran Caregivers Act would require VA to recognize and record all severely injured veterans family caregivers and require a minimum standard of information when decisions to disrupt or terminate caregiver supports are made. In addition, the bill would ensure family caregiver supports are extended 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





V-J Day Commemoration

Visitors to the nation's capital this long Labor Day weekend are invited to attend the 74th commemoration of the end of World War II at 11 a.m., Sept. 2, at the National World War II Memorial. There are very few handicapped parking spots available, and the two closest Metro stops (Smithsonian and Federal Triangle) are both about a half-mile away, but there are plenty of taxis and other hired conveyances available.

[Learn more.](#)





**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





The Department of Defense has released the 2019 Caregiver Resource Directory (CRD), and it is ready for download

The annual update includes 114 pages of information on resources and programs, including those that assist caregivers of wounded, ill and injured Veterans and service members. The CRD is an enriched source of information. It from childcare, education and training, healthcare needs, legal assistance, rest and relaxation, to peer support, mentoring, and so much more. The Directory is essentially a one stop shop for questions and concerns for those who are new to being caregivers. Access the CRD [here](#).



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.

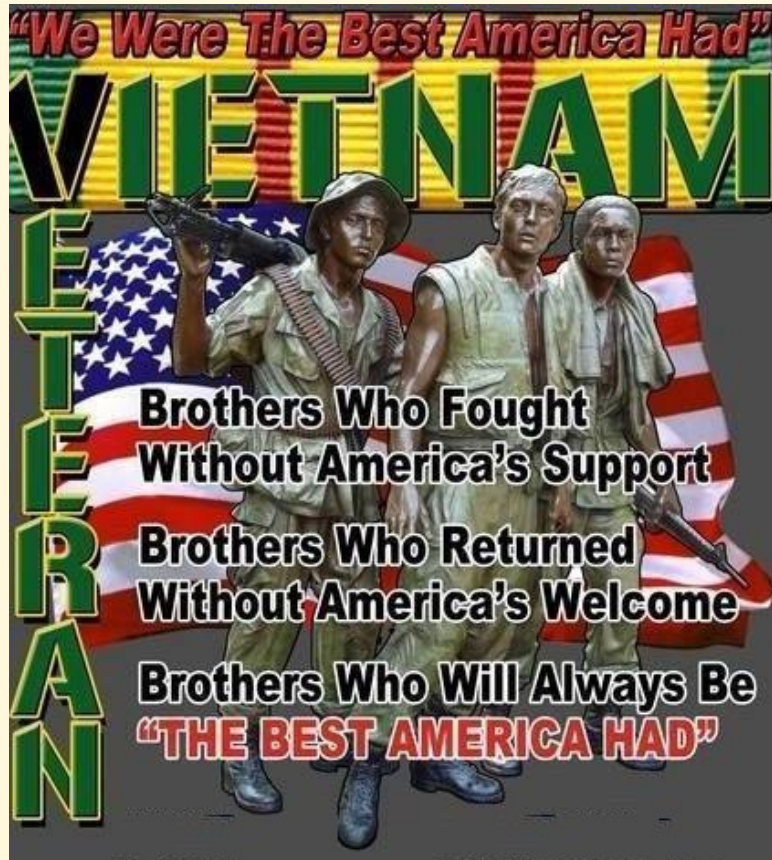
Upon the retiree's death, the SBP annuity is paid monthly to eligible beneficiaries; however, if a surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit (currently \$1,283.11 per month). In general, when DIC benefits are payable but the monthly rate is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



DoD Begins Next Military Hospital Consolidation Phase

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



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

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

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

medical practices and to decrease or avoid the use of controlled substances, such as opioids, that have the potential for harmful side effects, including addiction.

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

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

TAKE ACTION



CLICK HERE AND FOLLOW US ON TWITTER !





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

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

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

TAKE ACTION



Your actions
could save a life.

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

VeteransCrisisLine.net



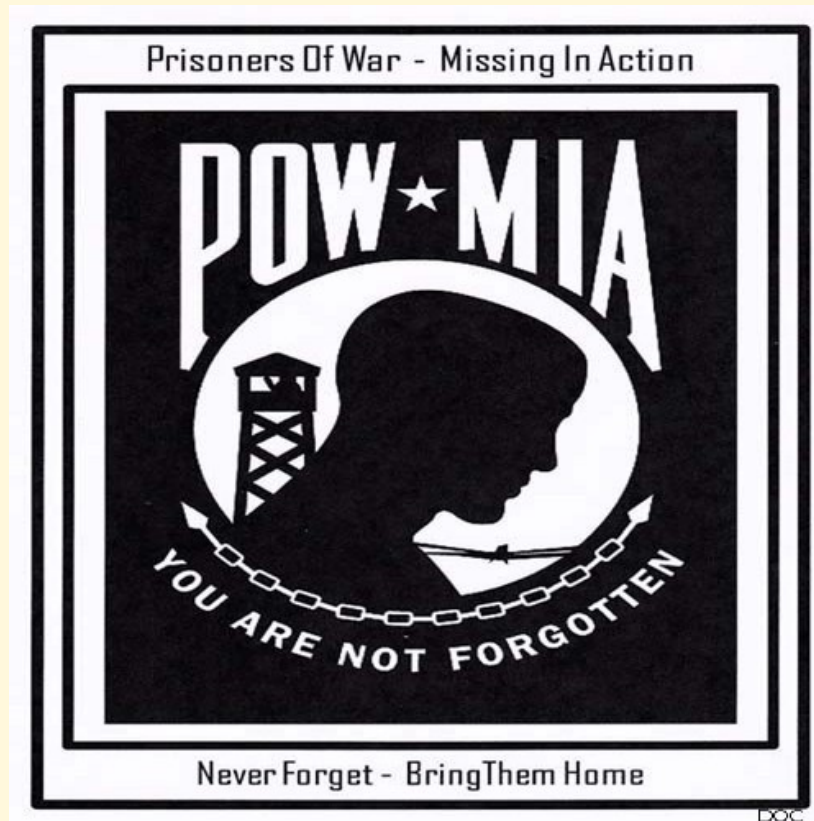
**Veterans
Crisis Line**
1-800-273-8255 **PRESS 1**



Air Force Mandates Space for Nursing Mothers

A new Air Force policy released recently requires all units to provide nursing mothers access to a lactation room. Announced Aug. 15, the policy mandates that mothers have access to a private, secure and sanitary location for breastfeeding or pumping, according to a service news release. Rooms must be located in the immediate vicinity of the workplace and include a table, place to sit, electrical outlets, adequate lighting and comfortable temperatures. They must also be near a source of hot and cold water. The new guidance also requires that nursing mothers have adequate time for lactation breaks: 15-30 minutes every 3-4 hours to pump for at least one year postpartum. Read more at [AF.mil](https://www.af.mil).





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



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

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



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

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

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

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

grow to adulthood inside the human biliary duct system. The irritation and scarring caused by liver fluke infection can lead to bile duct cancer.

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

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

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

TAKE ACTION





Urge Congress to Pass the Retired Pay Restoration Act

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


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

TAKE ACTION



Navy's Legal Review Is Overdue, Experts Say. But Will It Be Tough Enough?

The Navy's sweeping legal review got even bigger last week after the Marine Corps was also ordered to conduct a service-wide check on its legal system. The review was set in motion by a series of blunders surrounding a Navy SEAL's case, which caught the attention of President Donald Trump. Now, Navy Secretary Richard V. Spencer has ordered the Marine Corps to conduct the same kind of comprehensive review of its Judge Advocate General Corps that the Navy's legal community was ordered to do earlier this month. Legal experts say it's necessary, but several are unconvinced that directing the services to investigate themselves will result in a thorough enough look. Read more [here](#).





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

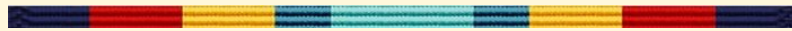
objectives in its suicide prevention plan and direct the Government Accountability Office to evaluate VA's case management program for Veterans at high risk of suicide;

- 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.

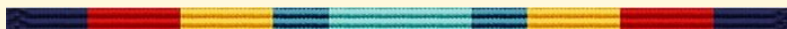
Please contact your Senators to ask them to support this comprehensive bill to support our nation's Veterans. Please use the letter prepared below or draft your own letter to ask for their support.

TAKE ACTION



\$200M National Museum of the US Army Will Open its Doors Next June

After years of planning and construction delays, the National Museum of the U.S. Army will open next June. It is billed as the first in the nation to tell the 244-year-old story of the Army and the 30 million soldiers who have served since 1775. The opening date has been postponed several times, but the Army said in a news release Wednesday that this time it's going to happen: On June 4, the doors will open to the 185,000-square-foot main building on an 84-acre campus at Fort Belvoir, Virginia, about 30 minutes south of Washington, D.C. The museum, located on a publicly accessible section of Fort Belvoir, plans to be open 364 days a year, the only exception being Christmas Day, to an expected 750,000 visitors annually. Tickets for admission are free, but the Army and the Army Historical Foundation have yet to straighten out how ticketing will work. Read more [here](#).



1. FDA Warns About Rare Occurrence of Serious Liver Injury with Use of Hepatitis C Medicines Mavyret, Zepatier, and Vosevi in Some Patients with Advanced Liver Disease
2. Brutus & Barnaby LLC recalls all size bags of “Pig Ears Natural Treats for Dogs” because of a possible salmonella health risk
3. Nature’s One Voluntarily Issues Allergy Alert for Undeclared Milk Allergen
4. FDA requests recall of sterile compounded drug products produced by Pacifico National Inc., dba AmEx Pharmacy, reminds patients and health care professionals to stop using due to potential risks
5. Krasnyi Oktyabr USA Inc Issues Alert on Undeclared Sulfites in “Tainy Vostoka Assorted Dry Fruits Apple”
6. Great One Trading Inc. Issues Allergy Alert on Undeclared Egg in Fish Cakes
7. Krasnyi Oktyabr USA Inc Issues Alert on Undeclared Sulfites in “Tainy Vostoka Assorted Dry Fruits Quince”
8. Mountain Mel’s Essential Goods, LLC Recalls The Milk Lady’s Herbal Tea Blend, Peaceful Baby Herbal Tea Blend, and Diges-teas Herbal Tea Blend, Because of Possible Health Risk

9. E-cigarette: Safety Communication - Related to Seizures Reported Following E-cigarette Use, Particularly in Youth and Young Adults

10. Makzemo LLC Recalls Balquis Yemeni Spice Because of Possible Health Risk



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



National Guard to Offer Vet Center Help During Drill Weekends

Guardsmen could soon have access to on-site mental health help at their monthly drill weekends as part of a partnership between the National Guard Bureau and the Department of Veterans Affairs. The partnership, announced Aug. 27, will integrate VA Vet Center staff and the resources they offer with regular drill schedules, officials said. Staff from the 300 centers and 80 mobile units nationwide will work with state and local National Guard commands to decide how best to offer their resources. Read more [here](#).



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

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



**Tax & Credit
Information**



1. Interest rates remain the same for the fourth quarter of 2019
2. Tax pros: Follow the “Security Six” steps to help protect taxpayer data
3. These tax tips can help new business owners find success
4. Social Security Changes for 2019
5. Do-It-Yourself Credit Repair: Fix Bad Credit On Your Own In 6 Easy Steps
6. Does Credit Repair Really Work? — 2019 Expert Opinion
7. A Step-by-Step Guide to Repairing Your Bad Credit
8. What Do Credit Repair Companies Do?



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

On January 17, 2019, Representative Tulsi Gabbard (HI) introduced H.R. 663, the Burn Pits

Accountability Act in the House and Senator Amy Klobuchar (MN) introduced a companion bill, S. 191, in the Senate.

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

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

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

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

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

TAKE ACTION





S. 1392, the Support for Suicide Prevention Coordinators Act

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

suicide, using the VETS-REACH program, to services and supports and reach out to veterans who are referred through VA's very active Veterans Crisis Line to refer them to appropriate care.

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

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

House of Representatives and sent to the Senate.

DAV strongly supports this legislation in accordance with Resolution No. 293, which calls on VA to support program improvements, data collection, and reporting on suicide rates among veterans and service members as part of a robust and fully resourced mental health effort.

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

TAKE ACTION



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

Senators Young (IN) and Duckworth (WI) have

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

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

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

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

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

TAKE ACTION



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H.R. 1963, Expanding Care for Veterans Act

Like other Americans, Veterans have grown increasingly interested in complementary treatment options to enhance wellness or address symptoms that are not well managed with conventional medicine. A 2014 study found that service members experienced chronic pain at a much higher rate (44% post combat) than the general population (26%). Veterans were also far more likely to be prescribed opioids compared to non-Veterans (15% v. 4%) to manage their chronic pain. Many Veterans view complementary and integrative treatment approaches as a means to limiting or avoiding the use of opioids and other pharmaceuticals that may have adverse side effects.

Based on these findings, Representative Julia Brownley (CA) introduced comprehensive

legislation aimed at expanding Veterans' access to complementary and integrative medicine in VA medical centers.

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

- Require VA to develop a plan for expanding delivery and integration of complementary medicine within the Department;
- Create a 3-year pilot program to add complementary and integrative practices to the existing health benefits package in at least 15 VA medical centers and evaluate the effectiveness of these interventions for Veterans with mental health issues, chronic pain and other debilitating conditions;
- Require a study to determine barriers to Veterans' receipt of and administrators and clinicians' delivery of complementary and integrative health practices furnished by or through VA; and
- Create a grant program to complement services of individuals receiving counseling through VA's Vet Center programs.

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

TAKE ACTION



MIA Update

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

are:

Army Cpl. Gudmund C. Johnson, Jr. was a member of Company K, 3rd Battalion, 35th Infantry Regiment, 25th Infantry Division, when he was captured by enemy forces near Unsan, North Korea. He reportedly died while a prisoner of war at Camp #5, where he was held by the Chinese People's Volunteer Forces. Following his death, his remains could not be recovered. Interment services are pending. [Read about Johnson.](#)

Army Cpl. Charles H. Grubb was a member of Company M, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 1, 1950, in the vicinity of the Chosin Reservoir, North Korea, when his unit was attacked by enemy forces. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Grubb.](#)

Army Sgt. Gerald B. Raeymacker was a member of Battery B, 57th Field Artillery Battalion, 7th Infantry Division, 31st Regimental Combat Team. He was reported missing in action on Dec.

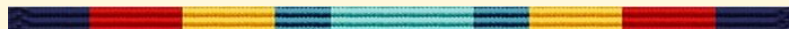
6, 1950, in the vicinity of the Chosin Reservoir, North Korea, when his unit was attacked by enemy forces. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Raeymacker.](#)

Navy Seaman 1st Class Stewart Jordan was assigned to the USS Nelson, which was anchored off the coast of Normandy, France. He was killed June 12, 1944, when the ship was hit by enemy fire. Following the war, his remains could not be identified. Interment services are pending. [Read about Jordan.](#)

Navy Seaman 2nd Class Brady O. Prewitt was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma was hit multiple times which caused it to capsize quickly and caused the deaths of 429 crewmen, including Prewitt. Interment services are pending. [Read about Prewitt.](#)

Navy Fireman 2nd Class Albert Renner was assigned to the battleship USS West Virginia,

which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS West Virginia sustained multiple torpedo hits, but timely counter-flooding measures taken by the crew prevented it from capsizing, and it came to rest on the shallow harbor floor. The attack on the ship resulted in the deaths of 106 crewmen, including Renner. Interment services are pending. [Read about Renner.](#)



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