

# RAO

# BULLETIN

# 15 January 2018

PDF Edition



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**Note:**

1. The page number on which an article can be found is provided to the left of each article's title
2. Numbers contained within brackets [ ] indicate the number of articles written on the subject. To obtain previous articles send a request to [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net).

**\* ATTACHMENTS \***

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- Attachment - Military History Anniversaries 16 thru 31 JAN
- Attachment - Over There, Before 1917



## DARPA Sensor Program ► Goal | Increased Maritime Awareness

Defense officials want to go beyond radar or sonar to scan across large expanses of ocean by using thousands of small, low-cost floats to serve as a distributed sensor network — a camera-type network floating across the seas, always monitoring. This month, the Defense Advanced Research Projects Agency, which deals with the future of combat for the Department of Defense, will field proposals about how to accomplish that during the new Ocean of Things program. The program could also have applications beyond the battlespace, as DARPA aims to make certain sensors commercially available. These sensors will provide accurate location tracking and collect data such as ocean temperature and sea state, according to the agency website.



**The Defense Advanced Research Projects Agency has launched a program to develop affordable, environmentally friendly sensors to monitor ocean temperature, movement and other key data.**

Ocean sensors have existed in many forms for years, being used by scientists to calculate temperature patterns, current movement and ocean composition. Just recently, one of these sensors, a U.S. Navy REMUS 600 research unmanned underwater drone, was reportedly captured off the coast of Yemen by Houthi rebels. These vessels, which range from nine to 18 feet long, can be remotely operated or operated autonomously to gather information. This new project would drastically reduce the size of the devices. “The goal of the program is to increase maritime awareness in a cost-effective way,” said John Waterston, program manager in the agency’s Strategic Technology Office.

“It would be cost-prohibitive to use existing platforms to continuously monitor vast regions of the ocean. By coupling powerful analytical tools with commercial sensor technology, we plan to create floating sensor networks that significantly expand maritime awareness at a fraction of the cost of current approaches,” Waterston said. Each of the floating sensors must be made of environmentally safe materials, and comply with all federal laws, executive orders and regulations to protect marine life. They also cannot pose any danger to other vessels. Beyond the sensors, the competition also focuses on data analytics by looking to competitors to use cloud-based software and analyses to process what the sensors collect. The goal will be to develop algorithms that detect, track and identify nearby vessels. [Source: NavyTimes | Todd South | January 9, 2018 ++]

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## Pentagon Financial Audit ► Will Cost \$367 Million In FY18

The Pentagon is preparing to spend more than \$900 million in fiscal 2018 to identify and fix problems as part of its first-ever financial audit. David Norquist, the Pentagon’s comptroller, said 10 JAN that the first steps of the long-awaited Pentagon audit are already underway. The audit itself will cost \$367 million in

FY18 — covering fees for the independent public accounting firms (\$181 million) and infrastructure to support the audits (\$186 million). That will help fund the roughly 1,200 auditors who will support the 24 individual audits that make up the overall effort.

In addition, Norquist estimated the Defense Department will spend about \$551 million to fix problems identified by the auditors, bringing the total to an estimated \$918 million. While that’s not cheap, Norquist spent part of his hearing at the House Armed Services Committee defending the upfront cost as necessary to create the baseline for future reforms. “Accurate data helps drive more accurate decision-making,” Norquist said. And those costs could come down easily if the Pentagon decides it can live with the issues identified by the services — although neither Norquist nor the committee members seemed keen on that option. HASC Chairman Mac Thornberry (R-TX) told reporters after the hearing that while he was not aware of the costs of the audit until recently, it will be money well-spent. “If you have things that need to be fixed, they need to be fixed,” the chairman said. “Particularly at the beginning it will be expensive, but I am firmly of the view that it will pay off for the taxpayers and for the war fighters over time.”

The audit has been a focus for Norquist since being confirmed over the summer. At the Defense News Conference in September, the comptroller said he was “enthusiastic” about the possibilities the audit offered the Pentagon. And in December, he wrote in an op-ed that the audit will lead to “a steady improvement in the accuracy and reliability of our business data,” which will build on itself year after year. It has also received a bipartisan focus on Capitol Hill, which was on full display during Wednesday’s hearing. In his opening comments, Thornberry emphasized that this was the first HASC hearing of 2018, showing the importance of the audit to members. Ranking member Rep. Adam Smith (D-WA) also shared positive words for the audit and its attempts to fixed a “screwed up” system.

When designing the audit, Norquist purposefully laid out a design for 24 individual audits that will flow up to the inspector general’s office, partly to ensure independence from review teams. Under his guidance, no firm can audit an agency if their company does consulting work with them. In other words, if your firm does business with the Army, you can’t audit the Army. Finding a firm to do the Pentagon-wide audit without those conflicts of interest would have been almost impossible; finding several firms to break that work up, however, was entirely doable. In addition, using just one firm to do an audit would lead to what Norquist called a “monopoly” that would, down the road, cost the Pentagon. “We would never, after they learned our business process, be able to find another auditor who could compete. And then I’d be explaining to you why the audit costs went through the ceiling,” he said.

And while the focus is on getting the Pentagon’s dollars all accounted for, there are extra benefits to doing the audit, Norquist argued. Those include learning what systems can and cannot talk to each other and figuring out where improvements can come from. “If we’re trying to do acquisition reform and other things, you’ve got to have data. You have to know what you’re doing in order to fix it,” Thornberry agreed. The comptroller also confirmed the audit will cover classified programs and overseas contingency operations funding, but asked for an opportunity to go into greater detail on how that would work in a classified setting. [Source: ArmyTimes | Aaron Mehta | January 10, 2018 ++]

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## **Navy Forward Deployed Ships ► Rotation For Maintenance Policy**

The head of the Navy’s Fleet Forces Command pushed back 11 JAN against an idea to have all ships stationed overseas return to the United States every seven to 10 years for maintenance. Speaking at the Surface Navy Association’s annual symposium, Adm. Phil Davidson said today’s Navy fleet is too small to bring forward-deployed ships, like those stationed in Japan or Spain, home so frequently. Virginia

Republican and seapower committee chairman Rep. Rob Wittman had offered the idea on 10 JAN during his speech at the symposium, a policy the Navy has not always followed through on.

In response to a question about the initiative, Davidson pointed to the logistical entanglement regarding the forward stationing of four destroyers in recent years to Rota, Spain. Davidson said those four ships were slated to be rotated out after six years and relieved by updated ships. Four replacement ships have been pulled out of the strike group pool to get the required modernizations, in order to replace the four destroyers in Rota that need maintenance. “Pretty soon this looks like eight ships out of the strike group rotation for three years,” Davidson said. “We’re going to need a bigger Navy to have that kind of policy.” He added that such challenges do not apply to every kind of ship.

Davidson also noted during his talk Thursday that the comprehensive review of the surface fleet that took place after the fatal collisions involving the Fitzgerald and John S. McCain was in the works after the initial Fitz collision in June that killed seven sailors. The review had not kicked off in earnest when the McCain was struck by a merchant vessel in August because leadership wanted to “digest” the Fitz’s findings first, he said. “The McCain made it a more urgent priority,” Davidson said. [Source: NavyTimes | Geoff Ziezulewicz | January 12, 2018 ++]

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## **Transgender Lawsuits Update 06 ► Administration Drops Legal fight**

The Trump administration dropped its legal fight seeking to delay the Jan. 1 deadline for the Pentagon to accept transgender forces, the Justice Department said 30 DEC. The administration had been fighting in multiple lawsuits at the circuit court level to delay a previously established Jan. 1 deadline to allow transgender forces to enlist. This month it had lost in three of the cases, losses that would have required administration lawyers to file an appeal with the U.S. Supreme Court before 31 DEC in order to have any chance to stay the decision.

In a statement, the Justice Department said it was going to wait for a DoD study directed by Defense Secretary Jim Mattis on whether there would be any adverse affects to readiness caused by transgender troops enlisting and serving. Transgender forces already openly serve in the U.S. military. “Rather than litigate this interim appeal before that occurs, the administration has decided to wait for DoD’s study and will continue to defend the president’s and secretary of defense’s lawful authority in district court in the meantime,” the Justice Department said in the statement. On 29 DEC, Mattis told reporters that DoD would “obey whatever the law says,” without indicating one way or another what he personally thought about the decision. Mattis said he did not make a habit out of singling out one group or another of service members to comment on.

There is still a separate overall case at the Circuit Court level that will be heard in January on whether currently serving transgender troops may remain in the military. Transgender advocacy groups called the 1 JAN victory historic. “This marks the first time in United States history that qualified transgender Americans will be authorized to openly enlist in the nation’s Armed Forces,” attorneys for the National Center for Lesbian Rights and the GLBTQ Legal Advocates & Defenders said in a statement Saturday. “This is a major victory in the litigation and great news for transgender troops, transgender military academy and ROTC students, and transgender people who have been waiting to enlist.” [Source: MilitaryTimes | Tara Copp | December 31, 2017 ++]

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## DoD Fraud, Waste, & Abuse ► Reported 01 thru 15 JAN 2018

**Nashville, TN** -- A military equipment dealer who pleaded guilty to buying and selling stolen military equipment overseas has been sentenced to more than 3 ½ years in prison. vThe Tennessean reports 42-year-old **Cory Wilson** was sentenced 8 JAN in federal court in Nashville. In addition to the 44-month sentence, Wilson was ordered to pay \$500,000 in restitution to the Army. Two former soldiers, Michael Barlow and Kyle Heade, were also sentenced. Barlow was ordered to serve five years' probation, and Heade 30 months in prison. Eight people were involved in the plan to steal items from Fort Campbell, the large military installation along the Kentucky-Tennessee state line. Four were previously sentenced, and another man was set to be sentenced on 9 JKAN. [Source: The Associated Press January 8, 2018 ++]

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**Fat Leonard** -- The Navy's first court-martial in connection with the Leonard "Fat Leonard" Francis scandal ended with a guilty plea Jan. 11 in a military courtroom at Norfolk Naval Station. Chief Warrant Officer 4 **Brian T. Ware** pleaded guilty to four specifications of a single charge of Article 92 of the Uniform Code of Military Justice — violation of lawful order — and two specifications of a single charge of Article 135 — graft. According to a verified document obtained by Navy Times in which Ware explained his case, he agreed to the plea deal because Navy officials promised him favorable consideration in keeping his retirement. Ware was sentenced by trial judge Capt. Deborah S. Mayer, of the Judge Advocate General's Corps, to six months confinement in the brig and a \$10,000 fine.

It will now be up to Secretary of the Navy Richard Spencer to decide whether Ware will be allowed to retire, and if so, at which paygrade. The Navy's charges detail how Ware assisted Mr. Neal Peterson, who was the director of global operations for Glenn Defense Marine Asia, with ordering excess food service supplies — at Peterson's urging — on multiple occasions. During this time, Ware served as the food service officer on the command ship Blue Ridge and later the carrier George Washington. For his part in bilking the Navy out of millions of dollars, Peterson was sentenced in mid-2017 to 70 months in jail. Ware was also charged with accepting gifts from Peterson and GDMA in the form of hotels, a car and driver and the use of a cell phone while visiting various ports.

Ware enlisted in the Navy in 1987 and rose to the rank of senior chief petty officer before being selected for warrant officer in 2009. He was promoted to W-4 in June 2016. He was slated to retire in April 2017, but the Navy put him on legal hold while he was being investigated. All Navy cases being convened in what's officially known as the Glenn Defense Marine Asia case are being tried in Norfolk. Navy officials expect additional trials to begin later this year. [Source: NavyTimes | Mark D. Faram | January 12, 2018 ++]

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## POW/MIA Update 98 ► DPAA-Hosted Family Updates

Defense POW/MIA Accounting Agency (DPAA) hosted Family Member Updates (FMUs) are scheduled for 2018 and are no longer restricted solely to family members. With advance arrangements, invited representatives of responsible VSOs are included, as are League and other NGO officials who are not family members. Also, the \*\* notation below indicates that briefings are in conjunction with the League's upcoming 49th Annual Meeting, June 21-24, 2018, obviously NOT hosted by DPAA.

### Date – Location

- January 20 – San Diego, CA
- February 24 – Jacksonville, FL
- March 24 – El Paso, TX

- April 21 – Rapid City, SD
- May 19 – Louisville, KY
- June 21-24 – Washington, D.C.\*\*

[Source: Veteran Resources | January 7, 2018 ++]

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## **POW/MIA Recoveries** ► **Reported 01 thru 15 JAN 2018 | Seven**

“Keeping the Promise“, “Fulfill their Trust“ and “No one left behind“ are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II 73,025, Korean War 7730, Vietnam War 1604, Cold War (126), Iraq and other conflicts (5). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home.

For a listing of all missing or unaccounted for personnel to date refer to <http://www.dpaa.mil> and click on ‘Our Missing’. Refer to <http://www.dpaa.mil/News-Stories/Recent-News-Stories/Year/2017> for a listing and details of those accounted for in 2017. If you wish to provide information about an American missing in action from any conflict or have an inquiry about MIAs, contact:

== Mail: Public Affairs Office, 2300 Defense Pentagon, Washington, D.C. 20301-2300, Attn: External Affairs

== Call: Phone: (703) 699-1420

== Message: Fill out form on <http://www.dpaa.mil/Contact/ContactUs.aspx>



Family members seeking more information about missing loved ones may also call the following Service Casualty Offices: U.S. Air Force (800) 531-5501, U.S. Army (800) 892-2490, U.S. Marine Corps (800) 847-1597, U.S. Navy (800) 443-9298, or U.S. Department of State (202) 647-5470. The names, photos, and details of the below listed MIA/POW's which have been recovered, identified, and/or scheduled for burial since the publication of the last RAO Bulletin are listed on the following sites:

- <https://www.vfw.org/actioncorpsweekly>
- <http://www.dpaa.mil/News-Stories/News-Releases>
- <http://www.thepatriotspage.com/Recovered.htm>
- <http://www.pow-miafamilies.org>
- <https://www.pownetwork.org/bios/b/b012.htm>
- <http://www.vvmf.org/Wall-of-Faces>

**LOOK FOR**

- **Army Air Forces 2nd Lt. Robert R. Keown** was a P-38 pilot assigned to the 36th Fighter Squadron, 8th Fighter Group in April 1944. [Read about Keown.](#)
- **Army Pfc. Albert E. Quintero** was a member of Battery D, 15th Anti-aircraft Artillery Automatic Weapons Self-propelled Battalion, 7th Infantry Division in November 1950. [Read about Quintero.](#)
- **Army Pfc. Lonnie B.C. Eichelberger**, 20, of Waco, Texas was assigned to Company I, 371st Infantry Regiment, 92nd Infantry Division — the only African-American division to fight in Europe in February 1945. [Read about Eichelberger.](#)
- **Army Sgt. 1st Class Eugene J. Colley**, 48, of Edenton, N.C. of Company C, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division in late November 1950. [Read about Colley.](#)
- **Marine Corps Pfc. Harold P. Hannon**, 28, of Scranton, Pa. was assigned to Company E, 2nd Battalion, 8th Marine Regiment, 2nd Marine Division in November 1943. [Read about Hannon.](#)
- **Marine Corps Pfc. Harry C. Morrissey** was a member of Company B, 1st Battalion, 7th Marines, 1st Marine Division in October 1942. Oct. 9, 1942. [Read about Morrissey.](#)
- **Navy Seaman 1st Class Willard H. Aldridge** was assigned to the USS Oklahoma on Dec. 7, 1941. [Read about Aldridge.](#)

[Source: <http://www.dpaa.mil> | January 15, 2018 ++]

\* VA \*



## VA Benefits Eligibility Update 06 ► A Few You May Have Overlooked

1. Any veteran who is service-connected for a disability for which he or she uses prosthetic or orthopedic appliances may receive an annual clothing allowance.
2. VA provides pensions to low-income surviving spouses and unmarried children of deceased veterans with wartime service.
3. A surviving spouse age 57 and older who remarries after December 15, 2003, is entitled to continue to receive benefits.
4. Passports are available to family members free of charge for the purpose of visiting their loved one's grave or memorialization site at the American military cemeteries on foreign soil.
5. A rating percentage is considered "protected" once it is in place for 20 years. There would be no danger of a decreased disability rating after the 20 year mark.
6. A new imaging study has found that Gulf War veterans have what appear to be unique structural changes in the wiring of their brains.
7. Disabled Veterans may be eligible to claim a federal tax refund based on: an increase in the Veteran's percentage of disability from the Veteran's Administration (which may include a retroactive determination)

or the combat-disabled Veteran applying for, and being granted, Combat-Related Special Compensation, after an award for Concurrent Retirement and Disability.

8. Veterans who are 100% service-connected IU may be eligible for an additional monthly entitlement of \$62.50/mo for catastrophic injury.

[Source: U.S. Veteran Compensation Programs | December 31, 2017 ++]

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## **VA Health Care Access Update 60 ► Same-Day Services**

On 12 JAN the U.S. Department of Veterans Affairs (VA) announced a major milestone, that 100 percent of its more than 1,000 medical facilities across the country now offer same-day services for urgent primary and mental health-care needs. Same-day services means a Veteran with an urgent need for primary care and mental health-care receives services that may include: a face-to-face visit with a clinician; advice provided during a call with a nurse; a telehealth or video care visit; an appointment made with a specialist; or a prescription filled the same day, depending upon what best meets the needs of the Veteran. “We made a commitment to our nation’s Veterans that we would work to reduce wait times and improve access, and we are doing it,” said VA Secretary Dr. David J. Shulkin. “We were able to meet this goal, in large part, because of the concerted focus of our staff who care for our Veterans in facilities across the country.”

Since 2014, VA has concentrated its efforts on improving access and meeting the urgent health-care needs of Veterans. In 2016, all of VA’s medical centers offered same-day services for primary and mental health services. In addition to offering same-day services, VA has reduced patient wait times. VA also implemented a new process to ensure timely follow-up appointments for time-sensitive medical needs. More than 100,000 such appointments have been completed. In 2017, Veterans completed over 57.5 million appointments and VA clinicians saw almost 6 million patients. To view access information about each facility nationwide, visit [www.accesstocare.va.gov](http://www.accesstocare.va.gov). The information provided at this link is not offered by any major national hospital organization in the country. [Source: VA News Release | January 12, 2018 ++]

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## **VA Dental Benefits ► Who's Eligible**

The eligibility for [dental care](#) through the VA is not the same as it is for most other medical benefits. Following is a list of the only veterans and situations where VA dental is allowable. Veterans who:

- Are rated 100 percent service-disabled either all their disability ratings add up to 100 percent or 100 percent [IU \(Individual Unemployability\)](#) are allowed any needed dental care. This does not include veterans who are temporary 100 percent due to extended hospitalization or convalescence.
- Have been discharged from active duty within the past 180 days and received a discharge other than dishonorable: One-time dental care if [DD Form 214](#) indicates a complete [dental examination](#) wasn’t administered prior to discharge.
- Have a compensable (10 percent or greater) [service-connected dental condition](#): Any needed dental care.
- Have a non-compensable (0 percent) service-connected dental condition: Any dental care necessary to provide and maintain a functioning dentition. The treatment is only allowed for the tooth/teeth/condition(s) that are trauma related.

- Have a [dental condition](#) clinically determined by the VA to be associated with and aggravating a service-connected medical condition: Only treatment for the condition that has a direct and material detrimental effect to a service-connected medical condition.
- Are in the vocational rehab program (Chapter 31): Only dental treatment needed to gain entrance into the vocational rehab program; help the veteran achieve their goal in the program; prevent interruption of the program; hasten the return into the program if interrupted by leave status or if veteran stopped because of illness or injury (including a dental condition); or to secure employment during the period of employment assistance.
- Are enrolled in a [VA homeless program](#): One-time course of dental care that is determined medically necessary to relieve pain, assist the veteran with obtaining employment, or treat gingival and periodontal conditions.

If you believe you are eligible for dental treatment, your VA health care provider will have to do a consult for you before you can be seen. [Source: U.S. Veteran Compensation Programs | January 13, 2018 ++]

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## **VA Blue Water Claims Update 43 ► Taking The Fight to The Courts**

The effort to get the VA to acknowledge those who served on ships off the coast of Vietnam were also exposed to Agent Orange has been one of the longest battles in the history of veterans' benefits. Unfortunately, for every small win achieved by veterans, other roadblocks appeared. This week, MOAA and other organizations challenged one of those roadblocks in court. An estimated 90,000 Vietnam veterans served off the coast of Vietnam. Though they never set foot on the landmass, they might have nonetheless been exposed to Agent Orange. It is unknown precisely how many of them were in the bays and harbors of Vietnam, such as Da Nang Harbor or Nha Trang Harbor, but based on ship logs, military weapons, and logistics technology at the time, a majority likely were in the harbors at some point to support the war effort.

The VA refuses to recognize service on ships in bays and harbors as service within the territory of Vietnam for the purposes of presuming exposure by Agent Orange, despite scientific evidence of aerial spraying and the presence of Agent Orange in the water. In 2015 the U.S. Court of Appeals for Veterans Claims, in a case named *Gray v. McDonald*, determined the VA's exclusion of the bays and harbors was an unsupported legal fiction, saying it was "devoid of any indication that VA made a fact-based assessment of the probability of exposure." It ordered the VA to go back and reevaluate their definition of inland waterways as it applied to bays and harbors. The VA did so and decided they still would exclude bays and harbors. It revised its internal manual directing VA claims adjudicators to exclude service in bays and harbors from the Agent Orange presumption.

The case went back to court, this time with a challenge to the VA's internal manual instructions. The VA argued that because this was merely an internal manual provision the courts had no authority to review it. In 2017, the U.S. Court of Appeals for the Federal Circuit agreed with the VA and refused to review their internal manual provisions. This left 90,000 Vietnam veterans with little to no recourse to challenge the VA's determination, which was no less "devoid of indication that VA made a fact-based assessment of the probability of exposure" in 2017 than it was in 2015, just this time shielded from judicial review through the VA's own actions.

Earlier this week, MOAA joined other veterans advocacy groups in asking the court to reconsider that decision, pointing out the "VA, in adopting this new approach of ensconcing massive substantive policy changes in the manual, thereby steering the adjudication process into the shadows, for the sake of its own

convenience, is both anti-veteran and menacing to the productivity of the system.” MOAA asked for immediate action by the court because “a number of these veterans will die appealing the VA's flawed policy.” The case is *Gray v. Secretary of Veterans Affairs*, No. 16-1782, in the U.S. Court of Appeals for the Federal Circuit. It's uncertain how long the court will take to decide whether a rehearing is warranted, but MOAA will keep you updated of any developments. If you have ideas or questions about this topic, email them to [legis@moaa.org](mailto:legis@moaa.org). [Source: MOAA Legislative Update | January 12, 2018 ++]

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## **Opioid Use ► VA Prescribing Rate Disclosures**

On 11 JAN U.S. Secretary of Veterans Affairs (VA) Dr. David J. Shulkin announced that VA has begun publicly posting information on opioids dispensed from VA pharmacies, along with VA’s strategies to prescribe these pain medications appropriately and safely. With this announcement, VA becomes the only health-care system in the country to post information on its opioid-prescribing rates.

The disclosure is part of VA’s promise of transparency to Veterans and the American people, and builds on VA’s strong record of transparency disclosures — including on wait times, accountability actions, employee settlements and the Secretary’s travel — under the leadership of President Donald J. Trump over the past year. “Many Veterans enrolled in the VA health-care system suffer from high rates of chronic pain and the prescribing of opioids may be necessary medically,” Secretary Shulkin said. “And while VA offers other pain-management options to reduce the need for opioids, it is important that we are transparent on how we prescribe opioids, so Veterans and the public can see what we are doing in our facilities and the progress we have made over time.”

Counselor to the President Kellyanne Conway said, "Declaring the opioid crisis a nationwide public health emergency was a call to action by the President. His administration is exploring all tools and authorities within their agencies to address this complex challenge costing lives. Veterans Affairs Secretary Dr. Shulkin is heeding that call; the VA is now the first hospital system in the country to post information on its opioid prescribing rates. This is an innovative way to raise awareness, increase transparency and mitigate the dangers of over-prescribing."

To view VA's interactive map which shows data over a five-year period (2012-2017) and does not include Veterans’ personal information. go to <https://vaopendata.carto.com/builder/c7e1fc7b-bf8a-4b8d-a17a-fd26a7dd9aa6/embed> The posted information shows opioid-dispensing rates for each facility and how much those rates have changed over time. It is important to note that because the needs and conditions of Veterans may be different at each facility, rates may also be different for that reason, and cannot be compared directly. The prescribing rate information will be updated semi-annually, on January 15 and July 15 of each year.

As a learning health system using the current best evidence to learn and improve, VA continually develops and refines best practices for the care of Veterans. Releasing this data will facilitate the sharing of best practices in pain management and opioid prescribing among doctors and medical center directors. Highlights from the data include:

- A 41-percent drop in opioid-prescribing rates across VA between 2012 and 2017
- Ninety-nine percent of facilities decreased their prescribing rates.
- San Juan, Puerto Rico, and Cleveland, Ohio, top the list of medical centers with the lowest prescribing rates, at 3%.

- El Paso, Texas, and Fayetteville, North Carolina, are most improved, and decreased prescribing rates by more than 60 percent since 2012. El Paso’s prescribing rate decreased by 66%, and Fayetteville’s decreased by 65%.

VA currently uses a multifaceted approach to reduce the need for the use of opioids among Veterans. Since 2012, the Opioid Safety Initiative has focused on the safe use and slow and steady decrease in VA opioid dispensing. VA also uses other therapies, including physical therapy and complementary and integrative health alternatives, such as meditation, yoga and cognitive-behavioral therapy. Information is available at [https://www.va.gov/PAINMANAGEMENT/Opioid\\_Safety\\_Initiative\\_OSI.asp](https://www.va.gov/PAINMANAGEMENT/Opioid_Safety_Initiative_OSI.asp) on the VA Opioid Safety Initiative. [Source: VA News Release | January 11, 2018 ++]

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## **VA Mental Health Care Update 36 ► Joint Action Plan**

On 9 JAN President Donald J. Trump signed an Executive Order titled, “Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life.” This Executive Order directs the Departments of Defense, Veterans Affairs and Homeland Security to develop a plan to ensure that all new Veterans receive mental health care for at least one year following their separation from service. The three departments will work together and develop a Joint Action Plan to ensure that the 60 percent of new Veterans who currently do not qualify for enrollment in healthcare — primarily due to lack of verified service connection related to the medical issue at hand — will receive treatment and access to services for mental health care for one year following their separation from service.

“As service members transition to Veteran status, they face higher risk of suicide and mental health difficulties,” said Secretary of Veterans Affairs David Shulkin. “During this critical phase, many transitioning service members may not qualify for enrollment in health care. The focus of this Executive Order is to coordinate Federal assets to close that gap.” The Department of Defense, Veterans Affairs, Homeland Security will work to expand mental health programs and other resources to new Veterans to the year following departure from uniformed service, including eliminating prior time limits and:

- Expanding peer community outreach and group sessions in the VA Whole Health initiative from 18 Whole Health Flagship facilities to all facilities. Whole Health includes wellness and establishing individual health goals.
- Extending the Department of Defense’s “Be There Peer Support Call and Outreach Center” services to provide peer support for Veterans in the year following separation from the uniformed service.
- Expanding the Department of Defense’s Military One Source (MOS), which offers resources to active duty members, to include services to separating service members to one year beyond service separation.

“We look forward to continuing our partnership with the VA to ensure veterans who have served our country continue to receive the important mental health care and services they need and deserve,” said Secretary of Defense James N. Mattis. “The Department of Homeland Security is where many Veterans find a second opportunity to serve their country—nearly 28 percent of our workforce has served in the armed forces, in addition to the 49,000 active duty members of the United States Coast Guard,” said Secretary of Homeland Security Kirstjen Nielsen.

“This critically important executive order will provide our service members with the support they need as they transition to civilian life. These dedicated men and women have put their lives on the line to protect our nation and our American way of life, and we owe them a debt we can never repay. We look forward to

working with the VA and DOD to implement the President’s EO,” said Secretary Nielsen. “In signing this Executive Order, President Trump has provided clear guidance to further ensure our Veterans and their families know that we are focusing on ways to improve their ability to move forward and achieve their goals in life after service,” said Secretary Shulkin. [Source: VA News Release | January 9, 2018 ++]

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## **VA Acupuncture ► Chronic Pain Therapy**

Seeking ways to curb the use of opioid painkillers, doctors at Baltimore’s VA Medical Center started offering a version of acupuncture to treat some veterans’ chronic pain. Two years later, the U.S. Department of Veterans Affairs has embraced the therapy based on the traditional Chinese practice of inserting needles into the body to treat maladies. The VA is using acupuncture at clinics across the country. There is little research to support the effectiveness of acupuncture, but the federal agency now plans to study its use. The willingness to try alternative methods of treating pain reflects the VA’s pressing need to reduce the use of addictive opioids for the thousands of men and women who leave the military with chronic pain or develop it as civilians.

Opioids have caused a nationwide epidemic of overdose, and VA doctors recognized their own addiction problem stemming from both chronic conditions and grievous mental and physical injuries. One in 10 service members returning from Iraq or Afghanistan and seen at a VA office has a problem with alcohol or drugs. It also represents an effort across the VA health care system to focus more broadly on “wellness” and what the department calls “whole health,” with doctors and patients developing health goals such as regaining the ability to play a sport rather than simply treating one disease at a time. For a large proportion of veterans living with chronic pain, plans often include weight loss, exercise and dietary improvements and other non-drug therapies such as massage, yoga and mindfulness training in conjunction with or instead of traditional medicine. The acupuncture treatment, piloted in Baltimore and since taken up by two dozen other VA centers, is part of that approach.

“We recognized that we were not treating chronic pain very well,” said Dr. Carol Bowman, medical director of patient and family-centered care for the VA Maryland Health Care System. “Opioid pills don’t work long-term. . . . We’ll continue to treat disease and sickness and other sources of pain, but we want to take a whole-health approach that teaches people how to be healthy.” The program is aimed at patients like John DeLost, who injured his left knee cross country skiing while stationed in Alaska with the Army in the 1970s. His over-reliance on his right knee and years of hard labor in a Curtis Bay shipyard near where he was raised left him with ongoing pain. After knee surgery, the 68-year-old couldn’t walk well and opioid painkillers were no longer helping. Ice, massage, and a big weight loss were providing only some relief. The medical marijuana he wanted to try was off limits to the VA because cannabis remains illegal at the federal level.

A recent session of acupuncture gave him little relief from pain but made him feel better in other ways. “I feel a little more energy; I can breathe better,” said DeLost, after a Veterans Affairs doctor put five tiny needles into each of his ears. “It didn’t take the pain away, but it makes me feel good.” DeLost said he’s still not sure how or why it works — a sentiment shared by many medical experts. “There is no reason to think acupuncture would work,” said Steven L. Salzberg, a professor of biomedical engineering, computer science and biostatistics at the Johns Hopkins medical school. “It would be really shocking if it did.” In Salzberg’s view, acupuncture is not only “quackery” being pushed on veterans who have real pain from medical problems and little choice of medical providers, but unethical because it carries a small risk of serious infection.

A review of published acupuncture studies by the National Center for Complementary and Integrative Health, which is part of the U.S. Department of Health and Human Services, found mixed results, with many studies either too small or too inconsistent to draw conclusions. Some studies found that acupuncture done properly — with needles placed deeply enough in specific places — was a little more beneficial for some kinds of pain than when it's done incorrectly. But people even found improper acupuncture a little more beneficial than no treatment or a placebo pill that has no effect on bodily functions.

Andrew Vickers, a biostatistician whose studies were included in the review, concluded that acupuncture's benefit, even if it's just "a little," could be beneficial for some people. For example, he said, one examination found that acupuncture reduced the number of a patient's migraines by 22 days per year, but they still had a lot of bad headaches. "Who defines a little or a lot and what's meaningful to patients?" said Vickers, an attending research methodologist at Memorial Sloan Kettering Cancer Center in New York. "Whether it was worth having acupuncture or not was a subjective opinion." Vickers said if many veterans believe they get even some relief from acupuncture, and the cost and risk remain low, then it may be reasonable to offer it, though he said the practice should have standards and continue to be studied.

The VA is using a modified form of the therapy known as battlefield acupuncture that was developed in 2001 by an Air Force doctor who envisioned its use someday on the battlefield in place of or in addition to morphine to control pain. It involves placing five needles in each ear and leaving them in until they fall out, a few days to more than a week later. The treatment can be completed much more quickly than traditional acupuncture. A training program was developed about two years ago at the Defense and Veterans Affairs departments. The VA couldn't say how much it has spent on training and treatment, but it and the Department of Defense plan to spend \$81 million over six years on 12 research projects to address pain and other conditions using non-drug approaches, including battlefield acupuncture.

Critics like Salzberg say the lack of evidence after so many years and so much study makes continued research wasteful and the VA's use of acupuncture irresponsible. And worse, he said, the VA is using a version of the centuries-old therapy that was "made up out of whole cloth" in 2001 and not yet put under any significant review. Salzberg attributed positive stories from veterans to a conscious or unconscious desire to tell doctors or researchers what they want to hear or a desire for it to have some effect. The VA's Bowman countered that if patients believe that it's helping their pain — and the bulk of her patients say that it is — then it is. And since pain is related to anxiety and depression, common among veterans, a perception that acupuncture helps also can improve mood and outcomes, she said.

From January 2016 through September 2017, the Baltimore VA reports that it has reduced use of opioid painkillers by 16 percent. That drop is partly a result of acupuncture, but also of exercise, weight loss, counseling and other measures, said Margie Koehler, a VA pain clinic clinician. "You are entitled to chronic pain management but not entitled to opioids because of patient safety and because of addiction prevalence and opioid misuse," she said. "Patients decide how they can be more functional and in less pain. ... Often complete eradication of pain is not realistic."

Prince Matthews would agree. He served in the Marines in the 1980s and believes the physical strain of staying in top shape and the extensive hours he subsequently worked as a chef in commercial kitchens led to his debilitating arthritis. Matthews, 54, said he doesn't expect any pill or therapy to take away all his pain, but the acupuncture seems to work as well as the opioid Tramadol he also takes. Since last year, he's been going for acupuncture sessions at a VA facility near his Perryville home. He said he noticed no difference when the pins went into his ears, but the shooting pain in his hip tended to subside about a day later, lasting until the pins fell out. Intense pain makes people willing to try new things, Matthews said. And because he has been in recovery from alcohol addiction for 16 months, he really doesn't want to take addictive painkillers.

Matthews also tried aromatherapy and mindfulness training, which he said also help him cope with pain better. But he said he'll still need to use the pain medication sometimes before he's able to have hip replacement surgery. "Nothing is going to take away all the pain; pain is merely a symptom that something is wrong," he said. "But I'll try anything over taking a pill any day to manage the pain. If it works, great, if it doesn't, I'm glad I have the pills." DeLost, too, said he had no expectation of living pain-free and also plans to seek more surgery to help. But as he sat on a patient exam table with needles sticking from his ears, he said it's worth the repeated trips to the VA for any relief. "I'm not skiing no more and I probably will never play basketball again," he said. "But I'd like to be able to walk to the store." [Source: The Baltimore Sun | Meredith Cohn | January 5, 2017 ++]

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## **VA Physician License Revocations ► Congress Demands Action**

More than two dozen members of Congress sent a letter to the Department of Veterans Affairs before the Christmas break demanding the agency take swift action on allegations it has illegally hired doctors with revoked medical licenses. The letter, made public on 2 JAN, was signed by 31 members of Congress and sent to the VA following reports that the VA has hired health care providers with revoked licenses for at least 15 years. "We need to ensure our nation's veterans receive the highest quality care from the best providers possible," Rep. Walter B. Jones, R-N.C., said in a statement. "For the VA to be illegally hiring doctors who failed to meet that standard in their previous jobs is very troubling and absolutely unacceptable."

In the letter, members of Congress ask for information on actions to terminate employees who should never have been hired by the VA, actions taken to discipline the professional standards boards who cleared the hiring of those providers with histories of misconduct and malpractice, any department-wide guidance on how medical facilities review and conduct their hiring processes and actions taken to identify other current providers within the VA who have had disciplinary actions taken against them. The issue came to light after a USA Today investigation found that a VA hospital in Iowa City, Iowa, hired neurosurgeon John Henry Schneider, despite him telling officials that he lost his medical license and that he had accumulated more than a dozen malpractice claims and settlements in two different states. The allegations against Schneider include that he made "surgical mistakes that left patients maimed, paralyzed or dead."

VA officials later determined Schneider's hiring was illegal and that an unknown number of other doctors in the VA system may have been hired illegally as well. Follow-up investigations found the VA has allowed hospitals to hire doctors with revoked licenses for at least 15 years, which is a violation of a 1999 federal law prohibiting the agency from employing any health care worker whose license has been revoked by any state. A report by the Government Accountability Office found the VA also "failed to conduct appropriate reviews and report doctors who received adverse privileging actions to state medical boards and other databases," according to the letter. "The hiring of doctors who have had their medical licenses revoked in any state is already prohibited, and clinical hires must be cleared through professional standards boards," members of Congress write in the letter. "However, it appears the laws and regulations establishing that prohibition are not being followed by VA medical facilities."

VA Secretary David Shulkin told USA Today he has already ordered a re-writing of the hiring guidelines and launched a nationwide review to identify and remove any health care workers with revoked licenses. "I would like to thank Secretary Shulkin and the administration for jumping on this issue... veterans deserve the best care we can give them," Jones said. "When problems like this are identified, it is very important that they be rectified immediately so that no veteran's health is jeopardized." On 2 JAN, President Donald Trump thanked Shulkin via twitter, saying, "We will not rest until all of America's GREAT VETERANS can

receive the care they so richly deserve. Tremendous progress has been made in a short period of time. Keep up the great work @SecShulkin @DeptVetAffairs!" [Source: UPI News | James LaPorta | January 3, 2018 ++]

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## **VA Firing Authority Update 01 ► Firings Spiked After New Law Signed**

Employee firings at the Department of Veterans Affairs jumped in the second half of 2017 after new accountability legislation was signed into law last summer, results that administration officials insist show a renewed commitment to cleaning up the agency. But critics say more firings don't mean better results for veterans, and the rising rate of dismissals may not be significantly different than past years for the massive government bureaucracy. "I don't think this has accomplished what they want it to accomplish," said Marilyn Park, legislative representative for the American Federation of Government Employees.

In June, President Donald Trump signed into law the Veterans Affairs Accountability and Whistleblower Protection Act, legislation he has subsequently touted as one of his biggest accomplishments during his first year in office. Among other provisions, the legislation shortened the appeal time for VA employees protesting their dismissals and expanded VA leadership's ability to remove most workers, including senior executives, for misconduct or poor performance. "Outdated laws kept the government from holding those who failed our veterans accountable," he said at the signing ceremony. "Today, we are finally changing those laws." From February to the end of July — before the new rules were put in place — 566 VA workers were fired (an average of about 94 a month). From August to mid-December, that figure rose to 756, or about 168 a month.

"The (legislation) is one of the most significant federal civil service reforms in decades and is helping instill across the department the type of workforce accountability veterans and taxpayers deserve," VA spokesman Curt Cashour said in a statement. The current VA administration is the first to publicly post specifics of employee firings online, a move officials said would help transparency and accountability. The difference in how those reports were handled in the past make exact comparisons for firing rates difficult. But even with the recent increase, the total number of firings at the 300,000-plus-person department appears to be in line with past years.

In 2015, then VA Secretary Bob McDonald said about 1,500 employees were fired from the department, an average of about 125 individuals a month. In fiscal 2013 (which ran from October 2013 to September 2014, including the VA wait time scandal of spring 2014) department records indicated that more than 2,200 employees were fired, an average around 183 a month. Eight senior VA leaders were dismissed in 2017, four before the new law was put into effect and four after. On the year, 38 physicians were fired, with 23 of those coming after the new law. Nurses and nursing assistants (226 fired) and housekeeping aides (159 fired) had the top dismissals by position in yearly figures posted just before the Christmas break.

Cashour said the smaller number of senior employees hit by the new law is not indicative of problems in its implementation. "Culture spans the entire organization," he said. "As with any government agency or business, VA has more rank-and-file workers than senior leaders, and we hold them accountable when warranted, regardless of rank or position." But officials from AFGE, the largest federal employee union and a vocal critic of the new accountability law, said they believe the new firings have largely focused on those lower-level workers. They have requested more detail on management firings and suspensions for 2017, but so far have received no answer.

"How is it better if managers are still getting moved around?" Park said. "What we're seeing is the people with the least ability to influence management are the ones seeing the most effects under this law."

Higher firing numbers don't necessarily mean more accountability, she said. "It depends on who is getting fired and why." [Source: MilitaryTimes | Leo Shane III | January 3, 2018 ++]

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## **VA Community Provider Payments ► Timeliness Improvement Actions**

On 3 JAN the U.S. Department of Veterans Affairs (VA) announced a series of immediate actions to improve the timeliness of payments to community providers. The actions will address the issue of delayed payments head-on and produce sustainable fixes that solve ongoing payment issues that affect Veterans, community providers and other VA partners. "It is vital to the health of our network of providers that we provide payment in a timely and consistent fashion," said VA Secretary Dr. David J. Shulkin. "Our outside providers are an essential part of our network and we need to improve our system of payments for their services."

VA will immediately take the following short and long-term actions to improve payments to community providers. Short-term actions include:

- Publish a list identifying providers with high dollar value of unpaid claims, to be published the week of 8 JAN at the following website: <https://www.va.gov/COMMUNITYCARE/providers>.
- Create rapid response teams to work on the ground with these providers to reach financial settlement within 90 days.
- Increase the number of claims processed by vendors by 300 percent in January 2018 and by 600 percent in April 2018 with a goal of 90 percent clean claims processed in less than 30 days.
- Establish multiple entry points for providers to check the status of their claim, including a dedicated customer service team and at <https://www.vis.fsc.va.gov> a VA's Vendor Inquiry System (VIS).

In addition, long-term actions include:

- Deploy multiple IT improvements within the first six months of 2018 that streamline the claims submission and payment process to reduce time for payments significantly.
- Align on concurrent performance improvement goals with VA's existing Third Party Administrators to improve multiple aspects of their performance rapidly to ensure Veterans have continued uninterrupted access to care.
- Award four new contracts in 2018 for implementation in 2019 to establish the new Community Care Network that includes elements designed to ensure prompt payment of claims.
- Work with Congress to consolidate and simplify all VA community care programs, including provisions for prompt payment of claims.
- Ensure transparency with VA's claims processing performance by publishing VA's claims processing timeliness on a monthly basis.

VA's current Third Party Administrators, Health Net Federal Services and TriWest Healthcare Alliance are committed to working with VA to improve the timeliness of payments to community providers. Health Net and TriWest manage VA's community care networks and process payments to community providers. "It is an honor and responsibility to serve the Veteran community," said Billy Maynard, CEO of Health Net. "We remain committed to partnering with VA to improve the claims payment process." David McIntyre, president and CEO of TriWest said, "We could not be more pleased at the aggressive focus on this critical topic. We look forward to continuing to reach the industry- leading performance level we all desire and expect."

Improving timeliness of payments to community providers is a critical element in VA's goal of building a community care program that is easy to understand, simple to administer and meets the needs of Veterans

and their families, community providers and VA staff. Resources for community care providers are available at: <https://www.va.gov/COMMUNITYCARE/providers/resources.asp>. You can learn about the new community care network in the video at <https://youtu.be/v45WAGdCaEc>. [Source: VA News Release | January 3, 2018 ++]

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## **VA National Vet Wheelchair Games ► 2018 Applications Being Accepted**

The Department of Veterans Affairs (VA) is accepting applications for the 2018 National Veterans Wheelchair Games. Registration began January 2 and will close April 15, 2018. Applications can be completed online at [www.wheelchairgames.org](http://www.wheelchairgames.org). The 2018 National Veterans Wheelchair Games will take place in Orlando, Florida from July 30 – Aug 4. The National Veterans Wheelchair Games co-presented by the Department of Veterans Affairs and the Paralyzed Veterans of America is a sports and rehabilitation program for Veterans who use wheelchairs for sports competition due to spinal cord injuries, amputations, MS or other neurological conditions.

Each year, hundreds of disabled Veterans travel from around the country to compete in the Games. With them, they bring the fighting spirit and tenacity that defines the Veterans of our Armed Forces. Competitive events at the National Veterans Wheelchair Games include air guns, archery, basketball, bowling, boccia, field events, cycling, a motorized wheelchair rally, nine-ball, power soccer, quad rugby, slalom, softball, swimming, table tennis, track, trapshooting and weightlifting. This year in Orlando, golf has been added to the opportunities for Veterans to go head to head. Competitions pit those Veterans with similar athletic ability, competitive experience and age. For more information, visit [www.wheelchairgames.org](http://www.wheelchairgames.org) and follow the Office of National Veterans Sports Programs and Special Events on social media at @Sports4Vets. [Source: VAntage Point | Mike Molina | January 2, 2018 ++]

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## **VA Emergency Room Care Update 03 ► Follow-Up Treatment**

The Department of Veterans Affairs is employing a relatively simple fix to make sure Veterans receive the follow-up care they need after being treated in an emergency room. Launched in 2015 at the Pittsburgh VA Medical Center, the Rapid Access Clinic model is currently being used at about 20 VA medical centers throughout the United States. “Little tweaks to the system like this can sometimes result in major improvements to the care we give our Veterans.” “We’d like to see every VA emergency room adopt this best practice during the next year,” said Dr. Susan Kirsh, VA’s national director for clinical practice management. “It’s simple, it’s not that hard to do, it’s effective and it doesn’t cost anything. Most of all, it helps reduce the kind of fragmented care that afflicts so much of healthcare in this country today.”

So what, exactly, is the Rapid Access model? How does it work? Kirsh explains: “You’re a Veteran and you walk into a VA emergency room with a broken wrist. Our emergency room physician will treat you and make your wrist feel better. But you also need follow-up care with a specialist, probably an orthopedic surgeon. In the past we’d send you home from the E.R and tell you to make an appointment to see the specialist. We were basically leaving it up to you.” Kirsh said that’s how it usually works not just at the VA, but in private sector emergency rooms across the country.

“Not anymore,” she said. “Now we’re going to schedule your three-day follow-up appointment right then and there in there E.R, before we send you home. And equally important, our orthopedic surgeon will know you’re coming. Our ER department has already sent her your information. She knows you came into the

ER on such-and-such a date with a broken wrist. She knows how you broke your wrist. She has your X-Rays. She knows exactly what the ER doctor did for you.” Kirsh described the Rapid Access model, also known as the Pittsburgh Model, as a relatively simple step toward achieving an elusive concept called coordinated care. “Follow-up care with a specialist is so important,” she explained, “and getting Veterans in for prompt follow-up care is something we just haven’t been terribly efficient at. The Pittsburgh model fixes that.”

The Rapid Access Clinic model is the brainchild of Dr. Ali Sonel, VA Pittsburgh’s chief of staff. “With this model the specialist sees the patient quickly, within a few days at most,” he said. “We’ve streamlined the process. Most importantly, we’ve taken the burden off the Veteran for arranging his or her own follow-up care.” “The Pittsburgh model seems like such a simple procedural change, and I guess it is,” said Dr. Kirsh. “But little tweaks to the system like this can sometimes result in major improvements to the care we give our Veterans. And that’s what it’s all about.” [Source: VHA Digital Media | Tom Cramer | January 2, 2018 ++]

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## **VA Hospital Admission Policy ► Limiting High risk Patients**

An 81-year-old veteran hobbled into the emergency room at the rural Oregon Veterans Affairs Roseburg Veterans Administration Medical Center hospital in December, malnourished and dehydrated, his skin flecked with ulcers and his ribs broken from a fall at home. A doctor examining the veteran — a 20-year Air Force mechanic named Walter Savage who had been living alone — decided he was in no shape to care for himself and should be admitted to the hospital. A second doctor running the inpatient ward agreed. But the hospital administration said no.

Though there were plenty of empty beds, records show that a nurse in charge of enforcing administration restrictions said Mr. Savage was not sick enough to qualify for admission to the hospital. He waited nine hours in the emergency room until, finally, he was sent home. “The doctors were mad; the nurses were mad,” said Mr. Savage’s son-in-law, Mark Ridimann. “And my dad, he was mad, too. He kept saying, ‘I’ve laid my life on the line, two years in Vietnam, and this is what I get?’” The denial appeared to be part of an attempt by members of the Roseburg Veterans Administration Medical Center to limit the number of patients it admitted to the hospital in an effort to lift its quality-of-care ratings.

Fewer patients meant fewer chances of bad outcomes and better scores for a ranking system that grades all veterans hospitals on a scale of one to five stars. In 2016, administrators began cherry-picking cases against the advice of doctors — turning away complicated patients and admitting only the lowest-risk ones in order to improve metrics, according to multiple interviews with doctors and nurses at the hospital and a review of documents. Those metrics helped determine both the Roseburg hospital’s rating and the leadership’s bonus checks. By denying veterans care, the ratings climbed rapidly from one star to two in 2016 and the director earned a bonus of \$8,120. Current and former staff members say the practice may reach well beyond Roseburg. Recent government reports also challenge the reliability of the department’s metrics, casting doubt on a key tool that it says it relies on for reforming its beleaguered health care system

The hospital’s director, Doug Paxton, acknowledged that being more selective had improved ratings, but denied that the hospital was turning patients away to improve scores. Tightening admissions, he said, benefited patients, not metrics, because Roseburg’s hospital lacks the resources for acute patients, so many need to be sent to larger hospitals in the community. “The numbers are indicators of the quality of care for the veterans, so, sure, we’re worried about the numbers,” he said. “But if you improve the care to veterans, in turn your numbers are going to improve. That’s the bottom line.” But five emergency room doctors strongly disagreed. In a letter in response to questions from The New York Times, they said they had

warned about the arrangement at Roseburg, where physicians are repeatedly overruled by administrators. “When we voice concern that a process is dangerous and not good for patient care,” they wrote, “we are met with the response that ‘this is what the director wants.’”

“We cannot express strongly enough how detrimental this process has been for patient care and how unacceptable it would be anywhere else,” the letter noted. The day after Mr. Savage was turned away, he showed up again asking for help. Again, he was denied. He waited for hours in the emergency room until a doctor finally admitted him against the wishes of the administration, his son-in-law said. The administration, ever mindful of metrics, moved him to a nursing home in less than 24 hours.

The Department of Veterans Affairs began grading hospitals about four years ago based on 110 performance indicators such as wait times, infection rates and nurse turnover at its 1,200 hospitals and clinics. And on the surface, the scrutiny appears to have paid off. In 2016, according to the department, 82 percent of facilities improved. Even Roseburg. For years, the hospital in this logging town, which had no intensive care unit and limited surgery facilities, has struggled with the challenges many rural hospitals face. It was hard to attract new doctors. A small staff meant that just one open position could create a pileup of delays. Doctors constantly left for higher-paying jobs outside the system.

But as more patients were sent away in recent years, Roseburg was recognized by the Department of Veterans Affairs as one of the rising stars of its health care system. However, interviews with staff at the hospital suggest that some improvements were pure manipulation. And in some cases efforts to improve the rating actually made care worse. “It’s a numbers game. The leadership has figured out the hospital can actually do better by seeing less patients,” said Dr. Steven Blum, a hospitalist there who said he has seen patients regularly turned away or transferred to private hospitals. “These numbers show up on the director’s report card, so it is very important they look good.” On average, more than half the hospital’s beds now sit empty, he said, while patients are either sent home or transferred to private hospitals at government expense. Costly transfers don’t come out of the Roseburg budget, but they do protect the hospital by moving risk to other facilities’ books.



**“It’s a numbers game,” Dr. Steven Blum, a doctor at the veterans hospital in Roseburg, said of the medical center’s approach. “The leadership has figured out the hospital can actually do better by seeing less patients.”**

For the few patients who are admitted to Roseburg, other tactics are used to further improve the ratings. The hospital is penalized when patients are hospitalized with congestive heart failure, because it counts as a sign of poor preventive care. So, doctors said, they are told to list it as hypervolemia, a condition that occurs when there is too much fluid in the blood, a diagnosis that isn’t tracked and hides the problem. Another penalty is assessed for deaths in the hospital or within 30 days of discharge. To avoid counting these, doctors and nurses say, the administration regularly persuades veterans to be admitted only as hospice patients, signaling they are terminal and don’t want treatment. Often neither is true. Doctors said some veterans were switched to hospice without their knowledge. “It’s extremely unethical, extremely,” Dr. Blum said. “I was asked to do it and so were the emergency department doctors. And we refused, so the administration just did it.”

The focus on improving scores overshadowed deep-seated problems, staff said, including crippling turnover in primary care doctors. In 2015, 17 of 23 primary care doctors left, according to Laura Follett, who oversaw scheduling for Roseburg's primary care clinic. "Teams would have no doctors, and we'd have to just cancel appointments," Ms. Follett said. She resigned in 2016. Dangerous gaps appeared when doctors ordering critical tests were no longer around to review the results and alert patients. Several nurses said they saw positive cancer screening alerts and other critical lab results languish for weeks or even months. "Alerts go into Neverland," said Treva Moss, a nurse who works in the medical center's specialty clinic in Eugene, Ore. This fall, a number of employees complained to their congressman, Peter DeFazio, who blasted the hospital management on the floor of the House of Representatives as "dysfunctional." At his request, the department is conducting an investigation.

Roseburg's decision to cloak deficiencies by manipulating metrics is part of a persistent problem that reaches beyond one rural hospital, said Dr. Michael Mann, a professor of surgery at the University of California, San Francisco who led the thoracic surgery program at the San Francisco veterans hospital for eight years. Attempts to track performance in the veterans health care system have repeatedly created perverse outcomes, he said. He pointed out that the 2014 scandal exposing hidden wait times for veterans arose only after the department began tracking whether medical appointments were scheduled within 14 days, and veterans hospitals across the country that could not meet the goal began keeping off-the-books lists to hide actual wait times.

During Dr. Mann's tenure, the veterans department began ranking hospitals on surgical complications. Remarkably, complications across the nationwide system dropped steadily, decreasing 47 percent between 1997 and 2007. "Of course quality had not really improved by that much," Dr. Mann said. "People had just learned to make it appear that it had." Many hospitals simply stopped performing surgeries on high-risk patients, or cut high-risk procedures all together, Dr. Mann said. "I'm very ashamed. I colluded. I was told not to operate and pulled back, and at least one of my patients died because of it."

The vast health care system has little choice but to rely on metrics, said David J. Shulkin, the veterans affairs secretary. "Without it we're like an airport with no air traffic control," he said in an interview. "We don't know where our hospitals are, we don't know where they are headed. All we can do is respond to the crashes. I'd rather be able to look ahead and prevent them." The department regularly audits hospitals, he said. But the Government Accountability Office raised doubts in a report this fall noting in many cases the data seems inaccurate but the central office "has not determined the extent to which these problems exist." In 2014, when Mr. Paxton took over Roseburg, he vowed to turn around a hospital that had long ranked one of the worst in the system. He added staff, tried to cut inefficiencies, and tapped his new chief of mental health, a social worker by training named Paul Beiring, to figure out how to improve metrics.

In an interview, Mr. Beiring said focusing on hospital admissions was strategic because it accounted for a big slice of the rating. "It is weighted really high, so we knew we had to optimize that measure," he said. The medical center created an "exclusion list" of conditions deemed too severe for Roseburg and put in place a "utilization management team" of administrators to approve hospital admissions using a risk analysis score. Doctors were required to call an off-site nurse to ask permission to admit a patient. Patients who had a high risk of death — usually because of advanced age — were routinely transferred to other hospitals or sent home. Even low-risk patients that Roseburg could easily have cared for, such as people with pneumonia, were denied, doctors said.

In a statement, the Department of Veterans Affairs said Roseburg was not manipulating data, adding: "All admission decisions are based on the hospital's ability to provide the care patients require and are made by clinicians, including the facility chief of staff and her clinical chiefs of service — nonclinical administrators have nothing to do with these decisions." The hospital has no plans to change its admitting practices. In November, Roseburg was demoted to one star, because of what Mr. Beiring called "a death or

two” but he said it was a temporary setback and the hospital had already “deployed counter measures” that would soon send its ratings up again. One of those measures, doctors said, appears to be that admissions have become ever more strict. [Source: The New York Times | Dave Philipps | January 1, 2018 ++]

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## **VA Hospital Admission Policy Update 01 ► Roseburg VAHCS Response**

The Roseburg Veterans Affairs hospital is calling a New York Times report claiming it puts patients at risk “false.” The report, published 1 JAN, claims the hospital limits the number of patients it admits so it can boost its quality of care rating. The idea is that the fewer patients admitted to the hospital, the fewer the chances for bad outcomes, according to the newspaper. That in turn would lead to better ratings, and more bonus money that officials make. KEZI 9 News reached out to the Roseburg VA for a response to this report. A spokesperson called the story “false.” “The Roseburg VAHCS is a one-star facility according to SAIL data,” said spokesperson Shanon Goodwin. “On its face, this shows there is no manipulation of data because, if the facility were manipulating data to boost its rating, wouldn't it be getting a higher score?”

Goodwin said they are admitting patients based off the capabilities of the hospital, not to manipulate ratings. She said there are some conditions the hospital can't treat, so they do turn some veterans away so they can get better care at other hospitals. Rosenberg VA's full response was as follows:

*"The New York Times story is false. The Roseburg VAHCS is a one-star facility according to SAIL data. On its face, this shows there is no manipulation of data because, if the facility were manipulating data to boost its rating, wouldn't it be getting a higher score?The answer is that it's not manipulating data, but rather basing admissions decisions on the actual clinical capabilities of the facility. Roseburg VA Health Care System admits patients based on InterQual criteria, which is the industry standard for U.S. health care. All admission decisions are based on the hospital's ability to provide the care patients require and are made by clinicians, including the facility chief of staff and her clinical chiefs of service - non-clinical administrators have nothing to do with these decisions.*

*At its core, the Roseburg VAHCS is primarily an outpatient center, and that's why the hospital's clinical leadership has made clear to its physicians that the facility has limited capabilities to care for patients with certain clinical conditions that are far better treated in nearby community hospitals. This is precisely why we're being transparent with our doctors about the conditions that the facility is unable to treat, because it's in Veterans' best interests for them to be seen at other hospitals in the community with greater capabilities to deliver them the best care for those conditions.*

*Secretary Shulkin has made clear that, under his leadership, VA is going to leverage the best of the private sector with the best of VA's own clinical capabilities. And, in the case of Roseburg, which has no intensive care unit and limited surgical capabilities, we are ensuring that Veterans receive the best care, whether from VA or in the community. In doing so, VA works closely with Veterans and community providers to coordinate such care. Just as the Manchester, New Hampshire VA Medical Center is doing, Roseburg VAHCS is partnering deliberately with nearby community hospitals to deliver Veterans the best possible care based on the facility's actual clinical care capabilities."*

[Source: ABC KEZI 9 News | Stephanie Villiers | January 2, 2018 ++]

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## VA Medical Marijuana Update 39 ► California Legalization Impact on Vets

Well, it's official, the sale and use of recreational marijuana is now legal in the Golden State. With the 2016 passage of Prop. 64, Californians voted to legalize the sale of marijuana to anyone over the age of 21, small-scale personal grow operations, and the possession of up to one ounce of pot. As of 2018, the state's recreational pot market is now open for business, but for the 1.7 million veterans who call California home, this raises some questions. Though veterans overwhelmingly support medical marijuana research, the drug remains illegal at the federal level — and considering that the Veterans Health Administration provides medical care to some 9 million veterans, this can place those patients in the middle of the state versus federal debate over pot use. With an eye toward how to safely, and legally, blaze now that California's gone green, here's what you need to know:

### **Where and when can I buy legal weed?**

While recreational pot is legal across the Golden State, would-be pot purveyors can't set up shop just anywhere, as a number of cities — such as Bakersfield, Fresno, and Riverside — have banned the sale of recreational cannabis, according to USA Today. However, you can still travel out of town to buy your weed, or grow up to six plants at home for personal use. Roughly 90 retailers have received licenses so far to begin selling recreational cannabis — though not all of them will start right away, due to hang-ups getting city ordinances passed in time, USA Today reports. Currently, the majority of licensed weed retailers are concentrated in San Diego, Santa Cruz, the larger San Francisco Bay Area, and Palm Springs. Additionally, recreational cannabis cannot be sold between the hours of 10 p.m. and 6 a.m. — which may put a damper on those late-night plans of a post-bar bong hit.

### **How much pot can I buy?**

Depends, how much cash do you have in your bank account? That's the major limit — well, that and how much you can walk around with: One ounce of marijuana, or 8 grams of cannabis concentrates. But the cost is a big prohibitor, considering that state and city sales taxes are expected to raise the price of cannabis by more than one third, the Los Angeles Times reports. (While those who buy from medical cannabis dispensaries will get a break on sales taxes, they can still expect to see a price increase by as much as 25% in some cities.)

### **Okay, but what about my guns?**

While weed may be legal in California, cannabis remains a Schedule 1 substance under federal law — “drugs with no currently accepted medical use and a high potential for abuse,” according to the Drug Enforcement Administration. So, when it comes to owning a firearm, “California's recreational market makes absolutely no difference on the restrictions on gun ownership,” David Mangone, a legislative analyst with Americans for Safe Access, told Task & Purpose in an email. “When there is a federally licensed firearms sale (which includes sales at gun shows) a dealer can't sell to anyone using a controlled substance.”

This dates back to a 2016 ruling from the California-based U.S. Court of Appeals for the Ninth Circuit Court, which upheld that a Nevada gun store owner had the right to prohibit a medical cannabis card-holder from buying a firearm, according to LA Weekly. Because of cannabis' classification as Schedule 1, users are federally prohibited from purchasing a firearm. “Language appearing on [Bureau of Alcohol, Tobacco, Firearms and Explosives] forms indicates ‘the use or possession of marijuana remains unlawful under federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside,’” Mangone told T&P.

In short, if you're looking to buy a new firearm and there's a box on a [federal form](#) that reads “Are you an unlawful user of, or addicted to, marijuana?” and you check, “yes,” then you won't be able to purchase that gun.

### **Will smoking pot recreationally cause problems at the VA?**

It's unclear... On 8 DEC, the Department of Veterans Affairs passed new guidance designed to encourage an open and honest discussion between doctors and patients who use state-legal medical cannabis. The new policy still bars physicians with the Veterans Health Administration — the VA's medical arm — from recommending or prescribing cannabis, but it gives doctors the all-clear to take a veteran's pot use into account when it comes to mapping out a treatment plan. (Task & Purpose previously detailed the [new policy](#), as well as the series of [loopholes and grey areas](#) it shored up.) "By encouraging doctors to bring it up in discussions both from a medical and recreational standpoint it will at the very least give patients an opportunity to discuss their use without some of the existing apprehension," Mangone said.

One major aspect of this policy is that care providers can take a patient's weed use into account when it comes to a narcotics agreement — a contract which mandates that a patient submit to a urinalysis in order to receive a narcotics prescription. Under the new policy — VHA Directive 1315 — veterans and their care providers can account for their pot use, meaning, on a case-by-case basis, doctors and patients can reach an agreement so that screening positive for medical pot won't result in having their other prescriptions cut off or curtailed.

However VHA Directive 1315 only applies to patients in state-run medical marijuana programs, and at this point, it's unclear how recreational pot use will figure in to those conversations with care providers — and whether recreational smokers will be granted the same flexibility, say in the case of a patient self-medicating with recreational weed to help with sleep or pain. California was also the first of 29 states, not including the District of Columbia, Guam, and Puerto Rico, to legalize medical cannabis. "Now, the guidance specifically states that VHA benefits won't be denied for an individual's participation in a state medical cannabis program but remains silent about recreational use," Mangone told Task & Purpose. "Currently, I think you're going to see recreational users continue to be denied benefits particularly for anyone in narcotic agreements which obviously creates issues for vets."

[Source: Task & Purpose | James Clark | January 2, 2018 ++]

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### **VA Medical Marijuana Update 40 ► Attorney General Memo Impact**

Veterans who talk to their doctors about medical marijuana use won't be hurt by the new Justice Department crackdown on the drug, according to officials at the Department of Veterans Affairs. But advocates worry the mixed message currently coming from federal officials will further stigmatize use and research into cannabis, potentially shutting down a valuable medical option for ailing veterans. "We continue to be stuck in this gray zone on policy," said Nick Etten, founder of the Veterans Cannabis Project. "The reality is this leaves physicians at VA in a compromised position when talking about cannabis. And it's why veterans in states where it's legal often don't get medical cards: fear of prosecution and fear of a loss of benefits."

On 4 JAN, Attorney General Jeff Sessions issued a memo rescinding previous administration policies not to interfere with state laws allowing marijuana use. The substance is still illegal under federal law, even though 29 states have legalized it for medical purposes and eight for recreational use. The move raised fears that individuals producing, selling or using the drug could face new federal prosecution in places where the industry has thrived. Lawmakers from states that have legalized the drug blasted Sessions for the change, calling it an unprovoked attack on states. Sen. Cory Gardner (R-CO) said he would put a hold on "every single nomination from the Department of Justice" until the situation is settled. The move also comes less than a month after updated guidance from the Department of Veterans Affairs encouraging veterans to discuss marijuana use with their VA doctors. Department officials said the move did not amount to any

recommendation or endorsement of the drug, but rather an effort to provide a more complete picture of veterans health.

On 5 JAN, VA spokesman Curt Cashour said the new Department of Justice moves should not have an impact on those conversations. “Whether in VA or the private sector, communications between patients and their health care providers are confidential and privileged,” he said. “While there are some exceptions, those exceptions would not apply to conversations about marijuana use.” Whether that reassurance convinces more veterans to be honest with their medical providers about marijuana use is a different issue. “We don’t see this as a sign that the Justice Department is going to start going after individual patients,” said David Mangone, legislative counsel at Americans for Safe Access. “Still, it’s going to have an impact on veterans who think their conversations about marijuana use is going to be recorded in a federal database.”

Mangone called the Justice Department move “an incredible disappointment” and “a big step backwards” in efforts to legalize medical marijuana. Past studies have shown promise for cannabis in treatment of post-traumatic stress and pain management in veterans, but that research has been limited by strict federal classification of the drug. Groups like the American Legion have pushed for expanded research, but so far President Donald Trump’s administration has not agreed to the move. A survey of veterans by the Legion last fall found that 92 percent of those polled support expanded medical cannabis research, and 83 percent believe medical cannabis should be federally legal.

In a statement 5 JAN, House Veterans’ Affairs Committee ranking member Tim Walz (D-MN) said the new crackdown threat will have “far reaching and profoundly negative consequences on the lives of veterans who depend on medical cannabis” for a variety of injuries. “It is disappointing to see that while the VA moves in the right direction, however slowly, Attorney General Sessions is determined to take our country backwards,” he said. “(It) risks further facilitating the extremely dangerous and misguided practice of overprescribing opioids, a practice that overwhelming hurts veterans.” Etten said he is hopeful the move will spur long-stalled legislation in Congress to address the issue. “It’s not the Department of Justice’s job to handle veterans health issues,” he said. “Congress needs to see this as a call to them to act. This has the potential to be a game-changer for veterans health, but Congress has to take action.” [Source: MarineCorpsTimes | Leo Shane III | January 5, 2018 ++]

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## **VA Fraud, Waste & Abuse ► Reported 01 thru 15 JAN 2018**

**Cincinnati VAMC** -- A man stole a veteran’s identity in order to obtain over \$20,000 worth of medical care at Cincinnati VA Medical Center, according to U.S. Attorney Benjamin Glassman. U.S. District Judge Susan J. Dlott sentenced Adam Keith Charles, 37, to 14 months in prison on Friday, Glassman said. Court documents state Charles went to the VA Medical Center for treatment in August 2016 and falsely identified himself as his half-brother, who is a veteran. Charles returned for treatment a number of times, which cost \$1,700 to \$4,000 each visit. In September 2016, he was admitted for inpatient care, which cost \$10,800. Charles pleaded guilty in July to one count of making a false statement and has remained in custody since. In addition to his prison sentence, Charles was sentenced to three years of supervised release and ordered to pay \$20,287.11 in restitution. [Source: WCPO 9 Cincinnati | January 5, 2018 ++]

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**Washington, DC** -- On 9 JAN the nation's largest federal union, the American Federation of Government Employees, sent a letter to the House and Senate Veterans' Affairs leadership calling for an investigation into the two main contractors running the controversial Choice program which have defrauded taxpayers by nearly \$90 million. AFGE, which represents 250,000 front-line workers – more than 100,000 of whom are

veterans themselves – at the Department of Veterans Affairs, sent the letter from National President J. David Cox Sr. to the Chair of the House Committee of Veterans' Affairs and five members. In a September memo by the VA Office of Inspector General, titled "Accuracy and Timeliness of Payments Made Under the Choice Program Authorized by the Veterans Access, Choice, and Accountability Act," it was found that at least two third-party administrators of the VA Choice Program had led to \$90 million in improper charges to the American taxpayer.

National President Cox said in the letter that "The questionable practices used by third-party administrators of the VA Choice Program, TriWest and HealthNet, including double billing and improper payment rates, have directly harmed veterans and undermined the capacity of the VA health care system to provide them with the exemplary care that they have earned with their service." Adding that the union "respectfully requests that the House Veterans' Affairs Committee and the Sub-Committee on Oversight and Investigations conduct oversight hearings into the contractors' billing practices and the VA's effectiveness in overseeing these contracts." [Source: PRNewswire-USNewswire | January 10, 2018 ++]

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**Cincinnati, OH** -- A former acting chief of staff at the Cincinnati VA Medical Center has been convicted of a charge of distributing a controlled substance. Authorities say a federal jury in Cincinnati found 67-year-old Dr. **Barbara Temeck** guilty 9 JAN. The former Department of Veterans Affairs official was accused of writing three painkiller prescriptions for a private patient. The jury acquitted her of two charges. The Cincinnati Enquirer reports prosecutors argued the prescriptions written for a former VA official's wife violated Temeck's prescribing license because her former boss' wife isn't a veteran. The newspaper reports Temeck testified she wrote only one prescription because it was an emergency. She argued she was targeted for her efforts to crack down on how the Cincinnati VA had been run. [Source: The Associated Press | January 9, 2018 ++]

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**Charleston, WV** -- A former West Virginia postal worker who stole opioid pills mailed by the Department of Veterans Affairs to veterans has been sentenced to five years' probation. The U.S. attorney's office said 11 JAN that 31-year-old **Brittany Harrison** was sentenced after earlier pleading guilty to theft of mail by a postal employee. Prosecutors say Harrison, of Cross Lanes, was a federal postal support employee who worked in the Charleston Main Post Office as a mail processing clerk. Harrison stole hydrocodone and oxycodone pills from packages mailed by Veterans Affairs, including 168 oxycodone pills on April 12, 2016. She was also ordered to pay restitution for the value of the stolen pills. [Source: Associated Press | January 5, 2018 ++]

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## **Emergency Medical Bill Claims Update 02 ► VA 9 JAN Revised Rule Impact**

The Department of Veterans Affairs published a revised rule 9 JAN that allows payment of hundreds of thousands pending claims for private sector emergency care that veterans' other health insurance covered in part but not in full. Some pending claims for non-VA emergency care were filed as far as back as 2010 and were kept alive by appeal. In some cases, individual reimbursements owed will total tens of thousands of dollars, for example for emergency heart surgery or other complex procedures not covered well by alternative health plans.

The revised rule says it **won't allow retroactive reimbursements** for non-VA emergency care claim decisions that became final before April 8, 2016, the day VA lost a landmark federal court fight with Air

Force veteran Richard W. Staab. Staab faced roughly \$48,000 in unpaid private hospital bills after emergency heart surgery in December 2010. At the time VA had told Staab, and any other veteran forced to use outside emergency care, that the department would have covered the cost of such care if he they had had no other health insurance. But Staab was eligible for Medicare, and because Medicare paid a portion of his emergency care cost, VA under long-standing regulations, had no obligation to cover remaining private sector emergency costs.

Staab's attorneys argued that VA, when it revised regulations in 2012, ignored the clear intent of a statute passed in 2009 to correct VA's convoluted interpretation of its payment obligations for outside emergency care. Staab won a few lower court decisions, which VA appealed. Final victory came in a unanimous decision by a three-judge panel on the U.S. Court of Appeals for Veterans Claims in April 2016. The appellate court said VA had ignored the "plain language" of the 2009 law requiring "VA to reimburse a veteran for that portion of expenses not covered by a health plan contract."

For more than a year VA pondered another appeal. But VA Secretary David Shulkin last June accepted defeat and said the regulation would be revised to comply with the court's decision. One reason for the long delay was money. VA had estimated if the Staab decision were allowed to stand, it would have to pay almost \$2 billion on pending claims and more than \$10 billion for a tidal wave of private sector emergency care claims expected over just the next decade.

The 9 JAN rule specifically expands eligibility for reimbursement of non-VA emergency treatment to any veteran who receives only partial payment for such care from a health-plan contract. It also establishes a reimbursement methodology for payments. They are to cover "reasonable costs," to include hospital charges, professional fees and emergency transportation including ambulances. By law, VA said, it cannot reimburse for co-pays, cost shares or deductibles required by other health insurance that veterans have. Go to [https://www.va.gov/COMMUNITYCARE/programs/veterans/Emergency\\_Care.asp](https://www.va.gov/COMMUNITYCARE/programs/veterans/Emergency_Care.asp) form more information on the revised rule and related guidance is available here. The rule notice can be read in its entirety.

The rule explains that when a judicial decision invalidates a VA regulation or how it interprets a law, it **"cannot affect prior final VA decisions,"** citing two earlier federal court decisions. Therefore "VA will not retroactively pay benefits for claims [that] were finally denied before April 8, 2016, date of the Staab decision. In other words, VA can only apply the [rule] to claims pending on or after April 8, 2016." Since the Staab decision, VA had suspended action on any claim for non-VA emergency care. By 29 SEP of last year, the number of claims "held in abeyance" totaled 822,000. VA is now processing those claims using its revised rule.

Barton F. Stichman, one of Staab's attorneys, agreed with VA's contention in its revised rule that final denials of earlier claims -- from Feb. 1, 2010, the effective date of the law that expanded VA payment obligations, to April 8, 2016, the date of Staab appellate decision affirming that intent -- can't be re-filed or reimbursed. In an earlier version of this column, Stichman was quoted as disagreeing with VA's finding in its revised rule that Staab could not be used by veterans whose claims for non-VA emergency care became final before April 8, 2016. Initially, he said final claims could be re-filed based on "clear and unmistakable error." But having reviewed the two court cases VA cited in its rule, Stichman said he now understands that he erred. VA is following case law correctly, he said, in finding that Staab does not benefit veterans whose claims for non-VA emergency care became final before the decision date.

Courts have interpreted the "clear and unmistakable error" route for reconsideration of claims as not valid if based "on a new court interpretation of the law," Stichman said. Therefore, VA doesn't have to apply Staab retroactively to claims finally denied before that decision. [Source: Military.com | Tom Philpott | January 11, 2018 ++]

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## VA Compensation & Benefits ► Problem Solving Program Q&A -- 26 & 27

**Question #26:** I am the widow of Roger D. Rollings, Sr. who died from service connected death 4 years ago...Why am I still waiting for my compensation?

**A1:** If you were notified that the VA deemed his death to be service connected, it should not take this long. Unless you filed an appeal of the decision, your claim should have been resolved by now. I suggest you try contacting the VA for status. (AP) 4/6/2016

**A2:** Not only contact the VA, but contact your local Congressional Representative. Make sure that you filed the Dependency and Indemnity Compensation forms. Dependency and Indemnity Compensation (DIC) VA Form 21-534EZ. (CP) 4/15/2016

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**Question #27:** I am a Vietnam vet at 80 percent disabled. PTSD and prostate cancer, plus was shot twice over there. Now I have sleep apnea, can I file on disability on that too?

**A1:** To support your claim for service-connection, the evidence must show:

1. You had an injury in military service, or a disease that began in or was made permanently worse during military service, or there was an event in service that caused an injury or disease; AND
2. You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; AND
3. A relationship exists between your current disability and an injury, disease, or event in military service. Medical records or medical opinions are generally required to establish this relationship. (AP) 4/6/2016

**A2:** I have filed several claims for veterans with PTSD and sleep apnea. Unfortunately, non of them have been approved. The denial always comes back with the following statement. "The VA medical opinion found no link between your diagnosed medical condition and military service. Your service records do not contain complaint, treatment, or diagnosis for this condition." So, basically, you have to have the diagnosis while on active duty or within one year of discharge. (RJ) 4/6/2016

**A3:** RJ has given you a correct reading of why sleep apnea is denied. But, if your counselor has made an expert opinion that it is more likely than not that your sleep apnea/disturbances are related to your PTSD and/or as a residual of your service connected disabilities then you have a chance. The other thing I would explore with my continuing care physician, my PTSD Counselor, and the sleep apnea specialist is whether or not the gunshot wounds have anything to do with the sleep disturbances. As you know sleep apnea is usually caused by a physical disorder (and when it is it is called Obstructive Apnea). I am not an expert on Sleep Apnea, but please check to see if one or all of your specialist can say that it is more likely than not that the sleep apnea is related to your condition. The other thing I would look at in my service medical records is to see if I had ever been treated for insomnia or other sleep disorder while on active duty. (CP) 4/11/2016

**A4:** If you are waking up with night sweats and night mares you could be considered for it or PTSD which may be the cause of it. Do you have any other conditions that you have not considered such as Agent Orange conditions for the list the VA has is not the full list. Kidney problems, cataracts, degenerative bone or joint disease, neuropathy and I am sure there are many more the VA does not recognize as related but are. Make a list of all your conditions than do some research or see a VSO or write to your congressman to get a

response by the VA of the main reason the VA does not accept it when it could be secondary to PTSD as well. (JRM) 4/30/2016

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### **Problem Solving Program (PSP)**

Have a question about the VA? Need help with benefit questions? Need answers to your compensation questions? The USVCP Problem Solving Program (PSP) is available to get answers. Submit your question at <http://www.veteranprograms.com/compensation.html> and allow an experienced veteran(s) or VSO to answer your question. Your question will be sent to over 125,000+ registered USVCP veterans, government employees, veteran organizations, and military supporters. Note that USVCP does NOT represent or warrant, and makes no claims, promises or guarantees about, the usefulness, completeness, adequacy or accuracy of any information in the answers.

[Source: USVCP | <http://www.veteranprograms.com/id2574.html> | January 15, 2017 ++]

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## **VAMC Baltimore MD ► Mobility Boost for Seniors**

If you're up in years and don't get around so well anymore, take heart from a group of seniors at the Baltimore VA Medical Center. These older Veterans are making strides—literally—in their ability to move about, stay balanced, prevent falls—and get up from a fall if they do have one. They're part of a study at the Geriatric Research, Education, and Clinical Center at the Baltimore VA Medical Center. “It's important to mix it up, and to have fun. Otherwise, it gets repetitive.” The researchers want to learn the best ways to boost mobility—and thus independence—for these men and women who wore the uniform, some as far back as the Korean or even World War II era.



Army Veteran Gary Lucas (left) and Donald Salganik (right) proceed through an obstacle course that is part of the “multimodal balance intervention” being studied by Baltimore VA researchers.

Donald Salganik served on a B-36 “Peacemaker” bomber during the Korean War. He enjoys the banter with his fellow Veterans as they sweat through a morning workout that is part of the research. His favorite part, he says, is simply “just moving. I wasn't moving much before coming here.” Those in the study have mobility and weight challenges. “We have to improve their strength and function, and help them get some of the weight off, while preserving muscle mass,” explains study leader Dr. Les Katznel. His team uses a “multimodal balance intervention,” or MMBI. The emphasis is on improving balance and side-to-side movement, and building strength in the legs and core, through a variety of exercises.

One obstacle-course exercise has the Veterans walk over an uneven pile of mats that simulates risks in the home—such as changes in floor textures and heights, or area rugs—that could present fall risks. Half the enrollees are also receiving weekly nutrition sessions and individualized diet plans. The researchers are comparing this group to the exercise-only group. They will look at outcomes such as distance walked in six

minutes, aerobic endurance, body composition, quality of life, and ability to perform activities of daily living. After a medical check-in at each session, the participants get moving. “Step to the side, bounce and catch!” That’s the instruction from exercise physiologist Katie Dondero as she demonstrates at one of a handful of stations in the MMBI classroom. The Vets follow along, bouncing a ball on the floor and catching it as they shift left and right. They move from station to station, dance music pumping in the background.

After the classroom portion, the group moves to the large gym area. Some do leg lifts while others use a pulley machine, raising one leg at a time out to the side to work a group of muscles called the hip abductors. Dr. Odessa Addison, part of the study team, found this exercise to be key in fall prevention in previous studies. “When we looked at the differences in muscle strength between fallers and non-fallers, the muscles that were most impaired were the hip abductors.” The finale of the morning is the obstacle course. At one end of the oval track ringing the gym, a row of small orange cones has been set up. The Veterans tap each with their toes as they move sideways. They go through other stepping and balance drills around the track. Each is designed to simulate real-world hazards, such as steps and curbs.

“It’s all directed at their specific limitations and challenges,” stresses geriatrician Dr. Les Katzel. The hope is that after the year-long study, the Veterans will continue to work out. One option is the Gerofit Program, ([https://www.va.gov/geriatrics/gerofit/gerofit\\_Home.asp](https://www.va.gov/geriatrics/gerofit/gerofit_Home.asp)), a supervised exercise program available at VA sites nationwide. Katzel says programs like this pose unique benefits, both physical and mental. “It’s difficult to measure, but there’s clearly a social benefit from people coming here. There’s emotional support.” [Source: Amarillo Globe-News | Lisa Carr | December 15, 2017 ++]

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## **VAMC Durham NC Update 02 ► Self-Referral Scheduling**

The Durham VA hospital is piloting a program that allows eligible veterans with active cancer to schedule oncology appointments without first having to get a referral from a primary care provider. The program was launched late last year to try to get veterans the care they need faster. Already, the program “is improving timeliness for veterans accessing specialty services,” Dr. Susan Kirsh, the VA’s national clinical director for practice management and access, said in a release 2 JAN. “I am excited to see sites ... getting rid of unnecessary consults and helping veterans get the care they need.”

The U.S. Department of Veterans Affairs is the nation’s largest integrative health care system, with more than 1,900 medical facilities across the country. While it generally gets good ratings for care, it has been criticized for years for how long it takes veterans to be deemed eligible and then to get the appointments they need. To try and speed the process, the VA in recent years has hired more doctors and paid for some veterans to see private physicians in their communities. It also began testing direct-referring in 2015, allowing veterans to make appointments for routine eye and ear care. In 2016 it put that program in place at all VA medical centers.

The Durham VA serves nearly 70,000 veterans through the medical center, the Greenville Health Care Center and outpatient clinics in Raleigh, Durham and Morehead City. Previously, getting in to see a VA oncologist required multiple phone calls with different offices, followed by an appointment with a primary care provider to receive a referral. Allowing direct referrals can cut weeks from the time it takes veterans to be seen by the appropriate medical professionals, the VA has said. Triangle-area veterans with active cancer who are not yet enrolled in VA can call 1-833-309-1349 to find out if they are eligible for VA health care benefits and to make an appointment to see a cancer specialist. Currently, the self-referral scheduling process is available only at select VA facilities. If successful, it may roll out nationwide and branch out to

other medical specialties. For more information, please contact 919-286-0411, extensions 7213 or 7801. [Source: The News & Observer | Martha Quillin | January 2, 2018 ++]

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## **VAMC Bay Pines FL Update 02 ► Homeless Vet Care**

The Secretary of the Department of Veterans Affairs wants to know why 37 homeless veterans are being housed in a building with a broken heating system. On 3 JAN, a number of veterans and employees at the Bay Pines VA Medical Center contacted News Channel 8 to say they were freezing in building 102. The building's heating system broke down in September, and it does not have hot water. Veterans must walk across a parking lot to take a shower. "You get to walk right through the parking lot, right off the loading dock, past the garbage cans, right into the showers. I mean that's unbelievable," said John Wells, a retired Navy commander and now executive director of Military Veterans Advocacy.

Veterans claim the temperature fell to 46 degrees in the building on 5 JAN. "I think outrageous is probably a mild term, it's certainly inexcusable," said Mr. Wells. Mr. Wells sent an email with a detailed letter to Secretary Shulkin in which he pointed out he was contacted by News Channel 8 concerning a dangerous health and safety concern at Bay Pines. Mr. Wells and News Channel 8 also contacted Congressman Gus Bilirakis. Rep. Bilirakis called Secretary Shulkin and asked for immediate action. Shulkin is looking into the issue and has offered the 37 veterans an opportunity to move to a warmer location within the medical center. Secretary Shulkin assured the congressman that these veterans will be offered the opportunity tonight to move elsewhere within Bay Pines.

According to Bay Pines Public Affairs Specialist Melanie Thomas, temporary heaters were connected to ductwork on the roof of the building in question. Ms. Thomas contends the temperature in the building is comfortable. Bay Pines refused to provide anyone for an on-camera interview or allow WFLA-TV to videotape the building in question. "I don't know personally the person that's in charge of this facility, but I think they owe an explanation," said Mr. Wells. [Source: NBC News Channel 8 | Steve Andrews | January 5, 2018 ++]

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## **VA HCS Puget Sound Update 01 ► Delayed Surgery Lawsuit**

An Air Force veteran died while waiting for care at a Veteran Affairs medical facility in Washington state, a new lawsuit claims. George Walker, 75, of Tacoma, died in 2016 while on a surgical wait list for a new heart valve at the VA Puget Sound Health Care System, according to his widow's lawsuit in the U.S. District Court in Tacoma. "They never told us how serious it was," Peggy Walker told the Tacoma News Tribune, referring to the VA health-care system. "If we didn't think we were going to get the right care there, we would have gone somewhere else. He was just a happy man who didn't know." Her lawsuit seeks an unspecified amount in damages.

The VA Puget Sound issued a statement, saying that while it "does not typically comment on pending litigation, VA Puget Sound's wait times at both our Seattle and Tacoma locations are better, on average, than local non-VA hospitals as we are continually striving to improve our service and efficiency," the paper reported. That statement also said that it "mourns the loss of every veteran." Walker's obituary said he joined the Air Force and served for eight years in Korea and Vietnam. After his death, his wife learned he was awarded the Distinguished Flying Cross and the Air Medal in 1967.

In June, 2016, after complaining of shortness of breath, he went to a VA Puget Sound clinic and then to a hospital, where he was diagnosed with aortic stenosis, a hereditary narrowing of his aortic valve, the paper reported. He was discharged from the hospital after being put on a wait list to get a new one. He learned 24 JUN that his surgery would be 5 JUL, the paper reported. He died 1 JUL at home. "They absolutely shouldn't have sent him home," Peggy Walker's attorney, Jessica Holman Duthie, told the paper. Congress faulted the VA for lengthy wait times in 2014 after it was reported that records at the VA facility in Phoenix had been altered to hide the fact that patients had to wait an exorbitant number of days to see a doctor. [Source: The News Tribune | January 7, 2018 ++]

\* Vets \*



## DNA Testing ► Wanted | South Korea In-Country Vets

At 68, retired Army Capt. Walter Rettberg thought he was done having children. Then he decided to trace his family tree with a DNA-testing kit and found Matthew. Matthew Suh was a baby in South Korea when he was adopted nearly 40 years ago by an American couple. He grew up longing to find his biological mother but never thought about searching for his father because it seemed an impossible task. All he knew was that his father had been an American soldier serving in South Korea.

Enter **325 Kamra**, a U.S. nonprofit that's building a DNA database to help South Korean adoptees find their birth parents, including U.S. military veterans. In many cases, troops rotating through the country didn't know the women they had sex with became pregnant, so the group is offering free DNA kits to all vets and their descendants. "So many of them have been stationed here for a long time," said Maria Savage, director of the group's South Korea operation that launched this year. "So if they remember any encounters that they had then that's enough for us." The DNA will help even if the vets didn't father children, because it might lead to another relative who did, she said. Suh heard about the program and decided to give it a try. "I didn't think anything would happen, but I said what do I have to lose?" he said during a recent interview in Seoul.

**Citizenship search** -- The baby's mother never gave him her full name, so a nun at the orphanage listed hers on the adoption papers -- Suh. He became Matthew Scherer upon arriving at his new home in Fort Benning, Ga., but he grew estranged from his adopted parents after they had children of their own and left him feeling neglected. At 24 he applied for a passport only to be told he wasn't a U.S. citizen. His parents never filed the paperwork to apply for citizenship, which was not granted automatically as part of the adoption process until 2000. The new Child Citizenship Act was not retroactive so Suh, who was an adult when it was passed by Congress, did not benefit from it. That meant he was still South Korean according to the law. "All my life I always felt all-American. That's the only life I knew," he said. "I was devastated to discover that I'm not a citizen."

He spent years fighting his status and finally got a green card only to be told it would be another half-decade or more before he could get actual citizenship. So he obtained a South Korean passport and flew to

his birth country in 2010. "I didn't want to wait until I'm an old man to travel. And the time was already running out for me to try to find my mother," who was born in 1936, he said. His search only brought more pain. Suh's birth mother died before he could meet her, and he said the uncles he did find wanted nothing to do with him. He learned about his mother's funeral after the fact. Meanwhile, he was stranded in a country that gave him citizenship but was not home.

He now goes by his original name. Suh didn't speak Korean and couldn't take advantage of the free language courses and other benefits usually enjoyed by returning adoptees because he was considered a citizen, not a visitor. He found work as an English teacher and decided to start his own family. He got married and had a baby girl named Sophia. Then, in August 2016, he received a DNA kit from 325 Kamra, swabbed his cheek and waited. More than a year later, the phone rang.

**Fateful decision** -- Like millions of other Americans, Rettberg had randomly submitted his DNA to [www.Ancestry.com](http://www.Ancestry.com) in August, hoping to learn more about his European background. "I was looking for somebody from Germany to say that they were looking for me and I had a long-lost castle or something," he said in a recent telephone interview. "Instead I got Matthew." It was the first direct match for a father at 325Kamra, which was founded by a group of adoptees in 2015. The organization has made 41 matches; however, most were via siblings or cousins. Rettberg, who married another South Korean woman and has two children 29 and 26, was skeptical and suspected fraud when he got the call about the match 1 NOV. "You get so many emails that might not be real -- usually wanting money -- so naturally I'm leery about things like that," he said.

That was compounded by an initial error in dates. But after those were corrected and he saw similarities in pictures shown to him of Suh, he let down his guard. The final straw was the mention of Uijeongbu, the area near North Korea where he had been based at Camp Stanley. "Everything fell into place. When they mentioned Uijeongbu, then I knew," he said. Rettberg only vaguely remembers the night in 1977 when Suh would have been conceived with a local woman he met at the base's Enlisted Club. "It was just a one-time thing. She didn't seem to want to pursue it further and the next morning we just went our separate ways," he said. "That's kind of how it was in Korea back then. It was kind of wild and loose." He was transferred back to the United States soon after and never knew she was pregnant.

After getting permission, 325 Kamra passed on contact information to both men. Suh was happy but also nervous that he would be rejected again. "In the back of my mind I thought if I did ever find my father it's possible that he'd be married and wouldn't want his wife to know about it. You know how the military is," he said. Rettberg made the first move. "It was a very accepting first email," Suh said. "He said you can call me by my name or if you feel comfortable you can call me Dad. Whatever you feel comfortable with. He said, 'I love you.'" Suh then called him and they talked for nearly six hours. He also has talked to his new sister, although his brother is busy with Marine boot camp so they haven't had time to connect. They now speak regularly on Skype. Rettberg, who lives in Norfolk, Va., is talking to immigration attorneys to help Suh get U.S. citizenship. Suh's case has many complications and hurdles; Rettberg hopes his new family members will at least visit next year. "The thing is that he should've been granted citizenship as an adoptee," Rettberg said. "He's almost like a man without a country because he doesn't belong to Korea."

**Still separated** -- Bella Siegel-Dalton, 325 Kamra's data director, said she almost fainted when she saw the results showing a match between Suh and his father. "I had been working on our methodology of making family trees with his matches to connect him to his biological family, but he didn't have enough to get him close enough," she said. "Then magically his father DNA tested." She said it's more common to find siblings because many of the parents have died. Now that he has found his father, Suh said his desire to gain U.S. citizenship is even more urgent. "Now that I've found him I would like to be near him and to be able to spend time with him. I want that in my life," he said. "And now that I have a child, which is his

granddaughter, I want her to be close to her grandfather, get to know him. I should have citizenship and that should be her birthright, too."

**How to receive a DNA kit** -- Veterans who wish to receive a DNA kit may contact 325Kamra via their website at [www.325kamra.org](http://www.325kamra.org) or email the following information to [kvets23andme@gmail.com](mailto:kvets23andme@gmail.com):

- Name and mailing address (no PO boxes)
- Name of servicemember Branch of service of servicemember
- Dates servicemember was in Korea
- Rank of servicemember Unit servicemember was attached to in Korea
- Photo of servicemember in uniform if possible
- If servicemember is unavailable to test, siblings and children may test on their behalf

[Source: Stars & Stripes | Kim Gamel | January 1, 2018 ++]

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## **Vet Deportations Update 15 ► VA Establishes Tijuana Clinic**

For five years, deported Army veteran Hector Barajas-Varela has been fighting one of America's largest bureaucracies. Now, he's seeing some payoff for the deported vets he advocates for in Tijuana, Mexico. The Department of Veterans Affairs' newly established clinic in Tijuana just began giving exams to determine whether deported veterans have injuries or illnesses connected to their military service. If they do, they could become eligible for government-paid health care and monthly paychecks from the VA. "This is definitely important," Barajas, 40, said. "It's huge for them to do something specifically for deported veterans."

In 2013, Barajas founded the Deported Veterans Support House in Tijuana, which provides food, shelter and clothing for veterans removed from the U.S., who have little access to health care or other services available to veterans stateside. Barajas has connected with about 70 deported veterans in the Tijuana area, and he believes many of them will set appointments through the clinic. A few veterans have already had exams and are waiting to hear about their eligibility. Veterans can get general medical exams at the clinic, as well as ones for hearing and mental health problems. They'll receive a disability rating, which is necessary for obtaining VA benefits. If they are service-connected through the VA, the vets can get medical expenses reimbursed through the VA's Foreign Medical Program.

Before establishing a location in Tijuana, the VA had sites in Mexico City and Guadalajara, Mexico, to help vets determine their eligibility for benefits. But those are each more than 1,300 miles away, and veterans struggled to find the money to go. "It was impossible for some of these guys to pay for a ticket and get where they needed to," Barajas said. "It's much easier to be able to get an exam here." The Congressional Hispanic Caucus said there are about 3,000 cases of veterans being deported to countries around the world, though the U.S. government doesn't track them. Noncitizens who serve in the U.S. military are granted the right to citizenship, but they must apply for it – a requirement some advocates and lawmakers believe isn't made clear to servicemembers. Veterans who haven't attained citizenship can be deported if they are convicted of certain infractions, including drug crimes, domestic violence and voter fraud.

The VA did not respond to a request for comment on the decision to establish the site in Tijuana. But Barajas said it was likely made now, after five years of advocacy, because of the involvement of members of Congress. "When we started doing this in 2013, there was no pressure from anybody, nobody pushing it legislatively," Barajas said. "What happened in the last year, Congress got involved – and I think that's what

made the difference.” The 31-member Congressional Hispanic Caucus, as well as Democrats on the House Committee on Veterans’ Affairs, took up the issue last year and traveled to Tijuana to meet with deported veterans. They’ve introduced multiple bills aiming to have the government better inform servicemembers of citizenship opportunities and fast-track their status, and to allow veterans to temporarily return to the U.S. to receive health care at VA facilities.

While the legislation has made little progress in Congress, the lawmakers went directly to the VA and Department of Homeland Security, pleading with leaders to stop deporting veterans. Short of that, they’ve asked the VA for more aid for veterans already removed. Rep. Mark Takano (D-CA), a Democrat on the House Committee on Veterans’ Affairs, announced this week the decision by the VA to establish a clinic in Tijuana. The VA made the decision in late November, Takano’s office said, just days after Democrats held a news conference rallying for help for deported veterans. “With access to compensation and pension exams, deported veterans will finally have access to the financial benefits they are owed and the health care they need for conditions related to their service,” Takano said in a written statement.

Multiple members of the House VA committee and the Hispanic Caucus said in written statements that they viewed this as a first step, with the final goal being readmittance into the U.S. for deported veterans. They called the deportation of honorably discharged veterans “shameful,” “ridiculous” and “sickening.” “The establishment of an examination location in Tijuana was long overdue,” said Rep. Juan Vargas, D-Calif., a member of the Hispanic Caucus. “We must keep working in Congress to ensure that deported veterans have access to the benefits and the health care services they need and bring deported veterans home.” The progress has come at what could be the end of Barajas’ time in Tijuana. He was pardoned by California Gov. Jerry Brown in April for the crime of shooting at a car. The pardon is not a guarantee that he can return to the U.S., but it could help him with an appeal to immigration authorities. He submitted an application for citizenship, and he hopes to hear back about his status within the next couple of months, he said. [Source: Stars & Stripes | Nikki Wentling | January 12, 2018 ++]

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## **Burn Pit Toxic Exposure Update 46 ► Impact on Former VP Joe Biden**

Former Vice President Joe Biden believes his son’s fatal brain cancer may have been caused by exposure to military burn pits while serving in Iraq and Kosovo. In an interview with PBS NewsHour posted Wednesday, Biden conceded that he does not have any direct evidence linking Beau Biden’s death in 2015 to the toxic fires. But he said “there is a lot of work to be done” investigating the issue given the high rates of illnesses seen in troops who worked near the waste pits. “Science has recognized there are certain carcinogens that when people are exposed to them, depending on the quantities and the amount in the water and the air, can have a carcinogenic impact on the body,” he said in the interview.

Beau Biden was 46 when he died. He was a major in the Delaware Army National Guard who deployed to Iraq in 2009. In addition, as a civilian lawyer, he worked with local prosecutors and judges in Kosovo after the 1999 war there. The former vice president said he was unaware of how closely his son worked to burn pits until last year, when former Army Staff Sergeant Joseph Hickman released the book “The Burn Pits: The Poisoning of America’s Soldiers.” It includes a chapter on the younger Biden and his battle with cancer. The author found that in both the Iraq and Kosovo visits, Beau Biden was working closely to burn pits. “That stunned me,” his father said in the PBS interview. “I didn’t know that.”

Burn pits were commonplace through the Iraq and Afghanistan wars to get rid of a wide variety of items, including fuel, human waste, batteries and plastics. At smaller bases the fires handled disposable refuse for a handful of troops. At larger ones, some of the pits burned toxic materials around-the-clock in massive fires. Defense Department and Veterans Affairs officials have frequently cited the difficulty of linking troops’

illnesses to burn pits in the war zones, given the undocumented nature of exactly what was burned and just how much exposure individual veterans had. But more than 126,000 veterans and current service members have enrolled in a VA burn pit registry in recent years, documenting a wide range of illnesses, including rare cancers and neurological disorders.

Near the end of his presidency, Barack Obama named then Vice President Biden to lead his “cancer moonshot” initiative, with the stated goal of doubling the rate of progress in cancer prevention. The effort continues with the newly formed Biden Cancer Initiative. Joe Biden has said that his son’s death was the primary reason he did not enter the 2016 presidential campaign. [Source: MilitaryTimes | Leo Shane III | January 11, 2018 ++]

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## **Student Vets ► Six Keys to Success**

Former Army Chief of Staff Gen. George Casey knows what it’s like to experience a difficult transition out of the military. He describes it with a story about a crossword puzzle he did after leaving the Army’s top post in 2011, in which a seven-letter word with the clue “Army head” was not “general,” but, instead, “latrine.” “That’s kind of what it’s like,” Casey joked with student veterans assembled for his keynote presentation at the Student Veterans of America national conference in San Antonio. “Every time you transition, it’s hard,” he told Military Times in an interview. “It’s like learning a new language.” But veterans, he said, are well poised to succeed. “A little perseverance, and they’ll be fine.” Casey, now an SVA board member who describes himself as the “grumpy general” of the group who asks tough questions, shared his six keys for success with student veterans at the conference.

**1. Don’t sell yourself short** -- “This is probably the biggest challenge I see for people making the transition from military to civilian life,” he said. When Casey was a graduate student at the University of Denver, he remembers feeling like the “dumbest sucker on the face of the Earth.” But, he came to realize, he already knew how to do the hard part. And the same is true for today’s student veterans, he said, reminding them that they’ve been to war and accomplished things that, in many cases, exceed the life experience of their civilian peers. “Power through,” he said. “This is not the hardest thing you have done or will ever do.”

**2. Learn to ask for help** -- It may feel awkward to ask for help after growing accustomed to military life, but many people and organizations out there want to help, Casey said. **b**“Take advantage of it. It’s not a sign of weakness.”

**3. Build and use your network** -- “Every place I go I think we’re generally lousy networkers — people who come out of the military,” Casey said, speculating that’s because former service members are used to having their unit be their network. Casey mentioned tools like LinkedIn, Rally Point and other networking sites as possible tools. “Build that network,” he said. “Use it to get help and then give back. Use it to help others. That’s what vets are all about.”

**4. Stay fit** -- “I noticed the gym wasn’t very crowded this morning,” Casey joked with the audience, before stressing the importance of exercise for physical, mental and emotional health. Even when he was in a combat zone, Casey made a point to exercise four to five times a week, he said, and recommended that student veterans start establishing workout habits now that will continue throughout their life.

**5. Graduate** -- “Use your benefits and follow through,” he said. “You owe it to the people coming behind you and you owe it to the country. So persevere and finish up.”

**6. Be bold** -- Casey said anyone who makes success sound easy isn’t telling the truth. “Nobody — nobody — if they’re honest with you succeeds all the time,” he said. He gave the example of Apple co-founder

Steve Jobs who was pushed out of the company before he came back and changed the world. "You don't hit home runs every time," Casey said. But the key is being bold enough to act.

[Source: MilitaryTimes | Natalie Gross | January 6, 2018 ++]

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## **Stolen Valor Update 108 ► Reported 180101 thru 180115**

**Hixson TN --** Nine Purple Hearts. Sounds extraordinary, but that's what 69-year-old Vietnam veteran **Stephen Douglas Holloway** claims. For three of those claims, the Hixson resident's DD-214 -- the official document every military veteran who serves is given when discharged from duty -- backs it up. One of Holloway's multiple DD-214s, anyway. If Holloway's Purple Heart claims are true, veterans who study military awards, documents and records say, he would be the most decorated service member to serve in the Vietnam War. But so far, the Times Free Press has been unable to verify any of those claims through military channels, or through Holloway himself.

On Nov. 10, 2016, the Times Free Press interviewed Holloway by telephone before he spoke at dedication ceremonies for the new Veterans Park in Pikeville, Tenn. Holloway said he had spent that morning talking with students at a Bledsoe County elementary school about the upcoming Veterans Day and his military service. In the first interview, the Nebraska native said he was "Airborne Special Forces, U.S. Army 101st Airborne," reaching the rank of major, and later was a prisoner of war, captured by the Viet Cong. That was how Holloway was introduced at the dedication, where he also claimed to be a "DMZ tunnel rat." Holloway said nothing in his short speech about his Purple Hearts or other medals, but he praised fellow veterans for their sacrifices and thanked those who turned out. But in an interview the previous day, Holloway said he also worked for an agency "that you cannot talk about."

He also claimed he earned more than 50 medals in all, including a second Silver Star, three Army Commendation Medals, three presidential citations and scores of others. "I've got 57 medals," Holloway proudly proclaimed, remarking that some were pinned to his chest by President Lyndon B. Johnson himself. "And I hated President Johnson," Holloway said. "Johnson was the one who gave me these. He pokes you every time he puts them on." But not all of those 50-plus medals were listed in a DD-214 and other documents obtained by the Times Free Press from the National Personnel Records Center, part of the National Archive.

Holloway's claim of earning nine Purple Hearts is far too impressive to overlook, but also too easy to believe for anyone not familiar with military jargon or how rare it is for anyone to earn such multiple medals. To receive a Purple Heart, one must be wounded or killed in battle. The day the story ran, and for days afterward, more than a dozen veterans from the Chattanooga area and across the nation challenged Holloway's claims. Holloway and a family member asked the Times Free Press for a retraction of the portion of the story claiming he was a POW. An audio recording of Holloway's interview contains several minutes of Holloway describing details of his "torture" at the hands of "a couple of slant-eyed-looking people," his weight loss, and eight fellow captives. Holloway, however, accused the newspaper of "making it up."

The official documents draw as much scrutiny from veterans as Holloway's claims. A primary release paper, the DD-214, is given to all military service members when they are discharged. Holloway has two DD-214s filed in the National Archive for his first enlistment. They're identical, except one lists the Purple Heart awards and the other does not. Holloway has at least those two, and possibly as many as four, DD-214s on file with the National Personnel Records Center that bear the same dates and other similar details of his record but with a startling difference. One of the National Archive copies and a matching copy provided to the Times Free Press by a family member state Holloway received a National Defense Service Medal,

Vietnam Service Medal and Vietnam Campaign Medal, and that's it. But Holloway says, and another DD-214 filed with the National Archive states, he also earned those nine Purple Hearts, the Bronze and Silver stars and an Army Commendation Medal for valor. Holloway has verbally claimed far more medals than those.

Both DD-214s for his first enlistment say Holloway worked as a supply clerk and was involved in managing traffic but don't describe a combat position. There is at least one more DD-214 for Holloway's second tour of duty -- he signed up for a four-year stint but was discharged after a year -- but those military records were apparently part of a records requested by another government agency and have been unavailable for months. Holloway's DD-214 bearing "(9) PURPLE HEARTS, BRONZE STAR, ARCOM W/V, SILVER STAR" is suspicious for two reasons: the wording is "incorrect nomenclature" for military decorations and the claim of nine Purple Hearts is outrageously high, said Bruce Kendrick, a member of Ernie Pyle Chapter 1945 of the Military Order of Purple Hearts.

Kendrick said the incorrect nomenclature raises red flags because the document should read "Purple Heart with one Silver Oak Leaf Cluster and three Bronze Oak Leaf Clusters." The paperwork from the National Archives held copies of "2-1" jackets, manila document holders with an index listing some of the awards in handwritten and typewritten entries. Those entries match wording on the DD-214 that Kendrick points out. But, although the 2-1 includes all nine Purple Hearts, the box for listing "wounds" is empty, despite Holloway's claims of being wounded in combat nine times. The Times Free Press recently submitted a follow-up request in an attempt to gather remaining records.

A fake Purple Heart claim flies in the face of the people who have legitimately received them. "There's only one person that's been awarded nine Purple Hearts. His name was [Albert L.] Ireland. He was a staff sergeant in the Marine Corps. And he has officially been awarded nine Purple Hearts. No one else in history has," said Kendrick, who received the Purple Heart three times and has the documents to prove it. And Kendrick doesn't mind being asked for proof of his awards. He said most veterans don't. Holloway initially offered to provide a copy of his DD-214, but he never produced it after repeated requests. When Holloway was contacted in mid-June and again in October and November seeking documentation of his Purple Hearts citations and other awards, he didn't offer proof. He offered excuses.

"I'd have to look," Holloway started. "I threw when I came back from 'Nam, I threw everything away, so I've got a few things and I'll have to " After being told that Kendrick and others believe he faked the DD-214 bearing the long list of awards, Holloway dodged. He said he was going out of town said he would call when he got back, but he never called. In October, he again said he'd thrown everything away, adding that he was being treated for cancer. In November, as another Veterans Day passed, Holloway still had not proved his claims. He said he was being treated for prostate cancer, was in line for knee replacement surgery, had kidney failure and bleeding behind his eyes and now was going blind. Did he maintain his claim to the nine Purple Hearts? "Yes, just leave me alone and let me get this stuff done and I will do it for you," Holloway said on Nov. 14.

The Times Free Press extended an ongoing offer to seek the documentation with Holloway's permission, but he declined again. "No, because you can't find nothing about me, do you?" he said. "That's what I'm trying to tell you. You're not finding nothing about me." Why is that? "I don't know," he said. Asked if he was lying about his record, Holloway bristled, "No, and I'm getting tired of talking to you about it, actually." On Nov. 28, Holloway didn't answer his phone or return the call after a message was left.

News that the 2016 Veterans Day event keynote speaker was being challenged on his military record left the veterans in Pikeville almost at a loss for words. Ray Evans and John Hargis, two former members of the Bledsoe County Veterans Park board of directors and U.S. military veterans themselves, said they believed Holloway when he told them about his military record. Holloway produced an award-laden DD-214 to prove his claims, they said. Hargis was shocked, especially since he'd seen the DD-214 and believed Holloway's

verbal claims of being a "DMZ tunnel rat" and a prisoner of war. He said he believed Holloway and didn't question the document he showed them. Evans also was stunned. "I thought he was telling the truth," he said. "I accepted him at his word." [Source: Chattanooga Times Free Press | Ben Benton | January 3, 2018 ++]

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## **Obit: Jerry Yellin ► 21 DEC 2017 | Flew Last Combat Mission of WWII**

The fighter pilot known for flying the last combat mission of World War II has died at the age of 93. Jerry Yellin, a captain in the 78th Fighter Squadron of the Army Air Corps, died on Dec. 21. During World War II, Yellin flew his P-51 Mustang from Iwo Jima to attack Japanese airfields near Tokyo, according to HistoryNet. Yellin and his wingman, 2nd Lt. Philip Schlamberger, took off on Aug. 14, 1945, hoping their mission would be called off if Japan surrendered. Yellin and Schlamberger never received word of the surrender, so they continued their bombing mission. "When we got back to Iwo Jima from Japan, we found out that the war had been over for three hours while we were strafing," Yellin said in an oral history documented by the Library of Congress.

Schlamberger, who had told Yellin he had a bad feeling about surviving the mission, disappeared and was presumed dead. Schlamberger is considered one of the last casualties of World War II. Yellin, who had lung cancer, died at his son Steven's home in Orlando, the Washington Post reported. Originally from Newark, New Jersey, Yellin was working at a steel mill to save money for college when Japanese forces bombed Pearl Harbor on Dec. 7, 1941. He enlisted in the Army Air Corps two months later — on his 18th birthday.

Sixteen of the airmen Yellin flew with were killed, including Schlamberger, but Yellin found a temporary way to cope with the loss. "I never thought that these guys were killed, [just] transferred to another squadron and that we'd meet again one day," he told the Washington Times in August. "That's the way I got through the war. The seriousness of the loss wasn't felt until after the war when I came home, and then it was very difficult." He recalled to the Washington Times how horrific it was to land on war-torn Iwo Jima for the first time, where "there wasn't a blade of grass and there were 28,000 bodies rotting in the sun." "The sights and the sounds and the smells of dead bodies and the sights of Japanese being bulldozed into mass graves absolutely never went away," he told the newspaper.



**Capt. Jerry Yellin, a World War II P-51 pilot, renders honors during a Memorial Day wreath-laying ceremony in 2014**

After the war, Yellin became an advocate of veterans with post-traumatic stress as he dealt with his own inner demons. Yellin said he struggled for decades after the war ended. It was difficult for him to keep a steady job, and he and his family moved a dozen times in the United States, as well as to Israel. "Everybody knows today what post-traumatic stress disorder is," he told the Washington Times. "I spoke to 'the guys' at night. I thought about suicide. I couldn't hold a job." He said only his wife and four children kept him from taking his own life. Yellin's wife introduced him to Transcendental Meditation, and the twice-daily

technique of silent concentration helped him find solace. In 2010, Yellin co-founded Operation Warrior Wellness, a division of the David Lynch Foundation that helps vets learn Transcendental Meditation.

In 2017, Yellin helped author Don Brown write “The Last Fighter Pilot,” which recounts Yellin’s World War II service. Besides advocating for veterans, Yellin also became a national spokesman for Keep the Spirit of ’45 Alive, a nonprofit that promotes the legacy of WWII veterans. [Source: The Republic | Laurie Roberts | December 5, 2017 ++]

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## **Obit: John Young ▶ 5 JAN 2018**

Legendary astronaut John Young, who walked on the moon and later commanded the first space shuttle flight, has died, NASA said Saturday. Young was 87. The space agency said Young died Friday night at home in Houston following complications from pneumonia. NASA called Young one of its pioneers — the only agency astronaut to go into space as part of the Gemini, Apollo and space shuttle programs, and the first to fly into space six times. He was the ninth man to walk on the moon. Acting NASA administrator Robert Lightfoot said in an emailed statement. "John was one of that group of early space pioneers whose bravery and commitment sparked our nation's first great achievements in space."

Young was the only spaceman to span NASA's Gemini, Apollo and shuttle programs, and became the first person to rocket away from Earth six times. Counting his takeoff from the moon in 1972 as commander of Apollo 16, his blastoff tally stood at seven, for decades a world record. He flew twice during the two-man Gemini missions of the mid-1960s, twice to the moon during NASA's Apollo program, and twice more aboard the new space shuttle Columbia in the early 1980s. His NASA career lasted 42 years, longer than any other astronaut's, and he was revered among his peers for his dogged dedication to keeping crews safe — and his outspokenness in challenging the space agency's status quo. Chastened by the 1967 Apollo launch pad fire that killed three astronauts, Young spoke up after the 1986 shuttle Challenger launch accident. His hard scrutiny continued well past shuttle Columbia's disintegration during re-entry in 2003. "Whenever and wherever I found a potential safety issue, I always did my utmost to make some noise about it, by memo or whatever means might best bring attention to it," Young wrote in his 2012 memoir, "Forever Young."

He said he wrote a "mountain of memos" between the two shuttle accidents to "hit people over the head." Such practice bordered on heresy at NASA. Apollo 11 astronaut Michael Collins, who orbited the moon in 1969 as Neil Armstrong and Buzz Aldrin walked its surface, considered Young "the memo-writing champion of the astronaut office." Young kept working at Johnson Space Center in Houston "long after his compatriots had been put out to pasture or discovered other green fields," Collins wrote in the foreword of "Forever Young." Indeed, Young remained an active astronaut into his early 70s, long after all his peers had left, and held on to his role as NASA's conscience until his retirement in 2004. "You don't want to be politically correct," he said in a 2000 interview with The Associated Press. "You want to be right."

Young was in NASA's second astronaut class, chosen in 1962, along with the likes of Neil Armstrong, Pete Conrad and James Lovell. Young was the first of his group to fly in space: He and Mercury astronaut Gus Grissom made the first manned Gemini mission in 1965. Unknown to NASA, Young smuggled a corned beef sandwich on board, given to him by Mercury astronaut Wally Schirra. When it came time to test NASA's official space food, Young handed Grissom the sandwich as a joke. The ensuing scandal over that corned beef on rye — two silly minutes of an otherwise triumphant five-hour flight — always amazed Young. Sandwiches already had flown in space, Young said in his book, but NASA brass and Congress considered this one a multimillion-dollar embarrassment and outlawed corned beef sandwiches in space forever after.

Two years later, with Gemini over and Apollo looming, Young asked Grissom why he didn't say something about the bad wiring in the new Apollo 1 spacecraft. Grissom feared doing so would get him fired, Young said. A few weeks later, on Jan. 27, 1967, those wires contributed to the fire that killed Grissom, Edward White II and Roger Chaffee in a countdown practice on their Cape Canaveral launch pad. It was the safety measures put in place after the fire that got 12 men, Young included, safely to the surface of the moon and back. "I can assure you if we had not had that fire and rebuilt the command module ... we could not have done the Apollo program successfully," Young said in 2007. "So we owe a lot to Gus, and Rog and Ed. They made it possible for the rest of us to do the almost impossible."

Young orbited the moon on Apollo 10 in May 1969 in preparation for the Apollo 11 moon landing that was to follow in a couple months. He commanded Apollo 16 three years later, the next-to-last manned lunar voyage, and walked on the moon. He hung on for the space shuttle, commanding Columbia's successful maiden voyage in 1981 with co-pilot Robert Crippen by his side. It was a risky endeavor: Never before had NASA launched people on a rocket ship that had not first been tested in space. Young pumped his fists in jubilation after emerging from Columbia on the California runway, following the two-day flight. Crippen called flying with Young a real treat. "Anybody who ever flew in space admired John," said Crippen, a close friend who last spoke to him a few months ago.

Young made his final trek into orbit aboard Columbia two years later, again as its skipper. Young's reputation continued to grow, even after he stopped launching. He spoke out on safety measures, even before the Challenger debacle. "By whatever management methods it takes, we must make Flight Safety first. If we do not consider Flight Safety first all the time at all levels of NASA, this machinery and this program will NOT make it," he warned colleagues. As then chief of the astronaut corps, Young was flying a shuttle training aircraft high above Kennedy Space Center when Challenger ruptured. He took pictures of the nose-diving crew cabin. The seven Challenger astronauts never knew of all the dangerous O-ring seal trouble leading up to their flight. "If I had known these things, I would have made them aware, that's for damn sure," Young wrote in his book.

Young noted that even his friends at NASA considered him "doom and gloom," and that a shuttle launch "always scared me more than it thrilled me." He always thought the probability was there for a space shuttle accident, he observed in his autobiography, given that it was "such an incredibly complex machine." "It wasn't pessimism. It was just being realistic," he wrote. Yet Young maintained that NASA and the nation should accept an occasional spaceflight failure, saying it's worth the risk. "I really believe we should be operating (the shuttle), flying it right now, because there's just not a lot we can do to make it any better," Young said in 2004, a year after the Columbia tragedy. Another year passed before shuttle flights resumed.

Throughout the 1990s and into the 2000s, Young maintained the United States should be doing two to three times the amount of space exploration that it was doing. NASA should be developing massive rockets to lift payloads to the moon to industrialize it, he said, and building space systems for detecting and deflecting comets or asteroids that could threaten Earth. "The country needs it. The world needs it. Civilization needs it," Young said in 2000, adding with a chuckle, "I don't need it. I'm not going to be here that long." In his book, Young noted that his "relentless" stream of memos about volcanic super-eruptions and killer asteroids was aimed at scaring and educating at the same time. Humans need to start living off the planet in order to save the species, he stressed again and again, pointing to the moon. "Some folks surely regarded me as a crackpot," he wrote. "But that didn't stop me." Young spent his last 17 years at NASA's Johnson Space Center in Houston in management, focusing on safety issues. He retired at the end of 2004, seven months shy of NASA's return to space following the Columbia accident.

Young was born Sept. 24, 1930 and grew up in Orlando, Florida. He became interested early on in aviation, making model planes. He spent his last high school summer working on a surveying team. The job took him to Titusville due east of Orlando; he never imagined that one day he would be sitting on rockets

across the Indian River, blasting off for the moon. He earned an aeronautical engineering degree from Georgia Institute of Technology in 1952 and went on to join the Navy and serve in Korea as a gunnery officer. He eventually became a Navy fighter pilot and test pilot. Young received more than 100 major accolades in his lifetime, including the prestigious Congressional Space Medal of Honor in 1981.

Even after leaving NASA, he worked to keep the space flame alive, noting in his official NASA biography that he was continuing to advocate the development of technologies "that will allow us to live and work on the moon and Mars." "Those technologies over the long (or short) haul will save civilization on Earth," he warned in his NASA bio, almost as a parting shot. [Source: The Associated Press | Marcia Dunn | January 6, 2018 ++]

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## **Obit: Anna Mae Hays ► 7 JAN 2018**

Anna Mae Hays, an Army nurse who served in a mud-caked jungle hospital in World War II, guided the Army Nurse Corps through the bloodiest years of the Vietnam War and became the first female general in American military history, died 7 JAN at a retirement home in Washington. She was 97. The cause was complications from a heart attack, said a niece, Doris Kressly.



**Gen. William C. Westmoreland pins the silver star insignia of a brigadier general on Anna Mae Hays in a 1970 ceremony at the Pentagon. Gen. Hays was chief of the Army Nurse Corps and the military's first female general.**

The daughter of Salvation Army officers, Gen. Hays had dreamed of becoming a nurse since she was a young girl, wrapping bandages around the legs of a kitchen table where her parents frequently invited the infirm to dinner. She went on, in Vietnam, to oversee a 4,500-person nursing corps whose robust use of antibiotics, whole-blood transfusions and speedy helicopter evacuations was unforeseen when she began assisting doctors at a dirt-floored hospital in Ledo, India, in January 1943. Working in a malaria-infested stretch of the China-Burma-India theater, she treated gangrenous construction workers who were building a new roadway that supplied the Chinese military in its war against Japan, as well as lice-infested members of the special-operations Army unit known as Merrill's Marauders.

Most of her staff was sick with malaria, dysentery, or dengue fever, she later said in an Army oral history, and at one time she found herself hospitalized and spotted a cobra under her bed. She calmly asked a guard to shoot it, later explaining, "When one lives in the jungle, one can expect that sort of thing." Gen. Hays treated some of the earliest casualties of the Korean War, helping establish the first military hospital in Inchon, and as chief of the Army Nurse Corps from 1967 until her retirement four years later, she helped bolster its ranks during the conflict in Vietnam. As part of an effort to expand scholarship opportunities and educational requirements for Army nurses, Gen. Hays "persuaded the Army that nursing was important enough to spend money on — a hard sell at that time," said Sanders Marble, senior historian in the Army's Office of Medical History.

She also helped push through Army policy changes that paved the way for women in the military, including the 1970 establishment of maternity leave for female officers. Through her efforts, married officers were no longer automatically discharged from the ranks for becoming pregnant, and a provision was removed that limited mothers' ability to join the Army Nurse Corps Reserve. Gen. Hays resisted a close association with feminism — "Let's not talk about this," she told the New York Times in 1970, when asked about the burgeoning women's liberation movement. But she nonetheless became a symbol of unprecedented female advancement on June 11, 1970, when she was promoted to the one-star rank of brigadier general.

Until three years earlier, the rank had been barred to her by law. Legislation under President Lyndon B. Johnson opened up the possibility of a female general — the first "in the Western world since Joan of Arc," Gen. William C. Westmoreland said — and in 1970 President Richard M. Nixon made good on the new rules, selecting for promotion Gen. Hays and Elizabeth P. Hoisington, chief of the Women's Army Corps. Whether by virtue of alphabetic order, seniority or a simple twist of fate, Gen. Hays received her rank first, just a few minutes earlier than Hoisington. In a Pentagon ceremony attended by the wife of one of Gen. Hays's former patients, President Dwight D. Eisenhower, Westmoreland gave her the rank's silver star insignia and what Time magazine described as "a brassy kiss" on the lips.

It was, the Army chief of staff joked, all part of "a new protocol for congratulating lady generals." The congratulatory peck has gone by the wayside, as dozens of women have since become general officers. Gen. Ann Dunwoody notably broke the "brass ceiling" in 2008 to become the military's first female four-star general. At the time, however, Gen. Hays's promotion was greeted with astonishment from some quarters and derision from others. With good humor, she recalled receiving a letter from Germany addressed to the "Chief of the Feminine Army Sanitary Corps," and seeing a political cartoon that showed two men at a bar. "Well, we've got everything, Sarge," the caption read, "the atomic bomb, guided missiles, the M16 rifle, and now two lady generals."

Anna Mae Violet McCabe was born in Buffalo on Feb. 16, 1920, and graduated from high school in Allentown, Pa. She received a nursing diploma in 1941 from Allentown General Hospital's School of Nursing and soon joined the Army Nurse Corps, inspired to serve after the Japanese attack on Pearl Harbor. Gen. Hays, who took her last name from her husband William Hays, who died in 1962, performed much of her peacetime service at Walter Reed Army Medical Center in Washington, where she rose to become chief nurse in the emergency room. It was there that she met Eisenhower, who was hospitalized for an intestinal disease for about one month in 1956 and whom she considered a lifelong friend. Gen. Hays received a bachelor's degree in nursing education from Columbia University's Teachers College in 1958, and graduated from the Catholic University of America in 1968 with a master's degree in nursing. Her military honors included the Distinguished Service Medal and the Legion of Merit.

A former resident of Arlington, Va., she leaves no immediate survivors, although friends sometimes encouraged her to start a family. One day after she was promoted to general, she found herself at the hairdresser's next to Westmoreland's wife, Kitsy, Westmoreland later said. "I wish you'd get married again," Kitsy said. When Gen. Hays asked why, she replied: "I just want some man to know what it's like to be married to a general." [Source: The Washington Post | Harrison Smith | January 8, 2018 ++]

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## **WWII VETS 153 ► Amado Ante | Bataan Death March Survivor**

Amado Ante enlisted with the Philippine Scouts in February 1941 at the age of 22. Just five months later, President Franklin D. Roosevelt issued a military order calling all organized military forces in the

Commonwealth of the Philippines into active service of the United States Armed Forces. Ante responded to the call and was assigned to the 12th Quartermaster Regiment, Company B.



Amado Ante in WWII uniform (left) and sharing his story of how he escaped from the Bataan death march (right)

Just hours after the Pearl Harbor attacks, Japanese forces invaded the Philippines. Ante would deploy to Bataan in support of the fight against Japan. After months of fighting, Ante's unit had to retreat to the Bataan Peninsula. Ante's regiment was surrounded with nowhere to escape. To save lives, the commanding general surrendered the troops. Ante, along with approximately 75,000 Filipino and American Soldiers, was rounded up by the Japanese and forced to march some 65 miles from Mariveles, on the southern end of the Bataan Peninsula, to San Fernando. The men were divided into groups of approximately 100, and what became known as the Bataan Death March typically took each group around five to seven days to complete. The marchers made the trek in intense heat and were subjected to harsh treatment by Japanese guards.

Ante had hidden a little sugar under his belt to sustain his survival. On the fifth day of the march, Ante was stricken with malaria. His feet were badly swollen, and he could no longer walk. When the Japanese guards were on relief duty, his fellow soldiers urged him to escape immediately or risk death. Ante's comrades pushed him into a ditch where he crawled into the bushes and laid low until dark. Later that night he was found by local civilians, who provided him with food, shelter and medical care. He stayed with them for three months until he was fully healthy. Ante reenlisted and joined the guerilla movement until General Douglas MacArthur's forces liberated the Philippines in 1945. Ante received various military medals including the Bronze Star. At the age of 99 on Nov. 10, 2017 Ante was awarded the Congressional Gold Medal, the highest civilian award in the United States.

Ante receives care through the San Francisco VA Health Care System's home-based primary care program (HBPC). The program provides comprehensive care for Veterans with complex medical, social and behavioral conditions. Ante and his family have been complimentary of the care and services. "The HBPC program has been beneficial for my father; I'm certain it's added years to his already long life," said Ante's son Steve. For the staff, it's an honor and privilege to care Ante and other Veterans. "My work is very meaningful to me," said nurse practitioner Cindy Cosbey. "I am providing personalized primary care, with the goal of supporting our most fragile Veterans in their homes. I am so proud of my multidisciplinary team who work very hard on behalf of our Veterans." [Source: Vantage Point | Jeremy Profit | December 7, 2017 ++]

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## **WWII VETS 154 ► Stan Dube | Saipan Survivor and Sketcher**

Before the Army's 27th Infantry Division was decimated in a bloody World War II battle, Stan Dube sketched portraits of his fellow soldiers. The 17 drawings were forgotten after the war and stashed in an attic for decades before being found a year ago by his son. Now, Ira Dube is on a mission to identify the men in his late father's 75-year-old artwork. So far he has definitively identified two of the soldiers, both New

Yorkers who served in the 27th Division's 105th Infantry Regiment, which suffered heavy casualties in the Battle of Saipan in the Pacific. One was killed on Saipan; the other died in the 1970s.



Because the 27th was a former New York National Guard unit, Dube believes most or all of the other 15 men also were New Yorkers. He recently donated the original sketches to the New York State Military Museum and Veterans Research Center in hopes its artifacts and records could be used to help identify more of the soldiers. It's not known whether any of the men depicted in the artwork are still alive. "These people need to be remembered," said Ira Dube, 61, a retired Navy veteran living in Woodland Park, Colorado. "I look at these sketches and I see a hero." Dube found the signed sketches in the attic of his sister's home in Mississippi early last year while they were going through their father's belongings.

Stan Dube, who died in 2009, was drafted into the Army while studying architecture at Syracuse University, and he put his drawing skills to use by sketching pencil- and charcoal-on-paper portraits of his fellow soldiers while the 27th Division was stationed in Hawaii in 1943. The sure-handed sketches mostly show young men looking pensively into the distance, though a few crack a smile. Dube drew no backgrounds and barely sketched out his subjects' shoulders, but he took care to capture his subjects' eyes and faces. On all the drawings, Dube put the month, year and his signature in the lower right corner. Three of the soldiers signed their names next to Dube's: Kenneth Reid, Joseph Joner Kratky and Joe Orbe, who added his nickname, "Solid Jackson."

Using information he found online, Ira Dube was able to track down Kratky and Orbe's relatives in upstate New York. Kratky was killed on Saipan in 1944. Orbe, a New York City native, survived the war and died in 1974. Dube hasn't definitively identified the soldier in the Reid sketch. The unidentified drawings were delivered to the military museum 1 DEC. Director Courtney Burns said the sketches will be posted on the museum's website and likely will be displayed in an exhibit this year. "We may never know who any of them are," Burns said. "But I think that's part of the mystery and part of the intrigue of them."

Wilfred "Spike" Mailloux, a 105th Regiment veteran who was wounded during a massive banzai attack near the end of the Saipan battle, recently perused the sketches at the museum to see whether he recognized any of the soldiers. None looked familiar. "It was such a long time ago," said Mailloux, 94, a General Electric retiree from the Albany area who's one of the last surviving 105th Regiment veterans. "We were young squirts back then." [Source: The Associated Press | Chris Carola | January 3, 2018 ++]

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## **AFL Q&A 14 ► Procuring Dental Care if not 100% VA Rated**

**Q.** I am in need of extensive, major dental restoration. Treatment cost is thought to be around \$15,000. I have had ugly teeth since childhood, and this would be a dream. I was discharged in 1992. Enrolled with VA medical, and 60% disabled. Not high enough for VA dental. Any help or suggestions?

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**A1:** Look into the closest College with a Dental program. They might take you in for free or greatly reduced rates. Good luck. (JD) 12/2/16

**A2:** I had the same issue. What I found is that on or around veterans day Aspen Dental will provide some free help. I ended up getting awarded by Aspen Dental all my bad teeth pulled all my uppers and 4 lower molars and got the top of the line dentures for free! There may be dentist in Your area. I have 90% and VA refused me. Good luck brother. (DH) 12/2/16

**A3:** If not eligible for VA Dental Care, the national VA Dental Insurance Program (VADIP) gives enrolled Veterans and CHAMPVA beneficiaries the opportunity to purchase dental insurance at a reduced cost. Explore the VADIP Fact Sheet or the VADIP Frequently Asked Questions brochure. (AP) 12/3/16

**A4:** If you have a Disability Rating of 100%, your dental should be covered at the VA. Remember this however, The VA is Government and they accept the lowest bids. When I got my teeth they were bucked on the top. I don't wear them. (JK) 12/4/16

**A5:** You need to get your Primary Care Physician (PCP) to state that it is essential part of your treatment for dental work. (CP) 12/19/16

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If you have a question you want answered you can submit it at <http://www.armedforceslocator.com/ask-a-question.html>. Armed Forces Locator was developed to help veterans, active duty, servicemembers, Reservists, National Guard members and ROTC members locate old friends, current colleagues, and family members who serve or have served in the armed forces. Their mission is to provide an opportunity for those who served to reconnect again with war buddies. Also, locate many topics that are of interest to veterans, active duty servicemembers, and veterans organizations. [Source: <http://www.armedforceslocator.com> | December 16, 2017 ++]

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## **Retiree Appreciation Days ► Scheduled As of 15 JAN 2018**

Retiree Appreciation Days (RADs) are designed with all veterans in mind. They're a great source of the latest information for retirees and Family members in your area. RADs vary from installation to installation, but, in general, they provide an opportunity to renew acquaintances, listen to guest speakers, renew ID Cards, get medical checkups, and various other services. Some RADs include special events such as dinners or golf tournaments. Due to budget constraints, some RADs may be cancelled or rescheduled. Also, scheduled appearances of DFAS representatives may not be possible. If you plan to travel long distances to attend a RAD, before traveling, you should call the sponsoring RSO to ensure the RAD will held as scheduled and, if applicable, whether or not DFAS reps will be available. The current updated schedule for 2017 is available at:

== HTML: [http://www.hostmtb.org/RADs\\_and\\_Other\\_Retiree-Veterans\\_Events.html](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.html)

== PDF: [http://www.hostmtb.org/RADs\\_and\\_Other\\_Retiree-Veterans\\_Events.pdf](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.pdf)

== Word: [http://www.hostmtb.org/RADs\\_and\\_Other\\_Retiree-Veterans\\_Events.doc](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.doc)

This schedule has been expanded to include dates for retiree\veternans activity related events such as Seminars, Veterans Town Hall Meetings, Stand Downs, Resource\Career Fairs and Other Military Retiree & Veterans Related Events for all military services. To get more info about a particular event, mouse over or click on the event under Event Location. Please report comments, changes, corrections, new RADs and other military retiree\veternans related events to the Events Schedule Manager at [milton.bell126@gmail.com](mailto:milton.bell126@gmail.com).

(NOTE: Attendance at some events may require military ID, VA enrollment or DD214.”@“ indicates event requires registration\RSVP.)

For more information call the phone numbers indicated on the schedule of the Retirement Services Officer (RSO) sponsoring the RAD. To quickly locate events in your geographic area just click on the appropriate State\Territory\Country listed at the top of the schedule. They will look like this:

**AK AL AR AS AZ CA CO CT DC DE FL GA GU HI IA ID IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA PR RI SC SD TN TX UT VA VI VT WA WI WV WY Belgium Germany Italy Japan Korea Netherlands Thailand**

[Source: RAD List Manager & Army Echoes | Milton Bell | January 15, 2018 ++]

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### **Vet Hiring Fairs ► Scheduled As of 15 JAN 2018**

The U.S. Chamber of Commerce’s (USCC) Hiring Our Heroes program employment workshops are available in conjunction with hundreds of their hiring fairs. These workshops are designed to help veterans and military spouses and include resume writing, interview skills, and one-on-one mentoring. For details of each you should click on the city next to the date in the below list. To participate, sign up for the workshop in addition to registering (if indicated) for the hiring fairs which are shown below for the next month. For more information about the USCC Hiring Our Heroes Program, Military Spouse Program, Transition Assistance, GE Employment Workshops, Resume Engine, etc. refer to the Hiring Our Heroes website <http://www.hiringourheroes.org/hiringourheroes/events>. Listings of up upcoming Vet Job Fairs nationwide providing location, times, events, and registration info if required can be found at the following websites. You will need to review each site below to locate Job Fairs in your location:

- <https://events.recruitmilitary.com>
- <https://www.uschamberfoundation.org/events/hiringfairs>
- <https://www.legion.org/careers/jobfairs>

[Source: Recruit Military, USCC, and American Legion | January 15, 2018 ++]



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### **State Veteran's Benefits & Discounts ► Oklahoma | JAN 2018**

The state of Oklahoma provides several benefits to veterans as indicated below. To obtain information on these plus discounts listed on the Military and Veterans Discount Center (MCVDC) website, refer to the attachment to this Bulletin titled, “**Vet State Benefits & Discounts – OK**” for an overview of the below benefits. Benefits are available to veterans who are residents of the state. For a more detailed explanation of

each of the following refer to <http://militaryandveteransdiscounts.com/location/oklahoma.html> and <http://www.ok.gov/odva>

- Housing Benefits
- Financial Benefits
- Employment Benefits
- Education Benefits
- Recreation Benefits
- Other State Veteran Benefits
- Discounts

[Source: <http://www.military.com/benefits/veteran-state-benefits/oklahoma-state-veterans-benefits.html>  
January 2018 ++]

### \* Vet Legislation \*



**Note:** To check status on any veteran related legislation go to <https://www.congress.gov/bill/115th-congress> for any House or SenaR.95te bill introduced in the 115th Congress. Bills are listed in reverse numerical order for House and then Senate. Bills are normally initially assigned to a congressional committee to consider and amend before sending them on to the House or Senate as a whole.

## VA Telehealth Update 13 ► S.395/H.R.2123 | Vets Act

Veterans will soon be able to access healthcare no matter where they live through a telehealth connection. The Senate has unanimously passed The Veterans E-Health & Telemedicine Support (VETS) Act of 2017 (S.925), following the House’s unanimous approval of H.R. 2123 in November. Because the Senate bill is slightly different from the House bill – it bars states from denying or revoking a physician’s license for using telemedicine across state lines - the two chambers of Congress will have to agree on one bill before sending it to the White House for the President’s signature.

The legislation, sponsored by Sens. Joni Ernst (R-IA) and Mazie Hirono (D-HI) in the Senate and Reps. Julia Brownley (D-CA) and Glenn Thompson (R-PA) in the House, enables doctors employed by the U.S. Department of Veterans Affairs to use telemedicine to treat veterans no matter where they live. It also gives those practitioners an exemption from state licensure laws for this particular service. It also mandates that VA Secretary David Shulkin report back to Congress within the year on “the effectiveness of the use of telemedicine by the Department of Veterans Affairs.” “The VETS Act will help Hawaii veterans access high quality VA care and health services when they need it, where they need it,” Hirono said in a press release issued with Ernst. “I urge the swift enactment of the bill and will continue to fight to ensure Hawaii veterans can access the care they need from a strong, well-resourced VA system.”

Shulkin had included that telemedicine freedom in his “Anywhere to Anywhere VA Health Care” program, unveiled last fall and backed by the Justice Department. Passage of the VETS Act gives him the

Congressional approval to move forward with that plan. Some critics had said the bill would give VA doctors unprecedented authority to practice across state lines and deprive states of their ability to regulate practitioners. A similar provision in the National Defense Authorization Act for FY 2017 was stripped out of the budget before final passage in 2016 due to opposition from the American Association of Family Physicians. “While this language would indeed ease barriers that hinder the free flow of telehealth services, it also would undermine the existing system of medical licensure, under which each state governs the practice of medicine within its borders,” AAFP Board Chairman Robert L. Wergin, MD, wrote in a 2016 letter to Congressional leaders. “Allowing physicians with a single license to treat TRICARE beneficiaries in any state via telemedicine would create episodes of medical care that the state in which the patient resides cannot readily regulate, if at all.”

The VETS Act, meanwhile, has received support from a broad range of organizations, including the AAFP, American Telemedicine Association, American Medical Informatics Association, Federal Trade Commission, Health IT Now, the College of Healthcare Information Management Executives (CHIME), Teladoc, Oracle, the American Psychological Association, the Brain Injury Association of America, the National Association of Social Workers and the University of Pittsburgh Center for Military Medicine Research. The AAFP’s support was still guarded. The organization said it would support this specific bill to improve veterans’ access to much-needed healthcare services, though it “still strongly supports state-based licensure and regulation of physicians and other healthcare providers as well as the states’ ability to regulate the practice of telehealth in their state.”

The ATA, meanwhile, said both the VETS Act and Shulkin’s telemedicine program point out the confusing hierarchy of state and federal telemedicine licensing regulations. “We applaud Dr. Shulkin for demonstrating the value of telehealth today at the White House.” Gary Capistrant, the ATA’s Chief Policy Officer, said in an Aug. 3, 2017 release following Shulkin’s demonstration of the program in the nation’s capital. “We encourage President Trump to issue an Executive Order to eliminate the state-by-state licensure model for all federal and private-sector health professional employees servicing federal government programs—notably agencies (such as the VA and the Department of Health and Human Services), health benefit programs (such as Medicare and TRICARE), federally-funded health sites (such as community health centers and rural clinics), and during federally-declared emergencies or disasters.”

The bill is a rare moment of victory for telemedicine and telehealth advocates looking for Congressional support for new healthcare initiatives. Several other bills – many focused on compelling the Centers for Medicare & Medicaid Services to improve access and reimbursement for telemedicine programs - have failed to make it out of committee or secure bipartisan backing. One bill that seemed destined for passage was The Increasing Telehealth Access to Medicare Act (H.R. 3727), which would enable Medicare Advantage plans to reimburse for telehealth services at comparable rates to in-person services beginning in 2020. The bill sailed through a House committee and had been slated to be included in last year’s Medicare extenders package or with CHIP reauthorization. But that hasn’t happened, and legislative experts say the package may eventually be passed without any add-on bills.

The VETS Act is included in another bill still before Congress which aims to modernize the VA’s healthcare services. The Veterans Community Care and Access Act of 2017, filed in December by Sens. John McCain (R-AZ) and Jerry Moran (R-KS), would establish a Veterans Community Care Program that coordinates healthcare inside and outside VA health systems for the nation’s veterans, including establishing access and quality standards, safe prescribing standards and a walk-in care protocol. It also calls on VA facilities to coordinate care with non-VA providers by sharing medical records and determining reimbursement. [Source: mHealth Intelligence | Eric Wicklund | January 04, 2018 ++]



## Fort Polk Horses ► Concerns Over Escalating Roundups

Animal rights advocates want a federal court to make an Army base in western Louisiana stop rounding up hundreds of feral horses on land it owns or uses. Fort Polk began escalating efforts in November, and some captured horses are treated poorly and many may be slaughtered, the Pegasus Equine Guardian Association said in court papers backing up its request for a preliminary injunction. People and groups that might adopt the horses, “are being arbitrarily rejected and removed from the potential adopter list, increasing the likelihood that ‘kill buyers’ will be able to acquire the horses,” the association wrote. Justice Department spokesman Wyn Hornbuckle said in an email that the department cannot comment on pending litigation.

U.S. Magistrate Judge Kathleen Kay scheduled a hearing 30 JAN in Lake Charles. The association sued the Army and Fort Polk’s commanding officer in December 2016 over plans to get rid of about 700 “trespass horses” the Army considers a safety risk in training areas. Most of the horses are on about 48,000 acres (19,400 hectares) in the Kisatchie National Forest — part of 90,000 acres (36,400 hectares) of forest land that the base uses for training, U.S. Forest Service spokesman Jim Caldwell has said. The Army has lists of tax-exempt rescue groups and people interested in taking the horses. Its plan calls for notifying them after roundups of up to 30 horses. Any rescue group unable to take every horse from one roundup is struck from the list. Individuals who can’t pick up the number of horses they commit to within five days also are removed.



**In this Sept. 20, 2014, file photo provided by the U.S. Army, feral horses graze in front of a soldier riding in an armored Humvee, as part of a security detail, at the Fort Polk Joint Readiness Training Center, in Fort Polk, La.**

The horses have been there for decades, possibly more than a century. Some people speculate that the herds are descended from Army cavalry horses. Monday’s court filing, however, asserts the horses have roamed the area at least since the early 1800s. Fort Polk was founded in 1941. Some look like descendants of horses acquired by Choctaw Indians from Spanish colonists, according to a letter from Jeannette Beranger, senior programs manager of The Livestock Conservancy, filed in the court record. Some horses

from isolated areas should get a closer look, which might prompt DNA tests to see if they are “Choctaw horses” or similar strains, wrote Phillip Sponenberg, a professor at the Virginia-Maryland College of Veterinary Medicine, in another document filed Monday. He said such horses would be valuable for conservation.

In a another court document, Jeff Dorson, head of the Humane Society of Louisiana, said he received complaints this month from tipsters who aren’t Pegasus officers about inhumane treatment of the horses. Pegasus has received other allegations that “current contractors or subcontractors are not treating the horses humanely, failing to provide adequate and non-moldy hay and sufficient clean food and water, using inhumane round-up techniques, or engaging in practices that will favor moving the horses to kill buyers over animal welfare organizations or humane adopters,” the organization said. One contractor or subcontractor, Jacob Thompson, “has been in legal trouble with the Louisiana Department of Agriculture, State of Texas, and State of Oklahoma for abuse, theft or other violations involving livestock,” according to Pegasus’ filing.

Thompson was fined \$3,150 on 5 JAN for violating five Louisiana regulations including selling livestock without a permit, Veronica Mosgrove, spokeswoman for the Louisiana Department of Agriculture and Forestry, said in an email. She said his only state-licensed business is Thompson Horse Lot. The lot’s Facebook page states that it’s in Pitkin, which is near Fort Polk. A call to the number on Thompson Horse Lot’s Facebook page was answered by a man who said, “We’re not interested in no press.” The man said he was not Jacob Thompson and hung up when asked his name. [Source: The Associated Press | Janet McConnaughey | January 9, 2018 ++]

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## **Entrenching Tool ► Weapon of Last Resort**

In 1951, Medal of Honor recipient U.S. Army 1st Lt. Benjamin F. Wilson found a weapon of last resort in the entrenching tool. His unit had come upon a much larger enemy force in Hwach’on-Myon, Korea. Wilson dashed into enemy fire to assist members of his unit who were pinned down and he killed four enemy fighters with his rifle and grenades. Wilson then “led a bayonet attack, which ... killed approximately 27 hostile soldiers,” according to his Medal of Honor citation. But enemy forces launched another counterattack. “First Lieutenant Wilson, realizing the imminent threat of being overrun, made a determined lone-man charge, killing seven and wounding two of the enemy, and routing the remainder in disorder.”

A third assault ensued, prompting Wilson to resort to fighting with his entrenching tool. “Unhesitatingly, First Lieutenant Wilson charged the enemy ranks and fought valiantly, killing three enemy soldiers with his rifle before it was wrested from his hands, and annihilating four others with his entrenching tool,” his award citation read. “His courageous delaying action enabled his comrades to reorganize and effect an orderly withdrawal. While directing evacuation of the wounded, he suffered a second wound, but elected to remain on the position until assured that all of the men had reached safety.”

The value of the entrenching tool, or “etool,” which is a shovel issued to soldiers and Marines, has come back into the spotlight in recent days after Command Sgt. Maj. John Troxell used it to rally forces over the holidays and via Twitter. Troxell challenged Islamic State fighters to surrender or die and said that U.S. troops could kill them “by beating them to death with our entrenching tools.” Troxell is the senior enlisted adviser to Chairman of the Joint Chiefs Gen. Joseph Dunford. The Military Times Hall of Valor includes many citations for medals and awards that U.S. service members have earned for relying on their entrenching tool as a weapon of last resort.

- In 1969, Silver Star recipient U.S. Marine Corps Pfc. Lewis Grover was without his weapon in Quang Nam Province, Vietnam, when he spotted a lone Viet Cong fighter in a bunker. Grover, a

rifleman with Company H, 2nd Battalion, 5th Marines, was tasked to refill all of the canteens for his unit when he spotted the enemy. Grover pretended not to notice the fighter, then quietly picked up an entrenching tool he found on the river bank. “He then maneuvered to a position from which he could approach the bunker entrance unseen. When an enemy soldier carrying an automatic weapon came out of the bunker, Private First Class Grover, armed only with the entrenching tool, unhesitatingly attacked the Viet Cong,” his award citation reads.

- Finally, there is Medal of Honor recipient U.S. Army Pfc. Anthony T. Kaho’ohanohano. In 1951, Kaho’ohanohano was out of ammunition, wounded and determined to provide cover for retreating friendly forces in Chup’a-ri, South Korea. Kaho’ohanohano was in charge of a machine gun squad supporting Company H, 2nd Battalion, 17th Infantry Regiment, 7th Infantry Division, when the unit was overrun by a much larger enemy force. “Private Kaho’ohanohano fought fiercely and courageously, delivering deadly accurate fire into the ranks of the onrushing enemy,” his award citation read. “When his ammunition was depleted, he engaged the enemy in hand-to-hand combat until he was killed. His heroic stand so inspired his comrades that they launched a counterattack that completely repulsed the enemy. Coming upon Private Kaho’ohanohano’s position, the friendly troops found 11 enemy soldiers lying dead before it and two in the emplacement itself, beaten to death with an entrenching shovel.”

[Source: MarineCorpsTimes | Tara Copp | January 11, 2018 ++]

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## **Air Force Family Planning Services ► Air Force Regulation AFI 44-102**

A sign apparently posted by a nurse practitioner at the women’s health clinic at Whiteman Air Force Base in Missouri that told patients she would not provide them with contraception has been removed, officials told Air Force Times. The sign — a photograph of which was posted 10 JAN on the unofficial Facebook page Air Force amn/nco/snco — read “For religious reasons and the health of women, I do not prescribe or counsel on contraceptive methods. I will be happy to find you a provider that can accommodate your needs.” The sign continued: “If you would like to discuss natural family planning or fertility awareness based methods, I am more than willing to do so. Thank you for your patience and understanding.” It was signed, Maj. Aimee Alviar, WHNP-BC — women’s health nurse practitioner.

Lt. Allen Palmer, a spokesman for Whiteman, confirmed 11 JAN that such a sign was posted on base and has since been taken down. Palmer declined to answer any further questions and referred all other questions to the Pentagon. Air Force spokeswoman Brooke Brzozowske said that under Air Force regulation AFI 44-102, medical personnel are allowed to decline to provide family planning services, including contraceptives, sterilization, and emergency contraception, if they have moral, ethical, religious or professional objections. But the AFI also states that objecting personnel are obligated to “facilitate timely identification of a willing provider” who can provide such services. The regulation also says they should register their objections to the chief of the medical staff or department chairman when they arrive at a medical treatment facility, to allow enough time to make alternative arrangements for providing family planning services. “The Air Force places a high value on the rights of its members to observe the tenets of their respective religion or to observe no religion at all,” Brzozowske said. “We are dedicated to maintaining an environment in which people can realize their highest potential.”

Teri Prochaska, whose active-duty husband is stationed at Whiteman, said in an interview with Air Force Times that PCMs there can prescribe contraceptives. But, Prochaska said, Alviar’s decision to not prescribe contraception complicated and frustrated her effort to obtain medical treatment for her teenage daughter last

November. Prochaska said her daughter needed treatment for medical issues that were uncommon for her age, causing her pain and concerns about her reproductive health, and affecting her day-to-day life. She wanted a thorough examination of her daughter by a women's health provider to find the cause of and a solution to her problems, including medication — not simply a birth control prescription from a PCM for pregnancy prevention.

When Prochaska made the appointment for her daughter, she said she was clear with the person on the phone about what she was looking for. However, nobody told her that Alviar had objections to providing birth control medication. Prochaska said she only realized that would be a problem when she and her daughter were taken back into the clinic and saw the sign. At that point, Prochaska said she stopped the appointment because she felt Alviar couldn't help her daughter with her issues. She and her daughter were frustrated because her daughter missed school for an appointment that wasn't going to be useful, Prochaska said.

After stopping the appointment, Prochaska said another nurse told her the medical center would request an appointment with another women's health specialist off-base and let them know within 48 hours. But Prochaska never received another call, so two days later, she called the clinic and was told the request to see someone besides a PCM was denied, because PCMs prefer to give out birth control prescriptions rather than make a referral. Prochaska said getting just a birth control prescription from a PCM without a thorough examination was out of the question. Her older daughter previously had medical issues of her own, which were misdiagnosed by a PCM who put her on birth control, she said. Prochaska's older daughter ended up losing most of her hair and 20 pounds because of that misdiagnosis, she said.

She filed a complaint with the Defense Department's online Interactive Customer Evaluation, or ICE, system about a week after the appointment. That same morning, Prochaska was told that her daughter's referral to a women's health clinic at a hospital in Warrensburg, Missouri, about 10 miles away, had been approved. Her daughter had her appointment three weeks later — roughly a month after the initial appointment she hoped would start solving her medical problems.

"If the AFI states she's able to not prescribe birth control, that's fine," Prochaska said. "If they are able to accommodate her religious beliefs, I think that's great. We're mostly frustrated with the clinic staff's inability to relay this information for people when they call to make appointments, and refusal to give people referrals off-base if they are uncomfortable with a family practitioner handling specialty issues. If I'm having issues with my joints or any other organ in my body, they're going to refer me to a specialist, and I see this as no different." [Source: AirForceTimes | Stephen Losey | January 11, 2018 ++]

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## **Military Sexual Assault Update 04 ► #MeToo Movement**

Veterans groups demonstrated in bitter cold 8 JAN outside the Pentagon to turn some of the focus of the "#MeToo" movement toward sexual harassment and assault in the ranks. "It is time that there is a safe way to report sexual assault in the military so that men and women serving our country have the freedom to say 'Me Too' instead of silence," said Nichole Bowen-Crawford, a former Army E-4 who said she was sexually assaulted in Iraq.

Bowen-Crawford was among about 30 to 40 demonstrators who said they were inspired by the "#MeToo" movement that has gone viral amid continuing revelations of predatory behavior, harassment and assault by men in positions of power in Hollywood, the media and Congress. The demonstration organized by the Service Women's Action Network (SWAN) and joined by representatives of other veterans groups was sanctioned by the Defense Department. However, Navy Lt. Cmdr. Gary Ross, a Pentagon spokesman,

told Military.com that the DoD had not itself conducted any events or initiatives stemming from the "#MeToo" movement. "We already have a very proactive position in this regard," he said. "We are already very active in regards to training and internal awareness campaigns to train our internal audience to understand what is unacceptable." DoD officials said currently serving military personnel could participate in the demonstration, so long as they were not in uniform.

Several of the demonstrators carried signs in support of the Military Justice Improvement Act, sponsored by Sen. Kirsten Gillibrand (D-NY) which would change the way sex crimes are reported and prosecuted in the military. According to Gillibrand's website, the proposed legislation would move "the decision over whether to prosecute serious [sex] crimes to independent, trained, professional military prosecutors, while leaving uniquely military crimes within the chain of command."

At the demonstration, Monica Medina, a former Army captain who later served as a special assistant to former Defense Secretary Leon Panetta, said the Pentagon's own surveys show that about 80 percent of women in the military say they've been sexually harassed during the course of their careers. "That's twice the number in the private sector," Medina said. "We've got to encourage more women to come forward. Time is up." Former Coast Guard Judge Advocate General's officer Denise Krepp, who later became chief counsel to the U.S. Maritime Administration, said the fear of retaliation preventing many women from coming forward "existed 20 years ago and it hasn't changed. We still have these problems with sexual assault." "People have not been fired," Krepp said, "and it's not just the senior officers, it's the political appointees" who have been preying upon women in the ranks.

In the current military culture, "you're more likely than not to be retaliated against" for reporting a sex crime, said Lydia Watts, SWAN chief executive officer. "Where is the decisive action against our assailants?" Bowen-Crawford said she was assaulted in 2003 in Iraq by a sergeant while working the night shift. "I didn't report it," she said, after being told by friends that it would be pointless and would probably ruin her career. The sergeant was later promoted, she added. The problem for many female victims of sexual assault in the military often is that "you have to report the sexual assault to the perpetrator or their friends," Bowen-Crawford said. She said the #MeToo movement is bringing new awareness to the persistence of sexual assault in other fields and now "the military is next." [Source: Military.com | Richard Sisk | January 8, 2018 ++]

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## **Body Armor Update 01 ► New Modular Scalable Vest**

Soldiers will get new body armor for the first time in a decade, starting this summer. The Modular Scalable Vest will replace the Improved Outer Tactical Vest, which debuted in 2008, according to the Army. The MSV is 5 pounds lighter when fully loaded with ballistic plates than its predecessor. The MSV fully loaded weighs 25 pounds. But weight isn't the only change soldiers will see. Over the past five years, researchers have gone through four versions of the vest and two versions of the soldier plate carrier systems, said Stephen McNair, test manager for Soldier Protection Individual Equipment, which is part of Program Executive Office Soldier.

Soldiers with the 71st Ordnance Group and 10th Chemical Hazardous Response Company conducted the final round of field testing for the armor in October, according to an Army release. The body armor offers greater range of motion, cooling and a better fit, some of the testers told researchers. The MSV has a four-tier configuration, allowing it to be scaled up or down depending on the threat and mission requirements. The first tier is concealable body armor. The second adds plates. The third includes the vest and ballistic plates with the soft armor, and the fourth adds a "ballistic combat shirt that has built in neck, shoulder and

pelvic protection and a belt system to move items from the vest to the hips.” [Source: ArmyTimes | Todd South | January 1, 2018 ++]

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## **Body Armor Update 02 ► Diamene | Ultra-Light Diamond Hard Flexible Material**

You wouldn’t expect wrapping yourself in aluminum foil to offer much protection in combat. But what if the foil was far lighter and could stop bullets? That’s the potential promise of a study published in the December edition of Nature Nanotechnology. City University of New York researchers developed a process of creating diamene, which is an ultra-light flexible material made up of sheets of graphene that becomes harder than a diamond when hit by, say, a bullet. When subject to an impact, diamene becomes temporarily impenetrable, the researchers report.

While diamene is new, other researchers have created bullet-resistant graphene material in the past. Rice University researchers in 2014, for example, were able to create similar graphene sheets that were able to stop bullets. To be effective, though, they had to use 300 layers of graphene. Considering each graphene layer is only one carbon atom thick, 300 layers sounds like almost nothing. That’s many, many times thinner than a human hair. But the researchers in the new study developed a process that uses just two layers, which means an even lighter material that’s just as effective as stopping bullets. While uniforms might not be covered in diamene armor anytime soon, the promise of super effective and light armor might be around the corner. [Source: ArmyTimes | Ken Chamberlain | January 9, 2018 ++]

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## **Navy Cruisers ► Replacements Might Not Be Cruisers**

The U.S. Navy’s surface fleet is developing a new class of ship that will replace the cruisers — but it’s not another cruiser. The Navy’s director of surface warfare, Rear Adm. Ronald Boxall, told a crowd at the Surface Navy Association’s annual symposium that his team is building over the next year a capabilities document that will sketch out the next surface combatant, one that integrates new sensors and technologies that will make it relevant into the future. “People are always asking: ‘What’s the next cruiser?’ ” Boxall said. “What I’m telling you is that it might not be a cruiser. What we are looking for is what do we need our surface ships to do at the big level, what do we need to do at the small level and what do we need to do with unmanned because it is a different Navy out there. And so we have to look at how we optimize our force inside surface warfare and then merge that outside of surface warfare with the other platforms and across all domains.”

The hull Boxall described incorporates the surface force’s emphasis on off-board sensors that radiate and target with active sensors, while using passive sensors on the ship to avoid detection. The discussion of the next surface combatant was notable because discussion about the cruiser replacement has been conspicuously absent since the Obama administration canceled the Navy’s CG(X) program early in its tenure. Analysts and observers have criticized the Navy’s seeming lack of a clear plan for the cruisers, some of which have been extended out to 40-year service lives to keep the robust missile defense and anti-air warfare capabilities in the fleet.

The need for a future surface combatant has become even more urgent, as it has become clear that the Flight III Arleigh Burke-class destroyer has maxed out that hull form, said Thomas Callender, a retired submariner and analyst with The Heritage Foundation, in a recent interview. “They are way behind the eight ball on this one,” he said. “We’ve done some great things in the Flight III Arleigh Burke [about to enter

production], but we've kind of reached the technical limits of that design. We can't continue to pack more power and capability into that design, so we definitely need to move forward with the future surface combatant." [Source: DefenseNews | David B. Larter | January 9, 2018 ++]

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## **Ode to the Infantry Assaultman ► MOS Elimination**

It is a sad day for many Marines around the world. The Marine Corps has decided to eliminate the military occupational specialty (MOS) known as the Infantry Assaultman. What can we say about the Infantry Assaultman? He was a renaissance man of the infantry. Need a hole blown in a wall with a sophisticated demolition charge? He could do that. Are you in need of shooting a rocket into a building to ruin some asshole sniper's day? Backblast area all clear and he was your man with a SMAW rocket on target. Where you perhaps short on manpower and needed someone to man a machine-gun and understand how to employ it? The 0351 Infantry Assaultman easily slipped into roles that were not his own and excelled. Why? Nobody really knows, it was just what he did. Nobody knew what to do with the assaultmen, so while they maintained their specific MOS skills, they also learned and picked up the skills from others as well.

The infantry assaultman was smart. He had to be. His job required that he be able to distinguish between friendly and enemy tanks through a thermal optic, memorize several different equations for demolitions and numerous explosive values, all in the blink of an eye. He was known as the Ph.D. of the infantry. With abnormally high ASVAB scores, the assaultman was a bit of a nerd in the infantry community, but lovable at the same time. He was a nerd, but he was the infantry's nerd.

With the reassignment of the Javelin anti-tank missile to the TOW missile gunner MOS, it was only a matter of time before the assaultman went the way of the buffalo. We'll forever hold you in our hearts 0351 Infantry Assaultmen, and we'll miss the days of clearing your backblast before you sent a rocket of doom to the faces of insurgent terrorist assholes. [Source: American Grit | John Fanin | January 5, 2018 ++]

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## **USS Mobile Bay (CG-53) ► After 30 Years Riding High**



At 30 years, the cruiser Mobile Bay is riding a high. It recently completed an integration of the Navy's AEGIS Baseline 9 software onto the older Baseline 8 hardware — a move that is designed to give the ship increased offensive capabilities of the newer software without the added expense of ripping up the combat information center and installing all new hardware. It's the product of several years of advancements in combat system technology and it paid off in November with the launch of two SM-2 missiles and an Evolved Sea Sparrow missile from the forward missile launcher.

Launching missiles is what it's all about for a cruiser-destroyer sailor, which meant the seemingly countless hours of testing and maintenance ahead of the launch – intended to certify the new Baseline 9 install – were for a good cause. “When it comes to the MISSILE-EX, we’re there from the beginning to the end,” said one fire control tech who spoke to Defense News onboard the cruiser. “So that’s very rewarding seeing that the equipment works and all the effort you put in worked. That’s where it gets paid back to us.” Installing Baseline 9 onto the Baseline 8 configuration is the result of the older system’s open-architecture design and a common source code library that makes software upgrades simpler. Instead of a new baseline install taking months, the 9 on 8 shift took just a few weeks. That means it’s both cheaper and easier to integrate new systems.

Baseline 9 gives the ship the ability to shoot Raytheon’s long-range SM-6 missile – designed for use against both air and surface targets – but also gives the ship the ability to shoot at targets acquired by other airborne sensors such as an E-2D Hawkeye or the soon-to-arrive F-35 Lightning II. That’s just the kind of extended range and lethality that Surface Fleet boss Vice Adm. Thomas Rowden has been championing since he arrived at Naval Surface Force Pacific in 2014. “I think certainly the back-fit of Baseline 9 to the Baseline 8 computing environment for those initial cruisers gives them capability that allows them to pace the threat,” Rowden said in an November interview with Defense News. “And I think those ships will continue to be valuable to our overseas operations.”

The ship’s commanding officer is enthusiastic about the capabilities the new system brings to bear. “Right now, on a 30-year-old ship, I have the most capable combat system,” said Capt. Jim Storm. “It was a pretty powerful moment when we were sitting on the pier directly across from a destroyer that had just got commissioned two weeks prior – we were gearing up for our MISSILE-EX. I was able to tell my crew that when we deploy, based on where we are going and the threats we’ll be facing, I’d rather be on this ship than that one. “That’s a pretty powerful thing to be able to tell your crew, it’s something to get excited about.” ‘It will kick you’

The fact that Mobile Bay at 30 is one of the most advanced ships in the fleet speaks volumes about the care the Navy puts into its ships, but the good times are only going to last for so long. Mobile Bay is rapidly approaching its 35-year service life and it needs work. The Mobile Bay is, along with the Bunker Hill, are the first two cruisers on the chopping block under the Navy’s current decom schedule in 2020. The plan now is to start decommissioning the oldest 11 cruisers at a rate of two per year. Nobody in the Navy or Congress seems to want that to happen, but as always it comes down to money.

The officers and sailors on board the ship mostly seem to agree that the ship has plenty of life left in the tank, so long as the Navy puts the money in to keep her. But therein lies the dilemma. Keeping a 30-year-old cruiser that’s been rode hard is like keeping up a classic car: it takes a lot of time and care to keep it running smoothly. Pipes that have been running cooling water, sewage, sea water and potable water for 30 years have thinned out and are starting to leak. The aluminum superstructure has been suffering cracking problems for years. Tanks have been wearing down and the old SPY-1A radar that is the whole raison d’être of the CG is an enormous time suck to keep alive and ticking. The SPY-1A, unlike the solid state SPY-6 radar going on the next iteration of the Arleigh Burke destroyers, runs off a central nervous system inside the ship that directs energy through tubes and wave guides up to the arrays and outward. All that equipment is old and obsolete. To keep it alive, sailors have to get creative – horse trade with other ships for parts and use the old mothball fleet in Philadelphia as a parts locker. “It’s like anything old, it takes love,” said another FC who spoke to Defense News. “I like the radar but, yes, it is very maintenance intensive. If you don’t show it the love, it will kick you.”

Rowden, the Surface Fleet boss, has been vocal about his desire to find a way to keep the cruisers. “The cruisers are phenomenally capable ships, not only from the standpoint of the crews we have on them and the seniority of the commanding officers that are running those ships, but in the technological capability that

those ships deliver,” he said. “They are extremely valuable not only in the execution of carrier strike group operations but as we look to start bringing the F-35s onto the big-deck amphibians, the opportunity to build and understand the concept of the up-gunned [amphibious expeditionary strike group]. I think that argues for perhaps the utilization of those ships in that type of situation as well.

The Navy is studying what it would take to keep the cruisers around well into the future. One solution being explored would be back-fitting a solid-state radar onto the cruisers, but the added weight in the already top-heavy cruiser presents a design challenge, according to several sources who spoke to Defense News on background. The old SPY-1 radar distributes its weight around the superstructure and decks of Ticonderoga-class. Adding the full SPY-6 Air and Missile Defense Radar to the Arleigh Burkes required a nearly 50 percent redesign of the hull, adding length to support the weight and a new power and cooling system to operate it. That might mean a scaled-down version of the SPY-6, such as the one being proposed for the Navy’s future frigate program. But that still leaves a significant investment in new wiring, pipes and other hull, mechanical and electrical equipment to keep the ships going for another decade or so. The House Armed Services Committee’s seapower subcommittee chairman, Rep. Rob Wittman, told Defense News in November that he hopes to find a way to keep the oldest cruisers in commission.

But one thing that’s clear to the crew: the sooner the Navy makes a decision on whether to keep Mobile Bay and her sister ships around the better. Crew members said that some maintenance that they need to get done is difficult-to-impossible to get approved because they are within the five-year window of getting decommissioned, and if the Navy acts soon they can begin to schedule some of those upgrades during upcoming maintenance availabilities. That has the added benefit of spreading the work out over a number of smaller avails rather than one whopping modernization with a staggering price tag, one crew member said. With the ship reaching its sell-by date, the Navy will get as much life out of Mobile Bay as it is willing to fund, crew members said, something Rowden agreed with. “I think it’s true for any ship: as long as the funding is there the ship hangs around,” Rowden said. “When the funding dries up they take it out of service, whether you are talking about cruisers or aircraft carriers or anything in between.”

Storm, the ship’s commanding officer, echoed that sentiment, saying that the capabilities the ship brings to the fight are valuable but keeping Mobile Bay boils down to a financial decision. “I think any platform will get to whatever service life you want if you are willing to fund it and give it the time to get there,” he said. “To me, the upgrades that we have make us a pretty formidable asset for my boss. The capabilities that it give us from both a defensive and offensive perspective – they’re pretty neat.” As for his aging ship, as it stands today, he’s pleased with how its holding up, something he credits to his crew. “To tell you the truth she’s running pretty good, knock on wood,” Storm said. [Source: DefenseNews | David B. Larter | January 4, 2018 ++]

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## **Fiery Cross Reef ► Transformed Into 2.8 sq km Fortified Airbase by China**

Fiery Cross Reef has been transformed into a fortified airbase, in one of the several reclamation projects known as the Great Wall of Sand China’s frenzied reclamation projects in the South China Sea have dramatically changed reefs and islets in the hotly contested waters. Fiery Cross Reef – known also as Northwest Investigator Reef and Yongshu Reef to the Chinese – ballooned from a group of scattered reefs in the Spratly Islands to a 2.8-square-kilometer fortification, which is now reportedly the third largest island in the vast waters.

In a year-end feature, Chinese state broadcaster China Central Television aired rare aerial footage of Fiery Cross Reef, which has been transformed into a big island dominated by a 3,125-meter runway, long enough for H-6K strategic bombers to land. It also has a hospital, plus military installations that include

early warning radars and close-proximity weapons systems. China test-landed two civilian aircraft there in January 2016, one from China Southern Airlines and the other from Hainan Airlines. It's now a vital logistics hub in the archipelago to support China's claims of suzerainty over the entire sea. China Mobile and China Unicom have separate base stations there to provide ultra-fast 4.5G communication for the 200-plus soldiers stationed on Fiery Cross.



With Beijing seemingly eager to militarize the sea, an initiative known as the “Great Wall of sand” was implemented. The island was created through eight months of non-stop reclamation in 2015 with monster cutter-suction dredgers used to suck up sand from nearby shoals via a technique known as hydraulic fill. Chinese naval activities near the Spratlys in 1987 began a race to occupy the islands early the following year with Vietnam and other countries that claim territory in the archipelago. Fiery Cross Reef was occupied by Chinese troops in February 1988, supposedly for the construction of a UNESCO marine observation station.

But China's move to occupy Gac Ma Reef (Johnson Reef) was opposed by Vietnam and led to armed conflict in March that year. More than 60 Vietnamese sailors were reportedly killed – some shot while standing on the reef – when Chinese naval frigates opened fire and sank two Vietnamese ships. A member of a Chinese “survey team” was also injured during the skirmish. By July 1988, the Chinese were reported to have built a 300-meter pier capable of handling 4,000-ton ships, a helipad, as well as the oceanographic observation station on Fiery Cross Reef. [Source: Asia Times | January 3, 2018 ++]

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## **Navy Jack** ► **Flown to Honor Sailors Killed in Collisions**



A banner often regarded as the Navy's first flag will fly all year long at Joint Base Pearl Harbor-Hickam, Hawaii, in honor of 17 sailors killed in a pair of Pacific collisions last year. Sailors raised the First Navy Jack — featuring a rattlesnake, 13 red-and-white stripes and the “Don't Tread On Me” motto — 1 JAN at base headquarters to renew a “culture of tradition and resolve” in wake of the tragedies, a Navy statement said. The banner, whose design is derived from a jack used by the Continental Navy during the Revolutionary War, will fly at the base directly beneath the American flag throughout 2018.

“Here in Pearl Harbor, we rose to the challenge 76 years ago, as ‘Remember Pearl Harbor’ sharpened our warfighting culture,” Rear Adm. Brian Fort, commander of Navy Region Hawaii and Naval Surface Group Middle Pacific, said in the statement. “In the wake of 9/11, when our culture was tested, we rose to the challenge once more ... we returned to our First Navy Jack, ‘Don’t Tread on Me,’ on the jack staffs of all Navy warships as a historic reminder of the nation’s and Navy’s origins and our will to persevere and triumph.”

Last June, a collision between the guided-missile destroyer USS Fitzgerald and a cargo ship killed seven sailors off the coast of mainland Japan. Two months later, the USS John S. McCain ran into an oil tanker east of Singapore, killing 10 more. The Navy has blamed the incidents on tired crews who hadn’t received the necessary training due to constant deployments. “2017 was a challenging year for the Navy,” Command Master Chief Allen Keller of Pearl Harbor-Hickam said in the statement. “We as an installation will fly the First Navy Jack as reminder to every airman, sailor, civilian and family member to get back to basics, honor our country and remember our history.” [Source: Stars & Stripes | Leon Cook | January 4, 2018 ++]

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## Burial At Sea Update 06 ► Under The Sea Burials

The Navy is a tradition-bound military service, and few traditions are as important as burials at sea. Perhaps the most unique services in the fleet occur on board submarines that spend the majority of their time under water. Submarine Force Atlantic says it is preparing for burials at sea on several Norfolk-based subs in the next few months. One of those burials will be for World War II submarine veteran Marcus White, who served on seven war patrols in the Pacific theater during World War II and the Korean War, and was awarded the Bronze Star Medal with the "V" device for valor, signifying it was earned in combat.



White died in June at age 95. The USS Newport News, a Los Angeles-class attack submarine, will commit him and his wife Mary Miles White, who died seven years earlier, to the sea sometime next year. White's son, Marcus White Jr., lives in Chesapeake and said his father loved being a submariner, and that he's fulfilling his father's wishes. The Navy allows active-duty sailors, veterans and their family members to be buried at sea. The chaplain for the Navy's Norfolk-based submarine squadron, Lt. Cmdr. Richard Smothers, spoke with The Virginian-Pilot about the three issues which makes burial ceremonies on board subs unique and special for those who choose them:

**1. Releasing of cremains --** Unlike larger ships such as aircraft carriers that can accommodate caskets, all submarine burials at sea involve cremains. They also must occur at least 3 miles from shore. Smothers said burials at sea aboard a sub primarily occur in two ways. If the weather is fair, a sub will surface, stop moving and conduct a ceremony topside that involves raising a flag the family can keep, reading any

scriptures the family requests and firing a 21-gun salute with seven rifles. A member of the crew will then pour the ashes overboard. Chaplains don't serve on board subs, and the service is usually led by a lay leader on the boat. Smothers said the sub's commanding officer will usually address the crew from an onboard communications system so everyone can learn about the person who was committed to the deep. If the weather isn't good enough to allow for a full topside ceremony, the cremains can be poured overboard in a smaller ceremony from a ship's sail, the tall structure found on the topside of the sub.

The other option involves releasing ashes underwater through a torpedo tube while the sub is still moving. Smothers said this is a popular option among those who served as torpedomen. "I know it sounds amazing or strange, but it does happen, and it can be done very honorably, very respectfully," he said. Smothers said the crew will clean the torpedo tube's surface and place the cremains inside. After the burial, the family will usually receive a letter of condolence and appreciation from the sub's commanding officer and a chart showing the GPS coordinates where the cremains were released.

**2. Custody of the fallen --** The Navy accommodates requests for burials at sea when it can, but it's not always a speedy process. A ship's operational schedule takes priority, and it can be months between the time a request is made and the time the burial occurs. In White's case, that also allowed for a traditional memorial service long before his cremains were set to sail from Norfolk. For a burial at sea on board a Norfolk-based sub, Smothers said a family will first provide their loved one's cremains to Naval Medical Center Portsmouth. A religious program specialist in the submarine force will then take custody of the cremains and examine sub schedules to find the best fit.

If former submariners spent most of their time in a certain home port such as Groton, Conn., or Kings Bay, Ga., they'll try to find a sub based there. Otherwise, they'll find the best available schedule. Sometimes family members will be allowed onto Naval Station Norfolk or another base to watch the sub carrying their loved one's remains depart, which is a rare occurrence for an outsider to know when a sub is departing. Smothers said a religious program specialist will go aboard the sub with the cremains and transfer it to either the executive officer or chief of the boat, where they will be safely locked away in a state room until the burial. Smothers said the Norfolk squadron typically performs about a dozen burials at sea a year.

**3. Crew connection --** The submarine force is a small, tight-knit, all-volunteer community that places a premium on valuing tradition and respecting their forerunners. In some cases, subs will perform a burial at sea where a sub sank so a former submariner can be committed to the deep with some of his former crew members or the sub where he served. Smothers also said it's not uncommon for family members to request that someone who holds the same job their loved one did participate in the ceremony.

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"I think burials at sea, that's one of the ways we not only just honor those families and their service, but we reactivate our commitment and our appreciation for serving," Smothers said. "It's a real privilege to be a part of. ... Every sub that's ever been part of a burial at sea has thanked us and said, 'Hey, we appreciate being able to do this.' It's an honor." [Source: The Virginian-Pilot | Brock Vergakis | December 31, 2017 ++]

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## **Nebraska National Guard ► LIB753 Education Entitlement**

Members of the Nebraska National Guard who enroll for public or private nonprofit postsecondary education in the state could receive waivers totaling 75 percent of the in-state tuition cost under a bill introduced Wednesday by Sen. Tom Brewer of Gordon. Providing an additional entitlement to members of the Nebraska National Guard and Air National Guard would help fill ranks and boost unit readiness, said

Brewer, a retired colonel in the U.S. Army Reserve. “Keeping numbers in the Guard is essential, and the tuition waiver is a factor,” Brewer said.

LB753 would replace a system allowing soldiers and airmen to use a credit to reimburse the costs of college. Instead, the cost of tuition would be waived up front. That cost would be absorbed by the National Guard’s operational costs. The total amount that could be waived would not exceed the cost of attending the University of Nebraska-Lincoln, and the waiver would be usable for 10 years, unless the applicant is deployed as part of their service. The National Guard Adjutant General could then extend the waiver by up to five years.

Applications for a tuition waiver would require Guard members to obtain a certificate from their commanding officer “attesting as to his or her satisfactory guard performance,” the bill states. A total of 242 members of the Nebraska National Guard and Air National Guard are enrolled in the state tuition-assistance program, a Guard spokesman said. [Source: Lincoln Journal Star | Chris dunker | January 5, 2018 ++]

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### **Vermont National Guard ► Free Tuition Legislation Proposed**

The Vermont National Guard and some legislators are urging passage of legislation that would give guard members free tuition to state colleges and universities, similar to what other New England states offer. Guard officials said 11 JAN they have a hard time recruiting young members who are drawn to nearby states for free tuition. The legislation proposed in both the Vermont House and Senate would waive tuition to Vermont state schools and skills-training certificate programs. It also would cover the cost of tuition at Vermont private colleges or universities, capped at the cost for a state student to attend the University of Vermont.

The estimated cost of the program this year is \$890,000, said Maj. Gen. Steven Cray, adjutant general of the Vermont National Guard. “We believe that this bill is a very strong investment for Vermont not only to ensure that we have a fully resourced National Guard that can respond to the state and its federal mission as well as educating and attracting new members to the state,” Cray said at a Statehouse press conference. Vermont currently offers Guard members’ tuition assistance. Last year, the Guard had more than 350 vacancies. Offering free tuition would not only help fill some of those vacancies, but it also would help to keep more young people in Vermont — a state priority, officials said. “Our Guard needs the education and training that meet their needs and keep them here in Vermont to enhance our workforce,” said Democratic

Vermont Air Guard member and recruiter Jesse Renslow said his sister from Newport, Vermont, joined the Maine National Guard this year so she could attend the University of Maine in Orono tuition-free to become a chemical engineer. “We don’t have that,” he said “So she could serve, just like she serves in Maine, but we would not help pay for nearly as much school as Maine does.” [Source: The Associated Press | Lisa Rathke | January 11, 2018 ++]

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### **Warships That Will Change The Future ► HMS Defender**

From aircraft carriers to missile cruisers to landing ships, these naval future weapons are changing the face of global warfare. Ships such as the HMS Defender.



It's all there in the name, the HMS Defender was customly designed for the British Royal Navy to well, defend the Kingdom from any threats coming from the air. The HMS Defender is the eighth ship to carry that name and the fifth ship to be built for the Royal Navy that is of Type 45. The ship was launched in 2009 and by November 2011 she completed her initial sea trials until she was finally commissioned in March 2013

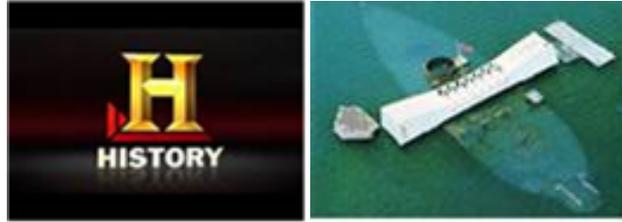
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## Overseas Troops ► Sgt. Tyler Holcomb



U.S. Marine ordnance maintenance chief with Amphibious Assault Platoon. He's responsible for inspecting, repairing and maintaining weapons systems for the Marines.

\* **Military History** \*



## Nazi Germany Luftwaffe Update 01 ► Lethal Kamikazes

By early 1944, the Luftwaffe was only a shadow of what it had been at the beginning of the war. Adolf Hitler and Reichsmarshal Hermann Göring were determined to retaliate against British cities, especially London, for Allied air attacks against German cities. A few years earlier, they would have ordered a series of massive air raids against London in reprisal. However, combat losses and the switch to fighter production for the defense of the Reich had drained the strength of the Luftwaffe's once-powerful bomber fleets. Massive air strikes were no longer an option.

German engineers had developed new and unconventional methods of striking back at the enemy. The Fieseler FZG-76 flying bomb, which would be known as the V-1, was one of the weapons designed for striking at targets in Britain without straining the Luftwaffe's already depleted bomber reserves. The V-1 was popularly known as the "buzz bomb" to the Allies because of the distinctive noise created by its pulse-jet engine. Theoretically, the V-1 operated with a simple guidance system and was supplied with enough fuel to reach a major target in England or Allied territory on the Continent. Once above the target, the V-1 would have expended all its fuel and begun a random descent to the ground, its warhead detonating on impact.

One of the flying bomb's many problems, however, was that it was so inaccurate. The bombs sometimes missed a target as large as Greater London, which covers hundreds of square miles, by either flying beyond the entire city or, usually, crashing far short of it. Certainly, the sheer randomness of the attacks contributed to terrorizing the enemy populace, but greater accuracy would have been beneficial from a military standpoint. One way to solve this problem would be to develop a manned V-1: to put a pilot in the unmanned flying bomb.

Luftwaffe headquarters ordered that all special assignments, including the testing of all experimental aircraft, were to be carried out by Kampfgruppe 200, a secret unit that operated from several airfields on the occupied Continent. One staffel (squadron) of KG 200 was formed to operate the manned version of the flying bomb. This unit adopted the name "Leonidas staffel." Leonidas was the legendary king of Sparta who had fought the Persians at Thermopylae in 480 bc. His stand at Thermopylae was determined to the point of being suicidal. Leonidas and every one of his 300 Spartans were killed in the fighting. The name of the staffel indicated the intention of the unit in its unconventional attacks.

The first attempt at a manned flying bomb had ended in failure when a bomb-carrying Focke Wulf FW-190 fighter aircraft was employed in tests. This idea was scrapped because the fighter was too vulnerable to enemy fighters. The additional weight of the bomb had made the Focke Wulf slower and much less maneuverable. Hauptsturmführer (SS Captain) Otto Skorzeny, the commando leader who became famous following his daring rescue of Benito Mussolini from captivity in the Italian Alps, is said to have suggested modifying a FZG-76 flying bomb to carry a pilot. The FZG-76 could outrun any piston-engine fighter and carried a warhead of almost one ton. With a pilot to guide it, this aircraft would be able to find any target, no matter how small, and would deliver enough explosives to destroy it.

A piloted version of the FZG-76 already existed, although it had been designed strictly for testing. Early models of the flying bomb had many problems with stabilization. The craft kept crashing shortly after being launched. The well-known pilot Hanna Reitsch, an aviatrix who had achieved fame before World War II and become a favorite of Hitler, was assigned to make a test flight of a manned FZG-76 to evaluate the machine's stability. Reitsch, the first woman to hold the honorary rank of captain, had also been awarded the Iron Cross First Class. Because of her record as a pilot, which included testing an experimental helicopter in the mid-1930s, she was given the job of finding out exactly what was wrong with the FZG-76 and what should be done to fix the problem.

The modified flying bomb, with Hanna Reitsch in the cockpit, was air-launched from a Heinkel He-111 twin-engine bomber. Catapulting the machine from a ramp, which was the usual procedure, was considered too dangerous. Reitsch lived up to her reputation as one of Germany's leading pilots by bringing the FZG-76 to a safe and successful landing after a harrowing flight. Her suggested changes to make the machine more airworthy were implemented by the designers at Fieseler and were instrumental in the success of the V-1 campaign against London in the summer of 1944. The more popular designation "V-1" was short for Vergeltungswaffen 1, or Vengeance Weapon No. 1, which sounded much more dramatic than FZG-76.



Reitsch's test flight had prompted Skorzeny to suggest turning the flying bomb into a manned aircraft, which would be sent against enemy targets. The project was first called "Selbstopfer," which translates as "self-sacrifice." It was soon changed to the much less ominous sounding "Reichenberg." Fieseler designers gave the cockpit version of the machine the official name of Fi 103R. The first trials of the Reichenberg flying bomb, which began in September 1944, were not very promising. Two test aircraft were manufactured, and both machines were lost during their first flight. Because an expert was needed to carry out trial flights, the tests were taken over by Reitsch, who was no stranger to unconventional aircraft. Besides her flight in the first manned FZG-76, she had also tested the rocket-powered Messerschmitt Me-163 Komet, a fighter interceptor that was to be deployed against formations of Allied heavy bombers above the Reich. She had been severely injured during these test flights, which left her hospitalized for five months.

Under the Reichenberg program, four piloted FZG-76 models were built. Reichenberg I and II were unpowered training models, designed for gliding trials. Reichenberg II had an additional cockpit added to accommodate an instructor. Reichenberg III was a powered training model, with an Argus pulse-jet engine. Reichenberg IV was the operational model. The cockpit of the Reichenberg IV was situated just in front of the engine. The pilot sat in a molded bucket seat and used a conventional stick and rudder bar to control the aircraft. Instruments consisted of an altimeter, airspeed indicator, clock, turn-and-bank indicator, and an

arming switch for the warhead. The pilot was also provided with guidelines for calculating diving angles, which would prevent him from overshooting or falling short of his target.

The Reichenberg was not meant to be ramp-fired. Reitsch agreed that launching the manned flying bomb from a ramp would be too dangerous for the pilot. He would have no chance to escape if the guidance system failed, as often happened with the conventional FZG-76, resulting in a crash just after takeoff. A Heinkel He-111 would take the Reichenberg to within launching distance of its target, just as in the initial test flight by Reitsch. An intercom system allowed the pilot to talk to the Heinkel's crew during flight. Because there was no way to enter the Reichenberg's cockpit after takeoff, it was slung under the Heinkel's port wing, not under the bomb bay. The pilot had to board the missile before taking off.

When the Heinkel reached the vicinity of the target, the Reichenberg's pilot started the pulse-jet engine. Targets earmarked for the Reichenberg included bridges, shipping, small but vital installations (such as Battersea Power Station in London), and military bases that might be too heavily defended for a conventional aircraft to attack. The Heinkel would climb to about 20,000 feet and, after getting the approval of the Reichenberg's pilot, would drop the missile. After being cast off, the Reichenberg pilot was on his own. His first task was to get his aircraft to level off—no mean feat, considering the FZG-76's history of malfunctioning. After gaining control of the missile, he would point it in the direction of his target and, finally, would arm the 1,900-pound warhead. The Reichenberg would be traveling at about 450 miles per hour at this point.

After arriving over the target, the pilot would aim the missile and push over into his final dive. The pilot did have the option of bailing out. The Reichenberg program was not specifically suicide-oriented, and there was a procedure for the pilot to jettison the cockpit hood and jump clear. However, chances of getting clear of the diving aircraft were slim, at best. The procedure for detaching the cockpit hood was fairly complicated, especially at 450 miles per hour, and the intake of the pulse-jet engine would probably have pulled the pilot right in. It would have been highly unlikely for the pilot to be able to jettison the hood, much less jump free of the missile.

Training the instructors for the Reichenberg project had already begun, and a program for recruiting pilots had also been approved. To crash into a target with nearly a ton of high explosives required a fanatical determination on the part of the pilot, as well as a personality that verged on the manic. However, Nazi Germany produced a good many individuals who possessed these attributes in abundance. Sixty pilots from KG 200 along with 30 of Otto Skorzeny's commandos volunteered for the Reichenberg project. Other recruits could have been found, as well, from the ranks of other Luftwaffe units and the Waffen SS.

By October 1944, a total of 175 FZG-76 flying bombs had been modified with cockpits and manual controls. Reitsch carried out a test of an unpowered version and brought the Reichenberg I to a successful touchdown on its wooden landing skid. However, during that month, command of KG 200 was taken over by Oberstleutnant (lieutenant colonel) Werner Baumbach, who had no faith whatsoever in the Reichenberg project and let his views be known. He thought that the program was a total waste of both manpower and matériel, which were becoming increasingly scarce in Germany. Shortly after he took command, the project was scrapped.

Had it been allowed to continue, the Reichenberg Project would almost certainly have had at least some degree of success. Japan had a similar project, which employed a similar aircraft—the rocket-powered Ohka (cherry blossom) kamikaze. The Ohka was a single-seat, wooden aircraft. It was carried to the vicinity of its target by a twin-engine Mitsubishi G4M Betty medium bomber, and it carried an 1,800-kilogram warhead. The Ohka program was employed successfully against U.S. shipping in late 1944 and in 1945. Among the many ships that were sunk by these piloted missiles was the destroyer USS Mannert L. Abele on April 12, 1945, off the coast of Okinawa. The Reichenberg manned V-1 flying bomb could have been Germany's ultimate cruise missile—literally a missile with a man in it. Although it was the Luftwaffe's most

unorthodox weapon, it was never used operationally. The degree of damage inflicted if the “German kamikaze” had been used against Allied targets is still open to speculation. [Source: The National Interest Magazine | The Buzz | August 10, 2017 ++]

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## **Military History** ► **WWI | Over There, Before 1917**

World War I essentially began Aug. 4, 1914, with the German army’s invasion of Belgium. The United States entered the conflict on the side of the Allies (Great Britain, Belgium, France, Italy and Russia) on April 6, 1917. During the intervening 32 months, America remained neutral – but many Americans did not. Thousands volunteered for the Allied cause. What we know of these early volunteers is based on their memoirs, if they wrote of their experiences, or from accounts of journalists. Official records are meager. To learn about a few of these volunteers go to the attachment to this Bulletin titled, "**Over There, Before 1917**". [Source: The American Legion Magazine / Ed Klewkowski | November 2017 ++]

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## **WWI Commemorative Coin Update 01** ► **Available 17 JAN 2018**

The World War I centennial year has arrived. There are a number of events planned in Europe to commemorate military campaigns and battles in the months ahead. In the meantime, VA and many federal agencies will continue to participate in planning for Nov. 11, 2018 — the 100th anniversary of the armistice bringing World War I to an end. In our partnership with the World War I Centennial program, U.S. Mint is issuing a World War I Centennial silver dollar. The coin, and its companion silver medals, will be available to purchase at noon Eastern Time, on Wednesday, 17 JAN



**Centennial silver dollar companion silver medals**

The U.S. Mint coin and medals are a tangible way to be part of the centennial. They honor the 4.7 million American men and women who served during the war, and they help to support WWI education and commemorative programs. VA Secretary Dr. David Shulkin served as a keynote speaker at the groundbreaking ceremony for the National World War I Memorial on Nov. 9, 2017. The memorial will be built in Pershing Park, Washington D.C., near the White House. Funds for the memorial are being privately raised. To learn more about the World War I Centennial and activities taking place, please visit <http://www.worldwarIcentennial.org> . [Source: VAntage Point | January 11, 2018 ++]

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## **Civil War Memorials** ► **Memphis Defies State Ban on Removal**

Memphis has become the latest US city to remove Confederate monuments, taking down two of the statues overnight. The likenesses of rebel leaders Jefferson Davis and Nathan Bedford Forrest were gone hours after the city sold them to a private group. Earlier this month, Tennessee state denied the city council's bid to get rid of the monuments. So the council voted unanimously to sell downtown parkland, paving the way for the statues' removal. The plot was acquired on Wednesday evening by a non-profit organization, Memphis Greenspace, for \$2,000 the Commercial Appeal newspaper reported.

Memphis Mayor Jim Strickland said in a statement: "History is being made in Memphis now. "These statues no longer represent who we are as a modern diverse city with momentum." He said the monuments would be preserved in an undisclosed location. The mayor said that Memphis Greenspace had agreed to keep the parks open to the public and maintain them. The Sons of Confederate Veterans said in a Facebook post about the land sale: "This is a fix, and a scam, and if the state has one hair on its ass then people will be charged with felonies." But a local pastor, Earle Fisher, told local news outlet WREG that the monuments were "racist relics". "It's a wonderful thing and it's something that we should celebrate," he said of the statues' removal.

The move comes three months before Memphis marks the 50th anniversary of the assassination there of civil rights leader Martin Luther King Jr. Nathan Bedford Forrest was a secessionist general, slave trader and Ku Klux Klan leader. Jefferson Davis was president of the Confederacy during the American Civil War. Confederate statues have become lightning rods in recent months for a national debate over race and politics. A number of the statues have been purged in US cities since a woman died in violent clashes as far-right activists rallied in Charlottesville, Virginia, in August. [Source: BBC News | December 21, 2017 ++]

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## **Military History** ► **WWII | Rise and Fall of German Gen. Stemme**

On Oct. 24, 1942, German Gen. Georg Stumme, commanding officer of the Third Reich's Panzer Army Africa — which included the famed Afrika Korps — was riding in a car along a track with his signals officer, Col. Andreas Buechting, near the front line for an inspection. It was day two of the Second Battle of El Alamein, the enormous British-led offensive in Egypt which would turn the tide in North Africa in the Allies' favor.

How the monocle-wearing Prussian officer ended up in the car, in command of all Axis forces in the theater, is an odd story. Three months earlier, this Knight's Cross recipient and veteran of the campaigns for France, Yugoslavia and Greece was sitting in a jail cell facing five years in prison, Hitler having relieved him of command and ordering his court martial after an incident on the Eastern Front. A court martial ordered by the Fuhrer, of course, always ended in a guilty verdict. Stumme was found guilty. But here was Stumme, free, and having replaced Erwin Rommel — the Desert Fox — who had returned to Germany due to sickness and exhaustion. And that is when Stumme, his driver and Buechting appeared within sight of Allied troops. Suddenly, a bullet struck Buechting in the head, killing him — which was one of the last things Stumme witnessed in his life.



Georg Stumme (right) with Erwin Rommel (left)

Storch reconnaissance plane

Back in June 1942, Stumme was the commander of the XXXX Motorized (Panzer) Corps, part of the German forces preparing to push into Southern Russia as part of Case Blue, the strategic offensive toward the Baku oil fields and Stalingrad. Stumme, as a traditionalist German officer, wrote a one-page summary of the upcoming offensive and distributed it out to the XXXX Corps' divisional commanders, according to historians David M. Glantz and Jonathan House's 2009 book *To the Gates of Stalingrad*. How Stumme distributed these orders was the problem — flying them by air. In January 1940, the German plans for the invasion of Belgium fell into Allied hands after a liaison plane crashed behind the lines.

Hitler forbade such flights in the future, enforcing strict requirements on who would receive operational orders and how, according to Glantz and House. But German officers often ignored Hitler's orders, as German military tradition and *Auftragstaktik* — mission-type tactics — considered information sharing a critical component of success, allowing subordinate officers flexibility on the battlefield while obeying their commanders' intent. So as a result on June 19, 1942, shortly before the offensive, an officer with the XXXX Corps' 23rd Panzer Division, Maj. Joachim Reichel, was flying in a long-legged, big-winged Fi 156 Storch liaison plane with his Case Blue orders, and an objective map, when the pilot flew off course and crashed behind Soviet lines. The crash shattered the pilot's skull and killed him.

Reichel ran away with the secret plans and was shot when resisting Soviet soldiers, according to a Soviet account of the event, although records from the ground are contradictory and unclear. Stumme's headquarters were thrown into a panic at Reichel's disappearance, and he scrambled a reinforced company from the 336th Infantry Division on a daring search and rescue mission. The soldiers would later discover the plane in a marshy, shallow valley — but did not find Reichel or the pilot.

The Soviets had the plans. Stalin, however, largely ignored the compromised orders, believing them to be one of many potential future German offensives. He did bolster the tank strength of Soviet forces in the southwest as a precautionary measure, bringing up the total number of tanks on the Briansk Front to 1,600, although in actual practice the Briansk Front and its commander, Gen. Filipp Golikov, would suffer during the upcoming battle due to lack of coordination. Case Blue, of course, would end in a major German strategic defeat, with the destruction of the German Sixth Army at Stalingrad in early 1943.

Stumme, meanwhile, was out of a job for this blatant violation of Hitler's operational security measures. Hitler had him court-martialed, and he was only saved from prison due to the pleading of his allies within the officer corps including Wilhelm Keitel — chief of OKW, the military high command — and Herman Goering, the Luftwaffe chief and de facto number-two Nazi. After Rommel became ill, Stumme was off to North Africa just as Britain's El Alamein offensive was about to begin. It's not clear how Stumme died. One account states that before his death in Egypt near the front line, he was seen outside his car, hanging onto it as the driver sped out of the line of fire. The Allied troops would later discover Stumme lying on the track, deceased but with no bullet wounds. One theory is that he might have suffered a heart attack during the ambush. The 56-year-old general had chronic high blood pressure. [Source: *The National Interest* | Robert Beckhusen | December 28, 2017 ++]

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## Battle of Khe Sanh ► Was America Duped?

At the time, he seemed like the perfect fit: a tall, articulate, handsome paladin. His posture was always ramrod straight, his uniform constantly and precisely starched. He had punched all the right tickets: Eagle Scout, first captain of the West Point class of 1936, commander of both the elite 504th Parachute Infantry of the 82nd Airborne Division and later the 101st Airborne Division, superintendent of West Point and honorary member of the Society of Cincinnati. So when Lyndon Johnson went looking for someone to command the overall anti-Communist crusade in Vietnam in 1964, Gen. William Westmoreland's name was at the top of a shortlist.



Johnson had taken over the presidency, and the challenges in Southeast Asia, from John Kennedy in November 1963. Kennedy's plan to contain Communism in that part of the world had been to supply aid — both monetary and in the form of American military advisers — to the anti-Communist regime of President Ngo Dinh Diem of South Vietnam. By the time of Kennedy's death, the United States had more than 16,000 soldiers advising the Army of the Republic of Vietnam, and it wasn't working. At the Battle of Ap Bac, in January 1963, a force of 1,500 South Vietnamese, despite superior firepower, was decimated by a few hundred Vietcong. Johnson's top aides offered two solutions to the American president: get in or get out. Clad in the panoply of American exceptionalism, Johnson opted for the former and turned to Westmoreland to lead the charge at the head of the Military Assistance Command, Vietnam — MACV for short.

In the first major engagement under Westmoreland's leadership, the Battle of the Ia Drang Valley in November 1965, American forces killed 10 enemy soldiers for every one of their own lost. The hard-fought victory persuaded Westmoreland to adopt a strategy of attrition — if American troops killed enough North Vietnamese and Viet Cong, the enemy would have to sue for peace. Westmoreland explained his plan to an old friend, Senator Fritz Hollings of South Carolina. "Westy," Hollings explained, "the American people don't care about the 10, they care about the one."

Westmoreland's opposite number in North Vietnam, Gen. Vo Nguyen Giap, had also punched the right tickets. A former history teacher and a self-taught military strategist, he had led the Viet Minh resistance against the Japanese during World War II and later commanded the Viet Minh troops who defeated the French forces at Dien Bien Phu in 1953. Considered one of the greatest military strategists of the 20th century, Giap had as his goal not a classic military victory, but rather, as he wrote later, "to break the will of the American government" — just as he had done against the French.

In late 1967, Giap concentrated some 40,000 soldiers in the hills of northwest South Vietnam and orchestrated a series of assaults on a string of American combat bases in the highlands, not far from a Marine base called Khe Sanh, which the North besieged in January 1968. Giap later called these attacks a "diversion" to trick the Americans into moving forces from the populated areas to defensive positions in the hinterland. Most American leaders fell for it; one of the few who didn't, Adm. U. S. Grant Sharp,

Westmoreland's nominal superior, presciently argued that "the Communist strategy continued to reflect an effort to draw Allied forces into remote areas," therefore "leaving the populated areas unprotected."

To Westmoreland, the North Vietnamese gambit looked more like the beginning of the end for the North. Called home that fall to convince America that the war was close to being won, he famously claimed, "I begin to see the light at the end of the tunnel" — coincidentally, nearly the same language used by his French predecessor, Gen. Henry Navarre, not long before Dien Bien Phu. For "the light" to glow full orbed, it was essential that the Marine position at Khe Sanh be held.

Both Westmoreland and Johnson quickly became obsessed with Khe Sanh; the president even had a scale model of the outpost built in the Situation Room of the White House so that he could track the course of the battle daily. He also demanded a signed affirmation from the Joint Chiefs of Staff that the base could and would be successfully defended. For both men, the landmark French defeat — likewise a siege against a hilly outpost far to the north — hung over them heavily. "I don't want any damn Dien Bien Phu," Johnson told his staff in 1967, while Westmoreland requested a thorough analysis of the 1954 battle "to ascertain that we are taking all countering actions possible in relationship to the analogous Khe Sanh situation," according to a MACV memo. Khe Sanh likewise took hold of the American public, which bought into the notion of a pivotal battle that would leave one side sprawling and the other limping to final defeat.

Westmoreland threw everything he could at Khe Sanh. During the 77-day siege, American jets flew more than 24,000 sorties, dropping 110,000 tons of bombs on the enemy positions. At one point, Westmoreland even considered the use of tactical nuclear weapons to defend the Marine garrison. But Khe Sanh was only a prelude to an even bigger campaign: an all-out and unexpected assault on the more densely populated areas in the South, which, Hanoi hoped, would trigger a general uprising against the South Vietnamese government and the Americans. The attack, during the cease-fire for the lunar new year, known as Tet, involved close to 80,000 North Vietnamese and Vietcong fighters who had sneaked into nearly 100 hamlets, villages, cities and towns across South Vietnam.

Though caught off guard, the Americans and their allies reacted quickly and inflicted heavy casualties on the enemy force, an estimated 37,000 in the first few weeks of fighting (separate phases of the offensive, which ran into the summer, brought their losses above 100,000). But it came at great cost: The South Vietnamese lost 21,000 men; the Americans and other allies lost nearly 24,000; and tens of thousands of civilians were killed or wounded. A suicide squad of 19 Vietcong sappers breached the American Embassy grounds in Saigon — allegedly one of the most secure locations in South Vietnam. Many of the buildings in the ancient capital of Hue were totally razed during a month long battle, resulting in thousands of deaths and tens of thousands of refugees.

American forces broke the siege of Khe Sanh in April 1968 but withdrew a few months later. Afterward, North Vietnamese forces moved into the area, unopposed, and held it until the end of the war. Was Westmoreland duped? Was the attack on the Marines at Khe Sanh simply a ruse to beguile the sclerotic Americans, and especially their obdurate leadership, into believing that Giap was attempting a repeat of the Dien Bien Phu victory? Or were they two separate campaigns? After all, Giap was skeptical of the Tet offensive and paid meticulous attention to Khe Sanh (and, conveniently, was sent to Hungary for medical treatment in the fall of 1967, as the planners behind Tet put the final touches on their offensive).

Duped or not, Westmoreland was replaced soon after the Tet offensive ended. The well-respected CBS newsman Walter Cronkite — a former supporter of the war — now thought the best that the United States could hope for was a "draw." Johnson chose not to run for a second term as president, and Richard Nixon was elected that fall primarily because of his promise to end the fighting. Whether Khe Sanh and Tet were part of the same campaign, they contributed equally to the emotional collapse of American support for the war, and for their leaders. [Source: The New York Times | John Mason Glen | January 1, 2018 ++]

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## Battle of New Orleans ► America's Second War for Independence

January 8th was the 203rd anniversary of General Andrew Jackson's historic victory over the British in the Battle of New Orleans. On that day in 1815 Gen. Jackson led a band of vastly outnumbered Tennessee, Kentucky and Mississippi state militia, free blacks, local civilians, French pirates, Choctaw and Creole volunteers and some Army regulars and destroyed the most modern and powerful army in the world, while the Orleans Battalion band played Yankee Doodle. The British military establishment was stunned. How could this happen? They believed that Americans would refuse to fight Britain's highly-disciplined military force, that Louisianans would throw off their allegiance to the United States and side with the English.

Andrew Jackson's victory prevented Great Britain and Spain from devouring huge chunks of land that belonged to the United States. For fifty years the victory at the Battle of New Orleans was routinely celebrated throughout the nation with parades and toasts as America's Second War for Independence. Indeed, Americans at the time believed that the Eighth of January would be remembered like the Fourth of July as the dates representing our nation's First and Second Declaration of Independence from Great Britain.



Clearly, the British had little respect for General Jackson's ragtag army. They called them "dirty shirts." But within 30 minutes of their assault on the American lines, these "dirty shirts" had destroyed the most powerful army in the world. The British lost 3 generals, 7 colonels, 75 officers, and 2000 men. American losses totaled only 13 dead, 39 wounded, and 19 captured. Over the past several decades, foreign powers had treated the United States with outrageous contempt. The British continued the seizure of American ships and the impressment of American sailors. As far as England was concerned, its loss in the first War for Independence was a fluke. Now, it could exact revenge.

Three years after the War of 1812 began, American morale was at its lowest. The American army lost battle after battle in the Northwest and the Eastern coastline. The British burned the White House as the nation's politicians fled in humiliation. Great Britain realized that if they could gain control of New Orleans, they would own the Mississippi River, which meant America would be split in two. The preeminent historian on Andrew Jackson, Robert V. Remini, wrote: "The nation's faith and confidence in itself had been restored by General Andrew Jackson. He alone was responsible for giving the country back its self-respect. He had "slaughtered" a magnificent British Army – over 2000 victims, a figure that seemed incredible at the time – and repelled the greatest armada in history."

Remini observed: "Jackson's role in the war of 1812 was absolutely crucial to the future course of American expansion. Not only did he spare the nation and almost certain amputation of territory in the southwest, but he prepared the way for the immediate future growth of the American nation." General Jackson's victory at the Battle of New Orleans catapulted him to national fame and to two terms as the seventh president of the United States. In his Farewell Address on March 4, 1837, Andrew Jackson said: "I thank God that my life has been spent in a land of liberty, and that He has given me a heart to love my

country with the affection of a son.” [Source: Thomas Moore Law Center | President's Blog | January 8, 2017 ++]

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## **Military History Anniversaries ► 16 thru 31 JAN**

Significant events in U.S. Military History over the next 15 days are listed in the attachment to this Bulletin titled, “**Military History Anniversaries 16 thru 31 January**.” [Source: This Day in History <http://www.history.com/this-day-in-history> | January 2018 ++]

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## **Medal of Honor Citations ► Joe Gandara | WWII**



*The President of the United States in the name of The Congress  
takes pleasure in presenting the  
Medal of Honor posthumously  
to*

### **Joe Gandara**

**Rank and organization:** Private, U.S. Army, Company D, 2d Battalion, 507th Parachute Infantry Regiment, 82d Airborne Division.

**Place and date:** June 9, 1944, Amfreville, France

**Entered service:** Los Angeles, CA in February 1944

**Born:** Santa Monica, Calif., April 25, 1924

### **Citation**

For conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty: Private Joe Gandara distinguished himself by acts of gallantry and intrepidity above and beyond the call of duty while serving with Company D, 2d Battalion, 507th Parachute Infantry Regiment, 17th Airborne Division during combat operations against an armed enemy in Amfreville, France on June 9, 1944. On that day, Private Gandara's detachment came under devastating enemy fire from a strong German force, pinning the men to the ground for a period of four hours. Private Gandara voluntarily advanced alone toward the enemy position. Firing his machinegun from his hip as he moved forward, he destroyed three hostile machineguns before he was fatally wounded. Private Gandara's extraordinary heroism and selflessness at the cost of his own life, above and beyond the call of duty, are in keeping with the highest traditions of military service and reflect great credit upon himself, his unit and the United States Army.



Gandara was awarded the Medal of Honor he in a March 18, 2014 ceremony in the White House. The award came through the Defense Authorization Act which called for a review of Jewish American and Hispanic American veterans from World War II, the Korean War and the Vietnam War to ensure that no prejudice was shown to those deserving the Medal of Honor. Gandara's niece Miriam Adams accepted the Medal of Honor on his behalf. Additional awards he had also earned were the Bronze Star Medal, Purple Heart, Army Good Conduct Medal, European-African-Middle Eastern Campaign Medal with one Bronze Service Star and Bronze Arrowhead Device, Presidential Unit Citation, French Fourragere, Combat Infantryman Badge and Parachutist Badge-Basic with one Bronze Service Star. He is interred at Woodlawn Cemetery - Santa Monica, California.

[Source: <https://history.army.mil/moh/wwII-g-l.html> | January 2017 ++]

### \* Health Care \*



## Medicare Reimbursement Rates 2018 ► Beneficiary Cost Increases

Some common costs for Medicare beneficiaries will rise in 2018. These costs include hospital coinsurance and deductibles for Medicare Part A. The U.S. Department of Health and Human Services and its official Medicare website, [www.Medicare.gov](http://www.Medicare.gov), often use an unusual lingo. So, before we talk dollar amounts for these costs, let's review how Medicare.gov defines some key terms:

- Coinsurance: An amount you may be required to pay as your share of the cost for services after you pay any deductibles. It is usually a percentage, such as 20 percent.
- Deductible: The amount you must pay for health care or prescriptions before your insurance begins to pay.
- Premium: The periodic payment to an insurer for health or prescription drug coverage.

### Medicare Part A costs

Types of care covered by Medicare Part A — which Medicare.gov also calls “hospital insurance” — include:

- Inpatient hospital services
- Skilled nursing facility services
- Some home health services

The vast majority of Medicare beneficiaries — about 99 percent, according to HHS — don't have to pay a premium for their Part A coverage. It's premium-free for folks who worked — and thus had Medicare taxes withheld from their paycheck — for a certain amount of time. Beneficiaries will see other costs increase, though. They include:

- Part A annual inpatient hospital deductible: \$1,340 per benefit period (up \$24). The inpatient hospital deductible is paid by beneficiaries admitted to the hospital as inpatients. It covers the first 60 days of such hospitalizations. There is no coinsurance during that time.
- Part A daily hospital coinsurance for days 61-90: \$335 (up \$6). For folks hospitalized for 61 to 90 days, however, there is a daily coinsurance for each day after their 60th day in the hospital.

### **Medicare Part B costs**

Types of care covered by Medicare Part B, which Medicare also calls “medical insurance,” include: Physician services, Outpatient hospital services, Certain home health services, and Durable medical equipment. For many Medicare beneficiaries, the cost of such care will be the same in 2018. These expenses include the:

- Part B standard monthly premium: \$134
- Part B annual deductible: \$183

The standard premium is for individual federal income tax filers with a taxable income of up to \$85,000 and joint filers with an income of up to \$170,000. Folks with more income pay higher premiums of anywhere from \$187.50 to \$428.60, depending on their income. See Medicare.gov's "[Part B costs](#)" page for a chart of premiums by income level.

### **Overwhelmed by Medicare?**

Medicare.gov is full of so much information, often written in federal government lingo, that it can feel more overwhelming than helpful. So, know that third-party help is out there. As we note in "[7 Things You Need to Know About Medicare](#)":

- One free option is the State Health Insurance Assistance Program, or SHIP, for your state or territory. Federal grants fund these programs, which offer counseling and assistance to Medicare beneficiaries. To learn more about them, visit the [national SHIP website](#).
- Another option is to use one of several services that, for a fee, will do the heavy lifting for you. You'll find an example in our [Solutions Center](#): Just click on the “Medicare Assistance” button.

For more recent Medicare news, check out:

- "[How Shopping Around Can Cut the Cost of Your Medicare Plan](#)"
- "[Beware Medicare Penalties for Late Enrollment](#)"
- "[How a Medicare-Covered Hospital Stay Could Cost You Thousands](#)"

[Source: MoneyTalksNews | Karla Bowsher | December 30, 2017 ++]

## **PTSD Update 236 ► Impact on End-of-Life Care**

Many of Ron Fleming's fellow soldiers have spent the past five decades trying to forget what they saw — and did — in Vietnam. But Fleming, now 74, has spent most of that time trying to hold on to it. He's never been as proud as he was when he was 21. Fleming was a door gunner in the war, hanging out of a helicopter

on a strap with a machine gun in his hands. He fought in the Tet Offensive of 1968, sometimes for 40 hours straight, firing 6,000 rounds a minute. But he never gave much thought to catching a bullet himself. “At 21, you’re bulletproof,” he said, as he sat on the edge of his hospital bed at the San Francisco VA Medical Center. “Dying wasn’t on the agenda.”

Now it is. Fleming has congestive heart failure and arthritis, and his asthma attacks often land him in the hospital. Ten years ago, he was diagnosed with post-traumatic stress disorder (PTSD), which makes him quick to anger and hypervigilant, as if he’s still in that helicopter. Fleming’s physical and mental health symptoms, combined with his military history, are a challenge to the VA’s palliative care team, which is coordinating his care as his health deteriorates. It is a challenge they are facing more often as Vietnam veterans age and develop life-threatening illnesses. For some veterans, the stoicism they honed on the battlefield often returns full-force as they confront a new battlefield in the hospital, making them less willing to admit they are afraid or in pain, and less willing to accept treatment. Other vets, with PTSD, are even more reluctant to take pain-relieving opioids because the drugs can actually make their symptoms worse, triggering frightening flashbacks.

About 30 percent of Vietnam vets have had PTSD in their lifetime, the highest rate among veteran groups, according to the U.S. Department of Veterans Affairs’ National Center for PTSD. Their rate is higher because of the unique combat conditions they faced and the negative reception many of them received when they returned home, according to numerous studies. Since the war, many vets have developed coping strategies to keep disturbing memories and other PTSD symptoms at bay. But facing a terminal illness — the severe pain of cancer, the nausea of chemotherapy or the breathlessness of heart failure — can drain their energy so much that they’re unable to maintain their mental defenses.

Vets previously diagnosed with PTSD can slip out of remission, and some may experience it for the first time. “They’re so distracted trying to cope with their physical symptoms that they might have flashbacks,” said VJ Periyakoil, a palliative care physician at the VA Palo Alto Health Care Center and director of palliative care education at Stanford University. “War memories start coming back; they start having nightmares.” Gasping for breath can induce panic for anyone, but it can make vets feel as threatened as they did in a combat zone, said Eric Widera, director of hospice and palliative care at the San Francisco VA and professor of geriatrics at the University of California, San Francisco.

That’s what happens to navy vet Earl Borges, who logged 240 24-hour river patrols in Vietnam with three other men on a plastic boat, constantly looking for enemy soldiers in the brush. Since then, he’s been startled by loud noises and fast-moving shadows. Now, at age 70, Borges has amyotrophic lateral sclerosis (ALS) and chronic obstructive pulmonary disease, or COPD, which can intensify the anxiety from his PTSD. If he lies down without his breathing machine, he panics, then hyperventilates. “I have to talk him through it, tell him he’s OK, ‘just breathe,’” said his wife, Shirley Borges, 67. They both say Earl’s PTSD is under control — as long as he doesn’t talk about the war — and his ALS is progressing very slowly, without pain.

But for patients who are in severe pain, the go-to treatment is opioids, which can also make PTSD symptoms worse. This forces vets to choose between physical pain and mental anguish. “Oftentimes, pain medications like morphine or oxycodone make some people feel a little bit fuzzy,” Widera said. “That may contribute to that feeling of loss of control.” That’s why Periyakoil isn’t surprised when vets refuse pain medications. “‘Don’t you try and give me none of those narc pills, doc,’” she recalled one of her patients saying while he grimaced in pain. Some vets also refuse medication because they feel as if they deserve the pain.

“We see a lot of feelings of guilt over what they’ve seen and done during their experience in Vietnam,” Widera said, “and they don’t want to blunt that.” At the end of life, this sense of guilt is amplified as vets look back and review their lives and, perhaps, contemplate the consequences of their actions in the line of

duty. This is even true for vets like Fleming, whose overriding feeling about his service is pride. “Sometimes I think that now I’m being paid back for all the men I killed. And I killed a lot of them,” said Fleming, who has not required opioids for his condition, but has declined other medications. “If there is a judge, I figure I’m going to hell in a handbasket,” he said.

Watching vets choose to endure their pain can be hard for families, as well as for palliative care doctors and nurses. Just like soldiers, doctors hate doing nothing. “Staff suffer terribly because they feel like, ‘What good are the hospice experts if we can’t take care of patients’ pain?’” Periyakoil said. Often, the only thing they can do is stand back and respect the vets’ choice to bear their pain, she said. Once, when Periyakoil was dressing the ulcer wounds of the patient who refused “narc pills,” he began talking about the war. She didn’t press, just kept working quietly on the wounds. As he stared at the ceiling, wincing, he confided in her about a time he was forced to kill a pregnant teenager. But this kind of revelation is unusual. With weeks or months left to live, after a lifetime of silence about their most horrifying memories, there often isn’t enough time for vets to talk about them at all.

That’s one reason the VA has been trying to start end-of-life care earlier — to address vets’ moral distress or PTSD years before they land in hospice, Widera said. Fleming’s doctors, for instance, have urged him to consider mental health counseling or antidepressants. He refuses. “I don’t want to take psychiatric drugs,” he said. “The vets call them the happy pills. I don’t want any of those, because they change you. I don’t want to change.” The emotional pain connects Fleming to his past. He was awarded 18 Air Medals for meritorious acts and heroism in flight. The loss and grief he experienced in Vietnam are woven into those memories of victory and glory. “You see all the combat. There’s a charge to it,” he said. “And after a while, it bites you right in the ass. And once you’ve been bit, you’re bit for life. Nothing else works.” [Source: Kaiser Health News | April Dembosky | January 7, 2018 ++]

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## **PTSD Update 237 ► MDMA Breakthrough Therapy Research Funding**

Molly, ecstasy, MDMA, whatever you call it: the illegal psychedelic drug is one step closer to becoming a legally regulated treatment for post-traumatic stress disorder, thanks to a \$4 million matching grant from the Pineapple Fund. The donation will benefit the Multidisciplinary Association for Psychedelic Studies, or MAPS, a nonprofit research organization that will use the money for their third phase of clinical trials on MDMA-assisted psychotherapy. Phase 2 trials were conducted in the US, Canada, Israel, and Switzerland. The Pineapple Fund will match the next \$4 million in donations MAPS receives before 10 MAR. This follows a separate donation of \$1 million from Pine in December 2017, recorded on both [Pineapple Fund’s](#) and [MAPS’s websites](#).

“Prescription MDMA could be a gift to this world from the bitcoin community,” The Pineapple Fund wrote on Reddit. “This is a scalable and financially sustainable structure that could kick start a renaissance in research into the therapeutic applications of many different psychedelics.” With the goal of donating \$86 million worth of bitcoin to charity, the Pineapple Fund was started by an anonymous online benefactor who struck big after investing in bitcoin in its early days. Bitcoin, the first digital, decentralized currency, has been almost consistently spiraling up in value since its launch in 2008. Currently, one [bitcoin](#) is worth roughly \$13,300.

Phase Three of MAPS’ trials will cost approximately \$25 million. If it succeeds, MDMA could be approved as early as 2021. The drug, labeled as a breakthrough therapy by the FDA last year, would only need to be administered a few times, as opposed to other drugs, like Zoloft and Paxil, which must be taken continuously, according to MAPS. “Many subjects reported deeply meaningful therapeutic experiences and ensuing improvements in their lives,” researchers wrote in the [original pilot study](#). As of 11 JAN, Pine has

donated \$20.1 million in bitcoin to 23 charities, according to their website, including Professional Transformation Sports Development, which treats veterans with PTSD through outdoor sporting. [Source: MilitaryTimes | Nicole Bauk | January 12, 2018 ++]

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## **Sexual Function Update 01 ► Ibuprofen Impact**

Taking ibuprofen could change a man’s testicular function, including decreasing the production of testosterone, according to a study conducted by Danish and French researchers. The researchers recruited 31 healthy white men ages 18 to 35 — the prime age for military personnel — to participate in the study. Fourteen of them received 600 milligrams of ibuprofen twice a day for six weeks; the rest were given a placebo. The dosage is on the high end of the recommended dosage per day, and the subjects were given the ibuprofen for a period longer than normal for over-the-counter Ibuprofen.

The study was published in the scientific journal Proceedings of the National Academy of Sciences of the United States of America. The U.S. Food and Drug Administration approval of over-the-counter ibuprofen is based on a dosage of 200 milligrams, according to the FDA website. Researchers noted that concern has been raised over increased male reproductive disorders in the Western world. In this study, the researchers found that the use of ibuprofen resulted in a clinical condition called “compensated hypogonadism,” which is prevalent among elderly men and is associated with reproductive and physical disorders. The researchers found that the ibuprofen suppresses the endocrine system, affecting certain testicular cells, including testosterone production.

But consumers should be cautious about drawing conclusions from this study, according to a trade association that represents manufacturers and marketers of over-the-counter medicines like ibuprofen. The study “relied on an extremely small sample size (just 14 people in the Ibuprofen group) and in which subjects were administered Ibuprofen for durations longer than those approved for [over-the-counter] use,” according to a statement from the Consumer Healthcare Products Association. “Further, despite measuring numerous clinical endpoints, the authors reported only small effects in a limited number of these.” And the authors made no recommendations in changes to guidelines for the use of Ibuprofen, they noted.

This study doesn’t represent over-the-counter use of ibuprofen, said Mike Tringale, a spokesman for the association. Sometimes higher doses of Ibuprofen are given by prescription, or through instructions from the doctor to take extra over-the-counter medicine. While a study with just 31 people has a large margin of error, he said, it’s good to explore the issue, and the association supports and encourages continued research and consumer education to help ensure the safe use of over-the-counter medicines. He also said studies like this one can provide an opportunity for patients with concerns to go to their health care professional and ask if they’re taking their medicine in the right way. [Source: MilitaryTimes | Karen Jowers | January 9, 2018 ++]

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## **Hospice Care Update 06 ► Patient Neglect Reports**

Hospice services, which attempt to provide comfort and alleviate suffering, are available through Medicare to patients with critical illness who are expected to die within six months and who agree to forego further curative treatment. Kaiser Health News (KHN) reports that an estimated 1.4 million patients received hospice benefits through Medicare in 2015 and Medicare pays nearly \$16 billion per year on hospice services. Private insurance, Medicaid, and the U.S. Department of Veterans Affairs also pay for hospice

services. Terminally ill people are often tempted to pursue aggressively promoted, but non-validated, "alternative" treatments touted as potential cures when they would likely suffer much less with hospice care.

A report by KHN provides perspective on problems in home hospice care in the United States. [Aleccia J. Bailey M. <https://khn.org/news/no-one-is-coming-hospice-patients-abandoned-at-deaths-door> Kaiser Health News. October 26, 2017] The report notes:

- KHN's analysis of 20,000 government inspection records found 3,200 complaints of substandard care with state officials in the past five years that led to problems uncovered in 759 hospices with more than half cited for missing visits or other promised services.
- Punishments were rare for hospices providing poor care.
- Many family members may be too traumatized or not upset enough to complain about substandard care.
- According to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey designed by the Centers for Medicare & Medicaid Services, 1 in 5 respondents said their hospice agency did not always show up when they needed help.
- CAHPS data from 2015 to 2016 from 2,128 hospices indicate high satisfaction with 80 percent of families responding rating hospice a 9 or 10 out of 10.
- The Center for Medicare & Medicaid Services (CMS) identified deficiencies in more than half of 4,453 hospices from January 1, 2012 to February 1, 2017 and 17 hospices were terminated during that time.
- According to CMS, 21 percent of hospices serving over 84,000 patients failed to perform continuous care or inpatient care in 2015 even though these two levels of crisis care are among the four levels of care required for receiving hospice Medicare payments.
- A study of 661,557 Medicare hospice beneficiaries in federal fiscal year 2014 found that 12.3% received no visits from skilled caregivers in the last two days of life.
- Providing hospice care has become a lucrative business for for-profit companies.

While the quality of most hospice care is good, the notable exceptions reported by KHN are unacceptable. The report was supported by the Gordon and Betty Moore Foundation and John A. Hartford Foundation. [Source: Consumer Health Digest #18-01 | January 7, 2018 ++]

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## **Prescription Drug Epidemic Update 03 ► Polypharmacy Problem**

Consider it America's other prescription drug epidemic. For decades, experts have warned that older Americans are taking too many unnecessary drugs, often prescribed by multiple doctors, for dubious or unknown reasons. Researchers estimate that 25 percent of people ages 65 to 69 take at least five prescription drugs to treat chronic conditions, a figure that jumps to nearly 46 percent for those between 70 and 79. Doctors say it is not uncommon to encounter patients taking more than 20 drugs to treat acid reflux, heart disease, depression or insomnia or other disorders. Unlike the overuse of opioid painkillers, the polypharmacy problem has attracted little attention, even though its hazards are well documented. But some doctors are working to reverse the trend.

At least 15 percent of seniors seeking care annually from doctors or hospitals have suffered a medication problem; in half of these cases, the problem is believed to be potentially preventable. Studies have linked polypharmacy to unnecessary death. Older patients, who have greater difficulty metabolizing medicines, are more likely to suffer dizziness, confusion and falls. And the side effects of drugs are frequently misinterpreted as a new problem, triggering more prescriptions, a process known as a prescribing cascade.

The glide path to overuse can be gradual: A patient taking a drug to lower blood pressure develops swollen ankles, so a doctor prescribes a diuretic. The diuretic causes a potassium deficiency, resulting in a medicine to treat low potassium. But that triggers nausea, which is treated with another drug, which causes confusion, which in turn is treated with more medication. For many patients, problems arise when they are discharged from the hospital on a host of new medications, layered on top of old ones.

Alice Cave, who divides her time between Alexandria, Virginia, and Tucson, discovered this when she traveled to Cheyenne, Wyoming, after her 87-year-old aunt was sent home after treatment for a stroke in 2015. Before her hospitalization, Cave said, her aunt, a retired telephone company employee whose vision is impaired by glaucoma, had been taking seven drugs per day. Five new ones were added in the hospital, Cave said. “She came home and had a huge bag of pills, half of which she was already taking, plus pages and pages of instructions,” she said. Some were supposed to be taken with food, some on an empty stomach. Cave said she spent several hours sorting the medications into a giant blue pill box. “It was crazy — and scary.” Cave said she felt helpless to do much; her aunt’s doctors didn’t question the need for more drugs.

When Shannon Brownlee’s mother was taken to an emergency room recently to determine whether her arm pain might signal a heart attack (it didn’t) a cardiologist prescribed five new drugs — including an opioid — to the small dose of a diuretic she had been taking to control her blood pressure. Brownlee, senior vice president of the Lown Institute, a Boston-based group that seeks to improve health-care quality by reducing unnecessary treatment, said that when her brother questioned the necessity of so many new drugs for a woman in her late 80s, the specialist replied frostily, “I don’t see anything wrong with prescribing lots of medication to older people.”

“This problem has gotten worse because the average American is on a lot more medications than 15 years ago,” said cardiologist Rita Redberg, a professor of medicine at the University of California at San Francisco. Studies bolster Redberg’s contention: A 2015 report found that the share of Americans of all ages who regularly took at least five prescription drugs nearly doubled between 2000 and 2012, from 8 percent to 15 percent. University of Michigan researchers recently reported that the percentage of people older than 65 taking at least three psychiatric drugs more than doubled in the nine years beginning in 2004. Nearly half of those taking the potent medications, which include antipsychotic drugs used to treat schizophrenia, had no mental-health diagnosis. Redberg and other doctors are trying to counter the blizzard of prescriptions through a grass-roots movement called “deprescribing” — systematically discontinuing medicines that are inappropriate, duplicative or unnecessary.

Interest in deprescribing, which was pioneered in Canada and Australia, is growing in the United States, bolstered by physician-led efforts, such as the 5-year-old Choosing Wisely campaign. The Beers Criteria, a list of overused and potentially unsafe drugs for seniors first published in 1991, has been followed by other tools aimed at curbing unnecessary drug use. “Lots of different medications get started for reasons that are never supported by evidence,” said Redberg, editor in chief of JAMA Internal Medicine. “In general, we like the idea of taking a pill” a lot better than non-drug measures, such as improved eating habits or exercise. “That’s what we were taught as physicians: to prescribe drugs,” said Ranit Mishori, a professor of family medicine at Georgetown University and a proponent of deprescribing. “We are definitely not taught how to take people off meds.”

Kathryn McGrath, a Philadelphia geriatrician, said she tries to begin every appointment with a review of medications, which she asks patients to bring with them. “I think having the pill bottles” is much more powerful than a list, said McGrath, who has written about how to deprescribe safely. Although support is growing, deprescribing faces formidable obstacles. Among them, experts say, is a lack of research about how best to do it, relentless advertising that encourages consumers to ask their doctors for new drugs, and a strong disinclination — baked into the culture of medicine — to countermand what another physician has

ordered. Time constraints play a significant role. So do performance measures that are viewed as a mandate to prescribe drugs even when they make virtually no sense, such as giving statins to terminally ill patients.

A reluctance to overrule

“There’s a reluctance to tinker or change things too much,” said University of Michigan geriatric psychiatrist Donovan Maust, who labels the phenomenon “clinical inertia.” When inheriting a new patient, Maust said, doctors tend to assume that if a colleague prescribed a drug, there must be a good reason for it — even if they don’t know what it is. Maust said he tries to combat inertia by writing time-limited orders for medication. He recently began treating a man in his 80s with dementia who was taking eight psychiatric drugs — each of which can cause significant side effects and most of which had been prescribed for undetermined reasons. “It’s very typical to see a patient who has a few episodes of reflux and is then put on a [proton pump inhibitor, or PPI] and a few years later are still taking it,” said Georgetown’s Mishori. Many experts say the heartburn drugs are overprescribed, and studies have linked their long-term use to fractures, dementia and premature death.

“This is a cultural problem and an awareness problem exacerbated by the fragmentation of care,” said Brownlee, the author of “Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer.” Many doctors, she added, have never heard of deprescribing. Before his death several years ago, Brownlee’s father, a hospice patient, was advised by doctors to continue taking a statin, along with several other medications. None would improve or extend his life, and all had potentially harmful side effects.

Older people taking lots of medication was what Canadian pharmacist Barbara Farrell encountered when she began working at a geriatric hospital in Ottawa nearly two decades ago. Her experience, she said, was a catalyst for the Canadian Deprescribing Network, a consortium of researchers, physicians, pharmacists and health advocates she co-founded. The group seeks to drastically reduce inappropriate medication use among Canadian seniors by 2020. Farrell, a clinical scientist at the Bruyere Research Institute, has also helped write guidelines, used by doctors in the United States and other countries, to safely deprescribe certain classes of widely used drugs, including PPIs and sedatives. “I’ve found a lot of receptivity” to the guidelines among physicians, Farrell said. “We know there are pockets around Canada and the world where they’re being implemented.”

One of Farrell’s most memorable successes involved a woman in her late 70s who used a wheelchair and was nearly comatose. “She would literally slide out of her chair,” Farrell recalled. The woman was taking 27 drugs four times per day and had been diagnosed with dementia and a host of other ailments. After reviewing her medications, Farrell and her colleagues were able to weed out duplicative and potentially harmful drugs and reduce the doses of others. A year later, the woman was “like a different person”: She was able to walk with a cane and live mostly independently, and she reported that her doctor said she did not have dementia after all. When Farrell asked another patient why she was taking thyroid medication, the woman replied that her doctor had prescribed it for weight loss after her last pregnancy - in 1955. “The patients I see are the tip of the iceberg,” Farrell said.

One way to facilitate deprescribing, Farrell said, is to require doctors to record why a drug is being prescribed, a proposal the deprescribing network has made to Canadian health officials. A recent study by a team from the Boston VA Healthcare System found strong support among doctors for this concept. While some doctors are reluctant to discontinue medications, patients can be wary, too. “They may say, ‘I tried stopping my sleeping pill and I couldn’t sleep the next night, so I figured I needed it,’ ” Farrell said. “Nobody explained to them that rebound insomnia, which can occur after stopping sleeping pills, lasts three to five days.”

Mishori said that she deprescribes only one medication at a time so she can detect any problem that arises from that change. And, she adds, “I never take people off of a medication without doing something else.” In the case of heartburn drugs, she might first recommend taking the drug only when needed, not continuously.

Or she might suggest a safer alternative, such as an over-the-counter antacid tablet. Maust, the geriatric psychiatrist, recommends that doctors actively focus on “the big picture” and carefully weigh whether the benefits of a drug outweigh its risks. “In geriatrics,” he said, “less is more.” [Source: The Washington Post | Sandra G. Boodman | January 6, 2018 ++]

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## **Drug Price Gouging Update 02 ► Daranide Was free. Now it’s \$109,500 a year.**

For decades, Don Anderson of Seattle has been taking the same drug to help control the temporary bouts of immobility and muscle weakness caused by a rare and frightening genetic illness called periodic paralysis. “It’s like putting a 50-pound pack on your back and standing up at the dinner table,” Anderson, 73, said. “It’s like wearing lead shoes around all the time.” The drug Anderson has been taking all these years was originally approved in 1958 and used primarily to treat the eye disease glaucoma under the brand name Daranide, its price so unremarkable that he can’t quite remember how much it cost at the pharmacy counter.

But the price has been on a roller coaster in recent years — zooming from a list price of \$50 for a bottle of 100 pills in the early 2000s up to \$13,650 in 2015, then plummeting back down to free, before skyrocketing back up to \$15,001 after a new company, Strongbridge Biopharma, acquired the drug and relaunched it this spring. “I’m constantly hearing that public pressure, public shaming will be sufficient to curb these bad actors in these industries. It often feels if you take your attention off of them, even for a second, they’ll revert to these old ways,” said Rachel Sachs, an associate law professor at Washington University in Saint Louis. “It’s just another example of how the system has some problems that need to be fixed.”

The zigzagging trajectory of the price of Daranide, now known as Keveyis, shows just how much freedom drug companies have in pricing therapies — and what a big business opportunity selling extremely-rare-disease drugs has become. It also illustrates how well-intentioned policy to help spur the development of “orphan” drugs for very rare diseases can have unintended consequences. Daranide was approved half a century ago, often used to treat glaucoma. Some people with the rare neuromuscular condition, periodic paralysis, began taking it off-label to help control their disease. With a list price of \$50 for 100 pills in 2001, it wasn’t a drug people remember as hard to obtain. (Pricing data was obtained from Truven Health Analytics, part of the IBM Watson Health business.)

In the early 2000s, Daranide was discontinued by Merck. Other glaucoma treatments were available, but a small group of periodic paralysis patients who had found that it controlled their symptoms better than other drugs were left with few options. They found ways to get the drug, importing it from Europe or South Korea. Anderson recalls the expense as about \$250 or \$300 a month. In 2008, a family affected by the disease that also owned Taro Pharmaceutical Industries, a generic pharmaceutical company, decided to acquire Daranide from Merck. The goal was to make the drug reliably available to patients at a reasonable cost, Barrie Levitt, the former chairman of the company, and his son Jacob told The Post in 2016. Jacob suffers from periodic paralysis, and although he took a different drug to control his disease, he became aware from his work in the patient advocacy community that Daranide had been discontinued, forcing patients to look for alternatives or find sources to import. He said Taro spent less than half a million dollars to acquire the old drug.

But another generic company, Sun Pharmaceutical Industries, took a controlling interest in Taro in 2010. When the drug was approved in 2015 as a rare-disease treatment for periodic paralysis, it got a new name, Keveyis, and a new price: \$13,650 for 100 pills. Although Keveyis is actually a decades-old drug, its federal approval for periodic paralysis came with a seven-year period of exclusive marketing rights. In 2016, after The Washington Post asked questions about the high price of the drug, Sun Pharmaceutical said it would

give the drug away free. Sun said that the timing was coincidental and reflected the fact that the company had made less than \$1 million on the drug; not enough to recoup the investment the company had made in marketing and patient support services.

But the story doesn't end there. Late last year, Sun agreed to sell Keveyis to a biotech company, Strongbridge Biopharma, for \$8.5 million. In April, Strongbridge relaunched the drug — and in August, it jacked the list price from \$13,650 to \$15,001 for a bottle of 100 pills. In a PowerPoint presentation for investors, Strongbridge Biopharma estimated that the annual price of treatment for the drug, Keveyis, would range from \$109,500 to \$219,000, depending on the dosage the patient took. One slide shows that the drug is covered broadly by insurers. In November, the company announced \$2.5 million in sales over the last quarter — a 67 percent increase over the previous quarter's \$1.5 million in sales. It said it would expand its sales force, and executives said in a conference call that the company's medical affairs team had met with 75 medical leaders and was training speakers to lead “peer-to-peer educational programs.”

Lindsay Rocco, a spokeswoman for Strongbridge Biopharma, declined to answer questions about why the company increased the price of the drug earlier this year. Instead, she issued a company statement saying that periodic paralysis affected only 5,000 people in the United States and the drug could provide benefits for those people. “Strongbridge is committed to serving the unmet needs of the primary periodic paralysis and other rare-disease communities,” the statement said. Sun Pharmaceutical did not answer questions about why the company sold the drug after dropping the price to zero.

For patients, this is a double-edged sword. The company is selling the drug in the United States — a big improvement over the years when it wasn't available at all or had to be imported. And like nearly every drug company with a high-priced treatment, it offers patients support in navigating their insurance or help in paying for the drug. Anderson, for example, pays nothing. Anderson said Keveyis is not on his insurer's list of covered drugs, but he gets it free without a co-pay. Providing help to patients in affording drugs by paying co-pays, helping overcome insurance barriers and even giving it away free helps individual patients, but also insulates the drug company from criticism of its price. “If your insurance doesn't cover it or if you don't have insurance, they will provide it free,” said Anderson, who added he is grateful to the company. “I don't understand how much it's costing some insurance companies.”

Strongbridge has launched free genetic testing for the disease and is expanding its sales force, moves that will help it identify more people who could become customers. “It's either: People get ripped off, but they live, or they don't get ripped off, and they die. It's a little bit of a blackmail situation,” said Jacob Levitt, who has watched the price hikes with dismay. “The business model is a little bit taking advantage of making a cheap drug very expensive.” Levitt said that Strongbridge has given \$250,000 to the patient organization that he heads, which helps support a conference. That's a valuable resource for patients; he notes it's an even more lucrative investment for the company, which can use the event to get in front of people with the disease and identify new patients. “What they have done is found the mechanism for making a lot of money off of a drug they didn't have to make a lot of money off of,” Levitt said. [Source: The Washington Post | Carolyn Y. Johnson | December 18, 2017 ++]

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## **Drug Price Gouging Update 03 ► Who Decides What you Pay | Finger Pointing**

It's not easy to get Americans mad at a behind-the-scenes industry they've barely even heard of, but pharmaceutical companies have spent most of this year trying. “Who decides what you pay for your medicines? Not who you might think,” a concerned woman's voice says in a radio spot airing in the District last month. “More than one-third of the list price of a medicine is rebated back to middlemen, like insurers and pharmacy benefit managers.”

With national and state advertising campaigns, white papers and cartoon infographics, the powerful and well-funded drug-industry lobby spent 2017 working to redirect public anger about drug prices to pharmacy benefits managers (or PBMs): links in the supply chain that sits invisibly between the patient and the drugmaker — in the process bringing a long-simmering feud between two big health-industry players into the open. Nearly a year ago, President Trump put drug companies on notice, accusing them of “getting away with murder.” Lawmakers, too, seemed ready to take on pharmaceutical prices, after a year bookended by outrage over EpiPen’s rising cost and the smirks of “pharma bro” Martin Shkreli, a former hedge fund manager who became notorious for ordering a 5,000 percent price increase on an old drug used by cancer and AIDS patients.

But the drug companies’ fight with PBMs and insurers has helped thwart any real action — splintering the problem into a multi-industry echo chamber of accusations that’s hard to comprehend, much less solve. “This has been a year of finger-pointing,” said Steven Pearson, president of the Institute for Clinical and Economic Review, a nonprofit organization that receives funding from insurance and drug companies. “They’re flooding the zone — with ‘they’ being pharma — with efforts to diffuse and deflect the focus on their role in drug pricing. Part of the policy challenge is they have a point.”

PBMs are for-profit companies that negotiate drug price discounts on behalf of insurers and employers. They include giant companies like Express Scripts Holding and CVS Health. They make money from fees paid by insurers and employers and by taking a cut of the rebates they negotiate. Drug companies have argued that the need to give larger and larger rebates to PBMs is what’s driving up the list prices of drugs. The PBMs say they typically pass along 90 percent of the savings they negotiate to customers, point to data showing no link between drug price growth and rebates — and point out that drug companies are the ones raising prices.

The nut of the dispute rests on an odd fact: a “drug price” is not one number. Drugs do carry published list prices, but few pay them. Instead, drug companies and pharmacy benefit managers, working on behalf of different employers and insurers, establish an agreed price through negotiations that are hidden from consumers. How much the patient pays at the pharmacy counter depends on their insurance plan. “It is so convoluted and so complicated,” said Gerard Anderson, a professor at Johns Hopkins Bloomberg School of Public Health. “The PBMs have grown in power and profitability over the last 10 years, and are becoming a huge force. The drug companies, they’re the ones that raise prices. It’s definitely a synergistic relationship. We’ve got two bad actors, we don’t have one.”

To hear PBMs tell it, their industry will save \$654 billion in prescription drug spending for employers, consumers and the government over the next decade. Pharma points out that consumers in high-deductible plans never see that benefit and pay the inflated list price. Meanwhile, pharma companies say they take big risks to invent lifesaving medicines, while PBMs are part of a tier of middlemen that slurp up — and keep — a big chunk of the drug’s list price. “It’s our view you can’t effectively address this issue unless you diagnose the problem correctly. And we long believed the rhetoric around prescription drug costs hasn’t matched the reality of what’s really happening in the marketplace,” said Robert Zirkelbach, an executive vice president at PhRMA, the pharmaceutical lobby. PBMs fire back that the vast majority of the savings they negotiate are passed on to their clients. “Pharma wants rebates at the pharmacy counter — not because it lowers the price of the drug. It allows them to continue to charge a high price. It just gets the patient off their back,” said Steve Miller, chief medical officer of Express Scripts Holding, the country’s largest PBM.

The intra-industry conflict has meant that 2017 — a year when it seemed as if concerns about the affordability of drugs might translate into action — was consumed with an effort to try to unravel what is happening in the supply chain. The federal government has moved forward on technical policy fixes that largely spare the drug industry. But the kind of sweeping changes people were girding for — importing cheaper drugs from abroad or allowing the government to negotiate drug prices — never came. As the drug-

price problem began to look more like a Matryoshka doll with many nested layers, the potential solutions became less clear. “The pharmaceutical industry’s efforts to change the discussion to the breadth of the supply chain has, to an extent, seemed to slow down a discussion of pricing,” said M. Nielsen Hobbs, executive editor of the Pink Sheet at Informa Pharma Intelligence. “For the past year, they’ve played fantastic defense.”

The success of this strategy was on view at a congressional hearing 13 DEC, when 10 witnesses from different industries stretched across a long table — from the drug companies on one end, through to insurers, distributors, doctors, pharmacists, PBMs, hospitals and patients. To make it even more confusing, companies along the supply chain have formed a dizzying array of alliances. Health-insurance plans side with PBMs — to the extent of coming together under one roof, as with the \$69 billion deal announced last month for CVS Health to buy Aetna. The National Community Pharmacists Association, meanwhile, accuses PBMs of driving independent pharmacies out of business with fees. They held an outreach day to lawmakers in early December and have for months been circulating a comic depicting the industry as a sinister blue dog with blazing red eyes, sharp teeth and collar labeled “PBM.”

“They’re right here in the middle, and everyone is kind of dropping a coin in their bucket. Most people have no idea that’s how it works,” said Douglas Hoey, NCPA’s chief executive. A number of physician and patient organizations, some of which receive financial support from the pharmaceutical industry, have also formed alliances opposing PBMs. Pharma has begun highlighting how the hospital industry marks up the cost of drugs. Meanwhile, two of the country’s largest PBMs and employers, public-sector employees and unions came together at the beginning of 2017 in the Coalition for Affordable Prescription Drugs. Without a clear direction coming from government, the players are working toward their own solutions for the high cost of drugs.

A number of drug companies reacted to public scrutiny of prices by vowing to limit their price increases on existing drugs, and many informally followed suit last year. Pharmaceutical companies have started to link the price of some drugs to how well they work, for example, offering rebates to insurance companies if a cholesterol-lowering drug fails to prevent a heart attack. CVS Health recently announced it would provide real-time information to physicians writing prescriptions about the specific cost of that drug to patients. The goal is to avoid sticker shock and to prod doctors to make the most cost-effective choices for their patients.

Other changes may start to come from employers. Pacific Business Group on Health, which includes some of the West Coast’s largest employers, is studying the possible pros and cons of drafting its own formulary, the list of covered prescription drugs. That could transform employers’ relationships with PBMs and how they are paid — although the work is still in exploratory stages. “The escalating cost of drugs hit the radar for employers, which means employers started asking a lot of questions — to pharma, to PBMs,” said Lauren Vela, senior director of member value for the Pacific Business Group on Health. “Of course, they’re all pointing fingers at each other. What has happened is they got caught — the entire industry got caught — making a lot of money, in ways that people didn’t fully understand.” [Source: The Washington Post | Carolyn Y. Johnson | January 2, 2018 ++]

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## **Hypertension** ► **DASH | Best Diet to Reduce It**

For the eighth consecutive year, U.S. News and World Report ranked the National Institutes of Health-developed DASH Diet “best overall” diet among nearly 40 it reviewed. The announcement came just as new research suggests that combining DASH, or Dietary Approaches to Stop Hypertension, with a low-sodium diet has the potential to lower blood pressure as well as or better than many anti-hypertension medications.

With its focus on vegetables, fruits, whole grains, low-fat dairy, and lean proteins, DASH, tied this year for “best overall” diet and was ranked No. 1 in the “healthy eating” and “heart disease prevention” categories.



**Empanapitas, a new take with pita bread, are a DASH healthier, but just as tasty replacement.**

According to the World Health Organization, hypertension, more commonly referred to as high blood pressure, is the most common chronic condition worldwide. It is a major risk factor for heart disease, affects 1 billion people, and accounts for 1 in 8 deaths each year. Researchers funded by NIH’s National Heart, Lung, and Blood Institute (NHLBI) developed DASH to prevent and treat high blood pressure, but the diet also has proven highly effective in lowering blood cholesterol. “The consistent high rankings of DASH over the years bode well for the way the diet is received and adopted, not just by health professionals, but by the public at large,” said Janet de Jesus, M.S., registered dietitian and program officer at NHLBI’s Center for Translation Research and Implementation Science. “This is especially gratifying now that new research underscores the significant blood-pressure lowering effects of a reduced intake of sodium in combination with the DASH diet.”

Previous research has shown that people who follow the DASH diet may be able to reduce their blood pressure by a few points in just two weeks. Over time, their systolic blood pressure (the top number in a blood pressure reading) could drop by eight to 14 points, which significantly reduces the risk of cardiovascular disease. The positive health effects could be even greater if DASH is combined with a low sodium diet. An NHLBI-funded study (link is external) of more than 400 adults with prehypertension, or stage 1 high blood pressure, found that the combination of a low-salt diet with DASH substantially lowers systolic blood pressure. The results were impressive, according to de Jesus. Overall, participants who started out with the highest blood pressure achieved the greatest reductions.

“An interesting aspect of the DASH diet is that the effects are greater in people with hypertension or higher blood pressure at baseline, which is comparable to anti-hypertensive medications,” said Stephen Juraschek, M.D., an adjunct assistant professor at Johns Hopkins University, Baltimore, and an instructor of medicine at Harvard Medical School, Boston, and the study’s first author. “Our results add to the evidence that dietary interventions can be as effective as – or more effective than – antihypertensive drugs in those at highest risk for high blood pressure, and should be a routine first-line treatment option for such individuals.”

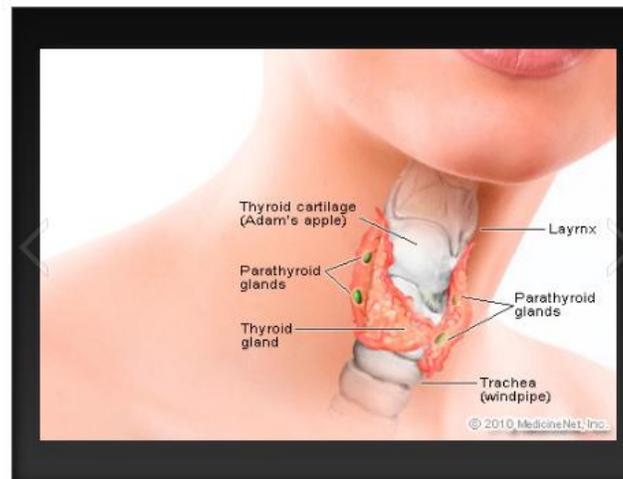
DASH is not a fad diet, but a healthy eating plan that supports long-term lifestyle changes. It is low in saturated fat, trans fat, and cholesterol. It emphasizes fruits, vegetables, and low-fat dairy foods, and includes whole grains, poultry, fish, lean meats, beans, and nuts. It is rich in potassium, calcium, and magnesium, as well as protein and fiber. However, it calls for a reduction in high fat red meat, sweets, and sugary beverages. The DASH diet was one of 38 diets reviewed and scored by the U.S. News and World Report’s panel of health experts. To receive top ratings a diet must be relatively easy to follow, nutritious, safe, effective for weight loss and protective against diabetes and heart disease.

Part of the National Institutes of Health, the National Heart, Lung, and Blood Institute (NHLBI) plans, conducts, and supports research related to the causes, prevention, diagnosis, and treatment of heart, blood vessel, lung, and blood diseases; and sleep disorders. The Institute also administers national health education campaigns on women and heart disease, healthy weight for children, and other topics. NHLBI press releases and other materials are available online at <https://www.nhlbi.nih.gov>. [Source: NIH | January 3, 2018 ++]

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## Thyroid Disease ► More Common In Women Than Men

Mood changes, unexplained weight gain or loss, and frequently feeling too hot or too cold can be signs of any number of health issues. But as many women are discovering, these also are signs of thyroid disease. Thyroid disease is more common in women than men, according to the Centers for Disease Control and Prevention, and it's also more prevalent in older people. As many as 30 million Americans have thyroid disease, according to the American Association of Clinical Endocrinologists, and half of these cases may go undiagnosed. Because of enhanced awareness, "More and more Military Health System providers are ordering thyroid testing when assessing patients, and more and more patients are asking providers if their symptoms are related to the thyroid," said Army Maj. Kate Kinnaird, an endocrinologist at Fort Belvoir Community Hospital in Virginia. "So we're screening more for thyroid disorder than we used to," she said, "and we're detecting more and more cases of thyroid dysfunction."



The thyroid is a butterfly-shaped gland at the base of the throat. The pituitary gland sparks it by releasing thyroid-stimulating hormones, or TSH. The thyroid then sends its own hormones into the bloodstream to regulate physical energy, body temperature, weight, and mood. "When a patient presents with depression or anxiety, one of the first things we do is a thyroid test," said Army Reserve Lt. Col. Amanda Cuda, a family medicine physician who's serving as an assistant professor at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. "We want to make sure the thyroid isn't a component, especially if someone hasn't had depression or anxiety previously," she said.

A simple blood test diagnoses thyroid disease. If a patient's TSH level is high, the pituitary gland is trying to stimulate an underactive thyroid, or hypothyroid. Symptoms include dry skin, hair loss, difficulty concentrating, and weight gain. If the TSH level is low, the pituitary gland is trying to slow down an overactive thyroid, or hyperthyroid. Symptoms include rapid heartbeat, weight loss, nervousness, and irritability. A study published in the October 2012 issue of Medical Surveillance Monthly Report found increased rates of thyroid disorders among U.S. military members during a 10-year period ending in 2011.

The study's authors note the higher rates may be linked to increased testing of service members with symptoms including depression, sleep disorders, and menstrual and fertility problems, all of which have been linked to thyroid disease.

- “We don’t fully understand why more women than men have thyroid disease,” Kinnaird said. One possible reason is that most thyroid disorders are autoimmune-based, and autoimmune diseases are more common in women than in men.
- “Think of an autoimmune disease as the body fighting against itself,” Cuda said. Autoimmune hyperthyroidism is also known as Graves disease. Autoimmune hypothyroidism is called Hashimoto’s disease.
- “There’s also been an increase in autoimmune disorders in society in general,” Cuda said. “Just about everything you can think of might trigger a thyroid disorder in someone who has a family history, including dietary changes, smoking, stress, a viral infection, or environmental exposures.”

Other causes of thyroid disorders include iodine deficiency, which is uncommon in the United States, and having had head and neck radiation. For patients with an underactive thyroid, physicians prescribe replacement thyroid hormone medication. An overactive thyroid is less common. In those cases, treatment options vary, depending on what’s causing it. “Some forms of hyperthyroidism resolve on their own,” Kinnaird said, “and some require treatment with medication, radioactive iodine, or thyroid surgery.” Untreated, thyroid disease can lead to a number of serious health issues, including elevated cholesterol levels and high blood pressure. Pregnant women, and women up to a year after childbirth, also can develop thyroid issues, Kinnaird said. The thyroid can become overactive or underactive, or sometimes a hyperthyroid phase is followed by a hypothyroid phase. Usually, these dysfunctions resolve on their own, she said.

Also, all newborns are screened for congenital hypothyroidism, Cuda said. Untreated, it can cause growth and developmental delays. Thyroid cancer is three times more common in women than in men, according to the CDC. But the death rate is very low compared to other cancers. “The good news is that most thyroid problems can be detected and treated,” Cuda said. [Source: Health.mil | Military Health System Communications Office | December 28, 2017 ++]

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## **Sleep Update 05 ► Older Adults**

Older adults need about the same amount of sleep as all adults—7 to 9 hours each night. But, older people tend to go to sleep earlier and get up earlier than they did when they were younger. There are many reasons why older people may not get enough sleep at night. Feeling sick or being in pain can make it hard to sleep. Some medicines can keep you awake. No matter the reason, if you don’t get a good night’s sleep, the next day you may:

- Be irritable
- Have memory problems or be forgetful
- Feel depressed
- Have more falls or accidents

Being older doesn’t mean you have to be tired all the time. You can do many things to help you get a good night’s sleep. Here are some ideas:

- Follow a regular sleep schedule. Go to sleep and get up at the same time each day, even on weekends or when you are traveling.
- Avoid napping in the late afternoon or evening, if you can. Naps may keep you awake at night.

- Develop a bedtime routine. Take time to relax before bedtime each night. Some people read a book, listen to soothing music, or soak in a warm bath.
- Try not to watch television or use your computer, cell phone, or tablet in the bedroom. The light from these devices may make it difficult for you to fall asleep. And alarming or unsettling shows or movies, like horror movies, may keep you awake.
- Keep your bedroom at a comfortable temperature, not too hot or too cold, and as quiet as possible.
- Use low lighting in the evenings and as you prepare for bed.
- Exercise at regular times each day but not within 3 hours of your bedtime.
- Avoid eating large meals close to bedtime—they can keep you awake.
- Stay away from caffeine late in the day. Caffeine (found in coffee, tea, soda, and chocolate) can keep you awake.
- Remember—alcohol won't help you sleep. Even small amounts make it harder to stay asleep.

Insomnia is the most common sleep problem in adults age 60 and older. People with this condition have trouble falling asleep and staying asleep. Insomnia can last for days, months, and even years. Having trouble sleeping can mean you:

- Take a long time to fall asleep
- Wake up many times in the night
- Wake up early and are unable to get back to sleep
- Wake up tired
- Feel very sleepy during the day

Often, being unable to sleep becomes a habit. Some people worry about not sleeping even before they get into bed. This may make it harder to fall asleep and stay asleep. Some older adults who have trouble sleeping may use over-the-counter sleep aids. Others may use prescription medicines to help them sleep. These medicines may help when used for a short time. But remember, medicines aren't a cure for insomnia. Developing healthy habits at bedtime may help you get a good night's sleep.

Restless legs syndrome, periodic limb movement disorder, and rapid eye movement sleep behavior disorder are common in older adults. These movement disorders can rob you of needed sleep. People with restless legs syndrome, or RLS, feel like there is tingling, crawling, or pins and needles in one or both legs. This feeling is worse at night. See your doctor for more information about medicines to treat RLS. You can also check out [www.rls.org](http://www.rls.org). Periodic limb movement disorder, or PLMD, causes people to jerk and kick their legs every 20 to 40 seconds during sleep. Medication, warm baths, exercise, and relaxation exercises can help. Rapid eye movement, or REM, sleep behavior disorder is another condition that may make it harder to get a good night's sleep. During normal REM sleep, your muscles cannot move, so your body stays still. But, if you have REM sleep behavior disorder, your muscles can move and your sleep is disrupted.

You may have heard about some tricks to help you fall asleep. You don't really have to count sheep—you could try counting slowly to 100. Some people find that playing mental games makes them sleepy. For example, tell yourself it is 5 minutes before you have to get up, and you're just trying to get a little bit more sleep. Some people find that relaxing their bodies puts them to sleep. One way to do this is to imagine your toes are completely relaxed, then your feet, and then your ankles are completely relaxed. Work your way up the rest of your body, section by section. You may drift off to sleep before getting to the top of your head. Use your bedroom only for sleeping. After turning off the light, give yourself about 20 minutes to fall asleep. If you're still awake and not drowsy, get out of bed. When you feel sleepy, go back to bed. If you feel tired and unable to do your activities for more than 2 or 3 weeks, you may have a sleep problem. Talk with your doctor about changes you can make to get a better night's sleep.

Try to set up a safe and restful place to sleep. Make sure you have smoke alarms on each floor of your home. Before going to bed, lock all windows and doors that lead outside. Other ideas for a safe night's sleep are:

- Keep a telephone with emergency phone numbers by your bed.
- Have a lamp within reach that is easy to turn on.
- Put a glass of water next to the bed in case you wake up thirsty.
- Don't smoke, especially in bed.
- Remove area rugs so you won't trip if you get out of bed during the night.

[Source: National Institute on Ageing | May 01, 2016 ++]

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## **TRICARE Select Update 02 ► Copay Reduction on New Plan**

On 5 JAN, after months of pressure by the VFW and other veteran, military and family service organizations, the Defense Health Agency (DHA) reduced copayments for the new TRICARE Select plan. DHA initially announced the new copay concept and costs, which will replace the percent-of-services-used model in place under TRICARE Standard and Extra, in the Interim Final Rule released in September. The new copay scale released today shows a reduction in the cost of Group A primary care visits from \$27 to \$21 for active-duty family members, and from \$35 to \$28 for retirees. Group A beneficiaries are those who were in uniform or retired prior to the Jan. 1, 2018, implementation date. Similar reductions will be seen in specialty care, urgent care, emergency room visits, and ambulance service. The new copay amounts were included in the "Notice of TRICARE Prime and TRICARE Select Plan Information for Calendar Year 2018." The document also includes details on new covered care, enrollment requirements, and a change in the urgent care referral requirements. [Read the full details.](#) [Source: VFW Action corps Weekly | January 5, 2018 ++]

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## **Tricare Pharmacy Copay Update 17 ► Fee Change 1 FEB 2018**

On 1 FEB, copayments for prescription drugs at TRICARE Pharmacy Home Delivery and retail pharmacies will increase. These changes are required by law and affect TRICARE beneficiaries who are not active duty service members. While retail pharmacy and home delivery copayments will increase, prescriptions filled at military pharmacies will remain available **at no cost**. However, you should remember that the drug formularies at Military Treatment Facilities are much more limited than the mail order or civilian drug store formularies. If they have the medications you need, you can save the most money by filling your prescriptions through them.

Military pharmacies stock drugs on the Basic Core Formulary as well as many brand name maintenance drugs. It is recommended you call the military pharmacy first to verify your prescription is fillable at that pharmacy. You can get up to 90-day supply for most drugs. Military pharmacies are usually at a military hospital or clinic, but some free-standing pharmacies are located elsewhere on the base or in your community. To find a Military Pharmacy near you go to <https://tricare.mil/FindDoctor/mf> and enter your zip code. After you select a pharmacy, you need to get your prescription to it.

- If your provider is at the military hospital or clinic your doctor should send it to the pharmacy electronically, or you can turn it in at the pharmacy yourself. You can wait for it to be filled, or drop it off and pick it up later.

- If your provider is a civilian TRICARE-authorized provider ask your provider to e-prescribe it to them or take it to the military pharmacy yourself. You can wait for it to be filled or drop it off and pick it up later.
- If the military pharmacy can't fill it their staff will work with your provider to find an alternative medication they have on hand or you can fill it through home delivery or at a network pharmacy.

“Military pharmacies and TRICARE Pharmacy Home Delivery will remain the lowest cost pharmacy option for TRICARE beneficiaries,” said U.S. Air Force Lt. Col. Ann McManis, Pharmacy Operations Division at the Defense Health Agency.

- Using home delivery, the copayments for a 90-day supply of generic formulary drugs will increase from \$0 to \$7. For brand-name formulary drugs, copayments will increase from \$20 to \$24, and copayments for non-formulary drugs. without a medical necessity will increase from \$49 to \$53.
- At a retail network pharmacy, copayments for a 30-day supply of generic formulary drugs will increase from \$10 to \$11 and from \$24 to \$28 for brand-name formulary drugs.
- In some cases, survivors of active duty service members may be eligible for lower cost-sharing amounts.

**Note:** An authorized provider is any individual, institution/organization, or supplier that is licensed by a state, accredited by national organization, or meets other standards of the medical community, and is certified to provide benefits under TRICARE. There are two types of TRICARE-authorized providers: Network and Non-Network.

TRICARE groups pharmacy drugs into three categories: generic formulary, brand name formulary and non-formulary. You pay the least for generic formulary drugs and the most for non-formulary drugs, regardless of whether you get them from home delivery or a retail pharmacy. To see the new TRICARE pharmacy copayments, visit <https://tricare.mil/Costs/PrescriptionCosts> . To learn more about the TRICARE Pharmacy Program, or move your prescriptions to home delivery, visit <https://tricare.mil/Pharmacy.aspx>. [Source: Healtyh.mil | TRICARE.mil Staff | January 5, 2018 ++]

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## **TRICARE Changes 2018 Update 17 ► Call Center/Website Delays**

Long call wait times, dropped calls and error-riddled web pages have plagued Tricare's first few days under its new regional contractors, officials and users say. Starting Jan. 1, Tricare shifted from three regions to two -- Tricare East and West -- and ushered in new managing contractors for all users except those in the area previously called Tricare South. At the same time, officials combined Tricare Standard and Extra into a new plan known as Tricare Select and launched a new payment structure for many users. "We are currently experiencing unusually high volumes of beneficiary inquiries to the Tricare call centers and regional websites," Tricare officials posted on the system's Facebook page 3 JAN. "

We apologize for the unusual delays and are working to serve you more quickly. Consider logging on to the contractor's self-service portals at [www.TRICARE-West.com](http://www.TRICARE-West.com) and [www.TRICARE-East.com](http://www.TRICARE-East.com) to access your account information." The call centers have been receiving more than 80,000 calls per day, a Tricare spokesman said 4 JAN. The centers are also having staffing problems due to severe winter weather on the East Coast, he said. "The goal is for calls to be answered within 30 seconds, and there has been noticeable improvements in the last three days, and expected to improve even more in the coming days," a Tricare spokesman who did not wish to be identified told Military.com.

A test of the websites and call centers of both the new Tricare West contractor, Health Net, and the Tricare East contractor, Humana, by two Military.com employees using their personal Tricare credentials showed the systems were still experiencing problems 5 JAN. Both contractors had recorded messages on their phone lines Thursday warning callers of long wait times. A Military.com test, however, resulted in a less-than-10-minute wait for both systems. But the contractors' websites both presented errors during the test. Humana's Tricare East website required several attempts before allowing a new registration and log-in. And although this Military.com reporter was able to use the Health Net website after a single attempt with a DS Logon, the website would not allow her to complete a page requesting her contact information be updated, and all other pages visited on the site resulted in errors.

Officials with both Humana and Health Net said they are working to resolve the issues. "Due to the transition of contractors, normal post-holiday surge of calls and the East Coast winter storm, we are experiencing high call volume and website visits," Molly Tuttle, a Health Net spokeswoman, said in a statement. "We are working around the clock to resolve any issues and bring more tools online to maintain access to high-quality health care for Tricare beneficiaries and providers."

Humana spokesman Robert Bertrand wrote, "As a result of the contract transition, Humana Military's customer care centers experienced a high volume of calls. Despite our best preparations stress-testing the systems for high volumes, some wait times were longer than anticipated. However, we made continual adjustments to our processes in order to return to our normal, expedient rate of response. "As a result, we have a seen a steady decrease in wait times, and we're still monitoring every step of our processes to pinpoint where even the slightest improvements can be made," he continued. "We're also continuously testing our website and acting on feedback from beneficiaries to make the user experience faster and simpler."

Many Tricare users took to the system's Facebook page to complain. "I would LOVE to wade my way through the website rather than wading through the phone prompts and getting disconnected after a 35 minute hold. However, the new Tricare site doesn't recognize my [Social Security number]," wrote one commenter. "Pretty scary and totally unusable." "I can't view or get eligibility and verify, plus I cannot submit claims because it says I'm not registered after I've spent weeks registering," another wrote. "I've done everything they said a month ago. I've been on 4 calls, on hold up to 3 hours 45 minutes and no one knows what the problem is. I've never been more frustrated."

Tricare's official website also was experiencing problems. Links detailing the 1 JAN changes posted by Tricare officials to their Facebook page as recently as 28 DEC were resulting in "page not found" 404 errors at the time of this writing. On early 2 JAN Tricare reported via its Facebook page that its primary 800 number, 1-800-Tricare, was not working properly. That problem, however, was resolved that day, officials said. Military family advocates said they worry that these problems are just the beginning. "We are disappointed with the customer service issues and fear those venting on Facebook represent only the tip of the iceberg," said Karen Ruedisueli, a deputy director of government relations for the National Military Family Association. "Are these just typical transition glitches or signs of a bigger problem? It's too early to tell, but we hope the Defense Health Agencies and the contractors pull out all the stops to resolve them quickly." [Source: Military.com | Amy Bushatz | January 5, 2018++]

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## **TRICARE Prime Update 38 ► Urgent Care Visits**

Tricare Prime users can now make unlimited visits to in-network urgent care facilities without a referral, officials recently announced. Previously, active duty family members as well as retirees and their families enrolled in Tricare Prime users were able to make two urgent care visits per year without first receiving a

referral under a pilot program ordered by Congress and started in May 2016. The new policy applies to all Prime users except active-duty troops, officials said.

"Effective January 1, 2018, a referral for urgent care visits for Tricare Prime enrollees, other than active duty service members, is no longer required and point of service charges no longer apply for such claims," Tricare officials announced on their Facebook page. "This supersedes the previous policy in the Tricare manuals, which currently waives referrals for only the first two urgent care visits per year for Prime enrollees other than active duty service members." A proposed Tricare policy published in the Federal Register last year said "the specific number of urgent care visits without a referral will be determined annually prior to the beginning of the open season enrollment period." That rule means the referral requirement could be reinstated for 2019, a Tricare spokesman confirmed 4 JAN. That decision would be made prior to Tricare's new annual open season enrollment period.

In 2016, Congress ordered Tricare to allow Prime users to make urgent care visits "without the need for preauthorization for such services." But a Tricare spokesman late last year denied that order requires them to allow unlimited visits without a referral. He said that's because "preauthorization" and "referral" are different processes. A "preauthorization" must be processed before an appointment, and a "referral," can be processed after the visit occurs, he said. [Source: Military.com | Amy Bushatz | January 4, 2018 ++]

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## **TRICARE Podcast 431 ► PI Provider Network - Group A & B - Pharmacy Copayments**

**Philippine Provider Network** -- As of January 1st 2018, a preferred-provider network is now available in the Philippines. The establishment of the preferred-provider network, or PPN, by the Defense Health Agency marks the end of the Philippine Demonstration. Any provider currently approved in the Philippine Demonstration is available as part of the PPN. The Philippine Demonstration began in 2013 as a way to offer high-quality health care for eligible TRICARE Overseas Program Standard beneficiaries who live in the Philippines and receive care in designated demonstration areas. As of the first your copayments, cost-shares deductibles and catastrophic caps will be the same as those enrolled in TRICARE Select. Keep in mind your out-of-pocket costs may be lower when using a preferred provider

If you live or travel in the Philippines, you'll be required to see a certified provider for care. However, you're encouraged to see a preferred provider. You should always check the certification for any provider from whom you seek care, even if that provider was previously approved. Visit the [tricare-overseas.com](http://tricare-overseas.com) to find a network provider. If you choose a provider that isn't TRICARE certified or preferred, it may result in significant delays in processing your claim. Your claim may also be denied if the provider declines or can't be certified by TRICARE Learn more about how to get care in the Philippines at [www.tricare-overseas.com/Philippines](http://www.tricare-overseas.com/Philippines) . For cost information, visit [www.TRICARE.mil/costs](http://www.TRICARE.mil/costs).

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**Group A & B** -- Current and new enrollees now have distinct enrollment fees and out-of-pocket costs based on when your sponsor entered the uniformed services. Beneficiaries are divided into two categories, Group A and Group B enrollees.

- Group A enrollees are those whose military sponsor's initial enlistment or appointment occurred before January 1st, 2018.
- Group B enrollees are those whose military sponsor's initial enlistment or appointment occurred on or after January 1st, 2018.

Enrollees in TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult and the Continued Health Care Benefit Program are considered Group B regardless of when the sponsor first joined

the military. Because this designation is based on when your sponsor entered active duty, this category cannot be changed by any action taken by the beneficiary. For example, by switching plans or failure to pay. For the most up-to-date information about changes to TRICARE, visit [www.TRICARE.mil/changes](http://www.TRICARE.mil/changes).

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**Pharmacy Copayments** -- On February 1st, 2018, copayments for prescription drugs at TRICARE Pharmacy Home Delivery and retail pharmacies will increase. These changes are required by law and affect TRICARE beneficiaries who are not active duty service members. While retail pharmacy and home delivery copayments will increase, prescriptions filled at military pharmacies remain available at no cost. You can save the most money by filling your prescriptions at military pharmacies.

Military pharmacies and TRICARE Pharmacy Home Delivery will remain the lowest cost pharmacy option for TRICARE beneficiaries. Using home delivery, the copayments for a 90-day supply of generic formulary drugs will increase from \$0 to \$7. For brand-name formulary drugs, copayments will increase from \$20 to \$24, and copayments for non-formulary drugs without a medical necessity will increase from \$49 to \$53. At a retail network pharmacy, copayments for a 30-day supply of generic formulary drugs will increase from \$10 to \$11 and from \$24 to \$28 for brand-name formulary drugs. In some cases, survivors of active duty service members may be eligible for lower cost-sharing amounts.

TRICARE groups pharmacy drugs into three categories: generic formulary, brand name formulary and non-formulary. You pay the least for generic formulary drugs and the most for non-formulary drugs, regardless of whether you get them from home delivery or a retail pharmacy. To see the new TRICARE pharmacy copayments, visit [TRICARE.mil/pharmacycosts](http://TRICARE.mil/pharmacycosts). To learn more about the TRICARE Pharmacy Program, or move your prescriptions to home delivery, visit [www.TRICARE.mil/pharmacy](http://www.TRICARE.mil/pharmacy).

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The above is from the TRICARE Beneficiary Bulletin, an update on the latest news to help you make the best use of your TRICARE benefit. [Source: <http://www.tricare.mil/podcast> | January 5, 2017 ++]

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## **TRICARE Podcast 432 ► Identity Theft & Fraud - TRICARE Pubs - Thyroid Disease**

**Identity Theft & Fraud** -- Did you know that health care is the number one target for identity theft and fraud? Your health information is important to you and your health care provider. But in the wrong hands, it can be valuable to someone else. Identity theft affects millions of people each year. Here are several steps you can take to make sure your health care information remains secure.

- First, read your medical and insurance statements regularly and completely. They can show warning signs of identity theft. Look for services you didn't receive or providers you didn't see.
- Next, read your Explanation of Benefits statement or Medicare Summary. Again, check the name of the provider, the date of service, and the service provided. Do the claims paid match the care you received? If you see a mistake, contact your regional contractor and report the problem immediately.

Being cyber fit requires us to be mindful of our health information at all times. Remember, you are the center of your healthcare. Empower yourself to protect your information! For more information about cyber fitness, visit the [www.TRICARE.mil/cyberfit](http://www.TRICARE.mil/cyberfit).

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**TRICARE Publications** -- Do you have questions about your TRICARE medical and dental benefit? The TRICARE publications webpage at [www.TRICARE.mil/publications](http://www.TRICARE.mil/publications) can help you find the answers. You

can view, print or download TRICARE handbooks, newsletters and other educational materials. Select categories from the sub-headings or use the search field to search all publications. You'll find products ranging from broad topics like the TRICARE Plans Overview to detailed topics like the Maternity Care Brochure. Products are continuously updated and added. If you have suggestions for new products or feedback on existing products, we would love to hear from you. Fill out the publications survey so we can better serve you! This is your benefit. Learn more about the 2018 changes, visit the publications page at [www.TRICARE.mil/publications](http://www.TRICARE.mil/publications) and take command of your health!

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**Thyroid Disease** -- Mood changes, unexplained weight gain or loss, and frequently feeling too hot or too cold can be signs of any number of health issues. But as many women are discovering, these also are signs of thyroid disease. Thyroid disease is more common in women than men, according to the Centers for Disease Control and Prevention, and it's also more prevalent in older people.

The thyroid is a butterfly-shaped gland at the base of the throat. The pituitary gland sparks it by releasing thyroid-stimulating hormones, or TSH. The thyroid then sends its own hormones into the bloodstream to regulate physical energy, body temperature, weight, and mood. A simple blood test diagnoses thyroid disease. If a patient's TSH level is high, the pituitary gland is trying to stimulate an underactive thyroid, or hypothyroid. Symptoms include dry skin, hair loss, difficulty concentrating, and weight gain. If the TSH level is low, the pituitary gland is trying to slow down an overactive thyroid, or hyperthyroid. Symptoms include rapid heartbeat, weight loss, nervousness, and irritability.

For patients with an underactive thyroid, physicians prescribe replacement thyroid hormone medication. An overactive thyroid is less common. In those cases, treatment options vary, depending on what's causing it. Untreated, thyroid disease can lead to a number of serious health issues, including elevated cholesterol levels and high blood pressure. The good news is that most thyroid problems can be detected and treated!

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The above is from the TRICARE Beneficiary Bulletin, an update on the latest news to help you make the best use of your TRICARE benefit. [Source: <http://www.tricare.mil/podcast> | January 12, 2018 ++]

**\* Finances \***



**Savings Update 01 ► 401k Required Minimum Distributions**

Folks who are or will be 70½ or older at some point this year face a looming — and potentially costly — deadline. If you fail to make what the Internal Revenue Service calls “required minimum distributions” — or RMDs — by Dec. 31, the IRS is likely to hit you with a 50 percent tax. Even if age 70½ is some ways off

for you, educate yourself about RMDs now. As financial planning expert Maria Bruno of Vanguard Investment Strategy Group recently noted, “The time to plan for RMDs is not when you reach age 70½ but well before that.”

### **What are required minimum distributions?**

With tax-advantaged retirement accounts such as 401(k)s, it helps to think of what the IRS calls a “distribution” as synonymous with the word “withdrawal.” Required minimum distributions are the minimum amount of money that you must withdraw from most types of retirement accounts after turning 70½. Roth IRAs are not subject to RMDs during the account owner’s lifetime. The following types of accounts are subject to RMDs:

- Traditional 401(k)
- Roth 401(k)
- 403(b)
- 457(b)
- Traditional IRA
- Savings Incentive Match Plan for Employees (SIMPLE) IRA
- Simplified Employee Pension (SEP) IRA
- Salary Reduction Simplified Employee Pension Plan (SARSEP)

### **RMD Deadlines**

- If you have a retirement account that is subject to RMDs, you must take your first RMD by April 1 of the year after the year during which you turn 70½. So, if you turned or will turn 70½ during 2017, you must take your first RMD by April 1, 2018.
- If you turned 70½ prior to 2017, however, your RMD deadline is Dec. 31, 2017. In other words, the IRS only gives you a later deadline for that first RMD. All subsequent RMDs must be taken by Dec. 31 of each year.

If you fail to withdraw an RMD in full by the deadline that applies to you, you will be hit with a steep penalty. The IRS will tax however much money you were supposed to withdraw for the RMD at 50 percent.

[Source: MoneyTalksNews | Karla Bowsher | December 28, 2017 ++]

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## **Prescription Drug Costs ► Tips For Slashing**

If there were karate belts for saving money on medication, Karla Bowsher would have a black belt. She started her training early in life, having been raised by health care workers. She also spent years on both sides of the medical fence, as a patient and as a health care worker. She's had to pay for medical expenses while insured and while uninsured. And now she's in personal finance. Along the way, Karla's learned and used about every trick in the book for reducing prescription drug expenses. The following 10 are among the best:

**1. Get medication for free --** Some grocery store chains offer free prescription drug programs. Through these programs, you can get certain commonly used generic drugs for \$0. They include some antibiotics and diabetes medications, for example. For more details, check out “[8 Grocery Store Chains That Offer Free Prescription Drugs.](#)”

**2. Pay with a discounted gift card --** Buy your pharmacy's gift cards from marketplaces like [Cardpool.com](#) and [Raise.com](#) for less than their face value and pay for medications with those cards. These websites enable folks with unwanted gift cards to sell them to others, albeit for less than they are worth. That

enables savvy shoppers to nab gift cards for less than their face value. A comparison website called [Gift Card Granny](#) will tell you which marketplace is selling a certain retailer's gift cards for the lowest price at any given time. So, always visit Gift Card Granny before buying a discounted gift card. If you can buy the gift cards for say 15 percent off you basically get the medications for 15 percent off.

**3. Pay with a rewards credit card --** Can't pay with a discounted gift card? If you have a rewards credit card, use it.

**4. Pay out of pocket --** If your insurance copay is more than \$4, you might be overpaying. Many pharmacies, including those at big-box stores and supermarkets, offer a 30-day supply of various generic medications for as little as \$4, and a 90-day supply for \$10.

**5. Shop around --** Services like GoodRx [www.goodrx.com](http://www.goodrx.com) and Blink Health [www.blinkhealth.com](http://www.blinkhealth.com) make it easy to compare the price of a drug at different pharmacies. They offer potential savings — of up to 95 percent — for the uninsured as well as the insured. The latter includes folks on Medicare and high-deductible plans.

**6. Check warehouse clubs --** You generally do not need to be a member of a chain like Costco or Sam's Club to use their pharmacies. They don't charge nonmember surcharges on prescriptions, either. So, if you find that one of their pharmacies has the best price for a medication you need, don't write off the option just because you don't have a membership.

**7. Compare strength prices --** Sometimes, the per-milligram cost of a medicine varies depending on the pill strength. For example, at the time this article was written, HealthWarehouse.com was selling a 30-day supply of the cholesterol drug Crestor for \$282 — whether you were buying the 10-milligram pill, the 20-milligram pill or the 40-milligram pill. So, the per-milligram costs for 30 pills would be as follows:

- 10-milligram pill: 94 cents per milligram
- 20-milligram pill: 47 cents per milligram
- 40-milligram pill: 23.5 cents per milligram

If you take 20 milligrams a day of Crestor, you would save 50 percent — \$141 per month — by buying 40-milligram pills and splitting them. The same is true if you take 10 milligrams a day but buy and split 20-milligram pills. If you find you could save significantly by splitting pills, ask your doctor whether your prescriptions can be split safely. If the doctor says yes, then ask him or her to write your prescription such that the pills can be split.

**8. Try generics --** Generics are one of the best ways to save money on medications. Plus, there's virtually no reason not to at least try a generic drug these days. The U.S. Food and Drug Administration website's [Drugs@FDA database](#) makes it pretty easy to determine whether a generic is equivalent to the brand-name version. Generic drugs must meet numerous criteria to be classified by the FDA as what the agency calls "therapeutically equivalent." For example, the FDA says such drugs:

- Are approved as safe and effective.
- Contain the same active ingredient, in identical amounts, as the brand-name version of the medication.
- Meet other standards for strength, quality and purity.

You can tell whether a generic medication in the Drugs@FDA database has met all of these criteria by looking at its therapeutic equivalence code, or "TE code." According to the FDA, generics that have a code starting with the letter:

- "A" are considered therapeutically equivalent
- "B" are not considered therapeutically equivalent

Just note that to look up a generic in the Drugs@FDA database, you generally need to know what company manufactured it. You might find the manufacturer listed on your prescription bottle. If not, you will need to ask your pharmacy.

**9. Consider over-the-counter options** -- Few types of prescription medications have over-the-counter competitors. Antihistamines, for example, are among the few. Still, it doesn't hurt to ask your doctor or pharmacist if your prescriptions have OTC equivalents. You might save yourself some money and future trips to the doctor.

**10. Save your receipts** -- The federal income tax deduction for eligible medical expenses is one of few deductions that wasn't killed off by the recent tax code overhaul. Prescription drug expenses are usually considered eligible medical expenses, according to the Internal Revenue Service. So, if you might qualify for the deduction for medical expenses, save your receipts for prescriptions. The tax code overhaul temporarily lowered the threshold for this deduction. Folks who are eligible for it can write off medical expenses that exceed:

- 7.5 percent of their taxable income for tax years 2017 and 2018
- 10 percent of their taxable income for tax years 2019 and thereafter

[Source: MoneyTalksNews | Karla Bowsher | January 10, 2018 ++]

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## **State Retirement Income Tax Update 02 ► Arkansas Military Pay Exempted**

The Military Retirement Income Tax Cut, which Governor Asa Hutchinson signed into law in February, will go into effect January 1, 2018. The tax cut, which eliminates state income tax on military retirement pay, was one of Governor Hutchinson's priorities for the 2017 legislative session. The bill passed through the General Assembly with wide bi-partisan support in both chambers. Arkansas has now joined the majority of southern states in exempting state income tax on military retirement pay. Governor Hutchinson prioritized this initiative in an effort to recruit more military retirees to the state. "The average new military retiree is 38-44 years old with another 20-plus years in the workforce," Governor Hutchinson said. "The skills and experience our military retirees offer are invaluable resources for our state. This tax cut creates tax relief for Arkansas' 22,000 military retirees, and will encourage veterans to start their second careers in Arkansas."

Representative Charlene Fite of Van Buren, author of the bill: "I am really proud of this legislation. I have received more than a hundred emails, notes and private messages from people thanking me and saying they were not considering staying in Arkansas but now they are. It is also important to note that many of these retirees are in their late 30s and early 40s. They will be starting second careers, opening businesses, buying homes and investing in Arkansas in other ways." Senate President Pro Tem Jonathan Dismang of Searcy: "These are exactly the type of individuals we want in the state of Arkansas, and this tax cut gives veterans one more reason to live here." Frequently asked questions regarding the Arkansas Military Retirement Income Tax Cut are:

### **1. Who gets the tax break?**

Veterans who are receiving military retirement income qualify for the tax break.

### **2. Do survivors qualify?**

Yes. Surviving spouses and/or minor children who are receiving Survivor Benefit Pay qualify

### **3. When does the tax break become effective?**

The tax break goes into effect on January 1st, 2018.

#### **4. Will I see more money on my January check?**

No. The first adjustment will appear on the February checks of those who have adjusted their state income tax withholding in January.

#### **5. Will Defense Finance and Accounting automatically adjust my deductions?**

No. To adjust your state income tax withholding, call DFAS at (800) 321-1080 or go to <https://mypay.dfas.mil>.

[Source: ASA Press Release | Ark Governor | December 28, 2017 ++]

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## **Tax Plan 2017 Update 04 ► Q & A**

Wall Street Journal readers have bombarded tax reporters and advisers with questions about the tax overhaul. On 28 DEC, the Journal examined capital gains and pass-through businesses. On 29 DEC an examination of mortgage interest, medical expenses and more answered the following:

### **Q: I heard that interest will be deductible on mortgages only up to \$750,000. Is this true? What about refinancing?**

**A:** The new law allows taxpayers with existing mortgages to continue to deduct interest on a total of \$1 million of debt for a first and second home. For new buyers, the \$1 million limit is now \$750,000 for a first and second home. This means that if Jane already has a \$750,000 mortgage on a first home and a mortgage of \$200,000 on a second one, she can continue to deduct the interest on both. If she already has one home with a \$750,000 mortgage and wants to buy a second one next year and get a mortgage of \$200,000? In this case, she couldn't deduct the interest on the second loan, according to a spokesman for the National Association of Realtors.

As to refinancings: The realty group says it believes homeowners can refinance mortgage debt existing on Dec. 14, 2017, up to \$1 million and deduct the interest. But the new loan can't exceed the amount of the mortgage being refinanced. The law also suspends deductions for interest on home-equity loans through 2025.

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### **Q: I'm retired. How are the changes going to affect me?**

**A:** It will affect retirees as follows:

- One key change will be positive for many retirees. The positive change is that the standard deduction is nearly doubling, to \$12,000 for individuals and \$24,000 for married joint filers. This is the amount taxpayers can deduct if they don't list write-offs for state taxes, charitable donations and the like on Schedule A.
- Congress also decided to keep the "additional standard deduction" for people age 65 and over in the new law. It will be \$1,600 for singles and \$1,300 for each spouse in a married couple in 2018, which is what it was going to be for 2018 in the old law.
- The personal exemption, which would be \$4,150 in 2018, also is being repealed.

The bottom line: Say John and Margaret are a married couple, ages 67 and 65, with no children at home. Under the prior law for 2018, they would get a standard deduction of \$13,000, additional deductions of \$2,600, and personal exemptions totaling \$8,300. Total: \$23,900. Under the new law, John and Margaret will get a standard deduction of \$24,000 plus an additional standard deduction of \$2,600, for a total of \$26,600, or \$2,700 more.

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### **Q: Is the medical expense deduction changing?**

A: In the end, Congress decided not to repeal the deduction for medical expenses proposed by Republicans in the House of Representatives. This deduction has a high hurdle, so many taxpayers who can take it have large unreimbursed medical expenses, such as for nursing homes or custodial care at home. The new law has a slight expansion, says Gil Charney, director of the Tax Institute at H&R Block Inc. It allows taxpayers to take a deduction for 2017 and 2018 if medical expenses exceed 7.5% of income rather than 10% of income.

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**Q: The new law limits state and local tax deductions, or SALT, to \$10,000 per return. I'm married, so if my spouse and I file separately, will we get two \$10,000 deductions instead of just one?**

A: Sorry, no. The SALT deduction for married couples filing separately is \$5,000 each, for a total of \$10,000 per couple, just as if you filed jointly. To get two \$10,000 deductions, you would have to get divorced. There are steps to take ahead of the landmark change for 2018. The deduction can be a mix of property taxes and income or sales taxes. The new law specifically bars deductions for payments earmarked for 2018 state income taxes, but tax specialists say it was still a good idea to pay balances due on 2017 income taxes before year-end.

The law doesn't bar prepayments of property taxes. Some locales made it easier to pay property-tax bills due in 2018 to get a 2017 deduction. In general, says Crowe Horwath accountant David Lifson, the 2018 amount had to be billed in 2017 to be eligible for a 2017 deduction, but many locales do bill this way. Another caveat is that taxpayers who owed alternative minimum tax, or AMT, for 2017 will lose some or all of the value of SALT deductions. For them, accelerating payments could provide a reduced deduction or none at all. Because the AMT is complex, it is hard to know the best moves without using a computer program.

[Source: Wall Street Journal | Laura Saunders, | December 29, 2017 ++]

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## **Check Cashing Update 01 ► Uncashed Old Checks**

Those birthday and refund checks often sit in a drawer for years, forgotten and stale. Every year, untold millions of dollars' worth of checks go uncashed. It's a common enough problem that it's been the plot of TV shows like Seinfeld and King of Queens. "People put (a check) in a drawer or a stack somewhere. Then, the next day the mail comes and it gets put on top, and it just gets lost," says Walter Graham, chief of unclaimed property at the Florida Department of Financial Services. A consumer who comes across one of these uncashed checks faces a conundrum. While it may be possible to cash a check that's more than six months to a year old, there are several things consumers need to consider before heading to the bank with Nana's old checks.

### **It's up to the bank**

First things first: There is no hard-and-fast rule about when a check becomes expired. The Uniform Commercial Code, which is a standard set of business laws that governs financial contracts and has been adopted by most states, says that a bank does not have to accept a check more than six months old. Similarly, the Federal Reserve's Regulation CC says a bank does not have to deposit a check if it has reasonable doubt—such as if the check is old—as to whether the paying bank will pay the money. However, a bank can choose to go ahead and cash that check if it feels the check is being presented "in good faith." "The statute says you're not required to clear an item. It doesn't mean you won't," says Rob Delaney, president and CEO of Gold Coast Federal Credit Union in West Palm Beach, Florida. He says Gold Coast typically doesn't accept a personal check dated more than 6 months ago, but adds: "There's wiggle room. If it's a few days (after the 6-month cutoff), we'll accept that."

### **Not so null and void**

Even expiration dates written on checks, such as “void after 90 days,” can be overlooked at the bank’s discretion. “There is no UCC provision that specifically addresses validity of check expiration dates,” says Mike Townsend, spokesman for the American Bankers Association. Graham says many people mistakenly take those “void after” dates as deadlines that are strictly applied when cashing old checks. “Some people believe, ‘Oh, my Lord, I waited one week too long and now I lost out on that money,’” Graham says. “Just because I have a check that says ‘void’ after a certain amount of days, that money is still owed to me.”

### **Cash at your peril**

Gambling on whether a bank will accept an old check is a risky game. Consider this: Is it worth risking a potential fee if the \$15 birthday check from Grandma bounces? Many banks charge a “deposit item returned” fee to consumers who try to deposit checks that bounce. That fee varies; consumers could pay a couple of bucks or \$30 or more, depending on the account and the bank. The banks’ rationale is that the consumers receiving the checks are in the best position to know whether a check is good. Before trying to deposit an old check, consider where it comes from and how likely you think the check is to bounce or that the giver has put a stop-payment order on it. Is that checking account of your neighbor likely to still be open or have enough money to cover the check? What about that check you got from a company for your freelancing work? If you’re not sure whether the check can be cashed, it’s often better to go back to the check writer and ask that a new check be written.

### **Check-cashing etiquette**

There are also important etiquette questions when it comes to cashing old checks, says Jacqueline Whitmore, an etiquette expert and founder of The Protocol School of Palm Beach in Palm Beach, Florida. By delaying cashing a check, the giver may be struggling to balance an account, she says. Or, perhaps the giver has forgotten about the check and no longer has enough money in the account to cover the check. Cashing it without telling the giver could mean overdrawing that person’s account and forcing him or her to pay overdraft fees. That’s what happens in one “Seinfeld” episode. Poor Nana’s checking account gets overdrawn when Jerry decides to cash all the old birthday checks he’s received from her over the years.

Whitmore says it’s best to contact the person who wrote the check “and say something like, ‘I found a check you gave me six months ago. It must have gotten lost in the shuffle. Is it too late to cash it? I apologize for the inconvenience,’” Whitmore says. It may feel awkward to make that call, but honesty is the best policy, Delaney says. “A lot of times, the person who wrote the check is wondering why you didn’t cash it,” he says. “People may get angry at you because you haven’t cashed a check, like it’s insignificant (to you).” Whitmore says that it’s also all right for the giver to call a check recipient and ask whether he or she received a check if there’s a delay in the recipient cashing it. She suggests waiting no more than 90 days to make that call.

[Source: Bankrate.Com | December 28, 2017 ++]

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## **Saving Money ► Bug Control | Thrifty Ways to Keep them Away**

Every summer, they descend like the proverbial unwanted guests at a party. Bothersome bugs can wreak havoc on the sunniest, most relaxing days of the year. Sure, you can buy repellents to ward off these irksome interlopers, but bug spray can be bad for the environment, and tough on your wallet. Fortunately, we have rounded up some frugal, effective and earth-friendly solutions. Read on for economical and environmentally responsible ways to ward off some of summer’s peskiest pests.



**Mosquitoes** - This biting pest is perhaps summer’s greatest scourge, and the rise of the Zika virus has turned some species of mosquitoes into a potentially deadly threat. Since differentiating an *Aedes aegypti* mosquito from other species can be impossible for the average mosquito victim, there’s no sense in fooling around — if the virus truly becomes a threat this summer, make sure you apply EPA-registered repellents that contain at least 20 percent DEET. However, there are other ways to keep mosquitoes at bay. One is no further away than your laundry room. According to AARP: Hang a fabric softener sheet adjacent to — but not touching — outdoor light fixtures to keep flying insects like mosquitoes and moths away. They hate the scents generated when the softener sheets are heated.

**Ants** - Ants follow closely behind mosquitoes on summer’s “least invited guest” list. Drop a bit of sugar on the floor or some maple syrup on the counter, and ants will beat a path to the mess like animals to a watering hole on the Serengeti. EcoWatch suggests spraying lemon juice and vinegar along pathways into the house, saying it works as well as poisons. Another suggestion: Mint and tansy are two herbs that are especially effective in keeping ants away. Crumble some leaves around trouble spots, place a few plants on a windowsill or even plant some just outside your door. Both are carefree hardy perennials that will come back year after year. Perhaps you should pack some in your picnic basket as well!

**Moths** - Moths can be a bit...well, unnerving when they appear in your home. They also can destroy your clothes. Natural Living Ideas offers one simple fix: Since moths have a natural aversion to cedar, you can buy cedar blocks...or shavings and place them in your closet or dresser in order to keep those pesky little bugs from chewing through all your clothes and other fabrics. You can find cedar blocks at Amazon and other retailers.

**Flies** - Sadly, flies are seemingly everywhere during summer months. Some are merely pesky, while others cause painful bites. Bob Vila has a suggestion for keeping flies out of your home: Flies hate the smell of basil. To discourage them, place pots of basil at doorways and windowsills and on the kitchen counter. Don’t have enough sun for potted basil? Put dried basil in a small muslin pouch, rubbing it occasionally to keep the scent strong. You can purchase a generous pot of fresh basil for around \$4 at Trader Joe’s. An added bonus? A few of the fresh leaves can enhance the flavor of many dishes!

**Bees** - A painful bee sting is one of summer’s most unpleasant experiences. Recycle Nation says there are many ways to keep bees from entering your home. For example, they hate sprinkled cinnamon and crushed garlic. But maybe the best way to keep bees at bay is by planting peppermint in your yard. According to Recycle Nation: If you put peppermint plants outside or around your house, they will avoid the plants and, by default, your house. It’s a win-win situation – you won’t have to deal with buzzing around your head and you’ll have delicious peppermint for yourself when the plants are done growing!

**Spiders** - This arachnid is more of a year-round threat than a strictly summer pest. But either way, you probably want to send spiders packing – or at the very least, would prefer that they stay out of sight. Bob Vila also has a solution for this problem: Spiders are not fond of citrus. In a spray bottle, mix water and unsweetened lemon or lime juice. Wipe your countertops with the mixture or spray down doorways and windowsills. You can deter spiders in your garden by spreading around lemon, orange, or lime peels.

[Source: MoneyTalksNews | Melissa Neiman | May 18, 2016 ++]

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## VA Home Loans Update 52 ► Foreclosure-Prevention Programs

Struggling to meet the mortgage? VA may offer help The same agency that helps hundreds of thousands of veterans secure home loans each year may help them keep their property when finances get tight. The Veterans Affairs Department's foreclosure-prevention programs saved 97,368 service members and veterans from defaulting on their loans in fiscal year 2016, per VA. That's compared with 18,519 foreclosures that went through in fiscal 2016, though some of those processes began before that 12-month window. The figure is up slightly from 2015 (90,262) and significantly from 2014 (79,814), a year when 19,813 VA-backed loans completed foreclosure.

As with the loans themselves, VA isn't the primary agent the borrower should be worried about. The servicer (better known as the lender or just "the bank") ultimately decides whether to accept any one of several foreclosure-prevention measures, but VA agents will advocate for the borrower and advise them of options, including:

- A repayment plan that allows for missed installments to be made up over time, or a complete refinance that incorporates old debt into a new loan.
- Additional time to sell the home, or a special forbearance to delay foreclosure proceedings until an expected financial uptick, such as a bonus or tax refund.
- A short sale, which allows the borrower to sell the property for less than what's owed on the loan.
- An agreement where the deed is transferred to the servicer voluntarily, rather than through the foreclosure process.

Borrowers seeking details on these programs should contact VA directly at 877-827-3702; they'll be connected to the nearest loan office. Veterans who are facing foreclosure on non-VA-backed loans can also call for advice on foreclosure prevention, though the VA can't intervene with the servicer. Get more on the foreclosure-prevention programs at [https://www.benefits.va.gov/HOMELOANS/resources\\_payments.asp](https://www.benefits.va.gov/HOMELOANS/resources_payments.asp) Learn more about VA loans at <https://www.militarytimes.com/home-hq/va-loan-center> our VA Loan Center. [Source: MilitaryTimes | Kevin Lilley Home HQ | January 5, 2018 ++]

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## VA Home Loans Update 53 ► Other Vet Assistance Programs

The VA-backed [home loan](#) may be the widest-known real estate benefit for military members past and present, but it's far from the only one. Here's a list of a half-dozen state-based programs, with an emphasis on states with significant military and/or veteran populations. It is by no means comprehensive; if you are looking for a home, do your research on the benefits such state programs can provide and on who qualifies for each of the varied offerings:

**California.** [CalVet Home Loans](#) can provide a below-market rate for some veterans, with special rates for first-time buyers. Check out [the rate table](#) for details.

**Texas.** The [Homes for Texas Heroes](#) program is offered through the Texas State Affordable Housing Cooperation. It includes special rates and benefits, including down payment assistance, for veterans (and some former spouses of deceased veterans) who are below certain income thresholds. The program also assists teachers, police officers, correctional officers, firefighters and emergency medical personnel.

**Washington:** The [House Key Veterans program](#) provides down payment assistance for veterans below certain income thresholds. Eligibility rates vary by county. Some veterans can borrow up to \$10,000 for down-payment purposes.

**Alaska:** The Alaska Housing Finance Corporation offers [several loan programs](#) for current and former service members. One example: Some veterans (active-duty troops aren't eligible) can receive a [1 percent discount](#) on the first \$50,000 of their mortgage.

**Nevada:** The [Home is Possible for Heroes](#) program offers a below-market interest rate for 30-year fixed mortgage. There are restrictions, including a credit score of at least 640 for government-insured loans, qualifying income below \$98,500 a year, and a home price less than \$400,000. There's also a fee of \$675.

**New York:** The [Homes for Veterans Program](#) offers down payment assistance up to \$15,000 for eligible veterans and co-borrowers.

[Source: MilitaryTimes | Kevin Lilley Home HQ | January 9, 2018 ++]

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## Home Renting ► Tips for Military Short Term Renters

When the permanent change-of-station window begins to close, many military families adjust their housing goals: Instead of a home to buy for the duration, they may be after a short-term rental fix. Maybe the move is designed to keep their options open, giving them longer to look at the local housing market. Maybe it's simply convenience. Maybe it's financial necessity. Regardless of why a military family may want short-term rental housing in a far-off location, the fact that they're on the market (and have a hard deadline) makes them targets for unsavory renters.

San Diego-based Realtor Lauren Taylor, whose husband served in the Navy, says some military movers will make "stress-based exceptions" to their normal vetting process. This could let some red flags slip past as the search becomes more pressing. If you're on the long-distance rental market, here are a half-dozen tips from real-estate experts and other sources that could keep your short-term solution from becoming a long-term financial horror story:

- 1. Old rules, new research --** Everyone's familiar with what happens when something seems too good to be true. But thanks to Zillow and similar rental-search platforms, renters can check their rates against the regional average. "If it's significantly less than what they're quoting there, then that should be a red flag," Taylor said.
- 2. Know your source --** Craigslist rentals might promise great deals, but those promises aren't backed by much. Listings from <https://www.Homes.mil> or <https://www.ahrn.com> may prove more reliable.
- 3. Cash on hand --** Beware most any deal that requires cash payments or wire transfers, both easy ways to make the transaction tougher to trace. Don't pay anything before you've confirmed the terms of the deal; scammers may ask for a security deposit or other good-faith payment, then vanish. If you've got concerns, escrow services are available that will keep payments out of the landlord's hands until the rental period kicks in.
- 4. Listing tricks --** Tech-savvy scammers may pirate real listings to create fake ones, stealing photos and even borrowing a real address on the market to make their ad look legit. All they have to do is change the contact information and upload the ad to a different real-estate site. Keep your anti-phishing guard up; avoid suspicious email addresses.
- 5. Where's that landlord? --** If the owner refuses to meet the renter in person, Taylor said, there's likely something up. Sometimes they will claim to be out of the country and offer to get you a key via an

intermediary and without you seeing the property: It's a common-enough scam to land on a Federal Trade Commission warning list at <https://www.consumer.ftc.gov/articles/0079-rental-listing-scams>.

**6. File that complaint** -- Speaking of the Federal Trade Commission(FTC), go to their website <https://www.ftccomplaintassistant.gov/#crnt&panel1-1> to file a complaint if you've been a victim (or almost a victim) of the types of fraud listed above.

[Source: MilitaryTimes | Kevin Lilley Home HQ | January 8, 2017 ++]

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## Refinancing Scam ► New Home Buyers Beware

The paperwork's filed, the deals are signed, and aside from the years of mortgage payments and the other stresses of ownership, you can relax and start turning your new house into a home. Until the postman shows up. "After I did close on my home, my mailbox was just flooded with mail solicitations, with 'Refinance!' and 'Get a Better Rate!' said Cassandra Rowley, a former sailor-turned-Realtor in the Seattle area who used her VA loan benefit to help finance her own home earlier this year. "Ignore all that. You have to ignore all that. You just took on this huge, several-thousand-dollar debt. You want to let your credit repair, you want to let everything smooth out before you make any more major decisions."

There's another good reason to skip out on those offers: Some may not be legit. Home HQ outlined a recent "Warning Order" by two federal agencies on possible VA loan scams here, but that warning was far from the first. A 2016 message from the Better Business Bureau addressed the refinance scams specifically and offered some tips to help new homeowners ward off predatory lenders:

- **New-school scammers:** You may still get the red, white and blue leaflets in the mail, but many of the scams have moved to email or social media to find their victims.
- **Don't "act now":** Some legitimate lenders do offer limited-time pricing, and there may be deadlines attached, but if you're feeling pressured into an immediate decision, it's not a good sign.
- **Pay first, problems later:** If you're asked to pay upfront so you can lock in a rate, step away. And if the lender requests an unusual method of payment (gift card, prepaid debt card, wire transfer), there's a good chance it's being done to your detriment.
- **Guaranteed rate?:** Any pitches that involve "guaranteed" figures before a lender even gets a glimpse at your credit score should be cast aside. Fast.

If you've been targeted by a suspected scammer, you can contact VA investigators to share your story at <https://www.va.gov/oig/about/investigations-contact-list1.asp>. You can also contribute to the Better Business Bureau's Scam Tracker at <https://www.bbb.org/scamtracker/us> which monitors lending and other types of scams nationwide. [Source: MilitaryTimes: Kevin Lilley | January 2, 2018 ++]

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## Gift Card Resale Scam ► Tips On How To Avoid

Gift cards are a popular and convenient gift idea, so it's no wonder that nearly [\\$27 billion](#) in gift cards are purchased by Americans during the holiday season. For whatever reasons, nearly [\\$1 billion](#) worth of those gift cards go unused by their recipients each year, and there's even a market for buying back unused gift cards at discounted prices. But, be careful if you intend to sell back an unused card--or else you may fall victim to a gift card resale scam.

Each January at [www.Fraud.org](http://www.Fraud.org), we see a spike in scams involving the resale of gift cards. In a typical scam, a consumer will attempt to sell their unused gift cards on eBay or Craigslist. Once they find a buyer, they email the codes on the back of the card, and the buyer pays them. However, unbeknownst to the seller, the fraudulent buyer will cancel his digital payment as soon as he receives the codes and quickly spend the card's funds--leaving the seller without any payment and with a depleted gift card.

While gift card resale fraud is a concern, you don't have to be saddled with an unwanted gift card if you have no need for it. Legitimate merchants have started to help consumers sell their cards safely. If you follow our tips, you should be able to buy or sell on the gift card exchange market without falling victim to fraud.

1. **Know the market.** With a legitimate gift card exchange, the gift card will sell for less than its original worth. If you find a seller that is offering to pay face value or higher, it is likely a scam.
2. **Do not sell to unknown buyers.** Avoid selling your gift card to someone you don't know personally. Websites like Craigslist or eBay lack the protections needed to verify that a buyer will not back out on their payment or that the gift card being sold has the advertised amount loaded on it.
3. **Treat your gift card code as cash.** Scammers may request that you provide your gift card code so that they can confirm the card's value. However, as soon as you give it to them, they can empty your card's funds.
4. **Use legitimate gift card exchanges.** If you are not selling to a friend or family member, you should always use a [legitimate gift card exchange](#), such as [Cardpool.com](http://Cardpool.com) or [Giftcardzen.com](http://Giftcardzen.com). Legitimate gift card exchanges serve as an escrow service between buyer and seller, offering post-purchase guarantees and payment tracking. Another way to make sure your transaction will be legitimate is to check the [Better Business Bureau's \(BBB\)](#) complaints for each exchange you are considering, or to use websites like [Gift Card Granny](#) to locate the best exchange for your card.
5. **If you are purchasing a gift card, use an exchange that offers balance verification.** Make sure the exchange you choose offers balance verification on cards that are for sale. This will assure you that you are purchasing a gift card with the correct amount advertised on it. If the exchange does not offer balance verification, you may be purchasing a gift card with a \$0 balance, or a lower-than-advertised balance.
6. **Consider using an in-store exchange or donating your card to charity.** If you do not want to use an exchange and you have access to the card's merchant, you can always [trade your gift card in](#) at a store or donate it to charity. Some stores, like Target, allow you to exchange your unwanted gift cards for one of their gift cards. Alternatively, you can try donating your gift card to a charity for a tax write off.

It can be difficult to spot a fraudulent gift card buyer or seller. If you think you may have come across a scam, let us know! Please file a report at Fraud.org via our [secure online complaint form](#). We'll share your complaint with our network of law enforcement and consumer protection agency partners who can investigate and help put fraudsters behind bars. [Source: <http://www.fraud.org> | January1, 2018 ++]

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## **Bitcoin Sales Scam ► Phony Investments**

With all the buzz about bitcoin, more people are considering it as an investment opportunity. But with anything new and complex, con artists are there to take advantage. BBB Scam Tracker has received numerous complaints from consumers fooled by phony bitcoin investments, often losing thousands of dollars.

### How the Scam Works

- You are looking to purchase bitcoin, so you search online. You find a legitimate-looking website that offers to mine the cryptocurrency for a fee. (Bitcoin is created by mining, using special software to solve complex math equations.) The website asks you to pay upfront, and bitcoin will be transferred into your account. However, after you make the payment, nothing happens.
- Other versions of this scam target investors trying to convert bitcoin to their local currency. For example, one consumer used a service to exchange bitcoin for US dollars and transfer the money into a PayPal account. However, the transaction didn't work as planned. "My bitcoin account showed that the transaction went through but the transaction timed out," read the report.
- Canadian consumers should be especially cautious. BBB has received complaints about apps that allow Canadian customers to purchase bitcoin, but they do not support selling it. As one consumer put it: "Basically, they tell you to buy bitcoins with their app knowing you're in Canada but once you put your money in, they don't allow you to take it out."

### How to Avoid Bitcoin Scams

- Do your homework. Read about the technology underlying the Bitcoin system. You need to know how it works if you want to manage and invest effectively. Make sure your sources are legitimate, and not just those trying to sell you something.
- Know where to store your bitcoins. It's best not to store bitcoins in an exchange. Exchanges are sometimes vulnerable to hackers, whereas online wallets are considered a more secure place to store your currency.
- Be cautious with your investment. As with all investments, never invest money you can't afford to lose. Investments come with risks and digital currency is still in a very early stage of development.
- Review BBB online shopping tips. Many online purchase scams use similar tactics, and bitcoin is a growing payment method for scammers. See [BBB.org/shoppingonline](http://BBB.org/shoppingonline) for more advice.

For More Information read more on BBB.org about [online purchase scams](http://online purchase scams) and [investment cons](http://investment cons). To learn more about scams, go to BBB Scam Tips ([BBB.org/scamtips](http://BBB.org/scamtips)). To report a scam, go to BBB Scam Tracker ([BBB.org/scamtracker](http://BBB.org/scamtracker)). [Source: BBB Scam Alert | January 5, 2018 ++]

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## Phony Conference Scam ► Double Check Before You Book

If your New Year's resolution is finding a new job or getting a promotion, attending a conference is an excellent way to network and gain new skills. But be sure to double check before you book a conference or related travel. Con artists are cashing in on phony conferences.

### How the Scam Works

- You search online for a conference and find (what you assume is) its website. It might reference actual speakers, have an "organizing committee" of industry experts, and name a real conference location. However, the people and places on the website have no idea that the conference exists. If you purchase tickets online, you – or your employer – will be out the registration fee.
- In another version of this scam, con artists email real conference attendees claiming that they are the "official" travel provider for the conference. They try to fool attendees into booking non-existent hotel rooms and other travel arrangements.
- Conference cons are particularly common in academia, but they can affect any industry. In one recent example, the Canadian Broadcasting Corporation [found these convincing websites](#) for the non-existent "7<sup>th</sup> International Conference on Dementia & Care Practice."

## How to Avoid the Fake Conference Scam

- **Research before you buy.** Do a web search for the event to confirm that news about the event matches the details on the website. Scammers purposely pick names similar to those of real events. Look for a phone number, email address, or other contact information to ask questions about the conference. If you can't find this information, that's a big red flag.
- **Make online purchases with your credit card.** If you make a purchase with your credit card, you can contest fraudulent charges later. Always be wary if you are asked to transfer funds using pre-paid debit cards, wire transfers, or other unusual payment methods.
- **Review BBB online shopping tips.** Many online purchase scams use similar tactics. See [BBB.org/shoppingonline](http://BBB.org/shoppingonline) for more advice.

For more information on how to protect yourself from all kinds of scams, visit the BBB Scam Tips page ([BBB.org/scamtips](http://BBB.org/scamtips)). To report a scam, go to BBB Scam Tracker ([BBB.org/scamtracker](http://BBB.org/scamtracker)). [Source: BBB Scam Alert | January 12, 2018 ++]

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## Bitcoins Update 01 ► Coin of the Realm

A lot of monkeys lived near a village. One day a merchant came to the village to buy these monkeys! He announced that he will buy the monkeys @ \$100 each.

The villagers thought that this man is mad. They thought how can somebody buy stray monkeys at \$100 each? Still, some people caught some monkeys and gave them to this merchant and he paid them \$100 for each monkey. This news spread like wildfire and people caught monkeys and sold them to the merchant.

After a few days, the merchant announced that he will buy monkeys @\$200 each. The lazy villagers also ran around to catch the remaining monkeys! They sold the remaining monkeys @\$200 each.

Then the merchant announced that he will buy monkeys @\$500 each! The villagers start to lose sleep! ... They caught six or seven monkeys, which was all that was left and got \$500 each.

The villagers were waiting anxiously for the next announcement. Then the merchant announced that he is going home for a week. And when he returns, he will buy monkeys @\$1000 each! He asked his employee to take care of the monkeys he bought. He was alone taking care of all the monkeys in a cage.

The merchant went home. The villagers were very sad as there were no more monkeys left for them to sell at \$1000 each. Then the employee told them that he will secretly sell some of the monkeys @\$700 each. This news spread like wildfire. Since the merchant now buys monkeys @\$1000 each, there is a \$300 profit for each monkey.

The next day, villagers made a queue near the monkey cage. The employee sold all the monkeys at \$700 each. The rich bought monkeys in big lots. The poor borrowed money from money lenders and also bought monkeys!

The villagers took care of their monkeys & waited for the merchant to return. But nobody came! ... Then they ran to the employee but he had already left, too!

The villagers then realized that they have bought the useless stray monkeys @ \$700 each and are unable to sell them!

Now you understand how Bitcoin works.

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## Tax Burden for Alabama Retired Vets ► As of JAN 2018

Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. States raise revenue in many ways including sales taxes, excise taxes, license taxes, income taxes, intangible taxes, property taxes, estate taxes and inheritance taxes. Depending on where you live, you may end up paying all of them or just a few. Following are the taxes you can expect to pay if you retire in Alabama.

### Sales Taxes

**State Sales Tax:** 4% (prescription drugs exempt); The rate can go as high as 8.5% depending on city and county taxes. The state administers over 200 different city and county sales taxes; however, it does not administer all county or city sales taxes. There is a 3% tax on food sold through vending machines; 2% on sales of motor vehicles, mobile homes and motorboats; and 4% on sales of tangible personal property.

**Gasoline Tax:** 41.31 cents/gallon (Includes all taxes)

**Diesel Fuel Tax:** 46.29 cents/gallon (Includes all taxes)

**Cigarette Tax:** 84 cents/pack of 20

### Personal Income Taxes

**Tax Rate Range:** Low – 2.0%; High – 5.0%

**Income Brackets:** Single Lowest – up to \$500; Highest – \$3,000

**Personal Exemptions:** Three. Single – \$1,500; Married – \$3,000; Dependents – \$1,000

**Standard Deduction:** Single – \$2,500; Married filing joint return – up to \$7,500 based on state AGI and filing status.

**Medical/Dental Deduction:** Limited to excess of 4% of adjusted gross income. However, you may deduct 50 percent of the premiums you pay for health insurance if you work for an employer that has less than 25 employees.

**Federal Income Tax Deduction:** Full

**Retirement Income Taxes:** Social Security, military, civil service, state/local government and qualified private pensions are exempt. All out-of-state government pensions are tax-exempt if they are defined benefit plans.

**Retired Military Pay:** Pay and survivor benefits not taxed.

**Military Disability Retired Pay:** Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.

**VA Disability Dependency and Indemnity Compensation:** VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.

**Military SBP/SSBP/RCSBP/RSFPP:** Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

### Property Taxes

The state does not collect taxes on personal property such as boats and computers. Each city and county may levy its own. For information on all ad valorem tax exemptions, [click here](#).

Homeowners 65 and older are exempt from all state property taxes. Some cities also assess separate property taxes. A homestead exemption up to \$5,000 of assessed value is granted by the state on real property taxes. A larger exemption is available to persons over 65. Visit state's property tax division web site. To view the state's homestead summary chart, [click here](#).

Taxpayers are allowed to take a deduction on their individual returns for amounts contributed to a catastrophic (hurricanes, floods and storms) savings account. If the qualified deductible is \$1,000 or less, the maximum contribution is \$2,000. If the qualified deductible is more than \$1,000, the maximum contribution is the smaller of (a) \$15,000 or (b) twice the qualified deductible.

### **Inheritance and Estate Taxes**

Inheritance tax is a tax assessed against the share received by each individual beneficiary of an estate as opposed to an estate tax, which is assessed against the entire estate? Alabama does not currently collect a state inheritance tax. Nor does Alabama currently collect an estate tax at the state level. A few years ago, however, things were different before major changes took effect with regard to federal estate tax laws. What do federal estate tax laws have to do with Alabama state estate taxes? Prior to January 1, 2005, Alabama actually did collect a separate estate tax at the state level, called a "pick up tax" or "sponge tax," that was equal to a portion of the overall federal estate tax bill.

### **Other State Tax Rates**

To compare the above sales, income, and property tax rates to those accessed in other states go to:

- Sales Tax: <http://www.tax-rates.org/taxtables/sales-tax-by-state>.
- Personal Income Tax: <http://www.tax-rates.org/taxtables/income-tax-by-state>.
- Property Tax: <http://www.tax-rates.org/taxtables/property-tax-by-state>.

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For further information go to the Alabama Department of Revenue site <https://revenue.alabama.gov>. For contact info on Alabam's taxpayer service centers refer to <https://revenue.alabama.gov/taxpayer-service-centers>. Check out <https://www.marketwatch.com/story/retire-here-not-there-alabama-2014-03-07> if you are thinking about retiring to Alabama.

[Source: <http://www.retirementliving.com/taxes-alabama-iowa> | January 2018 ++]

**\* General Interest \***



### **Notes of Interest** ► 01 thru 15 JAN 2018

- **Earwax Removal.** Check out <https://youtu.be/laNLvkWYWBs> to learn what it is and the safest way to remove it. (i.e. Q Tips are not recommended),
- **Black Hills National Cemetery.** The U.S. Senate has passed a bill that significantly expands the Black Hills National Cemetery. About 200 acres of land currently held by the Bureau of Land

Management will be transferred to the 107-acre national cemetery. The additional land is northwest of the current cemetery along Interstate 90 near Sturgis.

- **Buy or Lease a New Car:** For some factors in making your decision go to MoneyTalksNews Stacy Johson's comments at <https://youtu.be/Ehcwe2pDSXo>
- **Unique Jet Landing.** Click on [Incredible Jet Landing on an Aircraft Carrier](#) to watch an AV-8B Harrier jet with no front gear landing on the USS Bataan.
- **Reservist Burial Benefit.** In Florida a former 6-month active reservist's spouse of 50 years was buried in a National Veteran Cemetery because during his reserve time he was never federally activated through deployment. He would have known this if he had previously completed and submitted VA Form 40-10007, Application for Pre-Need Determination of Eligibility for Burial in a VA National Cemetery. Refer to <https://www.cem.va.gov/pre-need>.
- **VA Vet Crisis Line.** Since 2007 the VA's Veteran Crisis Line has answered more than 3 million calls initiating the dispatch of emergency services to callers in crisis nearly 78,000 times.
- **Memorials.** A Durham NC district attorney says he plans to drop felony charges against eight protesters accused of toppling a Confederate statue. His office plans to try the defendants only on misdemeanor charges and that the felony charges would be dismissed. The statue of an anonymous rebel in front of a Durham government building was brought down 14 AUG in the aftermath of a deadly white nationalist protest in Virginia. One Durham protester climbed a ladder to attach a rope while others pulled it down

[Source: Various | January 15, 2018 ++]

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## **U.S. Embassy Cuba Update 03 ► Sonic Attacks | Three Possible Answers**

Though theories vary as to what caused 24 U.S. embassy employees and their families to experience brain damage after hearing bizarre noises in their residences in late 2016 and early 2017, Sen. Marco Rubio (R-FL) theorized recently that there are three possible answers to who perpetrated the attacks. “Whoever did this did this because they wanted there to be friction between the U.S. and the Cuban government, that would be the motivation behind this,” said Rubio during a 9 JAN hearing about the attacks, adding that the timing, immediately after the 2016 presidential election, hinted at a desire to change the Obama administration’s policy of more open relations with Cuba.

### **1. Anti-Castro Cuban groups**

Groups within Cuba opposed to Cuban leader Raul Castro’s regime could have perpetuated these attacks as a means of damaging the government’s initiatives to establish more open dialogue with the U.S. Doing so could harm the Castro regime’s credibility. But U.S. scientist’s bafflement as to the cause of the U.S. embassy employee’s symptoms indicates that the technology used to create them is beyond the sophistication of a rebel group. “You have a sophisticated attack of some sort causing these injuries. We don’t know who possesses that sophisticated material but we know that it’s pretty sophisticated, leading you to believe that it’s a nation state, someone who can afford this kind of thing,” said Rubio. “I don’t believe that any credible person on the planet believes that some group of anti-Castro Cubans conducted these attacks in an elaborate scheme to somehow disrupt the Obama opening.”

### **2. A rogue faction within the Cuban government**

Rubio noted that the Castro regime’s efforts to open dialogue with the U.S. in recent years makes it unlikely that they would also attempt to attack U.S. officials directly. However, there could be factions within that government that wished to go back to the country’s old ways of dealing with the U.S. and took

action to sour the relationship. Rubio quoted a Sept. 15, 2017, Associated Press news story as evidence for a rogue government group, not aligned with Castro, perpetrating the attack: “In a rare face-to-face conversation, Castro told U.S. diplomat Jeffrey DeLaurentis that he was equally baffled, and concerned. Predictably, Castro denied any responsibility.

But U.S. officials were caught off guard by the way he addressed the matter, devoid of the indignant, how-dare-you-accuse-us attitude the U.S. had come to expect from Cuba’s leaders.” “This time, although Castro denied involvement, his government didn’t dispute that something troubling may have gone down on Cuban soil,” the article continued. To Rubio, this suggests Castro is aware of rogue elements within his own government that may have been behind this. However, Francisco Palmieri, acting assistant secretary for the State Department’s bureau of western hemisphere affairs, testified that he did not believe any conversation in which Cuban officials mentioned the potential for a rogue government faction being responsible for the attacks ever occurred.

### **3. A third-party nation state**

“If it wasn’t a rogue element within the Castro government, then maybe it was a third country,” said Rubio, adding that such a nation-state would likely stand to gain from poor relations between the U.S. and Cuba. “The logical conclusion is Russia and Vladimir Putin.” Russia has targeted U.S. embassies with microwaves before, as a 2012 article written by J Mark Elwood and published in Environmental Health notes that “from 1953 to 1976, beams of microwaves of 2.5 to 4.0 GHz were aimed at the US embassy building in Moscow” and originated from Soviet sources. A May 30, 1979, New York Times article reported that the Soviet Union stopped the bombardment to improve relations before a June meeting between then-U.S. President Jimmy Carter and Soviet Leader Leonid I. Brezhnev.

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Regardless of the source, Rubio argued that the Cuban government must have some idea of who was behind the attacks, as U.S. government officials are monitored particularly closely while in Cuba. “These are sophisticated attacks — so sophisticated, as I’ve said, that we can’t even describe how it happened yet,” said Rubio. “The idea that someone could put together some sort of action against them — 24 of them — and the Cuban government not see it or know about it, it’s just not possible. And so it leads you to believe that the Cuban government either did this, or they know who did it, and they can’t say. Because whoever did it is either a third-party country that they cannot take on, or elements within their own regime that they do not want to reveal for purposes of not making it appear to be unstable internally.” Rubio added that there are two facts about the attack that the U.S. can know for sure: people were hurt, and the Cuban government knows who did it. [Source: FederalTimes | Jessie Bur | January 9, 2018 ++]

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## **Undersea Cables ► Achilles’ Heel in Lead-Up to New Cold War**

It’s a little-known twist in the cyber-warfare between nations that carries potentially devastating consequences. At a time when more than 95% of everything that moves on the global Internet passes through just 200 undersea fiber-optic cables, potential adversaries such as the US, Russia, China and Iran are focusing on these deep-sea information pipes as rich sources of intelligence as well as targets in war. The weapons earmarked for the struggle include submarines, underwater drones, robots and specialized ships and divers. The new battlefield is also a gray legal zone: Current Law of the Sea conventions cover some aspects of undersea cables but not hostile acts.

There’s evidence that missions are already under way and that most big powers, including the US, are keen on engaging in such activities. Cables can also be attacked by terrorists and other non-state actors. The

damage from such hard-to-detect acts could be enormous, since a foe's economy, in addition to military and diplomatic communications, could be blinded. As more nations exploit the Internet for political or military gain, it's also clear that the tactical concept of undersea cables as critical assets to be attacked or defended is an idea whose time has come. "In the most severe scenario of an all-out attack upon undersea cable infrastructure by a hostile actor the impact of connectivity loss is potentially catastrophic, but even relatively limited sabotage has the potential to cause significant economic disruption and damage," a former commander of the North Atlantic Treaty Organization, retired US Navy Admiral James Stavridis, wrote in the foreword to a recent report titled , "Undersea Cables: Indispensable, Insecure." at <https://policyexchange.org.uk/wp-content/uploads/2017/11/Undersea-Cables.pdf>

It's hard to overstate the importance and vulnerability of the world's undersea cables. Rishi Sunak, the Conservative British member of Parliament who authored the December report, noted that the world's undersea Internet cables carried about US\$10 trillion of financial transactions in a single day as well as huge volumes of data, from e-mails to classified government-to-government information. "Were the network to disappear, the entire capacity of the Earth's satellite network could handle just 7% of the communications currently sent via cable from the United States alone," Sunak wrote.

Chokepoints where cables converge because of underwater terrain or other factors are especially vulnerable. One is the Luzon Strait near the Philippines, where all the undersea cables connecting Hong Kong, Taiwan, South Korea and Japan pass. The site's vulnerability was underscored on 26 DEC, 2006, when an undersea landslide severed six cables, temporarily disrupting Internet traffic throughout the region. In the US, the bulk of trans-Atlantic Internet bandwidth comes ashore at a few sites within a 50-kilometer radius of New York City.

The contours of the new battlefield are enormous: Submarine cables can hug the ocean bottom only a few meters from the surface or straddle abysses as deep as Mount Everest is tall. The locations of the world's cables are also well mapped and available online, making them prey for specialized subs, ships, divers or something as simple as grappling hooks. "Protection of the undersea cables that are an essential – and vulnerable – part of the global economy is yet another potential responsibility for a US Navy that is dangerously overstretched," Joseph Callo, a naval authority and retired rear admiral in the US Navy Reserve, told Asia Times. US intelligence officials contend that Russia is the chief offender in the new cable war. They have publicly disclosed that Russian submarines are "aggressively operating" near the Atlantic cables that serve the US mainland, as part of an asymmetric-warfare approach.

However, there are signs that the United States may be engaging in similar activities. In September, the US media reported that the USS Jimmy Carter, a Seawolf-class nuclear submarine equipped for intelligence missions, had returned to its base in Washington state flying a Jolly Roger pirate flag beside the US flag. Hoisting the skull and crossbones in the US submarine service signals the successful completion of a mission. What was the Jimmy Carter up to? The US Navy didn't say. But some analysts speculated that the sub, which carries remotely operated vehicles and SEAL (Sea, Air and Land) teams, might have been placing or removing taps on undersea cables.

Covert Shores, a specialist website dedicated to analysis of maritime special forces and submarines, alleged in an updated article in August that the Russian Navy had been operating an advanced spy ship called the Yantar that is suspected of tapping into undersea Internet cables and carrying out other intelligence work on the sea floor. Yantar "can host two deep submergence submarines for undersea engineering missions," wrote H I Sutton, the author of the Covert Shores article. "These missions are thought to include cable cutting, laying of taps on undersea cables, removing other countries' taps ('delousing') and related intelligence missions. She may also perform other special missions such as recovery of sensitive equipment from crashed aircraft or test missiles." The military website says the Yantar

has been observed loitering off the US coast, Cuba, Turkey, Northern Cyprus and other sites where there are key undersea cable connections.

Rob Huebert, a senior fellow at the University of Calgary’s Center for Military and Strategic Studies, points to reports that the Russians have a special mini-submarine launched in 2003 that dives to a very deep range. He says the sub, variously called the Losharik or Project 201 and AS-12, is suspected of being able to carry out cable missions, though this is unconfirmed. “If the Russians have this, it would be highly likely that both the Chinese and Americans have the same ability,” Huebert told Asia Times. Actual evidence of Chinese or Iranian participation in cable-focused espionage activities is spotty. The US side points to Chinese activities in the South China Sea and Iranian actions in the Persian Gulf where civilian vessels rather than easily observed military ships with “gray hulls” are being used to carry out unknown activities. Stavridis noted in his foreword that underwater cables are easy targets for unmarked civilian vessels that can do their work with conventional, non-military technology. There’s a propaganda spin to such US allegations. But both Beijing and Tehran can be expected to engage in such activities if they see potential foes such as the US developing this capability.

Stavridis says a solution for the US side is to create “dark cables” that aren’t operational but can be kept in reserve for emergencies. He says another option is to engage Russia and others in bolstering international legal protections for undersea cables and other fiber-optic grids. Mysterious disruptions of submarine cables have been reported for years. A flurry of incidents occurred in 2008. Five high-speed Internet cables serving the Middle East and India were hit, resulting in major Internet slowdowns. Speculation was that some damage was caused by a dragging ship anchor near Alexandria, Egypt – though officials said there were no surface vessels in the vicinity at the time.

The Egyptian government also arrested three scuba divers near Alexandria in March 2013 after they were allegedly caught cutting an undersea cable serving the Mediterranean region, causing a noticeable Internet slowdown. The divers claimed they cut the cable by accident. But Egyptian officials never explained what motivated the trio. The incidents stirred a host of conspiracy theories, including allegations that the US National Security Agency was tapping Internet traffic or that local governments were deliberately slowing online access for protesters using smartphones. [Source: Asia Times | Doug Tsuruoka | January 6, 2018 ++]

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## Satellite News ► Zuma Apparent Failure

SpaceX is denying it played any part in the apparent failure of an expensive, mysterious government satellite system that launched 7 JAN. The classified satellite code-named Zuma lifted off aboard a SpaceX Falcon 9 rocket from Cape Canaveral Air Force Station Sunday night. Little is known about Zuma, including the government agency who purchased the satellite or its mission, although it commonly has been referred to as a “spy satellite” in reports. The newspaper Florida Today reported that amateur satellite trackers who specialize in classified missions have guessed that Zuma would test new sensors for watching close approaches between spacecraft. However, since the launch, the mission has led to a series of questions with few answers.

On 8 JAN, Bloomberg and the Wall Street Journal reported that Zuma failed to activate correctly, and that rather than orbiting the planet, the system was crashing back to earth. An industry official familiar with the mission told C4ISRNET the satellite likely cost more than \$3 billion. On 9 JAN, SpaceX CEO Gwynne Shotwell issued a statement that, “after review of all data to date, Falcon 9 did everything correctly on Sunday night. If we or others find otherwise based on further review, we will report it immediately.” Information published that is contrary to this statement is categorically false,” the statement continued. “Due to the classified nature of the payload, no further comment is possible.”

Members of the Congressional defense and intelligence committees reportedly were briefed on the issue 8 JAN, but remained tight lipped. Sen. Mark Warner, the ranking Democrat on the Intelligence Committee, told C4ISRNET he would like to talk about the Zuma situation but was not able to at this point. “Space is a risky business,” said Rep. Mike Rogers (R-AL), the chairman of the House Armed Services’ strategic forces subcommittee. In that position, he said he was, “committed to providing rigorous oversight that accounts for that risk and ensures that we can meet all of our national security space requirements as the Air Force looks to competitively procure space launch services in the future.” A spokesman for the Office of the Director of National Intelligence declined to comment on the mission.

The Zuma satellite system was built by Northrop Grumman. In a statement, a company spokesman said “This is a classified mission. We cannot comment on classified missions.” SpaceX spent years fighting with the U.S. Air Force and Congress for the proper certification to carry military and intelligence payloads. Critics argued that the company was not mature enough to risk the sensitive military equipment that often cost billions of dollars, take years to develop and fill needed national security missions. [Source: C4ISRNET | Aaron Mehta | January 9, 2018 ++]

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## **Nuclear Button ► Explained**

President Trump and Kim Jong-un, the leader of North Korea, traded threats a the year's beginnings about the size, location and potency of their “nuclear buttons.” The image of a leader with a finger on a button — a trigger capable of launching a world-ending strike — has for decades symbolized the speed with which a nuclear weapon could be launched, and the unchecked power of the person doing the pushing. There is only one problem: There is no button.

William Safire, the former New York Times columnist and presidential speechwriter, tracked the origin of the phrase “finger on the button” to panic buttons found in World War II-era bombers. A pilot could ring a bell to signal that other crew members should jump from the plane because it had been damaged extensively. But the buttons were often triggered prematurely or unnecessarily by jittery pilots. The expression is commonly used to mean “ready to launch an atomic war,” but the writer added in “Safire’s Political Dictionary” that it is also a “scare phrase used in attacking candidates” during presidential elections.

- President Lyndon B. Johnson told Barry M. Goldwater, his Republican opponent in 1964, that a leader must “do anything that is honorable to avoid pulling that trigger, mashing that button that will blow up the world.”
- Richard M. Nixon told advisers during the Vietnam War that he wanted the North Vietnamese to believe he was an unpredictable “madman” who could not be restrained “when he’s angry, and he has his hand on the nuclear button.”
- During the 2016 presidential election, Hillary Clinton said of her opponent, “Trump shouldn’t have his finger on the button, or his hands on our economy.”

Each nuclear-capable country has its own system for launching a strike, but most rely on the head of government first confirming his or her identity and then authorizing an attack. Despite Mr. Trump’s tweet that he has a “much bigger & more powerful” button than Mr. Kim, the fact is, there is no button. There is, however, a football. Except the football is actually a briefcase. The 45-pound briefcase, known as the nuclear football, accompanies the president wherever he goes. It is carried at all times by one of five military aides, representing each branch of the United States armed forces. Inside the case is an instructional guide to

carrying out a strike, including a list of locations that can be targeted by the more than 1,000 nuclear weapons that make up the American arsenal.



**A military aide traveling with President Trump in December carried the so-called nuclear football as he walked toward Marine One, the president’s helicopter.**

The case also includes a radio transceiver and code authenticators. To authorize the attack, the president must first verify his identity by providing a code he is supposed to carry on him at all times. The code, often described as a card, is nicknamed “the biscuit.” In his 2010 autobiography, Gen. Henry H. Shelton, chairman of the Joint Chiefs of Staff during the final years of Bill Clinton’s presidency, wrote that Mr. Clinton had lost the biscuit for several months without informing anyone. “That’s a big deal,” General Shelton wrote, “a gargantuan deal.”

The president does not need approval from anyone else, including Congress or the military, to authorize a strike — a decision that might have to be made at a moment’s notice. Nevertheless, some politicians have called for more layers of approval. “The longer I’m in the Senate, the more I fear for a major error that somebody makes,” Senator Dianne Feinstein, Democrat of California, said in 2016. “One man, the president, is responsible. He makes an error and, who knows, it’s Armageddon.”

### **How would Kim Jong-un order a strike?**

Much of North Korea’s nuclear program is shrouded in mystery. Mr. Kim, however, is the undisputed ruler of his isolated country. Any decision to initiate an attack would most likely be his alone. In recent months, Mr. Kim has threatened to ignite an “enveloping fire” of missiles near the Pacific island of Guam, an American territory, and has warned that North Korean intercontinental ballistic missiles are capable of reaching the mainland United States. “It’s not a mere threat but a reality that I have a nuclear button on the desk in my office,” Mr. Kim said in a speech on Monday. “All of the mainland United States is within the range of our nuclear strike.” It is doubtful that there really is a button on his desk. Furthermore, an intercontinental attack from the North probably could not happen in minutes, let alone seconds. The North’s longest-range missiles are believed to be powered by liquid rocket fuel. That means the missiles cannot be stored and ready-to-fire at a moment’s notice. They must be loaded with fuel before launch, a process that can take hours. Newer, shorter-range missiles, are loaded with solid fuel, however, making them easier to launch before the North’s enemies detect an attack.

[Source: The New York Times | Russell Goldman | January 3, 2018 ++]

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## **Nuclear Button Update 01 ► Legislation Proposed**

U.S. lawmakers are offering legislation to limit President Donald Trump’s ability to launch a nuclear first strike after he heckled North Korea’s leader about the comparative size of his “nuclear button.” Democratic

Sen. Ed Markey, of Massachusetts, and Rep. Ted Lieu, of California, have sponsored legislation that would require the president to receive congressional approval before initiating a first-use nuclear strike from the United States. The two took to Twitter to rally support for their legislation after Trump bragged in a tweet 2 JAN evening that he had a “much bigger” button than North Korean leader Kim Jong Un.

“No one person should have the power to decide when the U.S. will be the first to use nuclear weapons,” Markey’s tweet reads in part. Retweet, if you agree, he asked; and as of Wednesday morning, more than 3,800 had. In a hallway interview Wednesday afternoon, Senate’s No. 2 Republican John Cornyn, of Texas, expressed discomfort with the inflammatory talk on both sides. He stressed the need for a diplomatic solution and hailed the efforts of Secretary of State Rex Tillerson to engage China. “That’s a very serious issue, and I don’t know how anybody’s interests are served by escalating that rhetoric,” Cornyn said.

A handful of congressional Democrats had earlier in the day taken to Twitter to decry Trump’s saber rattling, in somewhat stronger terms. House Armed Services Committee member Ro Khanna (D-CA) tweeted the Markey-Lieu legislation urgently needs to pass this 8 JAN, the day the House returns. Illinois Sen. Tammy Duckworth, a U.S. Army veteran who lost both her legs in the Iraq war, dissed (disparaged) Trump as “Cadet Bone Spurs” — a reference to his draft deferment during the Vietnam War — and urged him to worry more about mass U.S. military casualties in such a conflict. [Source: DefenseNews | Joe Gould | January 3, 2018 ++]

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## **National Civil Emergency Force ► U.S. Catastrophic Attack Response Need**

Imagine this. Yesterday, Russian warships cut several of the undersea cables that power the internet. Millions of Europeans suddenly found themselves unable to use email and text messaging services. They were unable to bank or pay their bills online. Retailers’ websites ceased to function. Families stampeded on grocery stores. By the evening, internet-enabled hospitals had to revert to old-fashioned treatment. At bank branches, fist fights broke out as people queued up to withdraw cash. Unverified news of an impending military invasion caused residents to leave major cities, clogging up rail lines, highways, and gas stations.

Don’t worry, this news is fictional. But smaller variations of it will happen. And not even the best security services and armed forces can prevent every single attack on our way of life. Instead of seeing all citizens as passive participants needed to protected, we should give some of them an active role. In a hybrid warfare world, in order to respond effectively we need a critical mass of trained civilians. It’s time we created a national civil emergency force. Because the threat of it happening is already here.

“We are now seeing Russian underwater activity in the vicinity of undersea cables that I don’t believe we have ever seen,” Rear Adm. Andrew Lennon, who commands NATO’s submarine forces, said this month. Britain’s chief of defense, Air Marshal Sir Stuart Peach, also warned in recent weeks that Russia now has the ability to cut the undersea cables which power virtually all internet traffic. If that happened, chaos would ensue. “Because the digital environment is based on a physical infrastructure, vital functions of Western digital societies can be significantly harmed if sea cables are unable to transmit data,” explained Jarno Linnéll, professor of cyber security at Aalto University in Finland.

What should citizens do if – or when – such a catastrophic attack occurs? What about a major terrorist attack or natural disaster? The truth is only the fewest of us have any experience living under anything less than peaceful conditions. Anyone under age 65 doesn’t remember World War II. In Germany, Italy, and the UK only about 20 percent of the population is 65 years or older.

Even fewer of us serve in the armed forces. In the UK – a country of some 66 million – there are about 148,000 active-duty men and women and 37,000 reservists. Germany has 83 million people but just 179,000

active-duty troops. Besides, troops are busy with military defense. Even though they sometimes patrol the streets as part of counterterrorism duties, most don't have the capacity or training to restore calm after sabotaged internet cables strike public transportation, food provisions, and power supplies. Or after a false terrorist alarm of the kind that took place on London's busy Oxford Street last month, causing chaos as thousands of pedestrians fled the alleged scene of a shooting. NATO members likely would squabble over whether sabotaged internet cables warrant a collective response according to Article 5.

"For cyber hacks and attacks on the power supply you need specialists to lead the technical response, and in case of a physical attack or mass panic situation you need people in arms," said Admiral (ret.) Giampaolo Di Paola, a former defense minister of Italy. "But trained civilians can assist." During the Cold War, Communist countries misleadingly named their professional armed forces national people's armies. Tomorrow's national people's armies should be the real kind, consisting of citizens trained in national emergency response. It's not a new concept. Especially during the early decades of the Cold War, Western countries had civilian corps tasked with assisting the armed forces in case of a nuclear attack. But since a hybrid warfare attack may have no military element at all, tomorrow's national contingency forces wouldn't necessarily assist armed forces.

"Our adversaries' evolving military strategy no longer focuses on destroying our armed forces but on disabling our critical national infrastructure," noted Gen. Sir Richard Barrons, former commander of Britain's Joint Forces Command. Together with software engineers and the police, trained civilians would instead be a country's first line of defense. They could, Di Paola suggests, for example help with traffic control duties and first aid. Barrons points out that while policing work in national emergencies has to be led by the police, law enforcement agencies lack scale. Instead law enforcement agencies and the armed forces could call in trained civilians, who would assist under their direction. Call them national security Good Samaritans.

Conscription countries such as Finland already have a critical mass of ex-conscripts who have the skills necessary for a national emergency. But most countries don't. As Barrons points out, "mostly we just hope that people have been boy or girl scouts". Leaving the vast majority of our well-educated populations unskilled in emergency response is wasting an enormous resource. Such national emergency forces would not be standing civilian armies but people who have received civil contingency training and can be activated in an emergency. No longer would soldiers have to be used for sandbag-piling. "The armed forces would be called on anyway, because they have certain capabilities such as engineering, but civilians could provide most of the manpower," Di Paola noted.

Italy is currently experimenting with such a national emergency service. A new scheme -- essentially the reformed civilian service performed by conscientious objectors when Italy had conscription -- allows young Italians and foreigners to spend six to eight months attending civil emergency response training with NGOs; last year more than 35,000 people participated. According to Di Paola, civil emergency training could be made mandatory for Italian teenagers. That, to be sure, would create civil resilience. "And it would help young people become more engaged in society and make them more mature citizens," Di Paola pointed out.

Even without conscription there's plenty of scope for civil emergency forces, whether called National Emergency Force, National People's Army, National Emergency Good Samaritan Corps or something else. "You could create an organization that provides training, for example during the last year of school," Barrons suggested. "Then there would be a mobilization plan for times of crisis that would turn the graduates into an operational force."

The United States would be well-served by such resilience. Contemplating a catastrophic attack on our way of life is, of course, hardly uplifting. But it's even less uplifting to feel powerless to do anything about it. A core group of civilians trained to respond to such threats could prove an effective and affordable deterrent. Our adversaries may want to attack us, but primarily they want to intimidate us. We need

resilience built into all our national systems. Enlist ordinary citizens and they will feel empowered by their role. Besides, there's value in not having to check Facebook if we are under attack – especially if there is no Internet. [Source: DefenseOne | Elisabeth Braw | January 3, 2018 ++]

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## **Self Driving Cars ► Suicide Bomber Replacements**

Autonomous vehicles such as those being tested by Google or Tesla will be one of the most important and disruptive technologies for the future of how people move, work and live. But terrorist groups are tracking these developments closely too. Finnish security firm F-Secure reports “concrete evidence” that ISIS is considering the use of self-driving cars in place of suicide bombers, or for ramming attacks such as those carried out as early as June 2007 in Glasgow, as well as more recently in Nice in July 2016, Berlin in December 2016, London in June 2017 and, just two months ago, in New York.

As trials of self-driving vehicles take place around the world, the FBI has identified this novel technology as “game changing” for law enforcement, presenting both new threats and new opportunities in the fight against crime and terrorism. The FBI reports that driverless cars could revolutionize high-speed car chases, freeing up passengers in the pursued vehicles to conduct tasks that are impossible with their hands on the steering wheel and eyes on the road (e.g. shooting at pursuers or civilians). Other concerns include the potential for hackers to hijack vehicles’ navigational systems and run them off the road, turning unsuspecting commuters into hostages on the highways or weapons for deadly ramming attacks. In 2011, researchers at the University of Washington and University of California San Diego were able to hack cars wirelessly, a revelation that cybersecurity analysts described as a ‘wake-up call’ for the automotive industry.

The ability to pre-program a driverless vehicle to deliver a package (i.e. narcotics, weapons or explosives) to a destination also removes some of the major barriers to smuggling illicit substances on the road. Driverless cars with explosives could be more advantageous for terrorists than a traditional car bomb, which requires a human volunteer to park the car and escape before detonation, or stay in the car during the explosion if it is designed to be moving at the time. Countering the mobile threat of a vehicle-borne improvised explosive device has proven difficult enough for well-equipped military forces in Iraq or Afghanistan. Terrorists bringing such tactics to the streets of Paris, Los Angeles or London by detonating explosive devices in driverless cars would pose a major challenge for law enforcement.

Still, some experts have cautioned against alarmism about the scale of the cyber or terrorist threat in driverless cars, noting that such responses are common in the introduction of any new disruptive technology. Indeed, autonomous vehicle capabilities offer a range of potential benefits to law enforcement and security operations, too. A number of related technological advances offer opportunities to tackle terrorism directly, such as by preventing ramming attacks and countering other terrorist behavior more effectively. Driverless cars are not just about the vehicle itself, or its on-board sensors and navigation systems. Vehicle-to-vehicle and vehicle-to-infrastructure communications might make it possible to automatically detect driverless cars behaving suspiciously and alert emergency services or intervene remotely to bring the vehicle safely to a stop.

More broadly, on-board algorithms might improve pursuit tactics or the covert tailing of suspects, as well as increasing the ability of police commands to track and coordinate multiple vehicles and reduce response times. The proliferation of driverless vehicles also could raise some of the barriers-to-entry for would-be vehicular terrorists. Today, a “lone wolf” attack to ram crowded city streets requires little more than a driver’s license to rent or buy a vehicle, or more simply still, the ability to steal or hijack a vehicle. Programming a driverless car to carry out such a task could prove to be more difficult. It likely would require advanced hacking skills to override systems within driverless cars specifically designed to prevent

ramming attacks and dangerous driving. Such hacking skills likely will be beyond the capabilities of most individual terrorists.

Furthermore, as autonomous vehicles and cyber technologies mature, the automotive industry has a strong incentive to make its products as safe and secure as possible through both software and physical anti-tampering measures, not least because of the public relations disaster in the event of a major criminal or terrorist act. Governments also are taking steps to make all vehicles more resistant to hacking. The U.S. House of Representatives has made cybersecurity a central requirement of its 2017 Self Drive Act, while the U.K. Department for Transport has partnered with the Centre for the Protection of National Infrastructure to issue a set of key cybersecurity principles for use throughout the automotive sector and supply chain.

Addressing safety and security concerns remains an essential prerequisite for driverless vehicles, if they are to gain widespread public acceptance. This will require close cooperation between the automotive industry, suppliers, cybersecurity firms and government to define appropriate controls, standards and responses to terrorist threats and other vulnerabilities as they emerge. Unlike driverless vehicles themselves, security initiatives will not get far on autopilot. [Source: The Cipher Brief | James Black | January 3, 2018 ++]

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## Law & Order ► Officer Comments

These are actual comments made by 16 Police Officers. The comments were taken off actual police car videos around the country:

1. "You know, stop lights don't come any redder than the one you just went through."
2. "Relax, the handcuffs are tight because they're new. They'll stretch after you wear them a while."
3. "If you take your hands off the car, I'll make your birth certificate a worthless document."
4. "If you run, you'll only go to jail tired."
5. "Can you run faster than 1200 feet per second? Because that's the speed of the bullet that'll be chasing you."
6. "You don't know how fast you were going? I guess that means I can write anything I want to on the ticket, huh?"
7. "Yes, sir, you can talk to the shift supervisor, but I don't think it will help. Oh, did I mention that I'm the shift supervisor?"
8. "Warning! You want a warning? O.K, I'm warning you not to do that again or I'll give you another ticket."
9. "The answer to this last question will determine whether you are drunk or not. Was Mickey Mouse a cat or a dog?"
10. "Fair? You want me to be fair? Listen, fair is a place where you go to ride on rides, eat cotton candy and corn dogs and step in monkey poop."
11. "Yeah, we have a quota. Two more tickets and my wife gets a toaster oven."
12. "In God we trust; all others we run through NCIC." (National Crime Information Center)
13. "Just how big were those 'two beers' you say you had?"

14. "No sir, we don't have quotas anymore. We used to, but now we're allowed to write as many tickets as we can."

15. "I'm glad to hear that the Chief (of Police) is a personal friend of yours. So you know someone who can post your bail."

16. "You didn't think we give pretty women tickets? You're right, we don't.. Sign here."

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## **Drug Carrying Drones ► No Interdiction Policy | Cartel Use Increasing**

Border Patrol agents are increasingly worried about the threat from drug-cartel-flown drones, after agents spotted 13 drones suspected of carrying drugs across one section of the U.S.-Mexico border in just one four-day period in November. Cartels are aware that the U.S. lacks the ability to detect the drones, much less to interdict them, making them a choice method for smuggling high-dollar hard drugs into the country, agents said. They said the fact that they even spotted the 13 drones was serendipitous and only hints at the scope of the real problem. "We're seeing an uptick. We flat-out just don't have the technology to detect these," said Brandon Judd, an agent and president of the National Border Patrol Council. "The number is just astronomical."

Security analysts say the problems from drones are tough to oversell. The Islamic State has harnessed drones as delivery vehicles for improvised explosive devices, and top U.S. officials fear those same tactics could be used in the U.S. Last year, one security blog reported that an intercepted Mexican cartel truck had both a drone and potato bombs, which are crude explosives packed with shrapnel. Other uses could include tracking the Border Patrol to direct drug loads around them, or even using the drones as defensive shields to make it too dangerous for air support to assist on Border Patrol operations. U.S. Customs and Border Protection, the agency that oversees the Border Patrol, was unable to point to a policy for handling the dangers posed by unmanned aerial vehicles. "While I can't provide specifics, I can tell you that U.S. Customs and Border Protection is charged with protecting our nation and will mitigate threats from any direction or any mode they may come," said Dan Hetlage, a spokesperson for the agency.

Agents said there isn't any policy and they are left to deal with the problem as best they can. "We're hoping that D.C. gets off the dime or starts getting ahead of the curve instead of being behind the curve, and gives us the tools to keep the country safe," said Christopher J. Harris, an agent and secretary of Local 1613 of the National Border Patrol Council, which covers about 2,400 agents in the San Diego sector. "When you have that number going across and you really can't do anything about it, that's deeply frustrating," Mr. Harris said.

Agents in the San Diego sector reported the drone flights in November. They spotted two drones on Nov. 11 from 2:30 to 3 a.m. Another six were spotted a day later from 11 p.m. to 1:30 a.m. Five more were reported on Nov. 18 from 10:30 to 11 p.m. All of them were reported by the Imperial Beach station, which is responsible for just 5.5 miles of the international border, covering the area from San Diego to Tijuana. "The moment drones started becoming household items, CBP should have anticipated their use for criminal enterprise," Mr. Judd said. "Instead, and in typical CBP fashion, it waited until an issue became a crisis before it chose to act. But like always, we're already behind the eight ball and we're left with trying to play catch-up."

Agents say cartels all along the border are using drones, though the San Diego sector has been among the most active in detailing the traffic it is seeing. In August, an agent managed to spot a drone flying across the border and tracked it to its landing. They arrested a 25-year-old American citizen who admitted he was the

pickup person. Police seized 13 pounds of methamphetamine, worth an estimated \$46,000, and also seized the drone, a Matrice 600 Pro, which sells for about \$5,000, can take off with a 13-pound load and can fly at 40 mph. The man arrested with the drone and drugs said he was paid \$1,000 per pickup and had made a series of deliveries before he was caught.

Some local law enforcement officials have questioned why agents aren't permitted to shoot down drones they see crossing the border. They call it the equivalent of an attack. Agents say the logistics of firing on a drone would be complicated, particularly in more populated areas. Some parts of the government are further along than others in dealing with the threat. Airports, critical infrastructure installations and the Defense Department have all been looking at solutions, and several companies said they are working with the Pentagon on systems that can detect — and, if wanted, take control of — bogey drones.

Mike Hale, a senior vice president at CACI International Inc., said the company's SkyTracker technology homes in on drones' radio frequencies, identifying the drone and tracing the operator's location, which would give the Border Patrol a wealth of information to plot its next steps. Should that include interdiction, the technology allows for that as well, Mr. Hale said. "We have the capability to — I will say — get into the control loop of the UAV and have it do stuff we want it to do, versus the person trying to fly it," he said.

On Capitol Hill, Rep. Vicky Hartzler, Missouri Republican, is circulating a draft bill that would update federal law on interdiction of drones. The Defense Department currently is the only branch of government able to engage UAVs. A November version of the Hartzler bill authorized federal agencies to track and disrupt drones, including by seizing control of them or shooting them down, should they be deemed threats to safety. One source said the drone industry was insisting on changes that would delete "border security operations" as a field of action and instead limit it to counternarcotics and counterterrorism operations. The industry also pushed to limit tracking and interdiction authority to the federal government, opposing efforts to allow authorized state and local law enforcement to help out.

A spokeswoman for Ms. Hartzler said the congresswoman is "working with agency and industry stakeholders to ensure the legislation provides relief from rules that prohibit them from engaging with drones while including adequate privacy protections." The Association for Unmanned Vehicle Systems International, a leading industry advocacy group, said it wants strict enforcement of laws against "unlawful and irresponsible behavior." "That is why we are working with policymakers to ensure that government agencies have the authority to keep the skies safe and secure, while maintaining the FAA's sovereignty over the U.S. airspace," Brian Wynne, president of the group, said in a statement. [Source: The Washington Times | Stephen | January 2, 2018 ++]

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## **Border Wall** ► **Latest Plan | Length Decrease w/Cost Increase**

Donald Trump's plans to build a "big, beautiful wall" between the United States and Mexico have gotten less grandiose the longer he's been president. In its latest iteration, the wall would span 700 of the U.S.-Mexico border's 2,000 miles and cost nearly \$18 billion to build, according to sources quoted by the Wall Street Journal. The new specs come from a Department of Homeland Security report to some members of the Senate. The length is on the lower end of Trump's most recent estimate—in July, he said it would be 700 to 900 miles—and a considerable cut from the 1,250-mile figure Homeland Security officials were factoring in February.

At that time, the agency calculated it would cost \$21.6 billion to build that stretch, or around \$17 million per mile. The new cost estimate comes out to more than \$25 million per mile. That's a far cry from Trump's own projections. Last spring, he said the whole project could be done for less than \$10 billion. His initial

vision of a solid, concrete barrier, as high as 65 feet at one point, has also morphed into a see-through barrier with a height between 18 and 30 feet. But even this scaled-down version of the border barrier is likely to face resistance. Democrats, and even some Republicans, have said they oppose the concept of spending billions of dollars to wall off the border. [Source: Quartz | Ana Campoy | January 5, 2018++]

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### **Brain Teaser ► Should You Be Institutionalized?**

It doesn't hurt to take a hard look at yourself from time to time. This little test should help you get started. During a visit to a mental asylum, a visitor asked the Director what the criteria is that defines if a patient should be institutionalized.

"Well," said the Director, "we fill up a bathtub. Then we offer a teaspoon, a teacup, and a bucket to the patient and ask the patient to empty the bathtub."

Okay, here's your test:

1. Would you use the spoon?
2. Would you use the teacup?
3. Would you use the bucket?

"Oh, I understand," said the visitor. "A normal person would choose the bucket, as it is larger than the spoon."

What was the director's response?

[Source: <https://www.braingle.com/brainteasers/23691/should-you-be-institutionalized.html> | January 5, 2018 ++]

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### **Think You Need New Glasses ► Does the rod in the middle exist?**



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### **Where There's a Will, There's a Way ► 08**



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## **Brain Teaser Answer ► Should You Be Institutionalized?**

"No," answered the Director. "A normal person would pull the plug." So, how did \*YOU\* do?

Source: <https://www.braingle.com/brainteasers/48530/diary-thief.html> | December 16, 2017 ++]

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## **Have You Heard? ► Home Schooled**

1. My mother taught me TO APPRECIATE A JOB WELL DONE.  
"If you're going to kill each other, do it outside. I just finished cleaning."
2. My mother taught me RELIGION.  
"You better pray that will come out of the carpet."
3. My father taught me about TIME TRAVEL.  
"If you don't straighten up, I'm going to knock you into the middle of next week!"
4. My father taught me LOGIC.  
" Because I said so, that's why."
5. My mother taught me MORE LOGIC .  
"If you fall out of that swing and break your neck, you're not going to the store with me."
6. My mother taught me FORESIGHT.  
"Make sure you wear clean underwear, in case you're in an accident."
7. My father taught me IRONY.  
"Keep crying, and I'll give you something to cry about."
8. My mother taught me about the science of OSMOSIS.  
"Shut your mouth and eat your supper."
9. My mother taught me about CONTORTIONISM.  
"Just you look at that dirt on the back of your neck!"
10. My mother taught me about STAMINA.  
"You'll sit there until all that spinach is gone.."
11. My mother taught me about WEATHER.  
"This room of yours looks as if a tornado went through it."
12. My mother taught me about HYPOCRISY.  
"If I told you once, I've told you a million times, don't exaggerate!"
13. My father taught me the CIRCLE OF LIFE.  
"I brought you into this world, and I can take you out..."
14. My mother taught me about BEHAVIOR MODIFICATION.  
"Stop acting like your father!"
15. My mother taught me about ENVY.  
"There are millions of less fortunate children in this world who don't have wonderful parents like you do."
16. My mother taught me about ANTICIPATION..  
"Just wait until we get home."
17. My mother taught me about RECEIVING.

"You are going to get it from your father when you get home!"

18. My mother taught me MEDICAL SCIENCE.

"If you don't stop crossing your eyes, they are going to get stuck that way."

19. My mother taught me ESP.

"Put your sweater on; don't you think I know when you are cold?"

20. My father taught me HUMOR.

"When that lawn mower cuts off your toes, don't come running to me."

21. My mother taught me HOW TO BECOME AN ADULT.

"If you don't eat your vegetables, you'll never grow up."

22. My mother taught me GENETICS.

"You're just like your father."

23. My mother taught me about my ROOTS.

"Shut that door behind you. Do you think you were born in a barn?"

24. My mother taught me WISDOM.

"When you get to be my age, you'll understand."

25. My father taught me about JUSTICE.

"One day you'll have kids, and I hope they turn out just like you!"

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## **Have You Heard? ► Adult Learning Center for Women**

**From Guys in the Witness Protection Program:**

### **Men Teaching Classes for Women at THE ADULT LEARNING CENTER REGISTRATION MUST BE COMPLETED**

By November 29, 2017

NOTE: DUE TO THE COMPLEXITY AND DIFFICULTY LEVEL  
OF THEIR CONTENTS, CLASS SIZES WILL BE LIMITED TO 8 PARTICIPANTS MAXIMUM .

#### **Class 1**

Up in Winter, Down in Summer - How to Adjust a Thermostat  
Step by Step, with Slide Presentation.

Meets 4 weeks, Monday and Wednesday for 2 hrs. beginning at 7:00 PM..

#### **Class 2**

Which Takes More Energy - Putting the Toilet Seat Down, or Bitching About It for 3 Hours?  
Round Table Discussion.

Meets 2 weeks, Saturday 12:00 for 2 hours.

#### **Class 3**

Is It Possible To Drive Past a Wal-Mart Without Stopping?--Group Debate.

Meets 4 weeks, Saturday 10:00 PM for 2 hours.

#### **Class 4**

Fundamental Differences Between a Purse and a Suitcase--Pictures and Explanatory Graphics.

Meets Saturdays at 2:00 PM for 3 weeks.

**Class 5**

Curling Irons--Can They Levitate and Fly Into The Bathroom Cabinet?  
Examples on Video.  
Meets 4 weeks, Tuesday and Thursday for 2 hours beginning  
At 7:00 PM

**Class 6**

How to Ask Questions During Commercials and Be Quiet During the Program  
Help Line Support and Support Groups.  
Meets 4 Weeks, Friday and Sunday 7:00 PM

**Class 7**

Can a Bath Be Taken Without 14 Different Kinds of Soaps and Shampoos?  
Open Forum ..  
Monday at 8:00 PM, 2 hours.

**Class 8**

Health Watch--They Make Medicine for PMS - USE IT!  
Three nights; Monday, Wednesday, Friday at 7:00 PM for 2 hours.

**Class 9**

I Was Wrong and He Was Right!--Real Life Testimonials.  
Tuesdays at 6:00 PM Location to be determined.

**Class 10**

How to Parallel Park In Less Than 20 Minutes Without an Insurance Claim.  
Driving Simulations.  
4 weeks, Saturday's noon, 2 hours.

**Class 11**

Learning to Live--How to Apply Brakes Without Throwing Passengers Through the Windshield.  
Tuesdays at 7:00 PM, location to be determined

**Class 12**

How to Shop by Yourself.  
Meets 4 weeks, Tuesday and Thursday for 2 hours beginning at 7:00 PM.

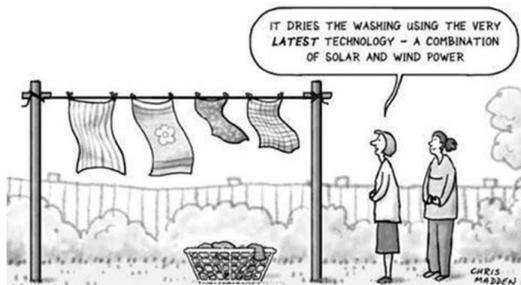
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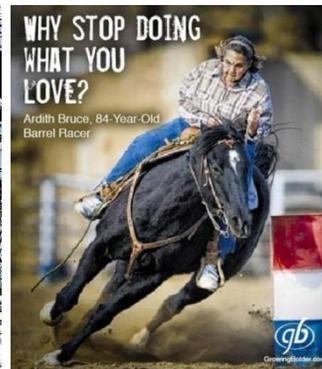
**Extreme Picnicking**



**Cliff Camping**



Ironic



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