

RAO

BULLETIN

15 May 2018

PDF Edition



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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.

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- Attachment - Military History Anniversaries 16 thru 31 MAY
- Attachment - America's Undeclared War
- Attachment - HASC FY19 NDAA En Bloc



Security Clearances Update 01 ► 740K Backlog - 540 Day Average Wait Time

U.S. Sen. Mark Warner met 27 APR with local defense contractors and representatives of local governments, businesses and the University of Mary Washington to discuss ways he is working to reform the security clearance process. Warner said that with a backlog of 740,000 people waiting for a clearance and an average waiting time of 540 days, the process has become a national security concern. About 30 people attended the roundtable, which was hosted by the Fredericksburg Regional Alliance at SimVentions in Stafford. FRA president Curry Roberts said the organization was originally expecting only 12 and moved the location of the roundtable to accommodate more people.

The security clearance backlog is making it harder for government contractors to hire and retain qualified national security workers, Warner said. “This is a system that is completely, completely broken in terms of access and in terms of agencies’ willingness to fund,” he said. Warner stressed the importance of cybersecurity work particularly in light of evidence of Russian interference in the U.S. election process. “We as a government were caught totally unaware when a foreign entity, in this case Russia, used social media to manipulate our elections, and they continue to use these tools,” he said. “I have to say from a macro standpoint, I worry in a nation where we are spending \$700 billion on defense and one of our adversaries [Russia] is spending \$68 billion and in the cybersecurity, misinformation and disinformation realm, Russia and China are our peers right now.” “In certain areas, they might be ahead,” he added.

In January, the Government Accountability Office announced that it would add the personnel security clearance process to its High-Risk List of federal areas in need of reform to prevent waste, fraud, abuse and mismanagement. The decision resulted from the findings of two reports into the process requested by Warner. He said that during hearings on the security clearance process held before the Senate Select Committee on Intelligence—of which he is vice chair—members of both political parties were “aghast at the process.” “You would have been proud, you couldn’t tell who was Democrat and who was Republican,” Warner said. “Everybody in the intelligence community is willing to lean into this.”

Warner said much of the clearance process is antiquated and should make use of modern technology. “The very technology we use in all of our government ought to be used in the security process,” he said. “Is it really the smartest

thing to have a retired FBI agent physically get on an airplane and travel to your college? Should you be able to do the interviews on Skype or does it require a physical drive around?” He also suggested that too many people have security clearances. “I’m not sure we need 4.5 million people with clearances,” he said. “I think we so over-classify that it’s crazy.” Warner gave as an example the fact that of the 150 election officials who need to be notified that their electoral systems were infiltrated by the Russians in November 2016, only 20 have been cleared to receive the information. “This is with the next election only six months away,” Warner said. [Source: The Free-Lance Star | Adele Uphause-Conner | April 27, 2018]

Arlington National Cemetery Update 75 ► Burial Rules Changing

By now, you should have heard about and taken the latest [Arlington National Cemetery Eligibility Survey](#). The survey is focused on identifying a distinct qualifying level of service to the nation at which the general public is comfortable cutting off eligibility. This survey is going to play a big role in any final recommendations the Advisory Committee on Arlington National Cemetery (ACANC) makes to the Secretary of the Army this year. That final recommendation has been recently given new gravitas. The first glimpse of the FY 2019 National Defense Authorization Act includes a directive that the Secretary of the Army, in consultation with the Secretary of Defense, to take steps to extend the life of Arlington as an active cemetery by revising interment criteria. The new criteria for in-ground burials must be established by Sept. 30, 2019.

The issue is gaining steam because of the limited remaining years for new burials. And according to the ACANC's initial survey, more than 9 out of 10 people would like to see the life of the cemetery extended. The Military Officers Association of America (MOAA) agrees. The sticking point, however, is “at what cost to the currently eligible population?” Proponents of restricting eligibility think Arlington should be a place for only the most highly honored individuals. Supporters of maintaining current eligibility criteria - including the vast majority of MOAA members - believe expansion of the cemetery is the best way forward but also accept the reality that it will eventually be full. Eligibility has changed before, to become both looser and stricter.

So who exactly is eligible now? Well, it depends. And it's not the same as national VA cemetery requirements. It's also different for in-ground interment or above-ground inurnment. And there are many different categories, so brace yourself. The video at https://youtu.be/e_S6e5RC9U8 provides a good general overview of eligibility. ACANC analysis suggests the only way for Arlington to remain open for new burials “well into the future” (meaning a century or more) is to make the retiree population ineligible for burial. Restricting other portions of the currently eligible population would not make a meaningful impact on the life of the cemetery based on the current usage rates.

MOAA has and will continue to expressly oppose a restriction on retirees. Many other veterans groups have echoed that sentiment as well. Expansion is still on the table, though distasteful for a tight budgeted Congress. The eligibility survey and language in the defense bill hint that eligibility changes might be coming despite opposition. Whether changes include things like reserving a specific section of the current grounds for certain honorees, establishing a reservation system for the currently eligible, or reimagining burial practices are all to be seen. There are a lot of challenges looming if a decision is made, not the least of which is informing the millions of presently eligible individuals. For those who want to take a deeper dive into the statutes defining eligibility, check out the following articles:

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- [Eligibility for interment in Arlington National Cemetery](#)
- [Eligibility for inurnment in Arlington National Cemetery](#)
- [Eligibility for interment of cremated remains in the Arlington National Cemetery Unmarked Area](#)

[Source: MOAA Newsletter | May 10, 2018 ++]

NDAA 2019 ► House Panel Adopts \$716 Billion Plan

The House Armed Services Committee overwhelmingly approved plans for a \$716 billion defense authorization bill for fiscal 2019 which includes a big boost in military end strength, the largest military pay raise in nine years and few of the contentious fights that have dominated defense debates in recent years. The committee passed the legislation by a 60-1 vote after more than 14 hours of debate on 9 MAY and early the next morning. The marathon mark-up is held every year, with lawmakers publicly discussing a host of national security and defense operations policies.

In recent years, much of that work has been focused on issues of rebuilding the military, with lengthy discussions on force size, equipment priorities and cost-saving reforms. But, with Congress agreeing to a two-year budget deal earlier this year with \$716 billion in defense spending in fiscal 2019, much of this year's work focused on smaller policy issues and less polarizing proposals, although Democratic amendments on issues like border security and immigration issues were still rejected along party lines. The sprawling budget bill — which still must survive a full House vote later this month and negotiations with the Senate later this year — includes a 2.6 percent pay raise for troops starting next January and the addition of almost 16,000 active-duty troops to the armed forces ranks.

It authorizes defense officials to spend more than \$39 billion on military aviation upgrades, \$18.5 billion to replace aging Army equipment, and \$25.5 billion for equipment maintenance and replacement parts. Lawmakers backed administration plans for 77 new F-35 aircraft, two additional Virginia-class submarines and littoral combat ships, and modernization plans for almost 3,400 Joint Light Tactical Vehicles. In recent years, lawmakers have included major personnel and acquisition reforms in the authorization bill, one of the few pieces of legislation to successfully advance through Congress amid other partisan fights (committee officials said a defense authorization bill has passed for 57 straight years).

This year's most hyped reform effort was a plan by committee chairman Mac Thornberry (R-TX) for [a 25 percent cut to Pentagon support agencies](#), tagged the “fourth estate” for their ancillary relationship to war fighting. But Thornberry walked back most of those provisions in the days leading up to the mark-up, giving more deference to the Pentagon on ways to cut costs. A Democratic effort to trim back the proposal even further by preserving the Defense Information Systems Agency was defeated along party lines. But an amendment to protect the Test Resource Management Center — another of Thornberry's proposed cuts — was approved. In addition to a host of annual pay and benefits reauthorizations,

- Lawmakers from both parties approved in the legislation a plan to create a new commission to review spiking military aviation mishaps and physiological episodes, an issue that has alarmed the committee but has been downplayed by Pentagon officials as not a widespread crisis.
- Lawmakers voted unanimously to defeat an amendment from Rep. Mike Turner (R-OH) that would have slowed down the groundwork for a space force. Space Force does not appear in the bill by name, but it does recycle a provision from last year's effort that would establish a sub-unified command for space under U.S. Strategic Command for carrying out joint space war-fighting. The issue has gained extra prominence since President Donald Trump suggested he would be in favor of creating a sixth military branch dedicated to space in a series of public appearances in recent weeks.
- Republicans batted down Democratic amendments to limit the Trump administration's pursuit of low-yield nuclear weapons to match Russia. The bill itself is supportive of the Trump administration's Nuclear Posture Review, authorizing \$65 million for developing and producing a low-yield nuclear warhead.
- The House Armed Services Committee rejected 30-31 an amendment that would have mandated the Pentagon report every 90 days on its costs when senior executive branch officials travel by military aircraft — and whether their spouses' travel costs were reimbursed.

- Democratic efforts to place limits on Trump-ordered National Guard deployments to the U.S.-Mexico border were similarly thwarted on the panel, where Republicans outnumber Democrats 34-to-28.
- The subcommittee was silent on any new health care fees for TRICARE beneficiaries. It did, however, include a provision prohibiting DoD from closing or limiting services in any military treatment facility as it transfers administration to the Defense Health Agency from the respective service secretary.
- Subcommittee members blocked scheduled cuts to housing allowances (BAH). The subcommittee also included language citing concerns about the impact of BAH cuts to military housing. For troops and families stationed on base, cuts to BAH could result in cuts to services such as trash pickup or delays in responding to emergency work orders.
- Servicemembers enrolled at less than full coverage in Servicemembers' Group Life Insurance (SGLI) will be covered automatically at the full \$400,000 benefit. Because servicemembers get reimbursed for their SGLI premiums when deployed to a combat zone, the change comes at no cost to servicemembers. The subcommittee did not include language to eliminate the widows tax, the dollar-for-dollar deduction of DoD's Survivor Benefit Plan from the VA's Dependency and Indemnity Compensation.
- The draft text of the defense bill currently does not contain language to expand concurrent receipt.

For a complete listing of all passed measures to the bill refer to the attachment to this Bulletin titled, “**HASC FY19 NDAA En Bloc**”. The measure now heads to the full House floor for a vote in coming weeks, and then likely to months of debate with Senate negotiators. The Senate Armed Services is scheduled to adopt its own draft of the legislation later this month. With midterm elections looming this November, lawmakers’ legislative schedule is significantly reduced this summer. The topline spending agreement is expected to help speed the process, but the final bill passage hasn’t happened before the start of the new fiscal year since 2009. [Source: MilitaryTimes | Leo Shane III & Joe Gould | May 9, 2018 ++]

DoD Tuition Assistance Update 07 ► Corps Lowers Requirements

The Marine Corps is reducing the minimum time of service needed for first time applicants applying for tuition assistance from 24 months to 18. Posted in MARADMIN 255/18 on 7 MAY, active-duty Marines who have never applied for tuition assistance no longer need to wait two years before kicking off college classes. But don’t start signing up for your college classes just yet. Marines will need an O-5 level commander to approve tuition assistance at the 18-month mark. And those Marines will need to “demonstrate significant extraordinary effort beyond the fulfillment of all assignments and normal expectations,” before that approval occurs, the MARADMIN reads. Some examples of “significant extraordinary effort” include top 10 percent proficiency and conduct marks, participation in meritorious promotion boards, volunteering, special recognition or serving in various leadership posts, according to the MARADMIN.

Moreover, Marines need to complete Marine Corps Institute Personal Financial Management Course before tuition assistance is approved. Sergeant Major of the Marine Corps Ronald L. Green announced these changes were coming at the Navy League’s annual Sea-Air-Space exposition in early April. Understanding the Corps will need to retain top talent and push professional education for a future more tech adept force, the Corps is looking at new ways to revamp incentives and training. Green told Marine Corps Times at the Navy expo that he had recently visited the Air Force’s Air University located aboard Maxwell Air Force Base in Alabama to “look at how the Air Force educates. They have a credentialing program. We are looking at their model.” [Source: MarineCorpsTimes | Shawn Snow | May 8, 2018 ++]

Navy Deployment Policy ► Big Changes Contemplated

A typical carrier deployment from Norfolk follows a predictable cycle: A tearful goodbye on the pier, a trip across the Atlantic, followed by one or two port visits in Europe before heading through “The Ditch” and into U.S. Central Command territory. There you will stay for several months before returning the way you came. Those days might soon be coming to an end. Defense Secretary Jim Mattis has offered a very different vision for how the Navy will be used in the future and hinted at big changes on the horizon for how and when carrier strike groups deploy. What Mattis is after is less predictability, a desire to keep potential adversaries on their toes, preserve the ability to surge strike groups to nontraditional places at unexpected times, as well as the ability to do so on short notice.



The aircraft carriers Ronald Reagan, Theodore Roosevelt and Nimitz and their strike groups underway in the western Pacific in 2017. Defense Secretary James Mattis wants to see this kind of thing more often, but to do it could fundamentally change the Navy.

In testimony last month, Mattis twice compared the Navy’s current rotational deployments — often planned years in advance — to running a commercial shipping operation, and said the Navy needed to get away from the predictable. “That’s a great way to run a shipping line,” Mattis told the House Armed Services Committee on April 12. “It’s no way to run a Navy.” But as Mattis drives toward new ways of employing the fleet, that will inevitably put pressure on the existing deployment model, forcing the Navy to rethink the way it does everything — from manning and training to its maintenance cycles. Mattis says the shift is a necessity in this renewed era of great-power competition with peer rivals China and Russia.

“They’ll be home at the end of a 90-day deployment. They will not have spent eight months at sea, and we are going to have a force more ready to surge and deal with the high-end warfare as a result, without breaking the families, the maintenance cycles. We’ll actually enhance the training time.” Such a change, if implemented, would have far-reaching impacts on sailors. “The end result for sailors would be less predictability on when they’ll deploy, but shorter times away from home when they do,” said a Navy official familiar with the discussions. “It’s a tradeoff of sorts, but one that is manageable if we make sure we’re communicating this up front and in advance ahead of time,” the official said. “Sailors realize their business is to answer the nation’s call when needed. It’s just a change in how that is done, and this generation understands that.”

O-FRP Under Pressure

At first glance, Mattis’ vision appears to run counter to the Navy’s existing Optimized Fleet Response Plan, known as O-FRP, which sets out a working plan for maintenance and training before a ship is deemed ready to deploy. The O-FRP also establishes clear expectations on when sailors will leave and return. The plan Mattis outlined on Capitol Hill, however, suggests that the Navy’s worldwide fleet might operate more like the Forward Deployed Naval Forces in Japan and Rota, Spain, which deploy more often but for shorter periods of time. The O-FRP was introduced in 2014 by then-Fleet Forces Commander Adm. Bill Gortney. It calls for ships to operate in a 36-month cycle that carves out 16 months for training and maintenance, a seven-month deployment, and 13 months where the carrier and the rest of its strike group are expected to maintain a high level of readiness in the event the group needs to deploy again.

That deployment model is at the core of nearly everything the Navy does, impacting everything from when the Navy brings in new recruits to boot camp to when an aircraft carrier needs to come out of its years-long reactor overhaul. “The O-FRP is really kind of a readiness generation engine,” said Chief of Naval Operations Adm. John Richardson. “And it takes about 18 months to maintain and train forces ready to fight to get them ready and fully certified for the high end. Then, there’s about 18 months or so of those forces being ready to be employed.” It’s also a system that builds in a significant dip in readiness where, during maintenance phases, ships lose sailors with critical skills to other commands and shore duty assignments.

The key to all those things, however, is predictability. Shipyards need to know when they will have a ship arrive and what the scope of the repair work will be so sufficient preparations can be made in advance. School houses need to know when to convene classes, and commanding officers need to know, when they get ready for deployment, which sailors with critical skills will be lost and need replacing before the next cruise. Predictability, however, is precisely what Mattis is trying to have less of in the face of a rising threat from Russia and China, said Bryan McGrath, a retired destroyer skipper and consultant with The FerryBridge Group. “[Optimized Fleet Response Plan] was designed to be predictable,” McGrath said. “From the outset, it was touted for bringing predictability to the shipyards and to sailors and their families. Secretary Mattis, in the face of great power competition, seems to value those things less, and I could not agree with him more.”

“I think what we’re seeing, the United States naval forces, the Navy/Marine Corps team, they are a maneuver force by their nature,” Richardson said. “You can use this very seamless environment of the ocean, below, on and above the surface, cyber space, up into space — all of that to be very dynamic.” Mattis’ plan, according to Navy officials, is not necessarily at odds with the broad outlines of O-FRP. n““We already have roughly six to eight months of deployment time built into the schedule, and that’s followed by roughly 12 to 14 months of a sustainment phase where they continue to go to sea and train but are ready to surge if needed,” the official said. “This idea essentially combines the deployment and periods into one while keeping the maintenance and initial spin-up in place — the O-FRP is flexible enough to handle that right now.” Once a ship enters this strategic “on deck” circle, they would begin regular maintenance and training phases again, starting the process over, which is precisely what happens today, the official said.

Yet, for sailors, the impact could be dramatic. Mattis said that under the proposed plan, deployments of up to 90 days would be more the norm if the ships are needed, but would not be mandatory. “So, during the time when they would be authorized to deploy, directed to deploy, they may not deploy out of home waters,” Mattis told lawmakers. Richardson confirmed as much, saying, “the idea here is to one, restore maneuver to the United States Navy as a global maneuver force, our nation’s first response force, and then to do so in a way that moves us towards great power kind of thinking and departs — or rebalances I would better say — with respect to the war on violent extremism. “So I would expect to see naval force elements move around in a much more dynamic and underway.”

More Readiness

What Mattis seems to value is a system that would bank more readiness. His suggestion of sending ships on more 90-day deployments would put less strain on ships’ mechanical and electronic systems and would make shipyard availabilities shorter. But his suggestion of putting three carriers in a place like the South China Sea would eat away enormously at the amount of readiness under the current deployment model because the Navy would not only have to gather three fully manned carriers and all their escort ships, but three air wings full of tactical aircraft that have been notably struggling with their own readiness issues. One way around that would be to focus more on a system that banks readiness rather than uses it for rotational deployments, but that would mean rethinking how the Navy has employed its forces since World War II.

It would also mean that Mattis is seeking to change the underlying assumptions the Navy has been operating under. “You can bank readiness by decreasing forward presence,” he said. “That is, if you have fewer forces forward deployed for the hell of it, you have more for pushing forward when you want them. In other words, it’s punishment rather than deterrence. You surge after the enemy has made its move. “Whereas if you want to deter them — to convince the

enemy that the success of their planned attack is dubious — you have to be there and be there powerfully, and that means a carrier strike group forward.”

Another way to put three carriers forward in one place on a semi-regular basis is to use the sustainment period that is built into O-FRP. But sending a carrier group back out during a 13-month period after a deployment, where the group is operating at a high state of readiness, undermines one of Mattis’s stated goals of trying to put less wear on the ships and ease the burden of eight-month deployments on families. That is precisely the kind of unpredictability and strain that has caused a mountain of maintenance problems for the Navy throughout the 2010s, problems that then reduce operational availability of ships that are stuck in the yards for repairs.

“The Navy has not done much with the sustainment phase in O-FRP, but presumably that will be one of the go-to moves to create flexibility and unpredictability in the schedule,” McGrath said. “There will, of course, be costs: fuel costs, less time with families, etc. “It remains to be seen the degree to which Mattis’ plans are doable within to the current readiness model. My sense is the readiness model is somewhat brittle, and additional requirements will put pressure on that model. The current OFRP was designed to create predictable, sustainable levels of readiness. SECDEF wants to be unpredictable. There is going to be tension.” [Source: NavyTimes | David B. Larter & Mark D. Faram | May 7, 2018 ++]

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

Five Navy service members who were stationed in San Diego fraudulently claimed \$100,000 insurance payouts for non-existent injuries, according to a federal indictment unsealed 2 MAY. The indictment filed in U.S. District Court in San Diego alleges that the four men and one woman fabricated their insurance claim applications with forged signatures and altered hospital records belonging to other real patients. The defendants pretended to have injured themselves in a variety of falls — including from a horse — or motorcycle crashes, the indictment says. Four of them got their \$100,000 before the government discovered the scheme and froze final payments, according to the U.S. Attorney’s Office.

Those indicted were **Richard Cote**, 43, of Oceanside, **Earnest Thompson**, 44, of Murrieta, brothers **Christopher Toups**, 40, of Woodstock, Ga. and **Jason Toups**, 35, of Gulfport, Miss. and Christopher Toups’ ex-wife, **Kelene McGrath**, 41, also known as Jacqueline Toups, of Jacksonville, Fla. They are charged with wire fraud and conspiracy to commit wire fraud, each of which carries a 20-year maximum prison sentence. They also are charged with making a fraudulent claim, which carries a maximum five-year prison term, prosecutors said. Christopher Toups was expected to appear for arraignment in Georgia. The others were arraigned 2 MAY before U.S. Magistrate Judge Ruben Brooks in San Diego. They have pleaded not guilty. An attorney for Cote did not immediately return a call and email seeking comment.

The indictment alleges the defendants filed bogus claims through Traumatic Servicemembers Group Life Insurance, a program funded by the Department of Defense and service members. The plan is meant to provide short-term financial aid, of up to \$100,000, to severely injured service members and veterans. According to the indictment:

- Cote was a chief petty officer and a member of Explosive Ordnance Disposal Expeditionary Support Unit One as of last December. He filled out a claim in 2015 saying he had suffered traumatic injuries in 2002 by falling off a ladder while taking down Christmas lights. He allegedly altered the real medical record of a Navy man who fell from a helicopter during training.
- Thompson was an officer until 2015, after serving four years in the same unit as Cote. He is alleged to have filed a claim in 2013 saying he broke his leg, foot, knee and forearm in a 2002 motorcycle accident.
- Christopher Toups, was a chief petty officer construction mechanic in the explosive disposal unit from 2010 to 2014. In 2012, he is alleged to have claimed major injuries from a fall during training in 2005.

- McGrath was an officer and a nurse until 2012. That year, the indictment says, she claimed a shoulder injury from a 2002 fall from a horse.
- Jason Toups, a petty officer 2nd class, filed a claim in 2013 for a purported motorcycle crash that caused numerous fractures and a concussion in 2004.

Only Cote failed to receive full payment on the insurance claim. The indictment, San Diego U.S. Attorney Adam Braverman said in a statement, “sends a message to those who seek to defraud the government out of the dollars meant to care for our seriously injured military members that they will be held accountable.” [Source: San Diego Union-Tribune | Pauline Repard | May 2, 2018 ++]

DoD PDBR Update 13 ► Where You Lowballed Upon Discharge?

Hardeep Grewal was a 29-year-old Air Force computer operations specialist suffering a mild case of pneumonia when he deployed to Saudi Arabia and a series of other Southwest Asian countries in 2003. The staff sergeant stayed ill and returned to the United States “looking like a scare crow,” he said. He was diagnosed with asthma, which would require two medications daily for the rest of his life. By December 2014, Grewal was medically discharged with a 10 percent disability rating and a small severance payment.

The Air Force physical evaluation board “lowballed me,” he recalled in a phone conversation 2 MAY from his Northern Virginia home. “They were trying to get rid of people” from a specialty that, after offering an attractive reenlistment bonus, quickly became overmanned. Grewal promptly applied to the Department of Veterans Affairs for disability compensation, and his initial VA rating was set at 30 percent. Full VA payments were delayed until Grewal's Air Force severance was recouped.

Twelve years later, in August 2016, he got a letter inviting him to have his military disability rating reviewed by a special board Congress created solely to determine whether veterans like him, discharged for conditions rated 20 percent disabling or less from Sept. 11, 2001, to Dec. 31, 2009, were treated fairly. “I waited like almost two months to apply because I didn't know if somebody was pulling my leg,” Grewal said. “I talked to a lot of people, including a friend at Langley Air Force Base, to find out if it was legit. He said other service members he knew who had gotten out were saying, 'Yeah, it's legit. You can look it up.' ”

Grewal had to wait 18 months, but he received his decision letter from the Physical Disability Board of Review (PDBR) this month. It recommends to the Air Force Secretary that Grewal's discharge with severance pay be recharacterized to permanent disability retirement, effective the date of his prior medical separation. If, as expected, the Air Force approves a revised disability rating to 30 percent back to December 2004, Grewal will receive retroactive disability retirement, become eligible for TRICARE health insurance, and begin to enjoy other privileges of “retiree” status, including access to discount shopping on base.

Congress ordered the PDBR established as part of the 2008 National Defense Authorization Act, after a mountain of evidence surfaced that service branches had been low-balling disability ratings given to thousands of service members medically separated over a nine-year period through recent wars. The PDBR began accepting applications in January 2009. So far only 19,000 veterans have applied from a pool of 71,000 known to be eligible for at least a disability rating review. All of them were medically discharged with disability ratings of 20 percent or less sometime during the qualifying period. A bump in rating to 30 percent or higher bestows retiree status, including a tax-free disability retirement and TRICARE eligibility.

And yet only 27 percent of veterans believed eligible for a rating review have applied. Indeed, applications to the PDBR have slowed to a trickle of 40 to 50 per month.

Greg Johnson, director of the PDBR, provided written responses to two dozen questions on the board's operations. Overall, he explained, 42 percent of applicants receive a recommendation that their original rating be upgraded. Their service branch has the final say on whether a recommendation is approved, but in almost every instance they have been. To date, 47 percent of Army veterans who applied got a recommendation for upgrade, and 18 percent saw their rating increased to at least 30 percent to qualify for disability retirement. For the Navy Department, which includes sailors and Marines, 34 percent of applicants received upgrade recommendations, and 17 percent gained retiree status. For Air Force applicants, the approval rate also has been 34 percent, but 21 percent airmen got a revised rating high enough to qualify for disability retirement.

The top three medical conditions triggering favorable recommendations are mental health issues, including **post-traumatic stress, back ailments, and arthritis**. As Grewal learned, decisions are not made quickly. The current wait, on average, is eight to 12 months, Johnson said. But that is faster than the 18-to-24-month wait that was routine in earlier years. Also, veterans need not fear a new review will result in a rating downgrade. The law establishing the PDBR doesn't allow for it.

Once received, applications are scanned into the PDBR database and the board requests from the service branch a copy of their physical evaluation board case file. Also, PDBR retrieves from the VA the veteran's treatment records and all documents associated with a VA disability rating decision. After paperwork is gathered, a PDBR panel of one medical officer and two non-medical officers, military or civilian, reviews the original rating decision. All panelists are the rank of colonel or lieutenant colonel (for Navy, captain or commander) or their civilian equivalents. The board has 34 voting members plus support staff, which is more than PDBR had in its early years, Johnson said. The wait for a decision is long because of the time it takes to retrieve records, the thoroughness of the review, and the complexity of the cases, Johnson said.

About 70 percent of applicants have been Army, 20 percent Navy or Marine Corps veterans, 10 percent Air Force, and less than 1 percent Coast Guard. PDBR notification letters have been sent to eligible veterans at last-known addresses at least twice and include applications and pre-stamped return envelopes. Grewal said he had moved four times since leaving service, which might be why he never heard of the board before the notification letter reach him in 2016.

At some point Congress could set a deadline for the board to cease operations, but it hasn't yet. The board advises veterans, however, to apply as soon as they can. The longer they wait, it notes on its website, "the more difficult it may be to gather required medical evidence from your VA rating process, your service treatment record, or other in-service sources [needed] to assess your claim." If an eligible veteran is incapacitated or deceased, a surviving spouse, next of kin, or legal representative also can request the PDBR review. Veterans and survivors can learn more about the PDBR online, including how to apply, at <https://health.mil/pdbr>. [Source: MOAA Newsletter | Tom Philpott | April 30, 2018 ++]

Traumatic Brain Injury Update 67 ► Shoulder-Fired Weapon Use Impact

Military personnel who have trained with heavy weaponry may have been exposed to blasts that cause traumatic brain injury, a newly published study claims. Emerging evidence presented in a May [Center for New American Security](#) report suggests that extensive use of shoulder-fired weapons like the Carl Gustaf recoilless rifle, the M72 LAW or the AT4 exposes service members to “overpressure” of the brain, the effect when a blast wave traveling faster than the speed of sound causes a ripple of the skull, generating additional pressure on the brain.

Prevalence of these injuries — coined “the signature of today’s wars” — in troops has escalated dramatically since the Department of Defense began documenting cases in 2000. Since then, there have been close to 380,000 personnel who have reportedly sustained some degree of traumatic brain injury. And by 2007, head injuries were the most treated injury by the U.S. military, eclipsing chest and abdominal wounds, the study found. But despite the soaring number of TBI cases in troops, the study suggests the injury is, in fact, underreported “due to fear of stigma ... or from the compounding effects of repeated exposure of low level blasts.” It was discovered in 2009 that military doctors rarely even addressed head injuries that didn’t show bleeding or penetration of the skull, CNAS found. Muddling the diagnostic process even further is that only the worst cases of TBI show up on most exams — TBI caused by a blast wave is unlikely to appear at all.

Because of the ambiguous detection process, coupled with the fact that symptoms are often confused with those of post-traumatic stress disorder, addressing injury severity can be especially complex. “Many injured soldiers do not initially realize that they have suffered an injury or experience immediate symptoms,” the CNAS report said. “Soldiers have even participated in firefights that they later do not remember, losing hours of memory after blast exposure.” The cumulative effect of repeated low-level blast exposure also complicates injury recognition, as TBI symptoms can manifest at a later point despite the absence of a singular contributing event.

Study author and former Army Ranger Paul Scharre told NPR that extensive exposure to particular weapons over the course of a military career “might have some subtle and insidious long-term effect that doesn’t materialize until later.” Those long-term effects can include “memory, attention, emotional, and mood problems that can last over a year,” the report said. The likelihood of developing an anxiety disorder, insomnia, fatigue, dizziness, irritability, headaches or seizures — all symptoms that can be confused for PTSD — also increases. The neurological toll of operating shoulder-fired weaponry is one Scharre knows well. “When you fire it, the pressure wave feels like getting hit in the face,” Scharre said. “If you’re looking at a large anti-tank rocket that a soldier would carry on his or her shoulder, that’s now a pretty large explosion — and it’s happening right next to your head.”

Despite growing evidence of blast injury effects, military-grade helmets are not currently manufactured with a blast injury prevention requirement. And even if they were, it’s not certain that upgraded helmets alone could eliminate TBI. In fact, a 1999 study found that “51 percent of warfighters who only experienced explosive injuries in their lower extremities still had symptoms consistent with TBI, including vertigo, headache, and insomnia,” CNAS reported. Ideas to remedy the existing predicament include developing helmets with modular face shields and implementing the wear of blast gauges, small environmental sensors that can be fit to a helmet or shoulder to measure blast overpressure, acceleration and temperature. “Every service member who is in a position where he or she might be exposed to blast waves should be wearing these devices,” Scharre told NPR. “And we need to be recording that data, putting it in their record and then putting it in a database for medical studies.”

Documenting blast exposure history in service members’ medical records would help ensure necessary care is provided for service-connected injuries, the study suggests. It would also help enforce the oft-overstepped boundary of a daily blast exposure limit, a critical step in mitigating cumulative wear and tear. Until some semblance of certainty for diagnosing TBI cases exists, however, the costs of treating such injuries is expected to continue skyrocketing. The Department of Veterans Affairs estimated that TBI treatment cost \$234 million in fiscal year 2015, the study found. That number is expected to balloon to \$2.2 billion over the next decade. The findings of the study are currently being reviewed by the Army, the NPR report said. [Source: MilitaryTimes | J.D. Simkins | May 1, 2018 ++]

Commissary Sales Update 04 ► Beer and Wine Sales Begin Within Next 90 Days

Beer and wine will be on the shelves in commissaries within the next 90 days, according to a Defense Department memo sent to lawmakers. “The availability of beer and wine at military commissary stores will increase customer satisfaction and convenience, and align with common commercial grocery store practices,” the 27 APR memo states. The memo, obtained by Military Times, was signed by Robert Wilkie, the undersecretary of defense for personnel and readiness. Commissary prices for beer and wine will be comparable to the prices in military exchanges, Wilkie noted in a separate memorandum, also dated April 27, to service and commissary officials. Officials will also implement measures that promote the responsible use of alcohol, he noted.

Wilkie is making history: Until now, commissaries haven’t been allowed to sell beer and wine, aside from some limited tests in the past. Similar to the way tobacco is priced in commissaries, the beer and wine will be purchased for resale from the military exchanges, to minimize any potential impact on exchange profits and dividends to morale, welfare and recreation programs. Wilkie’s memos said the initial phase of sales will begin within 90 days. This initiative excludes distilled spirits.

Defense and commissary officials have been studying a variety of initiatives related to the commissary and exchange benefits, including ways to reduce the commissary system’s reliance on taxpayer dollars. In the past, there have been recommendations to allow the stores to sell beer and wine to make a profit on these items, and add to the convenience for customers. One such recommendation was made by the Military Compensation and Retirement Modernization Commission in 2015. The exchanges will add an additional charge for the merchandise, to minimize any potential negative impact, and to cover the loss of earnings from lost sales at package stores.

Because of pricing flexibility they have been given by lawmakers — the ability to increase or lower prices of individual items — the commissary’s sales prices for beer and wine “will be comparable to the selling prices for beer and wine in military exchanges,” Wilkie’s memo to the services stated. Commissary officials will follow DoD requirements for the exchanges regarding the sale of beer and wine, including minimum age; eligible purchasers and quantity limitations; responsible use of beer and wine; segregation of stock and compliance with inventory controls, ration controls and signage; and other regulations. [Source: MilitaryTimes | Karen Jowers | May 1, 2018 ++]

Huawei Alarm Sounded ► Cellphone Giant Threatening The Global Order

As U.S. military brass continues to beat the warning drum about an ascendant China threatening the global order, the company responsible for some of the world’s hottest smartphones is being called out as another Chinese front in the burgeoning battle for supremacy with the United States. The cellphone behemoth Huawei was started by a former Chinese military official and has “extraordinary ties to the Chinese government,” Senate Select Intelligence Committee Chairman Sen. Richard Burr said in February. Due to security concerns, the federal government has moved to restrict Huawei’s operations in the United States and the Pentagon this week ordered military exchanges to stop selling electronics made by Huawei and its Chinese competitor, ZTE.



Huawei Mate SE 4G LTE



ZTE Tempo X.

“It’s not just the South China Sea,” Navy Secretary Richard Spencer told the Senate Appropriations Committee last month. “It’s across the full spectrum that China is coming at us.” The Navy’s top civilian has repeatedly sounded off in recent months on the need to keep Huawei out of military projects, showcasing how U.S. concerns about the company loom beyond consumer electronics. Spencer said the sea service is upping its vigilance to ensure that Huawei doesn’t sneak into Navy systems via the arcane labyrinth of the military contract world. “What we’re finding as we drill down is, if you got two and three layers of holding companies, all of a sudden China Inc. is the owner,” Spencer told Congress earlier this year. “And we have to start paying attention to this, and we are.”

He has in several congressional committee hearings shared details of a Huawei-related incident involving a Military Sealift Command contract for ship software. Huawei was found to be a “joint venture partner” with a division of GE that the Navy was contracting with, he told a House hearing in March. “Huawei is on the (National Security Agency) list for don’t touch,” Spencer said, and the Navy immediately worked to figure out what GE’s relationship is with the company. “We turned around and said, ‘Whoa, stop the horses,’” Spencer told the Senate Armed Services Committee last month. “We’d like to know what this means.” Spencer said GE officials reassured them that they were “not going to use any of the assets of Huawei, nor its software.” “We said, ‘Great, can we see the governance documents of the joint venture?’ And things got very frosty,” Spencer told the committee. As a result, the Navy had to insert “prophylactic language in there that will protect us,” he told the appropriations committee. “This is a continuing issue,” Spencer said.

GE spokeswoman Una Pulizzi said the company has a non-binding memorandum of understanding between its digital division and Huawei from 2016, “for the purpose of exploring potential civil commercial activities.” “The MOU is disconnected from any of GE’s US military engagements,” she said in an email. “We addressed the Navy’s questions related to the MSC contract and are moving forward.” MSC spokesman Nathan Potter said Huawei was not involved in the Navy contract for GE’s Predix Asset Performance Management software, which helps optimize maintenance costs and enhance performance. “The Navy and MSC concurred with GE’s assessment that the software being used onboard possesses no additional vulnerability than any other server software currently on ships,” Potter said in March. “The system adds no additional connections and no additional security risks. Also, Predix software will only be used ashore.” Huawei already sells products in 170 countries worldwide, and a current ad campaign on its U.S. website features “Wonder Woman” actress Gal Gadot and the slogan, “the best phone you’ve never heard of.”

Company officials pushed back against security concerns in a statement to Military Times this week. “We remain committed to openness and transparency in everything we do and want to be clear that no government has ever asked us to compromise the security or integrity of any of our networks or devices,” officials said in a statement. The Pentagon cited unspecified security concerns this week when it banned the sale of Huawei and ZTE products from military exchanges. “Huawei and ZTE devices may pose an unacceptable risk to the Department’s personnel, information and mission,” DOD spokesman Army Maj. Dave Eastburn told Military Times.

The Pentagon is evaluating whether it will need to implement a ban on the purchase and use of the company’s products, he said, and troops using such devices “should be aware of the media coverage concerning the security risks posed by the use of the devices, regardless of where the service member purchased the device.” Risks exist when entities “beholden to foreign governments” are allowed to operate in U.S. networks, FBI Director Christopher Wray told the Senate’s Select Intelligence Committee in February. “It provides the capacity to maliciously modify or steal information, and it provides the capacity to conduct undetected espionage,” he said. Huawei and other companies need to play by the rules in Western markets, committee vice chairman Sen. Mark Warner, said at the hearing. “Most Americans have never heard of all these companies,” the Virginia Democrat said. “We need to make sure that this is not a new way for China to gain access to sensitive technology.”

Such concerns come after reports that China pilfered American stealth fighter jet designs to build its own versions over the years, among other alleged cyber-related nefariousness that some fear has narrowed the military gap between the two countries. “What Beijing has been very good at is targeting U.S. defense contractors, getting into their

computer systems through various types of essentially cyber warfare and stealing the designs of some of America's best military assets," Harry Kazianis, defense studies director at the Center for the National Interest, told CNBC late last year.

On other U.S. government fronts, a bill has been introduced in the Senate that would prevent the government from using Huawei or ZTE products, or from contracting with companies that use them. The Federal Communications Commission voted last month in favor of a plan that would limit the ability of the companies to sell their products in the United States, the New York Times reported. Governments from Canada to Australia and other allies are now considering the security implications of Huawei as well, according to the Wall Street Journal. National Security Agency head Adm. Mike Rogers told the committee that the challenges posed by companies like Huawei will only increase over time.

Sen. Tom Cotton asked Rogers what U.S. mayors, county judges, university presidents and other functionaries should do if "Huawei or ZTE comes bearing gifts for them." "I would say you need to look long and hard at companies like this," Rogers said. Cotton asked the intel agency heads if any of them would ever use a Huawei or ZTE product, or recommend any American citizens use them. None of the intel heads raised their hand. [Source: Military Times | Geoff Ziezulewicz | May 3, 2018 ++]

POW/MIA Update 99 ► Sgt. David Quinn's Remains Returned After 75 Years

For over seven decades, a Marine Corps sergeant's family lived under the misconception that his body was lost at sea during World War II. Killed in what has been called the bloody Battle of Tarawa, David Quinn's remains have been identified and are on their way home to New Hampshire. Funeral services with full military honors were scheduled for the 24-year-old on 5 MAY at the Congregational Church of Temple.



Marine Corps Sgt. David Quinn

Quinn died on Nov. 20, 1943, the first day of the three-day Battle of Tarawa, as Marines landed against strong Japanese resistance on the tiny, coral reef-ringed island of Betio in the Tarawa Atoll of the Gilbert Islands. Approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded. His parents and siblings all died before the family discovered a letter to his widow from a Marine veteran disproving the claim that his body was lost at sea. In the early 2000s, they were contacted by military scientists that said DNA was available to identify Quinn.

It would be about a decade, in 2012, until a DNA kit was sent to two of his nieces to match the mitochondrial DNA that was collected from the remains. Five years later, in November of last year, they received notice that the remains were accounted for. "It's a shame that family who knew him never got that closure, but it's an amazing feeling knowing that this long journey is finally coming to an end," said Paul Quinn, his nephew, who found the letter during his research and spearheaded the efforts to identify his uncle's remains.

Paul Quinn said that his uncle died six years before he was born, and there were few stories passed along to the younger generation about him. But his immediate family remembered him fondly and were filled with regret that they never knew what happened to him. He married his widow, who he met in New Zealand, four months before he left for Tarawa. “When I first got in touch with her, she told me that they had more joy in those four months than most people find in a lifetime,” Quinn said.

Paul Quinn said he often doubted his uncle would be identified, especially after years of accepting the story that he was lost at sea. The Pentagon’s POW/MIA Accounting Agency says Quinn’s remains will be transferred at Logan Airport in Boston on May 4. “We never thought we’d be bringing him home. It’s pure joy,” Quinn said. There are currently 72,934 service members from World War II still unaccounted for. More than 400,000 died during the war. [Source: The Associated Press | Stephanie Morales | April 30, 2018 ++]

POW/MIA Update 100 ► PFC Harold V. Thomas’ Remains Identified

All she knows is a few stories — stories that reach back more than seven decades. They are stories of the hijinks of Harold V. Thomas and Robert Thomas when they played as kids in their family’s neighborhood on Columbus’ South Side a lifetime ago. Stories like how they thought it was funny to wade into the Scioto River wearing their new leather shoes “just to christen them.” Stories of how both men joined the Marines, how both went off to war, how only one came home. “It just wasn’t something my dad would ever talk about much,” Carole Thomas-Corne said of her father, Robert. “I just knew he spoke of my Uncle Bud so fondly.” Both men enlisted in the U.S. Marine Corps, and both fought in the Pacific Theater in World War II. And both were among some 18,000 Marines who stormed the small, heavily fortified island of Betio in the Tarawa Atoll in the Gilbert Islands in November 1943 to seize it from the Japanese. Robert was wounded and earned a Purple Heart; Bud was killed in action.



Marine Pfc. Harold V. Thomas, 21

Thomas-Corne, who lives on the Northeast Side, said the story that was passed down was that the man she only ever heard called “Uncle Bud” had been buried at sea. Now, she thinks that was probably made up to, in some small way, comfort Bud’s grieving mother. The not knowing may have otherwise proven too much. “They say she was never the same after he died,” Thomas-Corne, 69, recalled of her grandmother. Now, after 75 years of questions, the Thomas family finally has some answers. Remains that have been interred at the National Memorial Cemetery of the Pacific were identified last year as those of Marine Pfc. Harold V. “Bud” Thomas, who was scheduled to be buried on 8 MAY with full military honors at Arlington National Cemetery in Virginia. As many as 20 relatives, including some nieces and nephews who still live in Columbus, will attend. “It is just absolutely amazing,” Thomas-Corne said. “This means everything to our family.”

The Battle of Tarawa was among the war’s bloodiest. The history books say a low tide kept the U.S. boats from making landfall, and the arriving Marines were forced to wade ashore under heavy fire. The mission was a success,

as the Japanese on the island were defeated, but the price was heavy: Almost 1,000 U.S. Marines and 30 Navy sailors were killed, and some 2,000 U.S. troops were wounded. In 2016, the Marine Corps Times reported that 550 sets of remains were still unidentified, including some that were still on the atoll. The Defense POW/MIA Accounting Agency, which is charged with recovery and identification of America's war dead, has a special project to identify remains from the battle, said Chuck Prichard, the agency's director of public affairs. It has since 2016 identified 106 sets of remains, leaving 444 as of two weeks ago.

Records show that Bud Thomas enlisted in the Marines on Aug. 7, 1942. He fought with Company F, 2nd Battalion, 2nd Marine Regiment of the 2nd Marine Division. The Battle of Tarawa began on Nov. 20, 1943, and lasted for three days. He was killed on the first day of fighting. A story in The Dispatch on Dec. 29, 1943, noted his death and said his parents had just been notified. "I think the family just never knew too much more after that," Thomas-Corne said. Harry Thomas Jr., a nephew of both Bud and Robert Thomas, had always taken more than a passing interest in his late uncle's story. He once had reached out to the Marines looking for answers. "I wanted a point of contact, a source, where I could determine something of the battle and learn more about what happened," said the 77-year-old who grew up in Columbus and graduated from South High School in 1958. He lives near Atlanta now.

In mid-2016, some of the Thomas family was gathered at the home of Dorothy Thomas Hartley, Robert and Bud's sister, after her death. Harry was among them. He had heard about advancing DNA testing that was increasingly helping to attach names to previously unidentified remains so, on a whim, he asked Dorothy's son if he could have her hairbrush. That kick-started a chain of events that led to Harry and another cousin submitting DNA samples to the government. Not long after, they were told that their uncle's remains had been positively identified. Speaking of it even now chokes up Harry. "We deal with this now with both thanks and respect," he said. "Our family would talk about Uncle Bud with only love and reverence. Now, we can gather to show that to him in force." [Source: The Columbus (Ohio) Dispatch | Holly Zachariah | May 7, 2018 ++]

POW/MIA Recoveries ► Reported 01 thru 15 MAY 2018 | Eighteen

"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/2018> for a listing and details of those accounted for in 2018. 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 Cpl. Albert E. Quintero**, 23, of Los Angeles, whose identification was previously announced, will be buried May 14 in Long Beach, Calif. Quintero was a member of Battery D, 15th Anti-aircraft Artillery Automatic Weapons Self-propelled Battalion, 7th Infantry Division. In late November 1950, his unit was assembled with South Korean soldiers in the 31st Regimental Combat Team (RCT) on the east side of the Chosin River, North Korea, when his unit was attacked by Chinese forces. Quintero was among more than 1,000 members of the RCT killed or captured in enemy territory and was declared missing on Dec. 2, 1950. [Read about Quintero.](#)
- **Army Cpl. Terrell J. Fuller** was a member of Company D, 1st Battalion, 38th Infantry Regiment, 2nd Infantry Division, supporting Republic of Korea Army attacks against units of the Chinese People's Volunteer Forces in an area known as the Central Corridor in South Korea. After enduring sustained enemy attacks, the American units withdrew to Wonju, South Korea. It was during this withdrawal that Fuller was reported missing as of Feb. 12, 1951. Interment services are pending. [Read about Fuller.](#)
- **Army Maj. Donald G. Carr**, 32, of San Antonio, whose identification was previously announced, will be buried May 11, at San Antonio National Cemetery. Carr was assigned to Mobile Launch Team 3, 5th Special Forces Group, as an observer in an OV-10A aircraft. On July 6, 1971, his aircraft encountered bad weather. Shortly afterward, the ground team he was supporting heard an explosion to their northeast, which they believed to be that of an OV-10A. They failed to locate the crash site, however, and Carr was declared missing in action. [Read about Carr.](#)
- **Army Pfc. Billy R. Ball**, 20, of Matthews, Mo., whose identification was previously announced, will be buried May 4 in St. Louis. Ball was a member of Headquarters Detachment Philippines Department, when Japanese forces invaded the Philippine Islands on Dec. 8, 1941. After months of intense fighting, Corregidor fell and American forces surrendered on May 6, 1942. Ball was one of the thousands of U.S. and Filipino service members taken prisoner and eventually moved to Cabanatuan POW camp. More than 2,500 POWs perished in this camp during the remaining years of the war. According to prisoner records, Ball died on Sept. 28, 1942, and was buried along with fellow prisoners in the local Cabanatuan camp cemetery. [Read about Ball.](#)

- **Army Pfc. Oscar E. Sappington** was a member of 3rd Platoon, Company C, 1st Battalion, 309th Infantry Regiment, 78th Infantry Division. On Jan. 10, 1945, the 309th Infantry launched a number of attacks in the Hürtgen Forest of Germany. At some point during the two days of action, Sappington stepped on a landmine. Though he was mortally wounded, no soldiers from his unit could reach him during the vicious fighting to render aid or confirm his death. He was reported missing in action as of Jan. 11, 1945. Interment services are pending. [Read about Sappington.](#)
- **Army Pvt. Kenneth D. Farris** was assigned to Company B, 22nd Infantry Regiment, 4th Infantry Division. On Nov. 28, 1944, Farris was wounded by artillery and left the front line for the battalion aid station. His regiment remained in combat for several more days, reaching the outskirts of Gey, Germany, before being pulled off the front line. When officers took an accounting of the surviving Company B soldiers, Farris could not be found. Interment services are pending. [Read about Farris.](#)
- **Army Sgt. 1st Class Rufus L. Ketchum** was a member of Medical Detachment, 57th Field Artillery Battalion, 31st Regimental Combat Team, 7th Infantry Division. In late November 1950, his unit was assembled with South Korean soldiers in the 31st Regimental Combat Team (RCT) on the east side of the Chosin River, North Korea, when his unit was attacked by Chinese forces. Ketchum was among more than 1,000 members of the RCT killed or captured in enemy territory and was declared missing on Dec. 6, 1950. Interment services are pending. [Read about Ketchum.](#)
- **Marine Corps Cpl. John V. McNichol**, 20, of Altoona, Pa., whose identification was previously announced, will be buried May 14 in Arlington National Cemetery, near Washington, D.C. McNichol was assigned to Company E, 2nd Battalion, 8th Marine Regiment, 2nd Marine Division, Fleet Marine Force. On Nov. 20, 1943, McNichol's unit landed on the small island of Betio in the Tarawa Atoll against stiff Japanese resistance. Over several days of fighting, approximately 1,000 Marines and sailors were killed in the intense fighting. McNichol was killed on Nov. 21, 1943. [Read about McNichol.](#)
- **Marine Corps Pfc. Harold V. Thomas**, 21, of Columbus, Ohio, whose identification was previously announced, will be buried May 7 in Arlington National Cemetery, near Washington, D.C. Thomas was a member of Company F, 2nd Battalion, 2nd Marine Regiment, 2nd Marine Division. Thomas's unit was one of those tasked with securing the small island of Betio in the Tarawa Atoll. Encountering fierce resistance by the Japanese, almost 1,000 Marines and sailors were killed and another 1,000 were wounded in the battle. Thomas was killed on the first day of the battle, Nov. 20, 1943. [Read about Thomas.](#)
- **Marine Corps Pfc. William F. Cavin** was assigned to Company F, 2nd Battalion, 8th Marine Regiment, 2nd Marine Division, Fleet Marine Force. On Nov. 19, 1943, Cavin's unit landed on the small island of Betio in the Tarawa Atoll against stiff Japanese resistance. Cavin was killed on the first day of the battle, one of approximately 1,000 Marines and sailors killed in the intense fighting. Interment services are pending. [Read about Cavin.](#)
- **Marine Corps Reserve 1st Sgt. David H. Quinn**, 24, of Temple, N.H., whose identification was previously announced, will be buried May 5 in his hometown. Quinn was assigned to Company C, 2nd Amphibian Tractor Battalion (C-2d Amp Tr Bn), 2nd Marine Division. On Nov. 20, 1943, Quinn's unit landed on the small island of Betio in the Tarawa Atoll against stiff Japanese resistance. Quinn was killed on the second day of the battle, one of approximately 1,000 Marines and sailors killed in the intense fighting. [Read about Quinn.](#)
- **Marine Corps Reserve Cpl Raymond A. Barker**, 22, of Evanston, Ill., whose identification was previously announced, will be buried May 5 in Delavan, Wis. Barker was assigned to Company C, 2nd Tank Battalion, 2nd Marine Division. On Nov. 20, 1943, Barker's unit landed on the small island of Betio in the Tarawa Atoll against stiff Japanese resistance. Barker was killed on the first day of the battle, one of approximately 1,000 Marines and sailors killed in the intense fighting. [Read about Barker.](#)
- **Navy Fireman 2nd Class George C. Ford** was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The battleship

sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen. Interment services are pending. [Read about Ford.](#)

- **Navy Hospital Corpsman 1st Class William G. Payne**, 41, of Springfield, Mo., whose identification was previously announced, will be buried May 11 in the National Memorial Cemetery of the Pacific in Honolulu. Payne was a medical specialist assigned to the 7th Marine Regiment, 1st Marine Division. In late November 1950, Payne's unit was fighting against repeat attacks by Chinese forces in the area surrounding Yudam-ni, North Korea. Payne was killed during the fighting on Dec. 1, 1950, and was reportedly buried in a temporary cemetery at Yudam-ni. [Read about Payne.](#)
- **Navy Radioman 2nd Class Quentin J Gifford**, 22, of Mankato, Minn., whose identification was previously announced, will be buried May 12 at Fort Snelling National Cemetery, Minn. Gifford was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The battleship sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen. [Read about Gifford.](#)
- **Navy Seaman 1st Class Clifford G. Goodwin**, 24, of Diamond, Mo., whose identification was previously announced, will be buried May 12 in his hometown. Goodwin was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The battleship sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen. [Read about Goodwin.](#)
- **Navy Seaman 1st Class Natale I. Torti** was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The battleship sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen. Interment services are pending. [Read about Torti.](#)
- **Navy Shipfitter 3rd Class John M. Donald** was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The battleship sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen. Interment services are pending. [Read about Donald.](#)

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

* VA *



VA Medical Images & Reports ► Securely Access Medical Images Online

VA recently released a new online feature through the [My HealthVet](#) portal that allows Veterans to access their medical images and associated study reports online. Called [VA Medical Images and Reports](#), the feature allows Veterans with a premium account to view, download and share copies of their radiology studies, such as X-rays, mammograms, MRIs and CTs, from the VA Electronic Health Record (EHR). “With VA Medical Images and Reports, patients have the option of obtaining their images and reports online, eliminating the need to visit a VA facility to acquire a copy of their information,” said VA Acting Secretary Robert Wilkie. “This feature aligns with [VA Blue Button's](#) concept, which simplifies patient access to their personal health information by allowing them to retrieve it securely online.”



Veterans can view a list of accessible radiology studies, which are available in My HealthVet, three calendar days after the study report has been verified. When a request for a specific study is completed, Veterans can view a lower resolution thumbnail copy of the images and the associated radiology report online, or download a zip file that contains the report and diagnostic quality images. For studies with large files, Veterans can choose to receive an email notification when the download request is complete. To view diagnostic quality ([Digital Imaging and Communication in Medicine or DICOM](#)) images, Veterans may install a free medical image viewer on their computer to view DICOM image files. The images and reports may be copied to a CD, DVD, USB flash drive, or any portable drive of their choice to share with providers, both outside of VA and across VA settings of care. [Source: Vantage Point | April 30, 2018 ++]

VASRD ► VA Rating Schedule Updates | Eye, Breast, & FSAD

In September 2017, VA began updating the VA Schedule for Rating Disabilities ([VASRD](#)), the federal regulations used by claims processors to determine the severity of disabilities related to military service and decide claims. VA is completely updating this group of federal regulations commonly referred to as the “VASRD” or “rating schedule” for the first time since 1945. On 13 May, [the new rating schedule for gynecological conditions and disorders of the breast and eye conditions is effective](#). The rating schedules for [dental and oral conditions](#) and conditions related to the endocrine system were updated in 2017. VA will continue updating the remainder of the VASRD affecting 15 total body systems over the next several months.

- Several revisions were made to the general rating formula for diseases of the eye, including a new definition of incapacitating episodes that more clearly measures level of disability. Additionally, three diagnostic codes — diabetic retinopathy, retinal dystrophy and post-chiasmal disorders — were added and others were re-titled, restructured or updated. No conditions were removed from either portion of the rating schedule.
- Several diagnostic codes were added to the schedule for gynecological conditions and disorders of the breast, including malignant neoplasms, benign neoplasms and other injuries of the breast. Several more diagnostic codes were restructured and revised.

One notable update includes the addition of Female Sexual Arousal Disorder (FSAD) to the rating schedule for gynecological conditions and disorders of the breast. Currently, male Veterans with certain penile conditions are eligible for disability compensation if a condition is considered related to military service. They are also eligible for an additional monthly benefit under [Special Monthly Compensation](#). However, there was no rating option for similarly disabling conditions affecting women Veterans. The new rating schedule guarantees both men and women Veterans are evaluated equally. VA is proud that this rating guidance now reflects both modern medicine and a better understanding of physical conditions affecting women Veterans. VA remains committed to continuously improving our service to Veterans and staying at the forefront of modern medicine. [Source: Vantage Point | Dominique Joseph | May 14, 2018 ++]

VA Telehealth Update 15 ► Access Across State Lines Now Authorized

On 11 MAY the U.S. Department of Veterans Affairs (VA) announced a new federal rule that will allow VA doctors, nurses and other health-care providers to administer care to Veterans using telehealth, or virtual technology, regardless of where in the United States the provider or Veteran is located, including when care will occur across state lines or outside a VA facility. Previously, it was unclear whether VA providers could furnish care to Veterans in other states through telehealth because of licensing restrictions or state-specific telehealth laws. This new rule exercises federal preemption to override those state restrictions, paving the way for VA to expand care to Veterans using telehealth.

VA worked closely with the White House Office of American Innovation and the Department of Justice for implementation of the new rule. “This new rule is critical to VA’s ‘anywhere to anywhere’ initiative,” said VA Acting Secretary Robert Wilkie. “Now that the rule has been finalized, VA providers and patients can start enjoying the full benefits of VA’s telehealth services.” By enabling Veterans nationwide to receive care at home, the rule will especially benefit Veterans living in rural areas who would otherwise need to travel a considerable distance or across state lines to receive care. The rule also will expand Veterans’ access to critical care that can be provided virtually — such as mental health care and suicide prevention — by allowing quicker and easier access to VA mental health providers through telehealth.

VA first announced the proposed rule, titled “Authority of Health Care Providers to Practice Telehealth,” at a White House event last August, during which VA and President Donald Trump launched the “Anywhere to Anywhere” initiative. In the announcement, VA also unveiled VA Video Connect, a video conferencing app for Veterans and VA providers. Through this new rule, VA providers will be able to use VA Video Connect and other forms of telehealth to furnish care to Veterans anywhere in the country, including in the Veteran’s home. To learn more about VA’s telehealth “Anywhere to Anywhere” initiative, visit VA’s Office of Connected Care at <https://connectedcare.va.gov>. [Source: VA News Release | May 11, 2018 ++]

VA Debit Cards Update 01 ► Direct Express Debit Mastercard Option

Does anyone use paper checks anymore? Not many do, because they are costly, easy to misplace, and too much paper is bad for the environment. VA is excited to introduce the Direct Express Debit Mastercard card for Beneficiary Travel and Compensated Work Therapy payments. This prepaid debit card is available to Veterans who don’t have bank accounts or simply prefer to get their payments on a debit card. Purchases can easily be made anywhere Debit Mastercard is accepted. You can get cash at retail locations, banks, credit unions, and ATMs throughout the world.



Providing Veterans easier, faster and safer access to their money is one of VA’s top priorities. Over 26,000 Veterans are receiving their Beneficiary Travel payments on debit cards. Electronic processing costs are considerably less than

paper checks which also helps fund more services to Veterans. You may be wondering if you can have direct deposit to your bank account and a debit card. You need to choose one or the other. But, either way you go, you will receive your money a lot faster and it's very safe and secure. We're trying hard to find new ways to serve you better. It's our way of honoring your service and empowering your health. Visit the agent cashier at your local VA facility to sign up. Have questions about direct deposit or the Direct Express card? Customer service agents are available to help you. Call toll free 877-597-3055 Monday – Friday, 8 a.m. to 8 p.m. ET or visit www.usdirectexpress.com. [Source: Vantage Point | May 11, 2018 ++]

VA FDC Program Update 03 ► Fast Track Way to Get VA Disability Benefits Processed

The Fully Developed Claim process is intended to be a fast track way to get VA disability benefits processed. From 2008-2012, the VA experienced a 50% increase in the number of claims submitted, and those incoming claims were more complex – containing 19% more medical conditions. The Fully Developed Claim (FDC) was first tested as a pilot program, to address the increasing delays in processing claims.

What is a Fully Developed Claim

As the VA works to reduce the backlog of claims, the FDC emerged as a way to get claims that are in solid order pushed through the system faster. The FDC concept refers to the fact that VA disability benefits claims are considered “fully developed” when the veteran has no more evidence to submit and the only assistance required from the VA is to secure federal records and order any medical examinations. The applicant submits an official FDC claim form ([VA Form 21-526EZ](#)), and submits all available supporting evidence, like private treatment records and notice of Federal treatment records, to the VA at the time they first file a formal claim; the veterans also certify they have no more evidence to submit.

The VA states that it has provided priority channels for processing claims submitted in accordance with the FDC procedures. According to the VA, “The Fully Developed Claims (FDC) Program is the fastest way of getting your compensation or pension claim processed. Participation in the FDC Program allows for faster claims processing while preserving great quality of service and your right to appeal a decision.”

Fast-track procedure

Using the FDC procedures can cut down on the claim processing time for an initial claim by more than half. In an August 2012 press release, the VA stated, “Currently, FDC claims take an average of 110 days to decide compared to 254 days through the traditional claims method.” There are a couple of ways that the FDC process cuts down on processing time:

- First, the veteran files an intention to use the FDC system, which sets the effective date of the claim.
- The VA tells the veteran precisely what information and evidence is needed to process the claim. Once the vet gathers and submits all of the documentation, the VA begins to process the claim. This can eliminate delays of the back and forth of waiting for further instructions and more evidence. It lets you know up front the documents you need. Veterans and their representatives do much of the development that typically takes the VA up to half a year to gather.
- The up-front submission of evidence allows the VA to start processing the claim immediately, without holding it for mandatory wait periods.
- Most Veteran's Service Organizations have representatives who can help develop a FDC claim for free, although applicants can also seek legal advice.
- If for some reason your claim does not meet the FDC criteria, your claim will be converted to standard processing.

After the veteran submits the claim, the VA will gather all federal records identified, such as VA Medical Center records and the documents from the Social Security Administration. The VA will also send the applicant for a VA medical examination, if needed.

How does FDC compare to a regular claim submission?

The main difference is that with a standard application, the VA is the one who tracks down most of your documentation and evidence. With the FDC, the veteran gathers as much documents as possible up front. The VA website describes the standard claim process this way:

- The VA is responsible for getting relevant records from any federal agency that you identify and authorize;
- The VA will make every reasonable effort to obtain relevant records not held by a federal agency that you identify and authorize. These may include:
 - 1) Privately held evidence and information you tell them about (such as records from a private doctor or hospital) and/or
 - 2) Records from state or local governments or current or former employers.

Refer to <http://www.veteranprograms.com/fully-developed-claim2.html> and/or <http://statesidelegal.org/va-fully-developed-claim-program> for additional information on the program. [Source: USVCP | May 11, 2018 ++]

VA Disability Claims ► Non-Combat Related Conditions Applicable

Many veterans often fail to file claims for disability benefits either because they are not aware that they can, or because they don't think their disability would be applicable. Disabilities need not be combat or even work related; they can be the result of playing sports, falling out of your barracks bed, participating in unit PT, or a car accident on while on leave. Any veteran with a current health problem that they believe started on or as a result of their active duty service should consider filing a claim with the Department of Veterans Affairs (VA). For those veterans already receiving VA disability benefits for service-connected conditions, be aware that disabilities seldom improve over time; they normally worsen. If a veteran who is service connected for a disability feels that their disability has gotten worse, they should apply to VA for a reevaluation of their disability level. Veterans who think they might have a disability caused by their service, or who feel that their already service-connected disability has worsened, are strongly encouraged to contact their nearest VA, VSO office, or veterans organization to inquire about the possibility of gaining benefits for a troubling disability.

Most veteran's organizations will be able to fully explain the claims process, and will help complete all the necessary paperwork for submission to VA. For information on disability claims or any other veteran benefits, please don't hesitate to contact the VA at 1-800-827-1000, a veteran-friendly veteran's organization or your local VSO office. [Source:

VA Disability Claims Update 01 ► Top 10 Reasons for Not Applying

Compiled from data from many sources, below are the Top 10 Reasons Veterans Don't Pursue Benefits.

1. I don't trust the Government -- Many veterans have indicated that they don't trust their Government in matters of confidentiality and privacy, and therefore, have no interest in pursuing benefits. Veterans from the Vietnam era are particularly sensitive regarding their distrust of the Government. Many veterans from that era have indicated that they had a very bad experience while in uniform, and felt as though the Government is not really inclined to assist or help

them. One veteran said, "The Government did me wrong while I was in Vietnam, and I am sure they'll do me wrong again."

2. I didn't know I was eligible -- Far too many veterans are unaware of their eligibility status. Many veterans assume that since they aren't registered to use VA services, they are automatically ineligible for benefits. One veteran said, "I never retired from the military so I always believed I was ineligible for benefits."

3. I am not eligible -- Military discharge status plays in big role in determining if a veteran is potentially eligible for benefits. Honorably discharged veterans are 100% eligible for benefits if they meet the criteria. Veterans with a Bad Conduct Discharge are not eligible for benefits. However, some veterans fall some place between an Honorable Discharge and a Bad Conduct Discharge. For instance, a veteran with a General Discharge is oftentimes eligible for benefits. Best to visit with a Veterans Service Officer to find out if you qualify. One veteran said, "My discharge papers show that I was forced out of the military due to the needs of the Government and my bad foot. I have a General Discharge with medical stipulations. I always thought that made me ineligible for future benefits."

4. I don't want to go through the "red tape" -- Many veterans are of the belief that pursuing benefits from the VA is a matter of navigating a very complex and confusing system that involves mounds of documentation. While it may be true that there is a lot of paperwork, most, if not all is handled by a competent VSO and not the veteran. The VSO is trained to work with the bureaucracy, not the veteran, and takes much the complexity away from the veteran. One veteran said, "It's just too confusing to get started."

5. I don't know how -- While there are many veterans service organizations in existence, many veterans do not understand how those organizations can truly help them apply for benefits. Also, many veterans don't know where to begin. One veteran said, "I always thought a VFW was a bar for veterans, and they sit around and swap war stories. I never knew they had staff on board that could help me apply for benefits."

6. I make too much money -- There are many veterans who make over one hundred thousand dollars annually, and are receiving compensation for a service-connected disability. A veterans' disability is independent from their income from other sources, and is not a factor to determine eligibility. There are a few millionaire politicians who are service-connected and receive monthly compensation from a service-connected disability. One veteran said, "I never applied for benefits because I always believed I made too much money to be eligible for compensation."

7. I was denied after the war -- Sure, many veterans are denied after first applying for benefits, whether a few months after serving in a war zone or years later. Bottom line, sometimes it takes a few tries to get it right. One veteran said, "I applied for compensation after being diagnosed with PTSD and was quickly denied. I decided it wasn't worth my time to try again."

8. Don't know what to apply for -- Some veterans have many post war ailments and aren't sure which ones to submit for service-connected compensation, while other veterans appear healthy, except for a few nagging conditions, and aren't sure if their condition would be considered for compensation. Discussing your issue with a respected and competent VSO is very important. They often know what is potentially eligible for compensation and what is not and most importantly, how to get your benefits package started. One veteran said, "I have so many things wrong with me I don't know where to start. If I submit claims for all of my conditions the VA will reject them all thinking I am not telling the truth."

9. I can't prove my health problems are related to my time in the military -- Finding a good VSO is very important in securing disability compensation for a service-connected condition. The VSO will help you connect the dots. Some VSOs are very innovative in helping veterans find the appropriate proof needed for their claims. While other VSOs have great "inside connections" that may be able to locate documents needed to show proof for a veteran. One veteran said, "The VA can't find my medical records so I can't prove I was injured in Vietnam."

10. Other veterans are more deserving -- Too many veterans take this stance to keep themselves from attempting to apply for benefits they may be eligible to receive. The forces and influences that kept many soldiers alive by

watching each other's' back live with them forever. One veteran said, "It took guys in my group one year to convince me that I should apply for compensation. I did, and six months later I was 80% service-connected for PTSD, depression, and diabetes. I never would have put in for benefits if they didn't talk me into it."

Note: Refer to <http://www.veteranprograms.com/pd-full-list.html> for a full list of presumptive conditions.

[Source: U.S. Veteran Compensation Programs | May 10, 2018 ++]

VA Secretary Update 77 ► Nominee Debacle May Distract from VA's Major Problems

Now that the White House withdrew its initial nomination to be secretary of Veterans Affairs, what will the next nominee face? Whoever gets the position will have the task of trying to manage an agency that has long been in crisis. Nevertheless, the VA has pioneered evidence-based medicine and, overall, gets better outcomes at lower costs than many private health care providers. The VA has 360,000 employees and a US\$186 billion annual budget. Conversation's Richard Lachmann, who has studied government budgets and the organization of government agencies, believes the next secretary, like his predecessor, will have to address three major problems if the VA is to be effective in meeting the needs of the millions of veterans who depend on it for their care.

1. Funding -- The VA is funded much less generously than private medical providers. That means VA doctors earn substantially less than other physicians, making it hard to fill vacancies. Occasionally, Congress votes to increase the VA budget, allowing the department to offer raises or one-time bonuses that attract new physicians. But then, subsequent budget cuts and government-wide salary freezes drive VA doctors to the private sector. Physician and nurse shortages, due entirely to inadequate budgets, are the main reason why veterans have long waits for appointments and procedures.

2. Access -- The VA has no control over the number or location of veterans who gain the right to medical care through their military service. The number of veterans was shrinking prior to 9/11. The wars in Afghanistan and Iraq made 4 million additional veterans eligible for VA medical services. Dramatic advances in saving the lives of wounded soldiers mean there are more severely disabled veterans needing complex care. Growing understanding of the psychological effects of combat has led to a dramatic increase in the number of veterans who apply for and can benefit from psychological treatment. In addition, veterans, like other Americans, are more likely to live in the South and West than earlier generations. Thus, VA hospitals and clinics, mostly built in the post-war era, are not where the veterans live. It should be no surprise that some of the longest waits for care and the center of the scandal around VA officials falsifying data on the wait time for care was in Arizona, an area with many veterans and not enough VA facilities.

3. Privatization -- Many conservatives and for-profit health providers in search of new customers want to convert the VA into a conduit for government money to buy private insurance or care for veterans. Private care is more expensive and generally of lower quality care than what the VA now provides. Thus, increasing the use of private facilities will disrupt the continuity of care that is the basis for much of the VA's lower costs and better outcomes. Funds diverted to pay for private care will rob the VA of resources needed to hire more doctors and nurses or to build facilities where they are needed. President Trump said he fired former VA Secretary David Shulkin, the man Jackson had been nominated to replace, to facilitate further privatization. Veterans' organizations and members of Congress from both parties oppose privatizing because of the deleterious budgetary and health effects they say it would have.

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It remains to be seen what role the new VA head will play in this conflict. The outcome will determine whether the VA's problems worsen as the VA takes on the faults of America's private health care system, or if the VA is given

the resources to demonstrate the advantages of government provided medical care. [Source: GoveExec.com | Richard Lachmann (The Conversation) | May 4, 2018 ++]

VA Blue Water Claims Update 44 ► New Deal Could Mean Benefits for 90K Vets

Nearly 90,000 veterans who served in ships off the Vietnam coastline during that war may become eligible for disability benefits under a new congressional agreement unveiled 4 MAY. Members of the House Veterans' Affairs Committee will vote the week of 7 MAY on a plan to cover benefits for so-called "blue water Navy veterans" from the war with a new fee on home loans through the Department of Veterans Affairs. Committee Chairman Rep. Phil Roe, R-Tenn., called the deal long overdue. "We owe it to the brave veterans who served in the Vietnam War to provide benefits for conditions they may have developed because of exposure to Agent Orange," he said in a statement.

The announcement comes the same day as a court hearing on the issue that could eventually force VA to award disability payouts to the veterans, many of whom have felt unfairly slighted by a policy change 16 years ago which stripped them of thousands of dollars a month. They are approaching the congressional news with cautious optimism. "While it's been rumored we are going to get this legislation passed in a Memorial Day package, we have been told before we were close to victory, only to have our legislation held up as a political pawn," said Mike Little, national executive director of the Blue Water Navy Vietnam Veterans Association. "This kills the spirits of my members. This time, we have tried the best we can to make sure we have all the facts before we go let them down again."

At issue is VA's process regarding presumptive status for exposure to Agent Orange and other dangerous wartime chemicals. Under current department rules, troops who served on the ground in Vietnam or patrolled inland rivers are assumed to have been working with or near the chemical defoliant, and are given special status when filing disability benefits claims to speed up the process. But the blue water veterans — who served on ships off the coast of the country — still must prove they were directly exposed to Agent Orange for their illnesses to be labeled as service-connected. In many cases, collecting scientific evidence of the presence of the chemical on or near the ships is impossible, given the decades that have passed. Lawmakers in recent years have called the distinction an unfortunate oversight, but have also struggled with how to pay for the cost of extending presumptive status to the excluded veterans.

The new home loan fee — which has the backing of Little's group and other veterans organizations — will cost the typical veteran homeowner about \$350 over 10 years, and will generate about \$1.1 billion over the same span to offset the extension costs. However, only about 60 percent of borrowers will pay that new fee. Most veterans with a disability rating who use the home loan program will be exempt. Committee ranking member Tim Walz (D-MN) said he will support the plan, calling it "yet another example of the good we can accomplish when we work together on a bipartisan basis with veterans' service organizations and reach across the aisle." Committee members are expected to vote on the proposal next Tuesday. A ruling from the pending lawsuit is expected to take several more months. Little noted that many of the veterans who would benefit from the policy change are elderly or infirm, making every delay more upsetting. "Congress can't put this off anymore," he said. [Source: MarineCorpsTimes | Leo Shane III | May 5, 2018 ++]

VA Claim Decision ► More Efficient Review Process Implemented

On 4 MAY the U.S. Department of Veterans Affairs (VA) announced it is offering two opportunities for early participation in the new, more efficient claims decision review process outlined in the historic Veterans Appeals Improvement and Modernization Act of 2017. These two opportunities will allow eligible Veterans to receive a review of a decision on a claim much faster than the current appeals process. "VA is committed to transforming the appeals

process,” said VA Acting Secretary Robert Wilkie. “This is evidenced by the success of Rapid Appeals Modernization Program which has seen over 12,000 Veterans opt-in. In addition, the Board of Veterans’ Appeals has issued approximately 46,000 decisions this fiscal year — nearly 23,000 more decisions than last year at this time. We are on pace to reach a historical fiscal goal of 81,000 decisions.”

First, VA will expand the **Rapid Appeals Modernization Program (RAMP)** by removing the requirement that Veterans first receive an invitation from VA in order to elect participation in the program. RAMP, which was initially launched in November 2017 as an invitation only program, allows eligible Veterans with a disability compensation appeal early access to the Higher-Level Review and Supplemental Claim Lanes outlined in the Appeals Modernization Act. By removing the invitation requirement, Veterans will have the opportunity to benefit from the new, more efficient decision review process, versus continuing to wait in the legacy appeal process. As of March 31, RAMP reviews were completed in an average of 52 days.

Second, in May, the Board of Veterans’ Appeals will launch its **Early Applicability of Appeals Modernization (BEAAM)** pilot project. Under this project, the Board will partner with the National Organization of Veterans’ Advocates, Paralyzed Veterans of America and the California Department of Veterans Affairs to identify 50 Veterans who are dissatisfied with a recent decision on their benefits claim. These Veterans will participate in a study that allows them the option of appealing directly to the Board or seeking a review in RAMP. In this study, the Board will collect preliminary data about Veteran choices and experiences.

In October, the Board will begin deciding appeals from RAMP decisions using the features of the Appeals Modernization Act, specifically its new, separate Direct, Evidence and Hearing dockets. The expansion of RAMP, combined with the BEAAM, will allow VA to collect valuable data about implementation of the Appeals Modernization Act. [Source: OPIA News Release | May 4, 2018 ++]

VA Care Assessment Update 03 ► RAND Corp Study Results

Veterans receive the same or better care at VA medical facilities as patients at non-VA hospitals according to a recent RAND Corp study. “The RAND study adds to a growing list of research confirming what many Veterans and VA employees believe – VA provides high-quality care,” said VA Acting Secretary Robert Wilkie. “We are constantly striving to improve our care at VA, but this should encourage Veterans and the public that VA care is, in many instances, as good as or better than the private sector.” The study, which was published online 25 APR, compared each VA facility to three non-VA facilities with similar geographic settings (rural/urban,) size (number of beds) and complexity of care.

The analysis focused on three of the six “Domains of Quality of Care” as defined by the Institute of Medicine, (now known as the National Academy of Medicine) including safety, effectiveness and patient-centered care. The authors of the RAND study analyzed inpatient and outpatient performance measures used by VA and non-VA hospitals. On inpatient care, VA hospitals performed on average the same or significantly better than non-VA hospitals on 21 of 26 measures. VA performed significantly better than commercial and Medicaid Health Maintenance Organizations on 28 of 30 measures, with no difference on the other two. There was a wide variation in performance across VA, but an even wider variation among the non-VA hospitals. For more information, see the quality data available on VA’s Access to Care website at www.accesstocare.va.gov. [Source: Vantage Point | May 4, 2018 ++]

VA ID Card Update 16 ► Mailings Start

Identification cards from the Department of Veterans Affairs' new program will be in the mail, on their way to veterans starting "4 MAY," VA officials said -- two months after they were initially scheduled to go out. bOfficials said in January that approved veterans would start receiving the free printed cards in early March. But when March rolled around, printing was delayed to April. Now, a VA spokesman says the cards will be sent starting tomorrow "We expect to begin mailing cards in batches tomorrow to veterans whose applications have been reviewed and approved," Curtis Cashour told Military.com on 3 MAY.



All honorably discharged veterans can apply for the ID card, which was ordered by Congress in 2015. The card, which is not an official form of federal ID and does not qualify veterans for any federal or military benefits, is meant to serve as proof of past military service at private businesses. Veterans who hold other identification showing service, such as a military ID or VA health ID card, do not need to apply. About 90,000 veteran applications for the card have been received, Cashour said. Of those, 21,000 have been approved and are awaiting printing and mailing.

Veterans must apply for the card online via <https://www.vets.gov/?next=%2Fveteran-id-card%2F>. Card applications are not available at VA facilities. The veteran ID card program has faced a series of delays and technical challenge since its November 2017 launch. A glut of applicants overwhelmed the system's server, and the application was put on hold for several weeks. Since applications reopened early this year, users have complained that their service records are reported as "not found," even though they receive other VA benefits such as the post-911 GI Bill. Others complained that their military service branch was not listed on the application pulldown menu. [Source: Military.com | Amy Bushatz | May 3, 2018 ++]

VA Pain Management Update 09 ► Opioid Alternative Medical Device

The Enlisted Association got a presentation in early MAY from BioWave Corp., a Health Technology company that delivers "Smarter Pain Blocking Technology™." Its patented, FDA-approved medical device technology is now in use at 40 U.S. Department of Veterans Affairs Medical Centers (VAMCs) nationwide. This includes five of the 19 VA Centers of Innovation (COINs), which lead the charge in specific areas of patient care. The technology, which works on roughly 85 percent of people who try it, is a non-opioid, non-addictive technology that can cut opioid use by as much as 50 percent, while resulting in a greater range of motion and dexterity than while on a drug regimen. It delivers therapeutic signals through the skin into deep tissue, blocking pain signals at the source using electrodes that look like a TENS device. With opioid addiction being such a huge societal problem, anything that would reduce Americas, and veteran, use of the addictive alternative has to be considered a good thing. It is not currently available through TRICARE. For more information, visit www.biowave.com/veterans. [Source: TREA Washington Update | May 2, 2018 ++]

Disabled Overseas Vets ► 28,000+ Excluded From VA Health Care

Do you know that there are approximately 28,000 disabled Veterans who live outside of the U.S. who are excluded from receiving health care from the VA? Many of these Veterans are classified by the VA as 50% or more disabled. If they resided in the U.S., they could be entitled to non-service connected disability health care from the VA at no cost (depending upon their financial status); but because they live overseas they are flatly denied. The question is “Why?”

A group of laws known as “Title 38” originally authorized the VA to provide health care to only Veterans with service connected disabilities (regardless of where they lived). This general restriction was modified in 1996 to provide non-service disability health care for Veterans living in the U.S. but not for Veterans living outside of the U.S. Section 1724 of Title 38 specifically prohibits the VA from providing non-service disability health care to expat veterans.

Some argue that Veterans who have decided to live abroad have deserted their country and don’t deserve non-service disability health care from the VA. That is a tough opinion to change. However, in the 21st century with modern communications it doesn’t matter where in the world a person lives. An American is an American no matter in what country he/she resides. Most expat Veterans continue to pay U.S. taxes, many vote regularly via absentee ballot and with the help of the Internet, stay better informed than many stateside Veterans. Others argue that fraud would run rampant if the VA paid for non-service disability health care outside of the U.S. However, the facts simply do not support that contention. Military retirees living abroad use TRICARE for their medical coverage – a form of health care insurance earned by their years of service; no rampant fraud experienced there. Also, the FMP (Foreign Medical Program run by the VA) already pays for foreign health care directly related to service-connected disabilities that is incurred abroad; no rampant fraud experienced there.

So why aren’t disabled expat Veterans treated in the same manner as disabled stateside Veterans? Section 1724 of Title 38 is a horse and buggy era law and many, both inside and outside of the VA, agree that it should be repealed; but getting Congress to act is another story. “Budget constraints” is what most in Congress use as their defense for not acting but we all know that extending well-earned benefits to 25,000 disabled expat Veterans isn’t even going to cause a small blip on the Congressional budget radar screen.

One of the largest groups of Americans who decide to live abroad are Veterans. Many have spent a considerable part of their military service abroad; some speak two or more languages and have grown accustomed to life overseas, particularly in the developing world. Living back home in America may even seem boring and slow once they leave the service. And of course, the cost of living overseas, including health care, is substantially less than the U.S. Making the location of where you place your boots at night a condition of VA health care benefit eligibility is shameful at best; cruel and deceitful at worst. When we raised our hands and swore to uphold and protect the Constitution of the United States, there was no legal small print in our oath. Congress should erase the legal small print in their oath to us; repeal Section 1724 of Title 38 and treat disabled expat Veterans fairly no matter where they place their boots at night. [Source: Task & Purpose | Ken Adams | May 1, 2018 ++]

PTSD Update 245 ► Oregon VA Shooter's Father Blames VA

The father of a veteran with post-traumatic stress disorder who was shot at a government clinic in Oregon blames Veterans Affairs for letting down his son. Gilbert "Matt" Negrete, who served in Iraq and Afghanistan, is in jail in the former timber town of Medford, charged with attempted assault and other crimes after he allegedly displayed a knife during a confrontation at the VA clinic in nearby White City on Jan. 25. A VA guard shot him in the chest. "First they shoot him, now they're gonna try to put him away," his father, Gilbert Negrete, told The Associated Press in a Facebook message. "You would think they would have some concern about us. My son needs help not prison."



Veteran Gilbert "Matt" Negrete with wife and three children

VA spokesman Curt Cashour said the **VA doesn't provide care to a jailed veteran if the detaining agency has the duty to provide it.** "While a veteran — or any individual — is incarcerated, the duty to provide his/her medical care generally rests with the prison or jail," Cashour said in an email from Washington. Matt Negrete, the father of three children, had become upset when he went to the clinic for treatment and was told to come back later, said Christine Kantas Herbert, his court-appointed attorney. The sheriff's office says Negrete was paranoid and incoherent and that investigators were told he hadn't complained about health care or VA policies. "Mr. Negrete returned from combat seeking treatment and was turned away, time and time again," Herbert said.

Brent Brooks, who served with Negrete in the 10th Mountain Division, said he was a "really driven, goal-oriented" soldier. Their unit maintained Kiowa helicopters and sometimes came under mortar fire. In Afghanistan, their second deployment, a mortar round tore apart a wooden shack 20 yards (meters) from their own, wounding all the soldiers inside, Brooks said. Negrete, whose bail is set at \$265,000, faces trial on charges stemming from incidents over three days — including driving under the influence of a controlled substance, attempting to elude police and menacing — that culminated in the clinic incident, said Deputy District Attorney Laure Cromwell.

Gilbert Negrete, who had driven his son to the clinic and witnessed the shooting, said he has recovered from his chest wound but is **receiving no psychological help besides medication.** Brooks said the VA should have provided better care for his friend and headed off his breakdown. "He's being punished because it got to the point where he couldn't take it anymore." Brooks said in a telephone interview from Waterloo, Iowa. "It's sad, because it can happen to any of our veterans. Others try to get help, and wind up dead or in jail." Military veterans are 22 percent more likely to kill themselves than non-veterans, and up to 20 percent of Iraq or Afghanistan vets have PTSD in a given year, the VA says.

Herbert acknowledged her client was disorderly at the VA center, but said he was showing symptoms of a psychotic state. "My belief is that this case illustrates how the VA is not supporting their vets when they return from combat needing help," she said. "Telling a vet who is experiencing PTSD to come back weeks later when their 'medication is in' is not being proactive." Negrete's estranged wife, Alyss Maio, said he was troubled when he returned from his first deployment, and that she and her father-in-law tried to get him help many times. "Matthew drank heavily upon return from Iraq and was very angry, he barely ever slept and when he did the TV had to be blaring because he couldn't handle silence," Maio wrote in a message to AP. "My husband is a good, generous, caring man. He's an amazing father and loves his children immensely ... he just has issues preventing him from being that."

Gilbert Negrete fears the court will gloss over alleged poor treatment of veterans at the White City VA clinic, which received the lowest score of "1" — "5" being the highest — in the VA's own assessment of its facilities. "I feel the court will try to bury it so the VA gets away with the way they treat the vets who are truly lost in the system," Negrete told AP. A spokeswoman for the clinic in White City did not return calls seeking comment. The shooting shocked veterans. One Vietnam-era veteran, who described his own problems with clinic staff, said he offered to donate blood when he heard about it. "He's a brother-in-arms," said Allen Ehr, an Army veteran. "He's been through enough. He doesn't need more." Herbert said she plans to assert a mental health defense in the case, which is scheduled for trial in July. [Source: The Associated Press | Andrew Selsky | April 30, 2018 ++]

PTSD Update 246 ► Ecstasy-Assisted Psychotherapy Support Growing

Study results published 1 MAY show MDMA, commonly known as ecstasy, was effective in reducing symptoms of post-traumatic stress disorder for some veterans -- boosting evidence to make the psychedelic drug an approved treatment. vThe study, conducted by clinical investigator Michael Mithoefer and sponsored by the Multidisciplinary Association for Psychedelic Studies, was published in *The Lancet*, a peer-reviewed journal. It was one of six MAPS-sponsored studies during their Phase 2 trials of MDMA-assisted psychotherapy.

During the trials, participants took a dose of MDMA, and a clinician guided them through hours of intensive psychotherapy. Of the participants who received a full dose of MDMA in Mithoefer's study, 68 percent no longer met the qualifications for a PTSD diagnosis one month after their second session. The study had 26 participants, 22 of which were veterans. Three were firefighters, and one was a police officer. All of them had chronic PTSD that was severe enough to resist treatment from traditional methods. The veteran population experiences PTSD at a higher rate than the rest of the country. The VA estimates between 11 and 20 percent of veterans who served in the Iraq and Afghanistan wars have PTSD in a given year. About 7-8 percent of the U.S. population will suffer with PTSD at some point in their lives.

One participant in Mithoefer's study was a Marine Corps veteran who served two tours in Iraq. He received treatment for PTSD at the Department of Veterans Affairs but continued to have severe symptoms, including fits of "uncontrollable rage," during which he would yell at his wife and punch holes in the wall, according to the study. During the psychotherapy, the veteran thought of the part of himself that's full of rage. "I realized I have that part of me locked up in jail," he is quoted as saying in the study. "I went and opened the door and hugged him, and his evil eyes faded away." After his first session, his wife confirmed the veteran's rage attacks stopped. Other symptoms improved over the following weeks, according to the study.

"These results are further evidence that MDMA, used just two times at monthly intervals, can make psychotherapy much more effective and better tolerated," Mithoefer said. As a result of the MAPS trials, the U.S. Food and Drug Administration recently designated MDMA as a "breakthrough therapy" to treat PTSD. The designation provides a fast-track for possible approval of MDMA as a prescription drug. MAPS will soon begin Phase 3 trials -- the final step before the FDA could make a decision on the treatment.

MAPS is planning to enroll 200 to 300 participants at 16 sites in the United States, Canada and Israel. Participants must be 18 and older with severe PTSD. The trials will cost about \$25 million, and MAPS is still attempting to raise \$12.5 million. According to MAPS, if Phase 3 trials demonstrate "significant efficacy and an acceptable safety profile," the FDA is expected to approve MDMA-assisted psychotherapy as a PTSD treatment by 2021. "I'm excited that Phase 3 trials will soon confirm whether this therapy can be approved for widespread use in a few years," Mithoefer said. [Source: Stars & Stripes | Nikki Wentling | May 2, 2018 ++]

VA Video Connect ► Virtual Health Care Treatment Option

More and more Veterans are receiving health-care treatment virtually, thanks to efforts by the U.S. Department of Veterans Affairs (VA) to expand telehealth. One of the recent successes has been with VA Video Connect, which allows Veterans to connect with their health-care teams over live video from a computer, tablet or smart phone from the comfort of their homes, thereby increasing their access to VA health care and reducing travel times. Since its

launch in August 2017, more than 20,000 Veterans have used VA Video Connect to receive care, and currently more than 4,000 VA providers across the country are set up to use the system.

“We are taking big steps to make VA health care more accessible,” said VA Acting Secretary Robert Wilkie. “VA Video Connect provides our Veterans with a convenient option to connect with their providers from their preferred locations in the United States.” VA Video Connect also has proven to be an important tool for VA after emergencies. The Office of Connected Care’s mobile and telehealth programs, in coordination with the Michael E. DeBakey VA Medical Center (VAMC) in Houston and VA’s regional network, quickly organized telehealth capabilities to assist Veterans at two “mega-shelters” and four community based outpatient clinics after Hurricane Harvey in 2017. As part of that effort, remote clinicians used VA Video Connect and other video technologies to hold virtual health-care appointments with Veterans. VA teams have been coordinating since last year’s hurricane season to prepare for how VA Video Connect can be used to mobilize clinical resources in the face of future emergencies and disasters.

VA Video Connect can be used on almost any computer, tablet or mobile phone with an internet connection, a web camera and microphone. VA Video Connect uses encryption to ensure privacy in each session. In March 2018, VA released an iOS version of VA Video Connect to the Apple App Store. Soon after, VA Video Connect began trending as a top 10 app in the “medical” category. “The response from patients has been incredible,” said Dr. Margaret Carrico, a VA primary care provider based at VAMC, Tampa. “Overall, they are delighted. Because wherever they are, they don’t have to come in here to see me. Their daughter doesn’t have to get off work, or they don’t have to drive in traffic.” To learn more about VA Video Connect, visit the VA App Store at www.mobile.va.gov/appstore. [Source: VA News Release | April 30, 2018 ++]

VA MOVE! Program Update 03 ► Weight Management Assistance

Nearly 80 percent of Veterans who receive care in Veterans Health Administration (VHA) facilities are overweight or obese. Being obese or overweight is associated with many chronic health conditions, including heart disease, diabetes and cancer. These conditions are common in Veterans and the nation in general. “Preventing further increases in the rates and impacts of obesity among Veterans is our greatest public health challenge,” said Dr. Carolyn Clancy, executive-in-charge at VHA.



To help manage this epidemic, VA offers Veterans the comprehensive and integrated [MOVE! Weight Management Program](#). MOVE! is VHA’s evidence-based, population-focused weight management program available to Veterans at every VA medical facility across the country. Since national implementation in 2006, the MOVE! Program has helped close to 800,000 Veterans better manage their weight, improve their health, and reduce their risk of chronic disease. Veterans who have participated in MOVE! speak to the program’s effectiveness and impact on their health and well-being. Before he lost 90 pounds with MOVE!, “[I was struggling to perform daily activities](#),” said Veteran Ricardo Colón of San Juan, Puerto Rico. Colón credits his success to information, support and motivation from his San Juan VA MOVE! team, noting that walking and eating wisely help him keep the weight off.

Veterans interested in managing their weight are encouraged to speak with their VA health care provider to learn about MOVE! For more information on MOVE! and to read more MOVE! Success Stories like Ricardo Colón's, visit <https://www.move.va.gov/> and <https://www.move.va.gov/MOVE/SuccessStories/index.asp>. [Source: Vantage Point | April 27, 2018 ++]

VA Vet Choice Update 78 ► Expected To Run Out of Funding in June

As Veterans Affairs officials await news on the next possible pick to lead the department, they're also sounding the alarm on the next challenge facing their agency: running out of money for a controversial health care program in coming weeks. On 27 APR, in a letter to lawmakers, acting Department Secretary Robert Wilkie said the VA Choice program is expected to run out of funding "in approximately the first two weeks of June." Veterans participating in it will begin receiving letters early next month warning that the program could be shut down in early summer. "America's veterans need Congress to come together to support this crucial program and pass legislation that will make it permanent," Wilkie said in a press statement. "There is simply no denying how vital community providers are to VA's mission."

The timetable for the funding expiration isn't a surprise, since VA officials have been predicting they would run out of money in May or June since late 2017. But, since the firing of VA Secretary David Shulkin last month, the urgency of that timeline has largely been overshadowed by leadership controversies at the department. The Choice program has come under criticism since it was established four years ago in the wake of VA's national wait time scandal, where administrators were found doctoring appointment schedules to cover up problems with delayed medical care for veterans. Congress created the Choice program in an effort to help veterans more quickly get appointments outside the VA health system. Eligibility was limited to individuals who live at least 40 miles from a VA hospital or face a 30-day wait for VA care.

For the program's first two years, conservative lawmakers complained the program was not used enough, and that VA administrators made accessing care through the program overly bureaucratic in an effort to undermine it. But for the last two years, the opposite has been true. Twice in the last nine months, lawmakers have had to approve multi-billion-dollar funding extensions to the program while they try and finalize a larger VA health care overhaul plan. Department officials said they need another \$1.3 billion to extend the program until this fall, and up to \$3.6 billion more to keep it running through fiscal 2019. That's assuming lawmakers can pass a community care overhaul measure in the next few weeks.

House Veterans' Affairs Committee members are expected to resume debate on a legislative package when they return to Washington next week. House and Senate Republicans were close to a deal on the legislation last month, but House Democratic leaders blocked the measure. But even the two sides can pass a new overhaul measure before the end of May, VA administrators expect they'll need a year to fully transition Choice participants to a new program. "We cannot wait any longer," Wilkie said in his statement. "Decisive action must be taken in order to deliver on our promise to our veterans."

How long Wilkie remains in his role as chief administrator and advocate for VA remains unclear. Wilkie was named acting secretary after the firing of former Secretary David Shulkin in March, but was only expected to hold the job for a few weeks during the confirmation process of secretary nominee Rear Adm. Ronny Jackson. Jackson withdrew his name from consideration last week after allegations of unprofessional behavior were raised by Senate lawmakers. White House officials have not yet named their next nominee, although President Donald Trump has hinted that he has a candidate in mind.

In the interim a lawsuit for immediate removal has been filed by veteran advocacy groups arguing his appointment violated federal law. If successful, the lawsuit would not only remove Wilkie from office (replacing him with Deputy

Secretary Thomas Bowman) but also invalidate any decisions or contracts he has authorized in his month at the post.
[Source: ArmyTimes | Leo Shane III | April 30, 2018 ++]

VA Vet Choice Update 79 ► House VAC Approves Plan to Prevent Shutdown

A House committee approved a wide-ranging plan 8 MAY to give veterans more freedom to see doctors outside the Veterans Affairs health system and fix a budget crisis in its troubled Choice private-sector program, a major step toward fulfilling President Donald Trump's promise to expand private care options. The \$51 billion plan includes \$5.2 billion to avert a catastrophic shutdown of Choice. The program is slated to run out of money as early as May 31, causing disruptions in medical care to tens of thousands of patients. It paves the way for passage of the long-sought bill after previous failed attempts including in March, leading in part to Trump's firing of former VA Secretary David Shulkin. Nearly 40 organizations, including Veterans of Foreign Wars and the conservative Concerned Veterans for America, support the measure.

The plan, passed 20-2 by the House Veterans Affairs Committee, would mean that veterans could see private doctors at taxpayer expense when VA medical centers are unable to provide timely treatment or the care is deemed inadequate. Still, it may take years to assess the full impact on veterans who turn to private doctors over government-run VA care, due to uncertainty in how the rules will be interpreted and how VA determines what "quality" care is. Separately, the House Appropriations Committee chaired by Rep. Rodney Frelinghuysen (R-NJ) passed a \$194.5 billion funding plan for the VA in the next budget year beginning 1 OCT, an increase of \$9 billion from the previous year. The proposal, which includes money for mental health services and a revamp of the VA's electronic health records, will need to be approved by the full House and Senate.

The Choice bill builds on legislation passed in 2014 in response to a wait-time scandal at the Phoenix VA medical center, where some veterans died while waiting months for appointments. The bill aims to steer more patients to the private sector to relieve pressure at VA hospitals. Originally a pilot program, Choice would become a longer-term fixture at the VA, with room for expansion based on veterans' demand for private services. Patients could access private walk-in clinics, such as MinuteClinics, to treat minor illnesses or injury if they used VA health care in the last two years. The bill was expected to be approved by the full House over the objections of some Democrats. It would then go to the Senate, where key Republicans and Democrats said they back the measure. Trump has said he would sign Choice legislation if Congress acts by month's end. Rep. Phil Roe (R-TN), the bill's sponsor, praised the measure as a "doubling down" on lawmakers' commitment "to build a stronger VA for our nation's heroes and ensure veterans are receiving the care and benefits they deserve."

The bill mirrors an agreement that key Republicans and Democrats had sought to include in a spending measure in March but failed after House Democrats expressed concerns about a presidentially appointed commission to review the closure of underperforming VA facilities. On 8 MAY, Democrats led by Rep. Tim Walz also raised questions about the VA's ability to address rising costs of the newly combined "community care" program that includes Choice and other VA programs of outside care, putting the VA at risk of unexpected budget shortfalls next year. The legislation would also expand a VA caregivers program to cover families of veterans of all eras, not just the families of veterans who were seriously injured in the line of duty since Sept. 11, 2001.

Several major veterans groups, who strongly back the caregiver provisions, described the bill as a reasonable compromise. Veterans would be able to access private care when VA does not offer the services they need or a veteran and his VA health provider agree it is best to receive care with a private doctor. It would loosen Choice's restrictions that limit outside care only when a veteran must wait 30 days for an appointment or drive more than 40 miles to a VA facility. Still, the bill leaves room for interpretation from top VA leadership, who would have the power to further loosen restrictions if a veteran feels unhappy with VA care. "The tone for how much outside care a veteran receives will be set at the top, with the next VA secretary," said Carrie Farmer, a senior policy researcher at Rand Corp.

Both Sen. Johnny Isakson, the Republican chairman of the Senate Veterans Affairs Committee, and Tester, the panel's top Democrat, have pledged to steer the bill through its narrowly divided chamber. "This bill is the product of hard work, bipartisan compromise and the input of our nation's veterans," Tester said. "Congress must act now to reform the broken Choice Program." [Source: Associated Press | Hope Yen | May 8, 2018 ++]

VA Presumptive Disabilities Update 02 ► POW and Children of Vets

Click on highlighted condition for description and symptoms:

Prisoner of War

1. [Anxiety Disorders](#)
2. [Atherosclerotic Heart Disease](#)
3. [Dysthymic Disorder](#)
4. [Hypertensive Vascular Disease](#)
5. Organic Residuals of Frostbite
6. [Post Traumatic Arthritis](#)
7. [Psychosis](#)
8. [Stroke](#)

Children of Herbicide Exposed Veterans

1. [Cleft Lip & Cleft Palate](#)
2. [Congenital Heart Disease](#)
3. [Congenital Talipes Equinovarus](#)
4. [Esophageal & Intestinal Atresia](#)
5. [Hallerman-Streiff Syndrome](#)
6. [Hip Dysplasia](#)
7. [Hirschprung's Disease](#)
8. [Hydrocephalus Due to Aqueductal Stenosis](#)
9. [Hypospadias](#)
10. [Imperforate Anus](#)
11. [Neural Tube Defects](#)
12. [Poland Syndrome](#)
13. [Pyloric Stenosis](#)
14. [Syndactyly](#)
15. [Tracheoesophageal Fistula](#)
16. [Undescended Testicle](#)
17. [Williams Syndrome](#)

[Source: <http://www.veteranprograms.com/pd-full-list.html> | April 2018 ++]

VA Fraud, Waste & Abuse ► Reported 01 thru 15 MAY 2018

Orlando, FL --- U.S. District Judge Gregory A. Presnell on 30 APR sentenced **Armando Lafuente** (56, Palm Bay) to 12 months and 1 day in federal prison for theft of government money. As part of his sentence, the court also entered a money judgment for \$157,471.57, the proceeds of the offense. Lafuente pleaded guilty on November 27, 2017. According to court documents, between December 2009 and January 2017, Lafuente obtained various disability benefits from the Department of Veterans Affairs (VA) by claiming that he had completely lost the use of both of his feet due to a prior, service-connected injury.

An investigation conducted by the VA Office of Inspector General confirmed that Lafuente had not completely lost the use of his feet; on the contrary, he could perform a wide range of normal activities—including walking, driving, climbing ladders, and mowing his lawn. The disability benefits Lafuente had received included special monthly compensation payments, transportation services, and an automobile grant. This case was investigated by the Department of Veterans Affairs, Office of Inspector General. It was prosecuted by Assistant United States Attorney Emily C. L. Chang. [Source: DoJ Middle District of Florida | U.S. Attorney’s Office | April 30, 2018 ++]

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Houston, TX --- A 55-year-old Pearland resident has entered a guilty plea to conspiracy to commit wire fraud, announced U.S. Attorney Ryan K. Patrick. **Henry Guillory** admitted that beginning on Nov. 21, 2012, he was engaged in a conspiracy to defraud the Department of Veteran Affairs. The VA awards contracts to qualified companies that disabled veterans own as part of the Service Disabled Veteran Owned Small Business (SDVOSB) program. Guillory recruited a service disabled veteran to falsely claim majority ownership of a Houston-based company named MEP Sales and Service (MEP), while Guillory, the true majority owner, claimed minority ownership. This was done so as to get MEP certified as a SDVOSB thereby providing MEP the ability to be awarded contracts.

Because of their fraudulent claims, MEP was wrongfully awarded 12 VA small business set-aside contracts totaling more than \$1.6 million that should have been given to legitimate veteran-owned small businesses. All 12 of these set-aside contracts were for maintenance and/or construction work at the DeBakey VA Medical Center. U.S. District Judge Alfred H. Bennett accepted the plea and set sentencing for July 12, 2018, at which time Guillory faces up to five years in federal prison and a possible \$250,000 maximum fine. He was permitted to remain on bond pending that hearing. [Source: DoJ, So. Dist. of Texas | U.S. Attorney’s Office | May 1, 2018 ++]

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Denver, CO -- The United States Attorney’s Office for the District of Colorado announces that two Colorado nurses who stole opioids from hospitals were sentenced to prison by the Honorable R. Brooke Jackson of the United States District Court for the District of Colorado.

Lisa Marie Jones, 43, of Castle Rock, was sentenced to fourteen months imprisonment to be followed by three years of supervised release on April 19, 2018. According to Court documents, Jones was a nurse at the Veterans Affairs Medical Center in Denver, and a free-standing UHealth emergency room in 2016, when she stole hydromorphone, morphine, and fentanyl from the facilities for personal use. Jones primarily stole the “waste” medication left after administering the controlled substances to patients. She tampered with two vials of fentanyl at the emergency facility, removing all of the drug, replacing it with saline, and “re-sealing” the vials with skin glue. Jones placed the tampered vials back into the automated medication management machine for potential use on future patients. The tampered vials were discovered before they could be used on any patients. Jones previously pleaded guilty to one count of theft of a controlled substance by deception and one count of tampering with a consumer product. The Court sentenced Jones to fourteen months of imprisonment and three years of supervised release on each count, to run concurrently.

Marlene Gilmore, 28, of Wellington, was sentenced to four months imprisonment to be followed by one year of supervised release on April 26, 2018. According to Court documents, Gilmore was a nurse at North Colorado Medical Center in 2016 when she stole fentanyl, morphine, and hydromorphone from the locked automated medication management system. Gilmore pleaded guilty to one count of theft of a controlled substance by deception. Evidence showed that she used drugs while on the job.

“These nurses put their patients at risk so they could get high. For that they will go to prison,” said U.S. Attorney Bob Troyer. “Patients place enormous trust in their health care providers. Caregivers who betray that trust will pay with their own freedom.” “Patients deserve to have confidence that they are receiving the proper treatment from those entrusted with providing their medical care,” said Spence E. Morrison, Special Agent in Charge, FDA Office of Criminal Investigations, Kansas City Field Office. “We will continue to pursue and bring to justice any healthcare

professionals who put their patients' health at risk by tampering with their pain medications." Gregg Hirstein, Special Agent in Charge, U.S. Department of Veterans Affairs, Office of Inspector General, Central Field Office added, "The VA OIG remains dedicated to protecting our nation's heroes in the patient care environment. The seriousness of tampering with medications and drug use by healthcare providers is evident. We will continue to hold such offenders accountable." [Source: DoJ Dist. of CO | U.S. Attorney's Office | May 1, 2018 ++]

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The owner of a sham welding school in Newport News was sentenced today to 40 months in prison for his role in a conspiracy to defraud the Department of Veterans Affairs (VA) of \$1.4 million and filing false tax returns. According to court documents, Dr. **Wilbert J. McNair**, Jr., 54, of Chesapeake, was an owner of the Hampton Roads Skills Center (HRSC), located in Newport News. The HRSC purported to be a welding training facility that was approved by the VA to provide education and training to military veterans, including veterans who received tuition assistance under the Post-9/11 GI Bill and other VA educational assistance programs. The HRSC also contracted with two other federally-funded agencies to provide welding training to students receiving tuition assistance from those entities.

McNair represented that HRSC provided full-time schooling to nearly 100 veteran students beginning in March 2013. Most veterans enrolled in HRSC received few, if any, hours of instruction, and the majority of students did not take a final exam or attend lecture or practical, hands-on coursework. Indeed, most students were not even physically present at HRSC during the hours their courses were purportedly held, and some students never once entered the building during any point during the period of their enrollment. Nonetheless, McNair reported to the VA that the veteran students were enrolled in and attending the school, such that HRSC received tuition payments for each veteran from the VA. Based on McNair's provision of false information to the VA, HRSC received over \$1.4 million in VA tuition payments between March 2013 and June 2017. [Source: DoJ E. Dist. of Virginia | U.S. Attorney's Office | May 1, 2018 ++]

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Las Vegas, NC -- Cardiovascular and Thoracic Surgeons of Nevada, Inc. (CTS), a Las Vegas medical practice whose principal physician is Dr. **Bashir Chowdhry**, has agreed to pay \$1.5 million to the United States to resolve allegations relating to its potential liability under the civil False Claims Act. The settlement announced today resolves allegations that, from January 1, 2006 through May 31, 2011, CTS violated the False Claims Act by billing federal healthcare programs, including Medicare and the U.S. Department of Veterans Affairs, for surgical services not actually provided to its cardiac patients, and also billing for more expensive surgical and evaluation and management services than those actually provided to its patients.

- "It is important to maintain the integrity of federal healthcare programs," said U.S. Attorney Elieson for the District of Nevada. "Medical providers who misuse these programs negatively impact patients and taxpayers."
- "When providers bill government health programs for services never rendered, as alleged here, precious resources are diverted from vulnerable individuals," said SAC Schrank for the HHS-OIG. "Suspected violators can expect to pay a price."
- "Physicians who engage in cost mischarging for services provided to veterans will be aggressively pursued by the Office of Inspector General and held accountable to the full extent of the law," said SAC Pleasant for the VA-OIG.
- "The FBI will continue to investigate companies that profit from exploiting patients who are searching for treatments to critical medical illnesses," said SAC Rouse for the FBI.

The claims resolved by the settlement are allegations only, and there has been no determination of liability. [Source: DoJ Dist. of Nevada | U.S. Attorney's Office | April 27, 2018 ++]

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Binghamton, NY – A jury voted on 4 MAY to convict **Kevin Green**, age 57, of Brooklyn, New York, of theft of government property and misappropriation by a fiduciary, following a 5-day trial. The evidence at trial established that Green received approximately \$71,000 in disability compensation benefits from the VA as fiduciary for a disabled 73-year old Army veteran, between March 2011 and May 2013. Green was required to spend that money solely for the benefit of the veteran. The veteran had lived in a cottage on Green’s property in Kerhonkson, New York, but moved into a Vermont veterans’ home in April 2012. All of the veteran’s expenses at the veterans’ home were paid for by the VA, but Green continued to collect the veteran’s disability compensation benefits. When asked for an accounting, Green misrepresented how he had spent the benefits. The evidence demonstrated that he had spent tens of thousands of dollars on himself. Green faces up to 10 years in prison, and up to 3 years of post-imprisonment supervised release, when he is sentenced by Senior United States Judge Thomas J. McAvoy. A defendant’s sentence is imposed by a judge based on the particular statute the defendant is charged with violating, the U.S. Sentencing Guidelines and other factors. [Source: DoJ Northern Dist. of New York | U.S. Attorney’s Office | May 7, 2018 ++]

VAMC Bedford MA Update 03 ► Vets Knowingly Exposed to Asbestos Since 2014

Management at the Department of Veterans Affairs hospital in Bedford, Mass., knew of an asbestos contamination for years but continued to put veterans and employees at risk of exposure, the U.S. Office of the Special Counsel said 1 MAY. In a letter to President Donald Trump and members of the House and Senate veterans’ affairs committees, Special Counsel Henry Kerner said multiple buildings at the Edith Nourse Rogers Memorial Veterans Hospital were contaminated with asbestos and that management had known about it since 2014. “For years, the Bedford VA Medical Center failed to implement a robust safety inspection program to identify contaminated work spaces,” Kerner said in a statement. Whistleblowers at the facility alerted the special counsel to the contamination last year, and the VA Office of Occupational Safety and Health followed up with an investigation.

Investigators found several instances when workers were put at risk of exposure to airborne asbestos that could’ve been mitigated with better management practices. Because of the situation, “trust between management and employees is strained,” the VA wrote in its report to the special counsel. The VA substantiated that hospital management was first notified of the asbestos after a 2014 inspection by the Occupational Safety and Health Administration. However, the agency asserted that managers did not break any rule or law. “VA believes that the findings do not show evidence that the medical center or its employees engaged in gross mismanagement and an abuse of authority,” the VA report states. “There was no indication of willful intent to harm workers or violate standards, rule or law.”

The VA Office of Occupational Safety and Health made 12 recommendations to the hospital, including to identify and control asbestos, test for it prior to construction work and have workers go through asbestos awareness training. In a statement Tuesday, Maureen Heard, chief communications officer for the VA New England Healthcare System, said the Bedford hospital “is under new leadership and on a new path.” The VA named Joan Clifford as the new, permanent director for the hospital in March. “We look forward to working with veterans, community stakeholders and local and national VA leaders in order to implement each of the 12 recommendations,” Heard said. In his letter to Trump and Congress, Kerner declared the matter closed. The VA is required to update the special counsel on the situation in 60 days. “The facility is now taking this problem seriously, monitoring employee health and carrying out more fulsome measures to ensure safety for employees and veterans,” Kerner said.

The case follows another report by the special counsel in January that a father and daughter who worked in the Bedford hospital’s engineering department made \$750,000 in improper purchases and diverted money to a relative’s landscaping business. The special counsel sharply criticized hospital management, saying they acted indifferent to the ethical violations. The hospital also came under scrutiny in October last year, after the Boston Globe reported a nurse’s aide was allegedly playing games on her computer when a veteran went into cardiac arrest and died. In response to that scandal and other reports of whistleblower retaliation at the facility, former VA Secretary David Shulkin visited

the hospital in November. "I think you're seeing what happens when you have a continued shift of leadership," Shulkin said at the time, according to a report from the Lowell, Mass., newspaper. At the time, the hospital was on its third director in slightly more than a year. [Source: Stars & Stripes | Nikki Wentling | May 1, 2018 ++]

VAMC Dayton OH Update 02 ► Withheld Infection Info Led to Vet's Leg Loss

The Dayton VA Medical Center has responded to a Kettering veteran's claim that he lost his leg to amputation after VA hospital officials withheld information about a MRSA infection. Dayton VA officials on 1 MAY confirmed that the medical records the Collier family shared with WHIO-TV were released by the hospital, News Center 7's Lauren Clark reports. One notation from those records shows that a doctor first noted a MRSA infection in April 2016. Kenneth Collier lost his leg weeks later. That document from his medical records that the veteran's wife, Margie Collier, gave WHIO-TV shows a positive foot culture on April 4, 2016, and advises staff to take precautions to prevent transmission of the infection. Dayton VA officials confirmed the document's authenticity.

In June 2017, the family received a letter from the Dayton VA acknowledging that the hospital was aware of the infection and never told the family. In it, the chief of staff apologized to the Collier family. A few weeks after a small foot procedure at the VA, Kenneth Collier said a Kettering Medical Center physician first told him his leg was badly infected with MRSA. Margie Collier said, "He told me and my sons, 'You don't understand. We're not going to be able to fight this infection as long as he keeps his leg.'"

The Colliers said they were shocked to learn the VA knew about the infection and never disclosed it to them. "Ya know, we coulda told ya. We shoulda told ya. But we let the doctors know!" Margie Collier said about the VA's correspondence. The Colliers filed a federal tort claim, which the U.S. Department of Veterans Affairs denied last month. The Colliers then called the Cox Media Group newsroom. On 1 MAY Raymond Hoy, Dayton VA public affairs specialist, emailed the following statement: "While it is true that Mrs. Collier was unaware of the MRSA culture results, Mr. Collier's doctors were aware of the MRSA culture results and treated him appropriately as confirmed by the investigation, which prompted the tort claim. We remain committed to providing comprehensive care to Mr. Collier and look forward to continuing to provide him the care that he needs."

Margie Collier said, "They don't want to accept that they did something wrong. I want to make sure that they change it so it doesn't happen to anybody else. And ya know, what he's gone through just should never have happened." The Colliers said the Dayton VA's apology isn't enough when there's a chance what happened to Kenneth Collier could happen to someone else. [Source: Dayton Daily News | May 1, 2018 ++]

*** Vets ***



Vet Amtrak Discount Update 01 ► No Movement on Vet Discount Restoral

Amtrak announced back in March that they were discontinuing the Veterans' Advantage discount, which gives active duty military, retired military, veterans and their families a 15% discount on the price of an Amtrak ticket. In the past,

Amtrak had a long history of supporting the military; its previous President had a goal of making 25% of all new hires veterans back in 2015, and they unveiled a veteran-themed locomotive for its Northeast routes. Amtrak has offered these discounts for 17 years, making the decision to discontinue them all the more puzzling as the US has become involved in counter-terror operations across the globe over the last decade and a half. It is not just veterans, however, that have seen their discount programs go away. Students and AAA have also seen cuts from Amtrak's new President, while disabled customers have seen their discounts reduced from 15% to 10% and the age requirement for seniors has been raised to 65. Amtrak also recently announced a 25% cancellation fee on Acela business class and reserved coach tickets that are canceled 24 hours or more after booking and prior to departure. For more information, check out: <https://www.veteransadvantage.com>. [Source: TREA Washington Update | May 2, 2018 ++]

Agent Orange Guam Update 05 ► Testing Draws Vet Concerns

The investigative arm of Congress does not plan to conduct separate soil tests for Agent Orange on Guam, independent of tests conducted by the military and local government in April at Andersen Air Force Base. Veterans who said they witnessed the hazardous defoliant being sprayed on the island in the 1960s and the 1970s said they are concerned by the decision to forego additional tests. The recent soil sampling is a "farce" because the Department of Defense was directly involved with it, said retired Marine Corps Brian Moyer, who said he witnessed herbicide spraying taking place along the inner security fence line at Polaris Point in Apra Harbor when he was stationed on Guam in the 1970s.

"Other veterans and I stated at the Government Accountability Office hearings that we did not trust the testing procedures if the DOD was going to be directly involved," Moyer said. 'Here is a disturbing thought' Moyer said he and others will wait for the GAO report to be published, which he believes will indicate negative test results for Andersen. "Here is a disturbing thought," he said. "The GAO is submitting its findings to various departments and agencies within the government, but we believe we will get a 'cooked' version of the test results for us Guam veterans and the public to review," he said.

In cooperation with Guam EPA, the Naval Facilities Engineering Command Marianas hired contractor AECOM, which helped develop the work plan, defined the quality assurance procedures and later performed the soil sampling. GAO to delay report The GAO on 2 MAY said it would need to delay issuance of its report related to Agent Orange Guam in order to address the results of the recent soil sampling testing. Laboratory test results of the soil sampling done from April 23 to 26 are expected in about 60 to 90 days, the Guam Environmental Protection Agency said in a statement days after the soil sampling was conducted. AECOM was hired by the U.S. Department of Defense in cooperation with Guam EPA.

GAO, in a response letter to Vice Speaker Therese Terlaje, said the federal agency does not plan to conduct independent testing and GAO generally does not conduct such testing. "Rather, our report will include a section on the chemical composition of Agent Orange and other herbicides," GAO Director for Defense Capabilities and Management Brian J. Lepore wrote. GAO expects to send its draft report related to Agent Orange this month to relevant executive branch agencies for comment, with public release in final form in mid-July 2018, Lepore said. 'Wrong and flawed'

Moyer said Andersen has been on the U.S. Environmental Protection Agency Super Fund clean-up list for at least 26 years, so he believes the base may have already been cleaned up before the soil sampling for Agent Orange in April. "The contaminated soils of Andersen AFB are being stripped and dumped in the ocean and clean soil from Saipan is being transported to Guam as replacement soil," he said. "They must be working in the new and improved remediated areas because the employee is not wearing a hazardous materials suit or any type of respirator. Must be safe and remediated," he said. Moyer said disregarding all of the Naval property for soil sampling is "wrong and flawed when we want the truth and we know where spraying took place." "I was 20 feet away from spraying at Polaris

Point and witnessed spraying take place on several occasions," said Moyer, who organized the group, "Agent Orange Survivors of Guam."

Moyer said the group as a whole does not trust and will not accept the laboratory results because the Navy properties were excluded. "The Navy has admitted to the use of 2,4,5-T on all of its properties. Plus, you must factor in the Pipeline Road where M/Sgt Leroy Foster sprayed herbicides all the way from the fuel tank farm at Apra Harbor to the old NAS Agana then up to Andersen AFB and many of the other Air Force properties, plus pretty much all over Andersen AFB. There are other veterans who also handled Agent Orange in one form or another on Andersen AFB or witnessed spraying," he said. Florida resident and retired Master Sgt. Leroy Foster said he personally sprayed thousands of gallons of Agent Orange at Andersen on Guam during his 10-year stint with the 43rd Supply Squadron Fuels Division. Foster, on Friday, questioned why there's no testing being done in the Commonwealth of the Northern Mariana Islands and American Samoa. "Don't their lives matter?" Foster asked.

A 2017 bill introduced by a Florida congressman was named after Foster. The bill would allow Vietnam War veterans who served on Guam and other areas easier access to federal benefits for Agent Orange exposure. "If Guam is being sampled for Agent Orange herbicides in the soil and water, why isn't American Samoa and the Northern Marianas chain of islands being sampled?" he asked. Foster had said because he routinely sprayed and was exposed to Agent Orange on Guam, he has more than 30 diseases and multiple cancers but doesn't qualify for Veterans Affairs benefits under current law. The DOD denies Agent Orange was ever used outside of Vietnam and Thailand during the Vietnam War, despite the influx of veterans coming forth with claims of exposure outside of these areas, including Guam, Florida Rep. Dennis Ross said in introducing the Foster bill in February 2017.

Ronald Evaristo, who retired from the U.S. Air Force, and who is a skin cancer survivor, said he and two others were detailed to clean up an outdoor storage facility used for storing metal boxes filled with chemical containers, paints and 5-gallon cans of Agent Orange. Evaristo, who's turning 62 in September, said he and the two others dropped 5-gallon cans of Agent Orange in oversized recovery drums, and the Roads & Grounds activity personnel transported these drums for disposal. He said these drums were buried at the landfill on Andersen in 1982. "But DOD denying presence of such chemicals on AAFB is a slap in the face of veterans and civilians of AAFB, let alone the community of Guam," he said. "Discouraging." Moyer, for his part, said he has had a "silent heart attack, peripheral neuropathy, hyperpigmentation in his legs, spinal stenosis, spinal spondylosis, severe degenerative disc disease, very low sperm count with low motility, and discoid lupus, which he said the VA is preparing to recognize as an Agent Orange-related illness. "All of the above medical issues do not run in my family's medical history," he said.

Gov. Eddie Calvo in January 2017 issued a directive to Guam EPA to test for traces of Agent Orange on island. The testing happened in April 2018. At the time, the governor's office cited public statements by veterans who said they sprayed Agent Orange on Guam during the Vietnam War. Adelup and Guam EPA at the time said it's deeply disturbing, considering that the contaminant in Agent Orange is a carcinogen. There are veterans suffering life-debilitating illnesses attributed to their exposure to Agent Orange, Adelup has said. [Source: Pacific Daily News | Haidee V Eugenio | May 9, 2018 ++]

Burn Pit Toxic Exposure Update 48 ► Vets Ask Court to Reinstate Lawsuits

Veterans and their families asked a federal appeals court 9 MAY to reinstate dozens of lawsuits alleging that a government contractor caused health problems by using burn pits during the wars in Iraq and Afghanistan. More than 60 lawsuits allege that KBR Inc. — a former Halliburton subsidiary — dumped tires, batteries, medical waste and other materials into open burn pits, creating harmful smoke that caused gastrointestinal illnesses, neurological problems, respiratory problems, cancers and other health issues in more than 800 service members. The lawsuits, which were filed in multiple districts around the country and then consolidated, also alleged that at least 12 service members died from illnesses caused by the burn pits.

Last year, a judge in Maryland dismissed the lawsuits, finding that the U.S. military made all of the key decisions and had control over KBR's use and operation of burn pits. The lower court found that analyzing military decision-making during war is a political question not appropriate for judicial review. In arguments before the 4th U.S. Circuit Court of Appeals, a lawyer for the service members asked the court to reverse that ruling and allow the lawsuits to move forward. Attorney Susan Burke said the military contracted with KBR to provide support services in Iraq and Afghanistan. She said KBR repeatedly violated the terms of its contract to handle waste disposal.

Burke said KBR operated burn pits at 119 locations when it only had permission to use the pits at 18 sites. She said the contractor also disobeyed a military directive against burning hazardous materials. At all 119 locations, KBR "negligently burned substances they were directly told not to," Burke said. KBR's attorney, Warren Harris, urged the three-judge panel to uphold dismissal of the lawsuits. Harris said KBR operated only 31 burn pits, while the remainder were operated by the military. "The decision to use burn pits was made by the military," Harris said. He said the military decided where the pits would be located, what hours they would operate and what would be burned.

In his 2017 ruling dismissing the lawsuits, U.S. District Judge Roger Titus said the military recognized that there were certain health risks associated with burn pits, but balanced those risks "against the greater risk of harm to military and other personnel should other methods of waste management be utilized." Titus found that the use of open burn pits "was a quintessential military decision made by the military, not KBR, and was a decision driven by the exigencies of war." The 4th Circuit panel did not indicate when it would rule. [Source: The Sacramento Bee | Denise Lavoie | May 9, 2018 ++]

Chapter 61 Disability Pay ► VA Disability Compensation Eligibility

According to a recent Pentagon legal ruling, "Chapter 61" retirees who served at least 20 years on active duty and received at least a 70-percent military disability retirement from their parent service must also have been awarded VA disability compensation to be eligible for the new \$100 to \$300 monthly "special compensation for certain severely disabled retirees". Some chapter 61 retirees never applied to the VA, or did not accept VA disability compensation because they saw no advantage in it (much of their military retired pay was already exempt from taxation). These retirees will be delayed in receiving the new \$100-300 monthly special compensation until they apply for and receive VA compensation. At present the average time to process a VA disability claim is about 9 months. However, once the VA payments are authorized, military finance officials will make retroactive "special compensation" payments for qualifying retirees back to the effective date of the VA disability award or Oct. 1, 2001, whichever is later. [Source TROA Leg Up 7 DEC 01]

Chapter 61 Disability Pay Update 01 ► Difference Between H.R. 333 & H.R. 303

MOAA members recently stormed Capitol Hill, rallying lawmakers to resolve a long-standing challenge regarding military medical retirees and their retired pay. They were on a mission to draw attention to the roughly 200,000 Chapter 61 retirees who were unable to finish out their military careers due to injury or illness. Those servicemembers are forced to relinquish retirement pay dollar-for-dollar to receive VA disability compensation. Sometimes, that offset leaves a Chapter 61 retiree without any of his or her retirement pay.

MOAA believes all servicemembers should receive both retirement and disability compensation. There are two bills in Congress that address gaps in Concurrent Retirement Disability Pay (CRDP): H.R. 333 and H.R. 303. One of

the most common questions MOAA faced from members of Congress and staffers concerned the difference between the two. Here are the key differences worth outlining:

- H.R. 333 is the Disabled Veterans Tax Termination Act, sponsored by Rep. Sanford Bishop Jr. (D-Ga.) It recognizes both of the two remaining categories of individuals who do not fully receive their earned retirement and disability pays: 1) retirees with 20-plus years of service and disability ratings of 40 percent or below and 2) medical retirees with less than 20 years of service and disability ratings of 30 percent or higher (also known as Chapter 61 retirees).
- H.R. 303 is the Retired Pay Restoration Act, sponsored by Rep. Gus Bilirakis (R-Fla.). This bill only recognizes one of those categories: retirees with 20-plus years of service and disability ratings of 40 percent or below.

The below chart indicates which categories Congress has or has not approved:

WHO HAS OUR GOVERNMENT TAKEN CARE OF?

YEARS OF SERVICE/DISABILITY RATING	COMBAT RELATED	NON-COMBAT RELATED
20+ Years/100% disability	Yes	Yes
20+ Years/50-90% disability	Yes	Yes
20+ Years/0-40% disability	Yes	No
Under 20 Years/Medically retired	Yes	No

SOURCE: DOD

GRAPHIC BY JOHN HARMAN/MOAA

Individuals with 20 or more years of service likely will favor H.R. 303, as it directly affects them. Given its limited scope, this bill also has a likelier chance of getting passed, because the associated costs are lower than if a wider group were included. Individuals who were unable to complete their 20 years of service due to injury or illness are retirees by most other accounts, and the reason for their early retirement was considered by their service to be within the line of duty. The only option on the table for these Chapter 61 retirees is H.R. 333.

Between the two, who is losing the most? The potential for the largest losses come from Chapter 61 retirees. Below are calculations using the same family profile with different disability rates to show the scale of loss (remember, those with 20-plus years of service with 50-percent or more disability already receive CRDP):

- **20+ years and 40% disability rating from the VA (highest disability not receiving CRDP):** Rank is not relevant. With a spouse and three kids, including one over 18 years old and in school, the amount of retired pay lost to offset the VA disability pay is $\$714.90 + \$32.00 + \$106$, or $\$852.90$.
- **Chapter 61 retiree with 100-percent disability rating from VA (highest disability not receiving CRDP):** An E-7 with 16 years of service, with a spouse and three kids, including one over 18 years old and in school will receive $\$3,261.13 + \$82.38 + \$266.13 = \$3,609.61$ in disability pay from the VA - at the price of losing their service-earned retirement pay: $(2.5\% \times 16 \text{ years}) = 40\% \times \$4,493.10 = \$1,797.24$, lost to partially offset their VA disability pay.

MOAA favors H.R. 333 because it encompasses both communities they support. The objective is to garner enough support on Capitol Hill to move the bill out of the Military Personnel Subcommittee to the House Armed Services Committee for possible inclusion in the FY 2019 defense authorization bill. Once it's in the authorization bill, the legislation can be shaped through markups or in the Conference Committee into something that will suit either, both, or some portion of the two communities who eagerly await some kind of successful outcome. You can help move this

bill along. MOAA has provided a message at <http://takeaction.moaa.org/moaa/app/write-a-letter?0&engagementId=467053> to help your voice be heard by your legislators by simply clicking on the site. The timing could not be more critical as the House Armed Services Committee gears up for its 2019 defense spending bill markup. Please send this message to your legislators. [Source: MOAA Newsletter| Dan Merry | May 3, 2018 ++]

Vet Groups Update 02 ► Illinois Vet Establishment Gambling

An Illinois bill would allow veterans organizations to install gambling machines in communities that would otherwise prohibit them. The legislation, Senate Bill 3166, would allow the state Gaming Board to give licensed veterans' establishments permission to operate video gaming machines in areas that prohibit gambling, The Daily Herald reported. The bill would help American Legion and Veterans of Foreign Wars organizations that are financially struggling as membership dwindles, said Democratic Sen. Terry Link, the bill's sponsor. "This could help solve their problems," Link said.



Huntley American Legion Post 673 made more than \$116,700 from video gambling, according to state Gaming Board records. The organization used the funds to complete major facility renovations. Arlington Heights American Legion Post 208 would likely see benefits if the bill passes because it would be the only place in the area to offer video gambling, said David Roberts, the post's finance officer. "You get fewer and fewer veterans coming into places like the American Legion, and we need draws to get people in to spend money and support what we do," Roberts said.

Army veteran and Arlington Heights Mayor Tom Hayes said he wants to help veterans but believes the bill is an intrusion on local control. "I'm not sure I see a valid justification to carve out that exception," Hayes said. Gurnee officials denied an American Legion post's request for video gambling several years ago. Officials remain opposed to the idea. "A community should have the right to decide what uses belong in their municipal boundaries, especially something like gambling that has such a negative impact on neighborhoods and the local economy," said Gurnee Mayor Kristina Kovarik. State senators approved the legislation 41-5 last week. The bill has been referred to the House Rules Committee. [Source: the Associated Press | May 3, 2018 ++]

WWII VETS 163 ► Armand Sedgeley | Up For Silver Star

Even at 96, Armand Sedgeley recalls long-ago events with the clarity of the raw, 22-year-old Army airman he was on the day he fell from the sky over Italy. Sedgeley, who lives in a Lakewood retirement community, never sought recognition for his actions during World War II, when the B-17 "Flying Fortress," on which he served as bombardier, succumbed to enemy attack. But now — 74 years later — he finds himself awaiting word on whether he will receive a Silver Star, the third-highest medal for valor in combat. "It definitely would be meaningful," Sedgeley said, noting

that his four sons, three grandchildren and one great-grandchild would look with pride on the honor. It also would have meant a lot to his wife, Anne, who died in February.



Armand Sedgely April 11, 2018

Growing up in rural Maine, young Armand Sedgely had little opportunity to see aircraft beyond the once or twice that barnstormers landed in a farmer's field and offered rides. But his interest led him to purchase model airplane kits and, some years later, join the ROTC and learn about the fledgling Army Air Corps. Shortly after the bombing of Pearl Harbor, Sedgely and five of his friends ventured to Portland to take exams that would qualify them to become aviation cadets. They all passed. When he reported to the air base at Montgomery, Alabama, he underwent further tests that sorted 100 cadets into three skill groups: pilot, navigator or bombardier. He was one of 10 assigned to be bombardiers.

After pre-flight training in Houston and bomb training in San Angelo, Texas, he was given his commission in January 1942. He went through gunnery training — a skill that would come into play later — and eventually was assigned to the 97th Bomber Group. They flew missions predominantly to German-held targets in Italy, though occasionally hit Germany and southern France. As their aircraft experienced more and more mechanical issues, they also found themselves assigned to a new B-17 model, which performed much better on its first two missions. “But on the third mission,” Sedgely said, “all hell broke loose.”

On Feb. 14, 1944, trouble began on the flight to the Italian city of Verona, where the bomber group would target enemy supplies in boxcars at a railroad marshaling yard. When crew members tested the plane's machine guns, the tail gunner reported that his wouldn't fire, making the plane vulnerable to a rear attack. When four German fighter planes descended on the bombers, they homed in on Sedgely's aircraft, which flew on the right outside edge of the formation as the planes banked left to correct their attack angle. The maneuver essentially isolated the aircraft and made it an inviting target. Sedgely released the bombs so they wouldn't detonate if struck by enemy fire.

Enemy cannon rounds battered the bomber's engines and also killed three crew members — radio operator Householder, waist gunner Staff Sgt. George Murphy and tail gunner Staff Sgt. Tony Duca. Meanwhile, one of the German fighters approached along the bomber's left side. “They'd been firing to the rear of our plane, and (they) weren't getting fire from the tail,” Sedgely said. “After they did what they needed to do back there, this one thought that inasmuch as we were still flying, he decided to kill those of us in the front of the plane.” From his position in the nose of the plane, Sedgely opened fire with his .50-caliber twin turret guns. The navigator, 2nd Lt. Thomas Cowell, opened up with his single gun. “Between the two of us,” Sedgely recalled, “we destroyed the plane. There happened to be a cloud below us, and our pilot flew into it, so the fighters didn't have visibility. And that's how we got away.”

The fighters destroyed two portside engines and damaged one on the starboard side. “As a result of that, we knew we'd have to go down,” Sedgely said. The closest friendly airfield was at a British fighter facility on the French island of Corsica, about 200 miles away. Fortunately, the plane was crippled at 20,000 feet and had a good glide angle. But as the plane approached the landing strip, the crew realized the runway wouldn't be long enough to accommodate their huge aircraft. “But we had to get down,” Sedgely said. “So instead of landing, we flew over the water and

ditched the plane.” He positioned himself in the plane’s radio room, his back to the bulkhead and his arms raised. But when the plane came to a jarring halt in the Bay of Calvi, the force broke loose a table that crashed into Sedgeley, cracking his ribs. As the plane rapidly took on water, the others who were still alive managed to surface and pile into a dinghy. Sedgeley, injured and underwater in the plane’s radio room, had the presence of mind to pull the air cartridge on his life vest. “I just floated out,” he said, “and all the others were in the dinghy by the wing, waiting for me. I don’t know how, to this day, I was able to hold my breath that long. I have no recollection. But I did and was able to get out. Somehow, I was very fortunate.”

Those who saw the plane go down reported that it probably crashed and killed the crew. Sedgeley’s mother got a telegram saying her son was missing in action, even though all seven survivors had been picked up by British air-sea rescue not long after they had ditched. She had no telephone Sedgeley could call to relate his experience, and she hung a gold banner in the window of her house indicating a dead or missing service member had lived there. Weeks later, when Sedgeley showed up at home, she was “more than surprised,” he said. He had survived the ordeal. But within about two minutes after impact, the B-17 was sinking to the floor of the Mediterranean.

If the award comes through, it would be the result of an unlikely chain of events that sparked a stranger’s decades-long advocacy. A discovery by a marine biologist in the Mediterranean Sea off the island of Corsica, where Sedgeley’s B-17 bomber had to ditch when it was crippled by German fighter plane fire, spurred that man’s interest in the plane and its crew. John Fine, an experienced diver, lawyer and former diplomat, had become familiar with the sunken wreckage of the bomber in 1992 as he tracked coral growth off Corsica. A New York native who also spends time in Florida, he was shooting a motion picture when, having exhausted his supply of film, he began exploring the fuselage, which was submerged about 120 feet below the water’s surface.

He knew some of the history surrounding the site. Local fishermen weren’t sure if there had been any survivors, but some commercial divers had found human remains and military authorities removed them. But this time — amid a cloud of silt caused by his fanning the floor of the aircraft while his air bubbles loosened debris on the ceiling — something swirled up before him. He grabbed and missed. “Then I fan again,” Fine recalled, “and this thing comes up in the water, and I grab it. I could see it when I held it close to my mask: It said ‘R.H. Householder,’ with a Colorado address. It was a dog tag.” He took it to the surface and decided to see if Householder, who was from Wellington, had survived — or if anyone survived — “with the idea in mind of having a memorial service at some time in the future for the men who lost their lives.”

That idea became a full-fledged cause when, soon after his dive, he met with renowned French diving colleagues Philippe Tailliez and Jacques-Yves Cousteau. He reached into his pocket and unwound the paper he had wrapped around the dog tag to protect it. “I hold it up to Jacques-Yves Cousteau,” Fine recounted. “He says, ‘C’est miracle!’ I was convinced then that something had to be done. I got back to the U.S., and at that point I began my research.” John Fine’s discovery of the dog tag in the fuselage of the B-17 ultimately allowed him to connect a crew to the plane lying at the bottom of the sea off Corsica. But initially, his research very quickly went nowhere. “I tried everything,” Fine said. “Archives, nothing. U.S. Army, nothing. U.S. Air Force, no reply.”

About three years passed, and as Fine prepared to attend a film festival on Corsica, he received a phone call. An officer in the office of the secretary of the Air Force had been shredding some documents when he happened upon Fine’s letter seeking help tracking down the B-17’s crew. Within three hours, Fine said, the officer had gotten back to him with the names of two survivors: the plane’s pilot, 2nd Lt. Frank Chaplick, and 2nd Lt. Armand Sedgeley, the bombardier. That quickly, Fine resolved to plan a ceremony at the site where the plane was ditched to honor those lost as well as those who survived. Chaplick was ill and couldn’t attend. Sedgeley, who became a civil engineer and settled in Colorado after a business trip introduced him to the state, was enthusiastic, but he couldn’t afford the trip. United Airlines eventually stepped up with free airfare for him and one of his sons to attend the 1995 festivities.

Fine arranged the ceremony with French officials, “until it finally became a last World War II 50th anniversary commemorative celebration, and it was wonderful.” They went by steamship to the site of the crash and laid a wreath on the water. Fine sprinkled holy water given to him by the local archbishop. A bronze plaque commemorating the

crew was later installed on some nearby cliffs. “And that was it for a long time,” Fine said. But he and Sedgeley remained in contact. When Fine learned that some others had received the Silver Star for their heroism in combat that day, he broached the subject. Sedgeley said his squadron leader had put him in for the honor, but it didn’t get approved — although two gunners among the crew were recognized. He heard no explanation. “All I know is we all did our best and it was recognized by the squadron, but from there on, I have no information, and they can’t seem to locate the Silver Star orders,” Sedgeley said. “So it is a mystery. I don’t understand it.”

Unbeknown to Sedgeley until recently, Fine has pursued the honor on his behalf. He said that through archives and Sedgeley’s own flight diary, he discovered information that wouldn’t have been part of the original narrative — information that might trigger a reconsideration. “Busy commanders could not have had all the information available now or they surely would have awarded this 22-year-old hero his Silver Star,” he wrote in his appeal to government officials. Fine said he sought help from Colorado Sen. Cory Gardner’s office to expedite the process, although Gardner’s spokesman said that policy prohibits commenting on such casework.

So now, they wait. “I think it’s most unusual for a person to go to the expense he’s gone to, to get a medal without even being involved,” Sedgeley said. “I didn’t know he was doing it for a long time.” But for Fine, the impact of seeing the wreckage and finding one man’s dog tag made this an irresistible quest. “As I looked at the wreckage, I knew men have lost their lives there who were just out of their teens, men in their 20s,” Fine said. “Something had to be done. We can’t forget those that saved the world from fascism. We can’t forget them. I was determined that we would not forget them.” [Source: The Denver Post | Kevin Simpson, | April 30, 2018 ++]

WWII VETS 164 ► Frank A. Gleason | OSS

The first director of the Office of Strategic Services at the start of World War II was looking for a unique combination of character traits to outfit a new team of combatants during World War II. “We need Ph.D.s that can win a bar fight.” Gen. William “Wild Bill” Donovan’s description was apt as he began assembling a force that could outwit and outmuscle the enemy. In Marietta, Georgia Frank A. Gleason fit the bill. Fresh out of Penn State University with a degree in chemical engineering, Gleason was young, fit and ready to serve his country fighting the Empire of Japan. On his 24th birthday — Sept. 24, 1944 — he found himself in the plains of southern China as commander of a small band of troops whose mission was to create havoc and hamper the Japanese troops stationed in that country during WWII.



Frank Gleason, 96

Gleason said that today his unit would be regarded as a “trained band of terrorists.” In carrying out their mission, the men of Gleason’s OSS command blew up more than 100 bridges, wrecked rail lines, destroyed communication systems and caused general destruction for the Japanese Army. Seventy-four years later, these heroes received their medals. There are fewer than 100 members from the OSS ranks left. Gleason, 97, a resident of Sterling Estates of West Cobb, is among the latest to receive a Congressional Gold Medal — the highest civilian honor that can be bestowed. After two years of discussions in Washington, House Speaker Paul Ryan officially presented the medal to the Office

of Strategic Services on 21 MAR. “I got a phone call from the president of the OSS Society, Charlie Pinck, that he was sending me my medal through the mail. I received it a couple weeks ago,” said Gleason. “I am extremely honored and never expected anything like this. I would say it was the icing on the cake for my 30 years of military service in the United States Army.”

Gleason was recruited into the OSS by fellow Penn State University Phi Kappa Psi fraternity brother Charlie Parkin. After being trained at the OSS training camp in the Catoctin Mountains in Maryland, he was sent to England to demolition school. The OSS was dissolved after World War II, and Gleason returned to the U.S. Army’s Corps of Engineers. He served during the Korean War, building anti-aircraft installations in Alaska over fears that the Russians might attack there. During the Vietnam War, Gleason was in charge of an Army supply installation at Cam Ranh Bay located on an inlet on the South China Sea. His crew sent supplies to 49,000 troops fighting the enemy in the jungles of Vietnam. “I would spend \$82 million a month on supplies to support my troops,” said Gleason.

The OSS, which is the predecessor of the CIA, recruited an interesting mix of members. Julia Child, U.S. Supreme Court Justice Arthur Goldberg, Western film director John Ford and German born actress and singer Marlene Dietrich all served in the spy agency. The exploits of the clandestine crew was the topic of Teddy White’s book, “The Mountain Road.” The book later became a movie in 1960 starring Jimmy Stewart who played a character based on Gleason’s OSS service. Gleason served as a technical adviser for the film. He retired from Army in 1971 as a full colonel. “Who would ever dream that at 97 years old, I would get a Congressional Gold Medal,” he said. “I am over-awed.” [Source: The Associated Press | Kelly J. Huff | May 7, 2018 ++]

WWII VETS 165 ► William V. Hines | Adjusting to A New Norm

William V. Hines is a simple man with an extraordinary story that starts in small Louisiana town and leads to redemption through service. He is a resident at one of the five state-of-the-art Veterans homes that Louisiana Department of Veterans Affairs (LDVA) operates, and he is an inspiration to those who have the honor of meeting him.



Hines was born on Feb. 22, 1926 in the small town of Ruby, Louisiana. Ruby is an unincorporated community in Rapides Parish. His parents, Truley and Evie Greer Hines, were farmers on a 40-acres farm. He and his three siblings, Arley, Odessa and Barbara, had a good childhood. Like many Americans at the time, Hines was drafted into the United States Army at the age of 18. America was at war, and due to the Selective Training and Service Act that the United States instituted on Sept. 16, 1940, all men between the ages of 18 and 45 were required to register for the draft. According to the National WWII Museum, by the end of the war in 1945, 50 million men between 18 and 45 had registered for the draft and 10 million had been inducted in the military.

Hines spent 17 weeks at Camp Fannin, located near Tyler, Texas, for training. Camp Fannin was a U.S. Army Infantry Replacement Training Center and prisoner-of-war camp. It only operated for four years before being inactivated in 1946. In late September of 1944, Hines was sent to Ft. Leonard Wood to prepare for the battlefield. On Dec. 5, 1944, he was sent to Boston and sailed on the USS West Point – SS America. “We arrived at Marseilles,

France on Dec. 15, 1944,” Hines recalls. As history tells us, he arrived at a pivotal moment because the Battle of the Bulge started the very next day, Dec. 16, 1944. “We boarded the French train referred to as the “40 x 8” because of the 40 soldiers or 8 horses it carried,” said Hines. That train brought them to the Rhine River where they spent the day before being trucked to a town called Wingen-sur-Moder, France.

According to History.net, Wingen-sur-Moder (Wingen on the Moder River) was just a typical French village nestled in the Hardt Mountains. But it was here that GIs of the 70th ‘Trailblazers’ Infantry Division engaged in some of the most intense combat of the Alsatian campaign. On Jan. 2, 1945, the Germans invaded and took the town. It took seven days to retrieve it. According to Hines, “the weather was the coldest Germany had in 50 years.” “I would say the hardest thing we faced was the freezing weather, the snow keeping our feet cold all of the time, the poor rations that led to hunger a lot of the time, the sleep deprivation and the immense sense of loss for our fallen,” Hines said. He goes on to explain that the sleep deprivation was mainly caused by their abnormal shift work. “There were two people to a foxhole,” he explains of his time in battle. “One of us had to stay awake while the other slept in two-hour shifts.”

Hines says his unit also endured a multitude of casualties which took a toll on everyone. “We suffered 99 wounded, 29 killed and 129 that were sent to the sick line duty,” he recalls. Unfortunately, they only had 225 replacements to fill those much-needed vacancies. He says he felt great sorrow from the loss of his comrades in a battle that lasted 86 days. “The Germans finally surrendered on May 8, 1945, but our elements took more losses than they did.” Although the battles were tough, Hines says he did experience some memorable moments. “I was first scout and M1918 Browning Automatic rifleman,” he says proudly. “I led a 600 man battalion for three miles at night through German lines through two mined areas to the Saar River at night with the captain and his camper,” says Hines. “We arrived at the Town of Furstenhaeuse, France on the Saar and captured the town without firing a shot,” he recalls. For his heroic actions, he received a Bronze Star. “After the Germans surrendered, we did ‘occupation’ until we had enough points to come home.” He went home in March of 1946.

Hines met his wife, Pauline, prior to being drafted into the Army. They fell in love, and “three months later, before I joined the Army, we married,” he says. William and Pauline enjoyed 68 years of wedded bliss together. “We had three sons and one daughter,” says the doting father. Their names, in order of birth, are: Bill Hines, Sue Hooter, Ronald Hines, and Byron Hines. Bill is now a retired Owens Minor Medical salesman. Sue became a registered nurse and later worked with her husband. Ronald is also a registered nurse and a nursing home administrator. Byron has degree in Medical Technology and is a retired nursing home administrator. Hines is very proud of his children’s accomplishments.

“I was a bread salesman for Cotton Brothers Bakery for 14 years,” says Hines of his time after the military. He eventually moved to Bossier City where he managed the first nursing home there and spent 39 years plus as their Administrator. In 2016, after breaking his hip in a fall, he was admitted to the Northwest Louisiana Veterans Home. This was a bittersweet move for him because his beloved wife had passed away while a patient at the home back in 2012. “I have made many friends and enjoy playing bingo,” says Hines. “I also spend a lot of time searching through the computer.”

He is a wealth of knowledge when it comes to military history, specifically WWII. “I have done many interviews while living here at the home,” he says. He enjoys talking to the many groups that stop by to visit the facility’s residents. He says some of the regular visitors want to hear WWII stories. “I have done a lot of research about WWII and gladly share it with those who are interested,” says the man who also lived through the war. Hines is very open about his personal experiences and reasons for wanting to serve his community. Like many Veterans, he struggled while adjusting to his new normal after the war.

- “I came home and returned to my job, but it took quite a while to adjust back to normal,” he confides. “Everything from sudden noises, to nightmares, and even those well-meaning unexpected pats on the back,” would bother him in ways they had not beforehand.

- “I still re-live many of the things I experienced,” he says. “The loss of two of my good friends, the close calls with snipers, the booby traps, and being knocked flat on my back by artillery shrapnel hitting me on front of my helmet (no damage done),” are some of the things he will never forget.
- “I did receive a Bronze Star for the night I led the battalion through enemy lines to the Saar River,” he says nonchalantly. He also earned his Combat Infantry Badge and The Order of the Legion of Honor, which is France’s highest distinction.

The awards and recognition are not what motivated him though. It was a lot more personal than that. “One night in a fox hole, I was feeling very low and helpless,” he recalls. “I asked the Lord if he would let me get back home safely I would serve him,” and serve he did. “I was called upon to be the administrator of the nursing home our church was building,” he shares. “I accepted the offer without hesitation and worked 39 years as an administrator where I found my place to serve Him.” For his efforts, Hines says, “I have been blessed with a wife of 68 years, four children, eight grandchildren and 21 great grandchildren.” You can’t ask for much more than that. [Source: Vantage Point L May 9, 2018 ++]

Military Retirees & Veterans Events Schedule ► As of 15 MAY 2018

The Military Retirees & Veterans Events Schedule is intended to serve as a one-stop resource for retirees and veterans seeking information about events such as retirement appreciation days (RAD), stand downs, veterans town hall meetings, resource fairs, free legal advice, mobile outreach services, airshows, and other beneficial community events. The events included on the schedule are obtained from military, VA, veterans service organizations and other reliable retiree\vetterans related websites and resources.

The current Military Retirees & Veterans Events Schedule is available in the following three formats. After connecting to the website, click on the appropriate state, territory or country to check for events scheduled for your area.

- HTML: http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.html.
- PDF: http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.pdf.
- Word: http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.doc.

Please note that events listed on the Military Retirees & Veterans Events Schedule may be cancelled or rescheduled. Before traveling long distances to attend an event, you should contact the applicable RAO, RSO, event sponsor, etc., to ensure the event will, in fact, be held on the date\time indicated. Also, attendance at some events may require military ID, VA enrollment or DD214.

Please report broken links, comments, corrections, suggestions, new RADs and\or other military retiree\vetterans related events to the Events Schedule Manager, Milton.Bell126@gmail.com

[Source: Retiree\Veterans Events Schedule Manager | Milton Bell | 15 May 2018]

Vet Hiring Fairs ► Scheduled As of 15 MAY 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 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 | May 15, 2018 ++]

State Veteran's Benefits & Discounts ► Utah 2018

The state of Utah 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 – UT**” 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 below benefits refer to <https://veterans.utah.gov> and <http://militaryandveteransdiscounts.com/location/utah.html>

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

[Source: <https://www.military.com/benefits/veteran-state-benefits/utah-state-veterans-benefits.html> | May 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 Senate 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.

Vet Unemployment Update 15 ► H.R.5492 | Reduce Unemployment for Vets of all Ages

On April 10, 2018, Congresswoman Julia Brown (CA), introduced H.R. 5452, the Reduce Unemployment for Veterans of All Ages Act of 2018. Currently, veterans with service-connected disabilities or other employment challenges are able to receive career development services through the VA's Vocational Rehabilitation and Employment program up to 12 years after they separate from military service. H.R. 5452 would eliminate the 12-year-period of eligibility. In accordance with DAV Resolution No. 250, we support this legislation to eliminate the 12-year-period of eligibility. By removing the limited eligibility, H.R. 5452 will provide veterans the flexibility to receive

the support they have earned and deserve throughout their lifetime and thus help reduce unemployment for service-connected veterans.

In support of this legislation readers are encouraged to use the prepared electronic letter at <http://cqrcengage.com/dav/app/write-a-letter?7&engagementId=469753> or draft their own to urge your Member of Congress to support and cosponsor H.R. 5452. Standing up for veterans is vital and DAV thanks you for your advocacy. Your actions help make DAV a highly influential and effective organization in Washington. Thank you for all you do for America's veterans and their families. [Source: DAV National Commander | May 2, 2018 ++]

VA Blue Water Claims Update 45 ► HR.299 | Blue Water Navy Vietnam Veterans Act

The Veterans of Foreign Wars of the United States is saluting the House Veterans Affairs Committee for passing H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2017. The VFW-supported bill, which must still be approved by the full House and Senate before going to the president, would restore benefits to thousands of Vietnam veterans, expand inclusive dates to those who served along the Korean DMZ, and benefit children born with spina bifida due to a parent's exposure to Agent Orange-related herbicides in Thailand. "The VFW salutes the bipartisan leadership of House VA Committee Chairman Phil Roe and Ranking Member Tim Walz for getting this bill through committee," said VFW National Commander Keith Harman, who served in Vietnam as an Army helicopter crew chief and door gunner with the 101st Airborne Division

Once passed into law, H.R. 299 will restore VA benefits to some 100,000 Blue Water Navy veterans who had their disability eligibility taken away in 2002 after regulatory changes. It will also require the VA to contact those veterans who had filed claims that were later denied. Those veterans could be eligible for retroactive benefits. The legislation marks a victory for other veterans and their families who suffer from conditions related to toxic exposures. Veterans exposed to Agent Orange while serving along the Korean DMZ will have an earlier start date to encompass the time period when various defoliants were tested. The current start date of April 1, 1968, will be backed up seven months to Sept. 1, 1967.

In addition, benefits will be expanded to include children born with spina bifida due to a parent's exposure in Thailand. Coverage for this condition already exists for the children of Vietnam and Korean DMZ veterans. The new law will also require the VA to report on research being conducted on a broad range of conditions possibly related to service in Southwest Asia, which is important for future legislative efforts to create a list of presumptive conditions for veterans seeking VA health care and benefits.

"Toxic exposure is toxic exposure, and denying benefits to any veteran just because of time or location denigrates their service and marginalizes their suffering," said Harman. "Agent Orange made Vietnam veterans sick. It made those stationed along the Korean DMZ and in Thailand sick — and many of their children, too. Toxic substances are also making many Southwest Asia veterans sick. This legislation is long overdue, but there are no statutes of limitation when it comes to making things right for veterans. Let's get this bill passed and signed into law!" [Source: VFW Action Corps Weekly | May 11, 2018 ++]

Vet Farmers ► Farmer Veteran Opportunity Act of 2018

The Farmer Veteran Opportunity Act of 2018 expands support for veterans in agriculture. Introduced by leaders of the U.S. Senate Committee on Agriculture, Nutrition, and Forestry Ranking Member Debbie Stabenow and Chairman Pat Roberts, the legislation ensures all new veterans are eligible for support from the U.S. Department of Agriculture. The bill also makes risk management tools like crop insurance more affordable, expands access to land and capital, and prioritizes training and education opportunities for veterans. Specifically, this legislation:

- **Streamlines eligibility requirements to allow all new veterans to benefit from support.**
 - Clarifies the term farmer veteran to expand support to all new veterans, including those who have existing experience in agriculture, in addition to those starting a new a new career on the farm.
- **Makes risk management tools more affordable and accessible for farmer veterans.**
 - Crop Insurance: Waives administrative fees for catastrophic risk protection, guarantees veterans receive a higher premium subsidy, and allows yield flexibility.
 - Noninsured Crop Disaster Assistance Program (NAP): Eliminates service fees and reduces premiums for additional coverage.
 - Emergency Livestock Assistance Program (ELAP): Covers 90% of losses due to disease or natural disaster for veterans who produce livestock, honeybees, or farm raised fish
- **Improves access to loans and land for veterans starting and expanding their farms.**
 - Down Payment Loans: Allows veterans to be eligible for loans to cover down payments on land when purchasing real estate.
 - Interest Rate Reduction Program: Prioritizes veterans to receive reduced interest rates on guaranteed loans through the Farm Service Agency.
 - Conservation Reserve Program Transfer Incentive Program: Facilitates the transfer of Conservation Reserve Program land from retiring farmers and ranchers to veteran farmers.
- **Prioritizes veteran farmers in training and education programs to help them start and expand their businesses.**
 - Food Safety Outreach Program: Gives grant funding priority to projects designed to help veteran farmers meet food safety standards.
 - Federal Crop Insurance Education: Adds a special emphasis on veteran farmers to help them navigate their crop insurance options so they can best protect their assets.

[Source: VFW Action Corps Weekly | May 11, 2018 ++]

Homeless Vets Update 86 ► H.R. 4898 | Keeping Our Commitment to End Vet Homelessness

This legislation, H.R. 4898, focused on ending homelessness among our nation's veterans, would extend current authorities that assist veterans and their families with preventing or overcoming issues that may lead to homelessness. Specifically, the bill would extend existing provisions to ensure:

- Homeless veterans' reintegration programs provided by the Department of Labor are available, including child care services that allow veterans responsible for caring for minor dependents to participate.
- Referral and counseling services for certain veterans at risk of homelessness;
- Treatment and rehabilitation services for seriously mentally ill and homeless veterans;
- Housing assistance for homeless veterans;
- Financial assistance for supportive services for very low-income veteran families in permanent housing;
- Continuation of the grant program for homeless veterans with special needs; and
- Continued authority for the Advisory Committee on Homeless Veterans.

DAV supports this bill in accordance with DAV Resolution No. 239, which calls for Congress to support sustained sufficient funding to improve services for homeless veterans. VA has made remarkable progress in reducing homelessness among veterans between 2009 and 2016; however, indicators show that homelessness in the veteran population is on the rise again in certain major metropolitan areas. DAV is asking readers to help ensure that effective programs for homeless veterans continue by writing to their Representative and asking them to cosponsor and pass, H.R. 4898, the Keeping Our Commitment to Ending Veteran Homelessness Act of 2018. To expedite your action to do so, [click here](#) to access a preformatted editable message to send to your representative in support of this bill to help the nation's ill and injured veterans. [Source: DAV National CDR | Delphine Metcalf-Foster | May 7, 2018 ++]

VA Mission Act ► H.R.5674 | Enhance Vet Choice, Facility Closures, & Home Care Access

A key lawmaker in the House on Thursday introduced a measure to expand veterans' access to private health care on the government's dime while also instituting a process by which the Veterans Affairs Department would begin closing underutilized facilities. The **Veterans Affairs Maintaining Systems and Strengthening Integrated Outside Networks** (VA MISSION) Act would provide veterans access to private sector care when the services they are seeking are not offered at VA, there is no full-service medical facility in their state, they previously were eligible for outside care under the Veterans Choice Program or VA cannot meet its own standards of care in providing care to an individual veteran.

Perhaps most controversially, in a bill that seeks to bridge an array of divisions on one of the thorniest issues on Capitol Hill, the measure would allow a veteran and doctor to mutually agree that private care was in the patient's "best medical interest." The VA provider would have to first assess the distance the veteran must go to receive care from the department's network of more than 1,200 medical facilities, the nature of the services required, the frequency of treatment, the timeliness of available appointments and other "excessive burdens to care."

The bill is still a far cry from fully privatizing the Veterans Health Administration, as some in Congress have proposed, or giving all veterans eligible for VA care a card or vouchers that enable them to receive private care at any time, as President Trump advocated on the campaign trail (the proposal is still live on his campaign website). The health care provisions of the measure are largely in line with a proposal outlined by since-dismissed VA Secretary David Shulkin last year.

Rep. Phil Roe (R-TN), who introduced the measure and chairs the House Veterans' Affairs Committee, said his bill represented a "bipartisan, bicameral agreement reached last month." Lawmakers nearly attached that agreement to the must-pass omnibus spending bill Trump signed into law in March, but House Democrats—whose votes were necessary in order to approve the larger appropriations package—balked at the proposal. House Republicans can likely move a standalone bill without Democratic support, and Sen. Jon Tester (D-MT), the top Democrat on the Senate's veterans committee, has expressed an openness to a similar bill in the past. "This legislation must be passed, and if Congress fails to act veterans will pay for that failure," Roe said. He plans to hold a committee vote on the bill next week. Rep. Tim Walz (D-MT), the top Democrat on Roe's panel, has not yet taken a position on the bill as he and committee Democrats "are still actively engaging veterans and stakeholders in the community," according to a spokesman.

The choice program, which Congress established after the 2014 scandal involving department employees manipulating patient data to hide long wait times, is set to run out of funding later this month or in early June. Roe's bill would avoid that pending crisis by providing \$5.2 billion for the program before sunsetting it permanently in one year. The looming deadline caused VA acting Secretary Robert Wilkie to call for decisive action through a permanent choice program. "Without community care, VA's ability to provide timely, high quality health care to veterans will be dramatically diminished," Wilkie said last week. "The VA, along with the White House, commend Congress's dedication to finding a long term solution to the choice program." He added: "We cannot wait any longer." Wilkie on 3 MAY endorsed Roe's bill.

The VA MISSION Act would include another controversial provision to put VA through a process similar to the Defense Department's Base Realignment and Closure Commission. The measure would require the VA secretary to assess the department's current capacity to provide health care in each of its networks and ultimately recommend facilities to close, modernize or realign. The secretary would then pass those suggestions along to a presidentially-appointed, Senate-confirmed commission. That panel would submit its recommendations to the president, who would then have to approve of the plan in full, in part or reject it altogether. Congress would then have 45 days to vote down

the plan or it would automatically go into effect. Roe previously pushed those provisions through his Asset and Infrastructure Review Act. A third provision of the bill would expand veterans' access to home caregivers.

The bill quickly earned endorsements from an array of stakeholders. Veterans of Foreign Wars, call on its 1.7 million members to contact their representatives in Congress and urge support for the measure. "Passing this bipartisan and bicameral bill is critical to ensuring veterans have timely access to the care they have earned and deserve," said Keith Harman, VFW's national commander. Concerned Veterans for America, a libertarian-leaning group with ties to the Koch brother that has often clashed with traditional, congressionally chartered veteran service organizations like VFW, also threw its support behind Roe's bill.

"The MISSION Act would go a long way towards resolving problems with the VA's existing community care programs and stabilizing the VA's health care system," said Dan Caldwell, CVA's executive director. "We're also encouraged that the MISSION Act mandates a long-overdue review of the VA's infrastructure across the country. With more than half of VA facilities over 50 years old, it's critical that we begin working to modernize the VA's infrastructure to serve a new generation of veterans." While CVA has led the charge in calling for expanded private care for veterans, VFW and most other veterans groups have supported a more cautious approach. The bill seeks to assuage concerns about privatizing VA in part by keeping VA in charge of scheduling private appointments and maintaining robust access and quality standards for the private facility network. VA would generally pay Medicare rates to providers, with some adjustments, and guarantee the costs veterans incur would not increase compared to what they would pay at VA.

While the bill strives to strike a delicate balance, it would not leave everyone satisfied. The measure would allow VA facilities to offer up private sector care for up to three categories of medical services—not to exceed 36 offerings nationally—drawing the ire of the American Federation of Government Employees. Marilyn Park, a legislative representative at AFGE's VA council, which represents 230,000 VA workers, said the bill amounted to "pretty unfettered use of service clinics to replace integrated care." "The VA is starving for staff, the VA is starving for new facilities and to protect the ones it has," Park said. She added that VA employees are struggling to "help the veterans every day who are being lost in the system by choice."

While Roe is pushing for an expedited schedule, Park said Congress should "take a pause" and await permanent leadership at the department. Trump has yet to nominate a new VA secretary since his previous pick, Rear Adm. Ronny Jackson, withdrew his name from consideration. Veterans groups and VA itself have said it is struggling to "restore regular order" amid all the recent leadership turmoil. Still, the White House and VA have set Memorial Day as the goal for passing a new choice bill. "You've got a deal that's been brokered between the House and the Senate already, and the White House," Darin Selnick, who served as the White House's top VA policy person until April, recently told Government Executive. "Why not give it one last shot of money, fix it, and be done with it?"

Readers can take action on this bill by going to <http://capwiz.com/vfw/issues/alert/?alertid=80357626> and forwarding VFW's preformatted editable letter to their legislators via either email or letter.

[Source: GovExec.com | Eric Katz | May 3, 2018 ++]

Tax Burden for California Retired Vets ► AB 2394 | Military Retirement Pay Exemption

The following letter is provided for readers to forward via Fax number 916-319-2180 or email addree: Assemblymember.GonzalezFletcher@assembly.ca.gov to support the Military Retirement Pay Exemption (AB 2394) bill which would allow California vet retirees to cease paying taxes on their military retirement pay. To help bring California in line with other states which do not fully tax retirement you are encouraged to add your name, City, State, and Zip code to it and send it to Assemblymember Fletcher:

-o-o-O-o-o-

Assemblymember Lorena Gonzalez Fletcher
Chair, Assembly Appropriations
State Capitol, Room 2114
Sacramento, CA 95814

RE: AB 2394 (Brough) - Support

Dear Chairwoman Gonzalez Fletcher,

I write in support of AB 2394 introduced by Assemblymember Brough, which would exempt military retirement pay for veterans who are residents in California. California is home to 1.8 million military veterans and 146,000 are retired veterans who have served our country 20 years or more. Currently, California is only 1 of 11 states that fully tax military retirement income. By exempting this income for retired veterans, California would join 29 states, like New York, Florida, and Texas that provide these benefits.

According to the Department of Defense, many veterans who receive retired benefits are in their 40s and ready to start their second careers as citizens. When deciding where to locate, many veterans take into consideration the cost of living and home prices. California is currently one of the most expensive states to live in and we are also experiencing a housing shortage. If you factor in taxing veteran retirement income, California becomes less attractive to these veterans.

A report from the Governor’s Military Council recommends, “State leaders should explore appropriate ways to incentivize veterans to stay in California.” AB 2394 will encourage those veterans to bring their leadership, teamwork, high aptitude for technology to the workforce here in California. Many retired veterans have years of experience in high-skilled jobs, such as, intelligence officers, engineers, doctors, nurses, and lawyers that can make an impact on California’s economy.

California’s current policies are driving veterans to leave. If retired veterans leave, California will not only lose their retired income, but lose income from property tax, income tax, sales tax, etc. AB 2394 will provide a positive change that will encourage more retired veterans to come to California.

For these reasons, and many others, I encourage you to vote Yes on AB 2394.

Sincerely,

NAME

City, State, Zip code

[Source: Leg Dir Assemblyman Bill Brough | State Capitol (916) 319-2073 | May 5, 2018 ++]

*** Military ***



Expeditionary Fast Transports Update 01 ► Not Meeting Design Specs

The catamaran-style expeditionary fast transport ships, according to the report, were supposed to be able to carry 1.2 million pounds of cargo for 1,200 nautical miles at an average speed of 35 knots, or about 40 miles per hour. But

initial testing showed the ships were only able to carry that amount for 769 nautical miles at an average speed of 31 knots. The aluminum ships have a large cargo space and a flight deck for helicopters and drones. They were designed to respond to a wide variety of military missions and could also be used in evacuations and disaster relief.

Since 2008, the Navy has purchased 12 expeditionary fast transport vessels from defense contractor Austal USA. By last summer, Austal had delivered eight of the ships. The other four are expected by the end of the 2019 fiscal year. So far, the Navy has spent about \$2 billion on the program, and the report says it may have to spend even more to fix all the problems that inspectors found with the ships that already have been delivered. The first ship in its class, the USNS Spearhead, is based at Joint Expeditionary Base Little Creek-Fort Story in Virginia Beach and is currently deployed on a humanitarian and goodwill mission to Latin America. The ships are operated by 26 civilian mariners who report to Norfolk-based Military Sealift Command. The vessels have airline-style seating for up to 312 others and berthing for an additional 104.

The problems with speed and distance weren't the only ones the IG report, released on 25 APR, identified. It cited 28 deficiencies, all but nine of which could have a significant impact on missions. One major problem had to do with controls that involve the secure exchange of information. "Cybersecurity vulnerabilities could potentially lead to hackers disabling or taking control of systems, preventing the EPF vessel from accomplishing its missions," the report said. Another problem inspectors found with the ships is that equipment cannot be transferred from one to another as expected, especially in rougher seas. "The EPF vessel could only conduct vehicle transfers when waves were 0.3 meters or less, a condition normally only found in protected harbors," the report says. The Navy said in a response to the report that it is working to correct problems in ships that have already been delivered. [Source: The Virginian-Pilot | Brock | Vergakis | April 28, 2018 ++]

USMC Correctional Custody ► Kibosh Put on Rock Busting

The Corps' new Correctional Custody Unit aboard Camp Hansen in Okinawa, Japan, is slated to open its doors this month, but don't expect Marines to be breaking rocks as in the past. Corps officials put the kibosh on the rock breaking after the new correctional unit's grand opening was delayed several months pending a review by senior officials. The Corps is now describing the new correctional unit as a mere "test" and a "pilot program." "A notable difference in CCU 2.0 [Correctional Custody Unit] is that the rock-breaking exercise, for which the original Correctional Custody Unit was known, will not be done," Corps officials said in a press release emailed 10 MAY. "Instead, the physical fitness program features field training exercises and combat conditioning regularly conducted by Marine units on a daily basis."



Brig Marines simulate hard labor during a Correctional Custody Unit demonstration Jan. 12 in the Brig aboard Camp Hansen, Okinawa, Japan.

Images posted on the Defense Department's imagery website in January showcased Marines busting up rocks with sledgehammers when the Corps began testing the new correctional unit concept, invoking images of a hard labor camp

and provoking controversy. The new correctional unit offers a way for commanders to retain junior Marines who otherwise would have been separated over various minor misconduct. “With a dedicated staff who are eager to guide and mentor, CCU 2.0 will provide Marines the opportunity to navigate back to true north in order to serve as productive teammates, make better personal and professional life decisions, and successfully complete their initial enlistment,” the command release reads.

Corps officials also have pushed back on usage of the term “hard labor” camp to describe the unit. “Our primary job is mentorship,” Sgt. Dustin Owens, a senior watch stander at the CCU, said in the command release. “I’m going to accept them like they are my Marines, because for that 30-day period — they are. I am going to have a vested interest in their future success.” The new unit will offer classes that emphasize Corps values and ideals. “This new curriculum is designed to re-install the values and high standards of the Marine Corps back into each Marine,” Brig. Gen. Paul J. Rock Jr., commanding general Marine Corps Installations Pacific, said in the command release. “I look forward to seeing the results of this program as it rebuilds our most valued asset, the Marine.” [Source: MarineCorpsTimes | Shawn Snow | May 10, 2018 ++]

AN/SPY-6 Air/Missile Defense Radar ► 30 Times More Sensitive

When the destroyer Jack Lucas joins the U.S. Navy’s fleet in 2024, it will look similar to the 73 Arleigh Burke-class destroyers that preceded it. But it’s going to be a very different, more capable killer than its predecessors. Huntington Ingalls announced 8 MAY that it had begun fabrication of the first Flight III Destroyer, a ship that crucially adds Raytheon’s AN/SPY-6 air and missile defense radar. A ship is considered “in fabrication” after the first 100 tons of steel have been cut — a milestone that Jack Lucas surpassed this week at Ingalls’ Pascagoula, Mississippi, shipyard. The Flight III is a major overhaul of the guided-missile destroyer. It required a 45 percent redesign of the hull, most of which was done to accommodate the AN/SPY-6 and its formidable power needs.



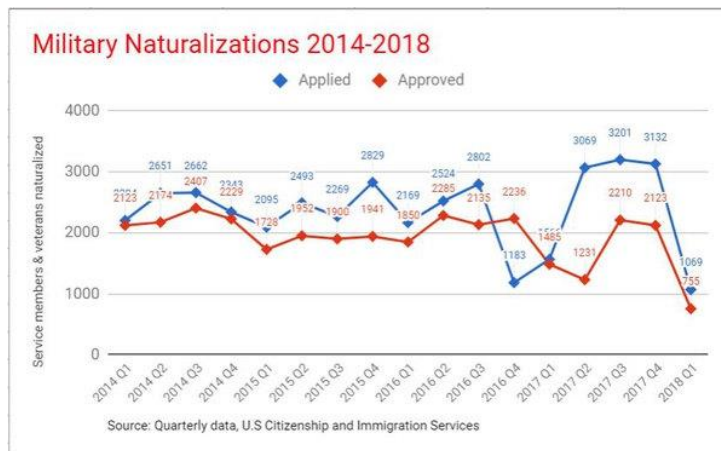
The air and missile defense radar destined for Jack Lucas and its sister follow-on destroyers is 30 times more sensitive than the AN/SPY-1D radars on the previous ships, additional sensitivity that will supercharge its capabilities in anti-air warfare and ballistic missile defense. Coupled with ongoing Surface Electronic Warfare Improvement Program upgrades, the Jack Lucas will also have increased passive capabilities. When used in conjunction with other off-board passive sensors, such as with the F-35 fighter jet, it will be able to triangulate and locate a target without going active and giving away the ship’s position.

The radar is a needed upgrade as the Navy looks to keep ahead of China and Russia, according to Bryan McGrath, a retired destroyer skipper and consultant with The FerryBridge Group. “Our venerable SPY-1 has served us well for a long time, but the threat has changed and we need a new radar,” McGrath said. “And SPY-6 is that radar. It is a considerable upgrade in all respects. It enables us to track more energetic and smaller objects at further ranges, and that buys you decision time.” For a better understanding this new air and missile defense radar capabilities check out Raytheon’s <https://youtu.be/BWUTbaIRLWA> video on the system [Source: DefenseNews | David B. Larter | May 10, 2018 ++]

Military U.S. Citizenship Benefit Update 02 ► Naturalizations Drop 65%

The number of service members applying for and earning U.S. citizenship through military service has dropped 65 percent since Defense Secretary Jim Mattis directed additional background checks for non-citizen troops, Military Times has found. In October 2017, Mattis directed policy changes, linked below, that added additional reviews of non-citizen service members and extended time in service before they could receive necessary paperwork to pursue naturalization. In the first set of data available since the new policy, the number of applicants dropped from 3,132 in the last quarter of fiscal year 2017 to 1,069 in the first quarter of fiscal year 2018, the most recent data available.

The number of service members approved to become naturalized U.S. citizens dropped from 2,123 in the last quarter of fiscal year 2017, which ended Sept. 30, to 755 in the first quarter of fiscal year 2018, which ended Dec. 31, according to the U.S. Citizenship and Immigration Services, or USCIS, agency, which tracks the data. Non-citizen recruits from that date on have faced additional security reviews prior to entry into the active, Reserve or Guard forces. Now, upon enlistment, any non-citizen service members who seek citizenship must serve at least 180 days, some face another round of screening; and all have had to get a critical form in the process, an N-426 “Request for Certification of Military or Naval Service,” approved by an O-6-level officer or higher, instead of at their personnel office.



Based on a review of data of personnel who have applied and were approved for citizenship since 2014, the USCIS approval rate for service members has remained relatively steady. However, policy changes by USCIS — including that it may no longer be accepting DoD-provided fingerprints of applicants, despite federal law to the contrary, coupled with additional requirements before a service member can obtain an N-426 from their service leadership — has potentially reduced the number of service members moving through military naturalization at the agency.

USCIS said in a statement to Military Times that “as a result of the DOD memorandum from Oct 2017, USCIS continues to process military applications once the naturalization application and certification of honorable service have been received and all required DOD security checks have been completed.” “Working with military members continues to be a priority within the agency, and we all recognize the significant contribution from those who serve within the ranks of our nation’s armed forces and the family members who support them,” the agency said. However, USCIS’ decision to no longer accept the DoD fingerprints may make it more difficult for service members to get naturalization paperwork in order.

In correspondence obtained by the Military Times, USCIS said it is no longer accepting the DoD fingerprints. USCIS is required by the Kendell Frederick Citizenship Assistance Act, a law Congress passed in 2008, to accept DoD fingerprints. U.S. Army Reserve Sgt. Kendell Frederick was killed in Iraq in 2005. He’d tried to complete the

necessary paperwork to become a citizen for more than a year, and while in Iraq, was told he had to submit fingerprints. He was killed by a roadside bomb as he traveled in a convoy to an off-base location to get his fingerprints taken.

In a briefing with reporters 3 MAY, Pentagon spokesperson Dana White said the military still values non-citizen soldiers' contributions, and that the delays and bureaucratic issues encountered as the DoD revises military naturalization may be a part of adjusting to the new, stricter process. "It's still our intent to recruit every patriot who is qualified to serve," White said. "But yes, with the enhanced vetting, there is a process. And that process has to move forward. So there may be a bit of a delay because of that, but we also need to ensure, because we did identify a problem, a security problem, we do need to ensure that we vet these people thoroughly." [Source: NavyTimes | Tara Copp | May 3, 2018 ++]

NAS Barbers Point Memorial ► Oahu Residents Upset Over Removal

Residents in the west Oahu city of Kapolei are demanding answers from the Navy after a public veterans memorial in their community was recently removed without their knowledge. The memorial honored the legacy of Naval Air Station Barbers Point, which operated between 1942 and 1999 as the largest naval air station in the Pacific theater. The base was home to the P-3C Orion maritime patrol aircraft and was one of several naval installations targeted during the attacks on Pearl Harbor.



Before and After

When the base ceased operation in 1999 as part of BRAC closures, the Navy erected a public memorial to honor the WWII, Korea, Vietnam, Cold War and Gulf War veterans who served at the air station. The memorial was located across the street from the former base headquarters and was made of stylized Hawaiian lava rock which read in raised silver letters, "Naval Air Station Barbers Point 1942-1999." Enclosed within the rock wall was a silver-coated, 1/15-scale model of the P-3C Orion.

John Bond, a Kapolei community historian and military history buff, said residents were completely caught off guard when a forklift came and removed the P-3C model and silver lettering from the memorial on a Saturday morning early last month. "Everybody who saw it was shocked," he said. "We thought it was a permanent monument to the naval air station. It's a public area right where everybody goes by; the last thing in the world we would have thought is this would be taken down." A spokesperson for Navy Region Hawaii confirmed it approved the memorial's removal.

In a statement, Jim Neuman, the History and Heritage Outreach Manager at Navy Region Hawaii, said the memorial was "vandalized, soiled and almost stolen a number of times over the years since base closure." Neuman said the memorial had been transferred to Marine Corps Base Hawaii, where it will remain under the safekeeping of the Naval Support Detachment and Commander, Patrol and Reconnaissance Forces of the U.S. Pacific Fleet. Bond said he passed the memorial on a weekly basis, but never saw any evidence of vandalism. He believes the memorial's removal has to do with planned redevelopment of the land, which was recently transferred from the Navy to private developer, Hunt. Navy Region Hawaii never consulted the community on the memorial's planned removal, Bond said, adding that the Navy said it didn't have to do any consulting because the memorial did not meet the 50-year mark required to qualify as "historic property."

Historic or not, Bond said the memorial held a special place in the community which the Navy's actions failed to honor. "I've gotten many, many emails from people upset about it, saying they would pay to have it restored or they would pay to get a lawyer to sue the Navy, all kinds of reactions like that," he said. "Of the Navy veterans who specifically were involved in the P-3 era, they're especially upset about it. Like all of us, we just had no idea this would ever happen." [Source: NavyTimes | Victoria Leoni | April 27, 2018 ++]

Army Recruiting Update 06 ► Bipolar, Depression, Self-Mutilation Waivers

The Army issued waivers over 13 months to more than 1,000 recruits who had been diagnosed and treated for mood disorders and 95 more for self-mutilation, according to data obtained by USA TODAY. The acceptance of new soldiers with a history of serious behavioral health issues, some of which can be lifelong challenges, came as the Army struggled to meet its recruiting goals. The time period ran from Oct. 1, 2016, through Oct. 31, 2017.

Last week, Army Secretary Mark Esper indicated that the Army issues waivers only for mental health issues that have been resolved or upon further review were misdiagnosed. There were no waivers issued for a history of drug overdoses or suicide attempts. "As the stigma of seeking therapy or counseling becomes less of an issue than when I grew up, you'll see probably more cause for waivers," Esper said. "But again, the waiver is only for an historical condition that we look at and assess. We do not allow anybody in who is undergoing therapy, who is a cutter or was a cutter, identified clearly as a cutter or is using drugs. They are not allowed into the service. And I will not accept them. Quality trumps quantity every single day of the week."

Mood disorders include conditions such as bipolar disorder and severe depression. Self-mutilation can indicate deep psychological problems. "Bipolar in most cases is a lifelong challenge," said Elspeth Cameron Ritchie, a psychiatrist who retired from the Army as a colonel in 2010 and is an expert on waivers for military service. "It is more of a challenge when you're younger and is not something you can simply be clear of. You're often on medication for life." A history of severe depression raises the risk of suicide, a problem the military sought to minimize in part by eliminating waivers for many behavioral health issues in 2009, Ritchie said.

Last fall, USA TODAY reported on Army documents that showed the service tried to ease the waiver process for recruits with a history of self-mutilation, bipolar disorder and depression. The Army encountered challenging recruiting goals, including adding more than 76,000 soldiers this year. In 2017, it accepted more recruits who had fared poorly on aptitude tests, and it increased the number of waivers for marijuana use. Sen. John McCain criticized the service for accepting recruits who mutilated themselves. McCain (R-AZ), Chairman of the Armed Services Committee, was outraged by the story and threatened in November to hold up nominations for Pentagon posts unless the Army axed the waiver practice. The next day, Gen. Mark Milley, the Army chief of staff, announced that he had rescinded a memo on mental health waivers but insisted that the document never had the effect of policy. The only change, he said, was that the Army allowed a lower-ranking general officer to approve the waivers.

McCain blasted Army witnesses at a committee hearing, saying none of the panel's members favored granting waivers for serious mental health conditions. Figures obtained through a Freedom of Information Act request show that from Oct. 1, 2016, through Oct. 31, 2017, the active-duty Army issued waivers to 738 recruits with a history of mood disorders and 49 more with a history of self-mutilation. The Army Reserve and National Guard accepted the rest of the recruits with behavioral health issues. Soldiers with bipolar disorder often require medication such as lithium, Ritchie said. That medication must be monitored carefully, a task that may be impossible in austere combat environments far from laboratories.

Manic episodes of bipolar disorder can be triggered by sleep deprivation, a common occurrence in the military, she said. She recalled treating an Army major who scrawled graffiti on walls during a "classic bipolar episode" while deployed to South Korea. "When you're manic, your judgment isn't good," Ritchie said. "You shouldn't be driving a

tank when you're manic. You shouldn't have a rifle if you're manic." Accepting recruits with a history of behavioral health issues is risky — for the Army and the soldier, Ritchie said. "It is concerning," she said. "It can be very problematic. And we may be setting them up to fail." The Army is about 1,000 recruits behind its goal of recruits for this year. [Source: USA TODAY | Tom Vanden Brook | April 26, 2018 ++]

Warships That Will Change The Future ► INS Vishal



This giant ship may not have been completed yet, but when it is, it will be the Indian Navy's first supercarrier. It will be able to help India to project its power over a wider area of the Indian Ocean and beyond. This is definitely going to get arch enemy Pakistan worried, and keep regional rival China on its toes. Set to be completely constructed by 2023, the Indian Navy's INS Vishal's intends to replace aircraft carriers that already exists, with an amazing 1400 person capacity. The incredible thing is that this will enable the ship to stay in water for as long as needed, or at least until the supply runs out. Admiral Nirmal Kumar Verma stated in 2011 that the final construction work of the carrier will take some time, and still the Indian Navy chose not to reach out for international help with the planning of the warship. Its plan is to be a flat-top carrier and might include a CATOBAR system.

Dimensions and Displacement

- Length (Overall): 860 ft (262.13 m)
- Beam (Width): 200 ft (60.96 m)
- Draught (Height): 28 ft (8.53 m)
- Surface Displacement: 65,000 tons

Installed Power

Engine(s): TO BE DECIDED: Possibly Nuclear-powered OR conventionally-powered through 4 x General Electric LM2500+ gas turbines generating power to 2 x shafts.

Base Performance

- Surface Speed: 28 knots (32 mph)
- Operational Range: 7,473 nautical miles (8,600 miles, 13,840 km)

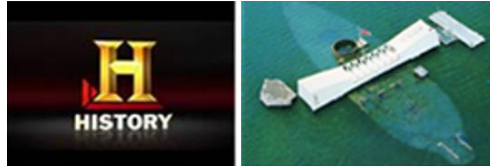
Armament / Air Wing

- 4 x Otobreda 76mm dual purpose cannons

- Surface-to-Air Missile Launchers
- Close-In Weapon System (CIWS)
- Aircraft: 29 x Mikoyan MiG-29K Fulcrum air defense fighters OR 29 x HAL Tejas multirole fighters.
- 10 x Kamov Ka-31 "Helix" AEW helicopters OR 10 x Westland Sea King multirole helicopters.

[Source: <http://www.kiwireport.com/amazing-29-warships-will-totally-change-future> | May 2018 ++]

* **Military History** *



Trapeze Plane Launching ► WWII Navy High Wire Act for Aircraft

Today’s small drones launch off catapults and land in big nets. Large drones require runways, whether on land or at sea. But it doesn’t necessarily have to be this way, as a wacky—and successful—World War II technique proved. During the Pacific War, a U.S. Army Air Forces captain figured out how to launch and recover a small airplane from a ship—without using a runway or a landing deck. It’s *still* pretty weird. His system looked like a barnstorming circus stunt at sea. But his contraption not only worked—it functioned in combat.

Capt. James Brodie’s work tied him to the sea. Although he flew small planes, he mainly redesigned cargo ships and supervised their loading for the USAAF’s Transportation Command. But it was World War II, and Atlantic convoys were in desperate need of reconnaissance planes. The Nazi U-boat threat was very real. Aircraft carriers were in short supply and urgently needed in the Pacific. Facing a similar problem, the British developed their [“Hurricat” system](#). These were Hurricane fighters armed with rockets and hurled from the decks of transport vessels on one-way, anti-submarine missions. In 1942, Brodie came up with a better idea—albeit a goofy one.

He believed a small, single-engine plane like an L-4 Piper Cub or L-5 Sentinel could take off—and land—from a cargo ship. It just required a trolley running along an elevated cable stretched between the vessel’s masts. Here’s how it worked. After a hoist and sling device lifted the plane and its crew onto the trolley, a special winch pulled the aircraft back to the ship’s stern-side end. The pilot gunned the engine, and a clutch released the trolley. The plane rolled along the cable, picking up speed. As the aircraft accelerated, the pilot pulled on a lanyard. This detached the plane from the sling, causing it to soar into the air.



LST-776 with the Brodie system.

To land the aircraft, the pilot simply lined the aircraft up with the cable, and snagged the sling with a hook. The machine's winch worked like a fishing reel, and slowed the plane to a stop. Both takeoffs and landings needed only 600 feet of cable—and often less with strong headwinds. Although seemingly ridiculous, this flying trapeze already had a successful military history. During the 1930s, the U.S. Navy's airships USS *Akron* and USS *Macon* launched and recovered their FS-2 Sparrowhawk biplanes with hooks and retractable trapezes.

The National Inventors Council and the Navy initially scoffed at Brodie's proposal. But in 1943, he convinced his superiors at the Transportation Command to fund a land-based prototype. Pilots weren't easily convinced. USAAF airmen who transited through New Orleans—where Brodie worked—eagerly signed up to test the land-based system, only to back out when they saw it. But the prototype proved successful. By late 1943, Brodie and the cargo ship *City of Dalhart* set out for sea trials. The *City of Dalhart*'s shipboard rig consisted of two masts placed fore and aft, with the 600-foot-long cable stretched between them off the port side. The crew used hoists and catwalks to reach the rigging, and to lift the small planes on and off the deck. Rare color footage shows just how well the improbable setup worked at <https://www.youtube.com/watch?v=7Wrz20iLAEA&feature=youtu.be> in a 17 minute film. During the trials, a nearby aircraft carrier radioed, “We see it but we don't believe it.”

The Brodie rig took some skill to use. L-4 Piper Cubs were tail-heavy planes, which meant pilots had to routinely haul back on their joysticks when landing. But doing this during a Brodie landing might cause the propeller to hit the cable, and over-correcting might send the plane crashing into the sea. Another problem was the moving waves. The masts and cable could swing around in arcs of 30 feet or more when the *City of Dalhart* rode a swell. But pilots soon mastered the new techniques. The rig's hardware weighed less than four tons—light enough for two trucks to carry. On land, Brodie's system could theoretically equip jungle airfields, although there's no account of any such deployments.

With proof in hand, the Army and Navy equipped eight Landing Ship Tanks with the Brodie system. But only one vessel, the *LST-776*, saw actual combat. Ten hours into the invasion of Iwo Jima, the ship launched three Piper Cubs to spot artillery for the Marines. One aircraft crashed during takeoff, but the other planes accomplished their missions. Later, as U.S. forces prepared to invade the heavily-defended island of Okinawa, the *LST-776* and her Brodie system foiled a remarkable Japanese defense. “L-5s and L-4s ... encountered a small island that was ringed by a series of small caves with what appeared to be [small railroad tracks](#) running just beneath the surface of the waves,” recounted Roger Conner, a curator at the Smithsonian National Air and Space Museum.

The pilots reported what they saw back to the fleet. Destroyers then shelled the caves—just to be sure. “After the island was taken it was realized that there were approximately 350 Japanese suicide boats laying with explosives in each of these caves,” Conner added. “The purpose of these boats was to ram the rudders of the large ships in the fleet. This would disable them and allow the airborne kamikaze aircraft to come over and attack stationary targets.” Brodie tried to commercialize his invention after the war. In patent documents, the inventor detailed a more robust, enclosed raceway for the trolley—instead of a cable—and other upgrades to accommodate heavier aircraft.

He envisioned rigs mounted on department store rooftops for “[air commuters](#)”. Airplanes could use the system for carrying mail and passengers from ship to shore. Forest rangers could have a simple way to launch small aircraft in mountainous regions. Brodie also thought the system might be useful for “emergency winter operations anywhere when regular airports are snowbound,” according to the documents. Obviously, that didn't happen. Brodie's system never took off in the civilian world. Now it's relegated to the pages of aviation history. But time can't keep a good idea down, even a goofy, battle-tested one. Drone makers and operators might well revisit this improbable rig for their 21st-century machines. For additional information and pictures of non-carrier launching of planes at sea go to http://www.nnapprentice.com/alumni/letter/NNS_Most_Improbable_Aircraft_Carriers.pdf [Source: War Is Boring | Steve Weintz | April 25, 2018 ++]

WWII Persecution of Jews ► Irena Sendler's Involvement

Irena Sandler: In the Name of Their Mothers is the story of a group of young Polish women, who outfoxed the Nazis during World War II and saved the lives of thousands of Jewish children.



Irena Sendler, a petite social worker, was not yet thirty years old when Nazi tanks rolled into Warsaw in September of 1939. When the city's Jews were imprisoned behind a ghetto wall without food or medicine, she appealed to her closest friends and colleagues, mostly young women, some barely out of their teens. Together, they smuggled aid in and smuggled Jewish orphans out of the ghetto by hiding infants on trams and garbage wagons and leading older children out through secret passageways and the city's sewers. Catholic birth certificates and identity papers were forged and signed by priests and high ranking officials in the Social Services Department so that the children could be taken from safe houses in Warsaw to orphanages and convents in the surrounding countryside.

The scheme was fraught with danger. The city was crawling with ruthless blackmailers, and the Gestapo were constantly on the lookout for Jews who had escaped from the ghetto. "You are not Rachel but Roma. You are not Isaac but Jacek. Repeat it ten times, a hundred, even a thousand times," says Irena, who knew that any child on the street could be stopped and interrogated. If he was unable to recite a Catholic prayer he could be killed.

Magda Rusinek tells us how she taught the children "little prayers that every child knows in Polish. I would wake them up during the night to say the prayer," says the Sendler collaborator who had joined the Polish Resistance as a teenager. "And then I had to teach them how to behave in a church, a Christian Church. "They treated me like their own child," says Poitr Zettinger, recalling how the sisters would warn him when the Gestapo came to the convent. "They would tell me when I should hide so I'd run up to the attic. I'd hide in a cupboard there." William Donat, a New York businessman, describes the conflicts inherent in the extraordinary situation. "I was baptized and I was converted and, became a very, very strong Catholic. I was praying every day for perhaps a little more food and for Jesus to forgive me for the terrible sin that I had been born a Jew." Sendler and her cohorts kept meticulous records of the children's Jewish names so that they could be reunited with their parents after the war. Donat was one of the few whose parents survived.

In 1942, as conditions worsened and thousands of Jews were rounded up daily and sent to die at the Treblinka death camp, less than an hour outside Warsaw, Sendler and her cohorts began to appeal to Jewish parents to let their children go. Sixty years later, Irena still has nightmares about the encounters. "Those scenes over whether to give a child away were heart-rending. Sometimes, they wouldn't give me the child. Their first question was, 'What guarantee is there that the child will live?' I said, 'None. I don't even know if I will get out of the ghetto alive today.'"

Indeed, Sendler and her colleagues were taking an enormous risk says Wladyslaw Bartoszewski of the Polish Resistance. "No work, not printing underground papers, transporting weapons, planning sabotage against the Germans, none of it was as dangerous as hiding a Jew. You have a ticking time bomb in your home. If they find out, they will kill you, your family and the person you are hiding." Magda Rusinek describes one harrowing escape with a small child. "The street was blocked so I ran through gates I knew were still open with him under my arm. And we just managed to get to the apartment when they blocked it. So it was seconds. Absolute seconds."

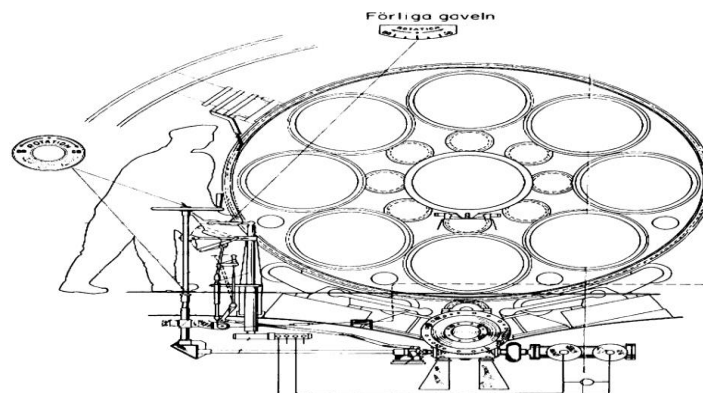
Sendler describes, as though it were yesterday, how the Gestapo came to her apartment on her Saint's Day, October 20th, 1943. Desperate to hide the list of hidden children and their Jewish names, she looked out her window. "There were two Germans walking around. Nine were coming up the stairs." At the last moment, she tossed the list to a friend who hid it under her arm. Irena was taken to the notorious Pawiak prison where she was tortured for refusing to give up information about her co-conspirators and their work. She escaped as she was being led to her execution, thanks to friends who had managed to bribe a guard at the last moment.

Irena and her colleagues continued their work. With the help of the Polish Resistance and some 200 convents and orphanages in the city of Warsaw and throughout the countryside, they managed to save the lives of at least 2,500 Jewish children. Suppressed during the Communist regime in post-war Poland, and for decades afterwards, Sendler's story (*In the Name of Their Mothers*) finally came to American audiences through interviews, rare stock footage and re-creations shot on location in Warsaw. A few years shy of her hundredth birthday when interviewed by director Mary Skinner, Sendler's lucid account of her life and work is a testament to the human capacity for moral courage in the face of depravity and evil during history's darkest times. Sendler lived in Warsaw for the remainder of her life. and died on 12 May 2008, aged 98. She is buried in Warsaw's Powązki Cemetery. To view a trailer of her efforts refer to <http://www.pbs.org/program/irena-sendler>. [Source: PBS | KPBS | May 4, 2018 ++]

Sweden's Nuclear Submarine ► Never Built Vessel Would Have Been Hazardous

In terms of modern diesel-electric submarines, it's hard to beat Sweden. In 2005, one of them — the 200-foot-long HMS *Gotland* — sneaked up and [virtually destroyed](#) the American *Nimitz*-class carrier USS *Ronald Reagan* in a simulated war game. That was due in part to the ultra-quiet Stirling engines that power the *Gotland*. There are many places along the Swedish coast for stealthy submarines to hide, and they would likely face Russian vessels — the kind that may try to assist in a Russian attack on Sweden, remote as it seems. The Swedish boats' unique Stirling engines, using Air-Independent Propulsion, gives *Gotland*- and *Sodermanland*-class subs an advantage compared to most navies operating conventional diesel-engine submarines.

But Sweden at one point considered nuclear submarines. The idea never left the drawing board, but had it, the vessel would have been rather unsafe for the crew — and possibly anyone *else* who happened to stray too close to the submarine when the reactor was active. With design work beginning in 1957, the proposed nuclear submarine — called the A-11A — was also small even by the standards of most submarines at 159 feet long, and contained some interesting design features such as a large hull-mounted hydroplanes, according to a [detailed summary](#) by Fredrik Granholm and submarine historian and illustrator H. I. Sutton.



A concept sketch for a revolving 10-tube torpedo array used in the A-10, another Swedish submarine design.

The A-11A's initial design had six torpedo tubes in a rotating launcher — firing two at a time like a double-barreled revolver — which could not reload. That was a limitation, but the design saved on space since there was no torpedo room. One of the most remarkable features was the nuclear reactor shielding, or rather an insufficient amount of it, according to Sutton. “The sides of the reactor compartment were minimally protected meaning that the reactor could not safely be operated in port,” Sutton wrote. “Therefore a diesel generator would be used for maneuvering in port.” Nor would you want to hang around too long in the aft engine room, near the reactor — three and a half hours *at most* before hazardous radiation exposure.

In any case, no sailor ever spent any time in this bizarre nuclear mini-sub, as Sweden canceled the project in 1962. Truth be told, there wasn't much of a practical use for a small nuclear-powered Swedish submarine, and the design came at an anomalous, odd period in history anyways. In the 1950s, there was a veritable nuclear mania when the world's powers imagined a future of nuclear-powered cars, trucks, airplanes — and tiny reactors for the domestic home. Those concepts didn't pan out, and by the early 1960s, the hazards of nuclear energy for military use were becoming more apparent. Sweden shifted to its diesel-powered, AIP-augmented conventional submarines — although the A-11A's design had an influence on these later hunter-killers. However, the neutral country's nuclear experiments didn't end. By the 1970s, Sweden's civilian nuclear power plants were up and running. [Source: War Is Boring | Robert Beckhusen | April 27, 2018 ++]

America's Undeclared Naval War ► **SEP 1939 thru NOV 1941**

Between September 1939 and December 1941, the United States moved from neutral to active belligerent in an undeclared naval war against Nazi Germany. During those early years the British could well have lost the Battle of the Atlantic. The undeclared war was the difference that kept Britain in the war and gave the United States time to prepare for total war. With America's isolationism, disillusionment from its World War I experience, pacifism, and tradition of avoiding European problems, President Franklin D. Roosevelt moved cautiously to aid Britain. Historian C.L. Sulzberger wrote that the undeclared war “came about in degrees.” For Roosevelt, it was more than a policy. It was a conviction to halt an evil and a threat to civilization. As commander in chief of the U.S. armed forces, Roosevelt ordered the U.S. Navy from neutrality to undeclared war.

It was a slow process as Roosevelt walked a tightrope between public opinion, the Constitution, and a declaration of war. By the fall of 1941, the U.S. Navy and the British Royal Navy were operating together as wartime naval partners. So close were their operations that as early as autumn 1939, the British Ambassador to the United States, Lord Lothian, termed it a “present unwritten and unnamed naval alliance.” The United States Navy called it an “informal arrangement.” Regardless of what America's actions were called, the fact is the power of the United States influenced the course of the Atlantic war in 1941. The undeclared war was most intense between September and December 1941, but its origins reached back more than two years and sprang from the mind of one man and one man only—Franklin Roosevelt. To read how this undeclared war was progressed refer to the attachment to this Bulletin titled, “**America's Undeclared War**”. [Source: Warfare History Network | James I. Marino | April 7, 2018 ++]

Boston Massacre ► **Seventy-two Killed Resisting Gun Confiscation in Boston**

National Guard units seeking to confiscate a cache of recently banned assault weapons were ambushed by elements of a Para-military extremist faction. Military and law enforcement sources estimate that 72 were killed and more than 200 injured before government forces were compelled to withdraw. Speaking after the clash, Massachusetts Governor Thomas Gage declared that the extremist faction, which was made up of local citizens, has links to the radical right-

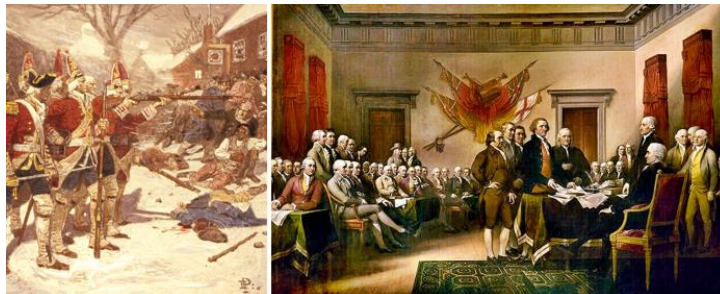
wing tax protest movement. Gage blamed the extremists for recent incidents of vandalism directed against internal revenue offices. The governor, who described the group's organizers as "criminals," issued an executive order authorizing the summary arrest of any individual who has interfered with the government's efforts to secure law and order.

The military raid on the extremist arsenal followed wide-spread refusal by the local citizenry to turn over recently outlawed assault weapons. Gage issued a ban on military-style assault weapons and ammunition earlier in the week. This decision followed a meeting in early this month between government and military leaders at which the governor authorized the forcible confiscation of illegal arms. One government official, speaking on condition of anonymity, pointed out that "none of these people would have been killed had the extremists obeyed the law and turned over their weapons voluntarily." Government troops initially succeeded in confiscating a large supply of outlawed weapons and ammunition. However, troops attempting to seize arms and ammunition in Lexington met with resistance from heavily-armed extremists who had been tipped off regarding the government's plans.

During a tense standoff in the Lexington town park, National Guard Colonel Francis Smith, commander of the government operation, ordered the armed group to surrender and return to their homes. The impasse was broken by a single shot, which was reportedly fired by one of the right-wing extremists. Eight civilians were killed in the ensuing exchange. Ironically, the local citizenry blamed government forces rather than the extremists for the civilian deaths. Before order could be restored, armed citizens from surrounding areas had descended upon the guard units. Colonel Smith, finding his forces over matched by the armed mob, ordered a retreat.

Governor Gage has called upon citizens to support the state/national joint task force in its effort to restore law and order. The governor also demanded the surrender of those responsible for planning and leading the attack against the government troops. Samuel Adams, Paul Revere, and John Hancock, who have been identified as "ringleaders" of the extremist faction, remain at large.

And this fellow Americans, is how the American Revolution began, April 20, 1775.



On July 4th, 1776 these same extremists signed the Declaration of Independence, pledging to each other and their countrymen their lives, fortunes, and sacred honor. Many of them lost everything, including their families and their lives over the course of the next few years. Lest we forget... [Source: Frontlines of Freedom Newsletter | May 11, 2018 ++]

Military History Anniversaries ► 16 thru 31 May

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 May**." [Source: This Day in History <http://www.history.com/this-day-in-history> | May 2018 ++]

Medal of Honor Citations ► Nathan G. Gordon | WWII



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

NATHAN GREEN GORDON

Rank and organization: Lieutenant, U.S. Navy, commander of Catalina patrol plane

Place and date: Bismarck Sea, 15 February 1944

Entered service: May 1941 Morrilton, Arkansas

Born: September 4, 1916 in Morrilton, Arkansas

Citation

For extraordinary heroism above and beyond the call of duty as commander of a Catalina patrol plane in rescuing personnel of the U.S. Army 5th Air Force shot down in combat over Kavieng Harbor in the Bismarck Sea, 15 February 1944. On air alert in the vicinity of Vitu Islands, Lt. (then Lt. j.g.) Gordon unhesitatingly responded to a report of the crash and flew boldly into the harbor, defying close-range fire from enemy shore guns to make 3 separate landings in full view of the Japanese and pick up 9 men, several of them injured. With his cumbersome flying boat dangerously overloaded, he made a brilliant takeoff despite heavy swells and almost total absence of wind and set a course for base, only to receive the report of another group stranded in a rubber life raft 600 yards from the enemy shore. Promptly turning back, he again risked his life to set his plane down under direct fire of the heaviest defenses of Kavieng and take aboard 6 more survivors, coolly making his fourth dexterous takeoff with 15 rescued officers and men. By his exceptional daring, personal valor, and incomparable airmanship under most perilous conditions, Lt. Gordon prevented certain death or capture of our airmen by the Japanese.



Nathan Green Gordon was born in Morrilton, the seat of Conway County in central Arkansas, to Edward Gordon and the former Ada Ruth Bearden. After attending Morrilton public schools through the 10th grade, he graduated from Columbia Military Academy, in Columbia, Tennessee, in 1933, where he was salutatorian. Gordon then went on to college at Arkansas Polytechnic College in Russellville. While enrolled in Arkansas Polytechnical College, he enlisted in Battery D, 206th Coast Artillery, Arkansas Army National Guard. Following graduation, he attend law school at

the University of Arkansas in Fayetteville. While attending law school Gordon joined Sigma Nu Fraternity and served as chapter president. He graduated with a Juris Doctor degree in 1939.

Gordon practiced law in his hometown of Morrilton before joining the Navy in May 1941. After qualifying as a naval aviator, he was sent to the southwest Pacific Ocean, where he would serve more than two years. He joined Patrol Squadron 34, nicknamed the "Black Cats", a PBY Catalina patrol and rescue squadron based at Samarai Advanced Seaplane Base in Milne Bay, New Guinea. By February 15, 1944, he was a lieutenant, junior grade, in command of a Catalina, Bureau Number 08139, which he nicknamed Arkansas Traveler. On that day, Gordon rescued 15 survivors of several downed aircraft of the United States Army Air Forces, for which he was awarded the Medal of Honor. Gordon received the Medal of Honor and his crew of eight each received the Silver Star. He was subsequently promoted to lieutenant, and served in the Navy until 1945, when he was released from active duty.

After the war, Gordon formed a business partnership with his brother, Edward Gordon, Jr., and returned to the practice of law in Morrilton. His political career began in 1946, when he was elected Lieutenant Governor of Arkansas under Governor Benjamin Travis Laney. He took office in January 1947 and was re-elected to nine more two-year terms, finally leaving office in January 1967. During his tenure he served under four different Governors: Laney (1945–1949), Sid McMath (1949–1953), Francis Cherry (1953–1955), and Orval Faubus (1955–1967). Gordon did not seek reelection in 1966, when the Democratic nominee, James Pilkinton of Hope, narrowly lost the general election to Maurice L. Britt, the first Republican to hold the state's second highest office since Reconstruction. Like Gordon, Britt was also a military hero.

The Arkansas Aviation Historical Society selected Gordon in 1980 as one of five initial inductees in the Arkansas Aviation Hall of Fame. Gordon died of pneumonia on September 8, 2008, at the University of Arkansas for Medical Sciences (UAMS) Medical Center in Little Rock. He is buried at Elmwood Cemetery in Morrilton. [Source: <https://history.army.mil/moh/wwII-g-l.html> | May 2018 ++]

WWII Bomber Nose Art [06] ► Impatient Virgin





TMOP Update 24 ► Express Scripts Prescription Home Delivery | FAQ

1. How do I start using TRICARE Pharmacy Home Delivery? It's easy. Just follow the instructions below:

- To get started by placing an order, sign in to your account and navigate to the forms page by selecting Print Forms under Benefits in the navigation menu. Here you can print out an order form to mail along with your written prescription, or blank fax form that your doctor can fill in and fax to us with the prescription.
- To get started without placing an order, register your online account. Once registered, you can sign in to your account and your prescriptions which are eligible to be transferred to Home Delivery will be visible in the "Prescriptions you can order today" section of the home page.

2. How do I refill a current prescription using TRICARE Pharmacy Home Delivery?

- **Order Online:** You can order refills quickly and easily using your online account. Payment by check card or credit card is required unless you are an active duty member.
- **Order by Phone:** Quickly order refills using the toll-free number on your prescription bottle. Payment by check card or credit card is required.
- **Order by Mail:** When you fill your prescription with Express Scripts, a refill form is included with your first shipment. Use the envelope provided to mail the refill form to Express Scripts. You should mail your refill form about three weeks before your current supply will run out. If you mail your form before then, your order may be delayed. Also, make sure your prescription has not expired. Include your payment with your order. For your convenience and to ensure delivery of your prescription without delay, you are encouraged to provide your check card or credit card information on your refill form. Express Scripts accepts Visa, MasterCard, Discover and American Express. Your check card or credit card account will be billed automatically upon processing your order. If you have not provided your card information, you may enclose a personal check or money order for your payment amount. Your last refill will include a renewal form with instructions for receiving future refills of your medication. Note: A complete street address is required for controlled substance medications and an adult signature is required upon receipt. Controlled substances cannot be shipped to a PO Box.

3. Where can Express Scripts ship my order? Express Scripts ships to the following destinations:

- All 50 states
- PO boxes
- APO/FPO addresses
- U.S. territories

4. If I use TRICARE Pharmacy Home Delivery, can I still use the Military Treatment Facility (MTF) and retail pharmacies? Yes. Using the Home Delivery pharmacy doesn't prevent you from using MTF pharmacies or a pharmacy in the TRICARE Retail Network. In fact, using an MTF pharmacy is recommended because it's the most cost-effective way — both for you and the DoD — to get prescription drugs. You should also use an MTF or retail network pharmacy for prescriptions you will take only once or need to begin immediately, such as an antibiotic.

5. Can Express Scripts dispense medications that need to be refrigerated? Yes. Express Scripts will ship medications requiring refrigeration in cold packs. Please note, refrigerated medications cannot be shipped to APO/FPO addresses.

6. I live apart from my sponsor. Can I establish a separate account? Yes. Each DoD beneficiary must set up their own online account. Activate your account online now or call 877.363.1303 to arrange for a separate account.

7. How do I cancel or return an order? To cancel or return an order, contact Express Scripts for instructions and refund or replacement guidelines. There are specific requirements that must be met before an order can be approved for return.

[Source: <https://www.express-scripts.com/TRICARE/faq/qanda.shtml> | April 2018 ++]

Tricare Providers Update 03 ► Understanding Your Options

You can visit several types of providers when you need care, regardless of your TRICARE plan. It's important to understand your provider options because who you see impacts both your [out-of-pocket costs](#) and filing a claim. Take command of your health and your TRICARE health care benefit by learning about your provider options. With TRICARE, a provider is a person, business, hospital or pharmacy that provides health care. At a minimum, TRICARE must authorize and certify all providers. The regional contractors must also verify them. This approval process makes them TRICARE-authorized providers. If you see a provider that isn't TRICARE-authorized, you'll pay the full cost of care (an exception may apply if you experience a life-threatening emergency).

There are two types of TRICARE-authorized providers: network and non-network. The two stateside regional contractors (Humana Military and Health Net Federal Services, LLC) and overseas contractor (International SOS Government Services, Inc.) have established networks of providers. These TRICARE network providers accept payment from TRICARE as the full payment for any covered health care services you get, minus your required out-of-pocket costs, when applicable. They also file claims for you. If overseas, TRICARE network providers are only required to file claims for those in TRICARE Overseas Program (TOP) Prime and TOP Prime Remote, as well as active duty services members on leave or temporary duty.

You may also see a non-network provider (also called out-of-network). These providers don't have a signed agreement with the regional contractor. There are two types of non-network providers: participating and nonparticipating. A participating provider accepts payment from TRICARE as the full payment for any covered health care services you get, minus any out-of-pocket costs. They also file claims for you. If overseas, they may file claims for you. Nonparticipating providers provide neither of those services. If stateside, they may charge you up to 15 percent above the TRICARE-allowable charge. The maximum amount TRICARE pays for each procedure or service. This is tied by law to Medicare's allowable charges for services. Outside the U.S. and U.S. territories, there may be no limit to the amount that nonparticipating providers may bill, and you're responsible for paying any amount that exceeds the TRICARE-allowable charge. If you visit a nonparticipating provider, you may have to pay the provider first and file a claim for reimbursement later.

If you're enrolled in a [TRICARE Prime](#) option, your primary care manager and specialty care providers will likely be a military hospital or clinic, or a civilian network provider. To see civilian specialists or non-network providers, you'll need [prior authorization](#) from your regional contractor or you'll pay more out of pocket under the point-of-service option. With [TRICARE Select](#), you manage your own health care and may get care from any TRICARE-authorized provider. 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 you choose without a referral. You still may need prior authorization for some services. Your out-of-pocket costs vary based on the type of provider you see.

When you seek care, you have [choices](#). Knowing which type of provider is best suited for the type of care you need and your coverage will help you save money. It will also allow you to take advantage of your full benefit. Visit www.tricare.mil to learn more about your plan, costs and coverage. You can also view stateside and overseas [provider directories](#). [Source: TRICARE Communications | May 10, 2018 ++]

VA Vet Choice Update 80 ► Community Providers Unprepared to Serve Vets

As the debate about increasing access for veterans to community-based provider heats up, a serious problem has emerged: Few providers outside the VA health system appear to be prepared to meet the unique challenges of the veteran population. In New York state, for example, only 2% of providers have the preparation to provide prompt, quality care to veterans, according to a recent RAND Corporation study. The shortage is especially acute among mental health professionals. A lack of community care coordinators at the VA, exacerbated by continued funding difficulties, is likely to make preparing additional providers and expanding the network even more challenging.

In April, TriWest Healthcare Alliance, which arranges community care for veterans through the Choice program, told Congress that the continued funding issues threaten veteran access and physician participation. Without a resolution soon, “veterans will be denied access to the community provider network we have constructed to support VA, providers likely will experience substantial claims payment delays, and TriWest will be forced to reduce as much as 25 percent of our workforce just to survive, if that’s even possible,” wrote TriWest’s President and CEO David McIntyre Jr.

Even if Congress addresses the funding issues, veterans already face barriers to quality care which will likely grow, if the number seeking services in their communities rises, even in areas with an abundance of healthcare providers. The RAND researchers found that 92% of providers initially appear to be well positioned to accept new patients, including veterans, in a survey of 746 physicians, nurse practitioners, physician assistants, mental health therapists and physical and occupational therapists. Rates dropped quickly, however, when the researchers “asked a series of questions designed to understand aspects of the availability of care in their settings, their perceived preparedness to manage patients with a range of conditions (those known to be common among veterans), the frequency with which they implemented screenings, the types of accommodations for individuals with disabilities made in their office settings and their familiarity with military and veteran culture,” said lead author Terri Tanielian, MA, a senior behavioral scientist at RAND.

The questions reflected issues previously identified in medical literature as critical to providing high-quality care to veterans. They also asked about providers’ use of clinical practice guidelines and their perceptions of the VA and the VA Community Care program. The researchers considered providers ready to serve veterans if they met all seven criteria, a hurdle met by only 2.3% of respondents. “As you layer on these dimensions of preparedness, the proportion of providers who meet our criteria declines,” Tanielian told U.S. Medicine. Half of providers said they could see a new patient within two weeks. Just 19% asked patients about their military experience or veteran status, although nearly 80% said they treat veterans, servicemembers or military families. Only 13% had participated in any formal training on veteran culture, even though the VA offers extensive resources for providers to learn about military and veteran culture and healthcare conditions common among former servicemembers, she said.

Not asking about military history or understanding veteran culture might cause providers to “miss important opportunities to develop a therapeutic alliance with their veteran patients, and [they] may not ask appropriate screening questions about their health-related concerns and conditions,” Tanielian said. That could lead clinicians to overlook problems common among veterans but less frequently seen among individuals who have never served in the armed forces, such as traumatic brain injury, post-traumatic stress disorder, chronic multisymptom illness (formerly called Gulf War Syndrome), occupational exposures such as Agent Orange or burn pits and spinal injuries. The oversight could result in worsening conditions and poorer health outcomes, she noted. Only 5% of providers surveyed participate

in Veterans Choice or other VA community care programs. Two-thirds of providers were unaware of the programs, and 1 in 8 expressed concerns about the reimbursement rates and paperwork associated with working with the VA.

RAND worked with the New York State Health Foundation to evaluate the ability of that state’s healthcare providers to deliver high-quality care to veterans. “We know from earlier RAND research that about half of New York’s veterans prefer to get care in their own communities, rather than at the VA,” said David Sandman, president and CEO of the New York State Health Foundation. More than 800,000 veterans call the Empire State home. “These findings reveal significant gaps and variations in the readiness of community-based healthcare providers to provide high-quality care to veterans,” Tanielian pointed out. “It appears that more work needs to be done to prepare the civilian healthcare workforce to care for the unique needs of veterans.”

Veterans may seek community-based care for a multitude of reasons. The Veterans Choice program will pay for veterans to seek outside care, if the nearest VA medical facility cannot see them within 30 days of the next clinically indicated date or lacks the needed service or if the veteran must travel more than 40 miles from home to see a primary care physician and in some other instances. Last year, 36% of VA appointments were made through the Veterans Choice program, the VA reported. Other veterans might prefer to seek non-VA care to avoid having treatment documented in their record that could limit their ability to serve in the reserves or return to military service. Many veterans have insurance coverage through Medicare or employers and use the networks associated with those payers. Previous studies have shown that, on average, veterans who are eligible for VA healthcare only receive 30% of their care at the VA. [Source: U.S. Medicine | Annette M. Boyle | May 7, 2018 ++]

TRICARE Mental Health Care Update 04 ► Webinar 17 MAY Sign-Up

May is Mental Health Awareness Month and on May 17, join TRICARE for its next webinar to learn about mental health care services available to you and your family. The “[TRICARE Mental Health and Substance Use Disorder Services](#)” webinar on Thursday, May 17, from 1 to 2 p.m. (ET) will discuss when and how to get mental health and substance use disorder care. Mental health and substance use disorders can interfere with your life and overall physical health. They can be mild and brief, or more serious and persistent. And, they are also treatable. TRICARE covers mental health and substance use disorder care that’s medically or psychologically necessary. This includes both outpatient and inpatient services.

This webinar will highlight some of these services. There are different guidelines depending on the type of care you need. This webinar will cover when a referral or prior authorization is required. Also, your mental health costs, which are based on who you are, your health plan and type of care. For more on mental health and substance use disorder services and resources, visit the [Mental Health Care](#) section of the TRICARE website. You can also download the “[Mental Health Care and Substance Use Disorder Services](#)” fact sheet. Register at <https://register.gotowebinar.com/register/3946890892131175170> to join TRICARE on 17 MAY and learn more about your TRICARE benefit. A facilitated Q&A will follow the presentation. [Source: TRICARE Communications | May 7, 2018 ++]

Getting Started With Medicare ► Six Steps

Whether you’re new to Medicare, getting ready to turn 65, or preparing to retire, you’ll need to make several important decisions about your health coverage. If you wait to enroll, you may have to pay a penalty, and you may have a gap in coverage. Use these steps to gather information so you can make informed decisions about your Medicare:

Step 1: Learn about the different parts of Medicare

The different parts of Medicare help cover specific services. [Medicare Part A \(Hospital Insurance\)](#) covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. [Medicare Part B \(Medical Insurance\)](#) covers certain doctors' services, outpatient care, medical supplies, and preventive services.

Step 2: Find out when you can get Medicare

There are only certain times when people can enroll in Medicare. Depending on the situation, [some people may get Medicare automatically, and others need to apply for Medicare](#). The first time you can enroll is called your Initial Enrollment Period. Your 7-month Initial Enrollment Period usually:

- Begins 3 months before the month you turn 65
- Includes the month you turn 65
- Ends 3 months after the month you turn 65

By using the calculator at <https://www.medicare.gov/eligibilitypremiumcalc> you can get an estimate of when you can enroll in Medicare. If you don't enroll [when you're first eligible](#), you may have to pay a [Part B late enrollment penalty](#), and you may have a gap in coverage if you decide you want Part B later.

Step 3: Decide if you want Part A & Part B

Most people should enroll in Part A when they turn 65, even if they have health insurance from an employer. This is because most people paid Medicare taxes while they worked so they don't [pay a monthly premium for Part A](#). Certain people may choose to delay Part B. In most cases, it depends on the type of health coverage you may have. Everyone pays a monthly premium for Part B. The [premium varies depending on your income](#) and when you enroll in Part B. Most people will pay the standard premium amount of \$134 in 2018. Learn more about whether you should take Part A and Part B at <https://www.medicare.gov/sign-up-change-plans/get-parts-a-and-b/should-you-get-part-b/should-i-get-part-b.html>

Step 4: Choose your coverage

If you decide you want Part A and Part B, there are 2 main ways to get your Medicare coverage — Original Medicare or a Medicare Advantage Plan (like an HMO or PPO). Some people get additional coverage, like [Medicare prescription drug coverage](#) or [Medicare Supplement Insurance \(Medigap\)](#). Most people who are still working and have employer coverage don't need additional coverage. [Learn about these coverage choices](#).

Step 5: Sign up for Medicare (unless you'll get it automatically)

Some people automatically get Part A and Part B. Find out if you'll get Part A and B automatically at <https://www.medicare.gov/sign-up-change-plans/get-parts-a-and-b/when-how-to-sign-up-for-part-a-and-part-b.html>. If you're automatically enrolled, you'll get your red, white, and blue Medicare card in the mail 3 months before your 65th birthday or your 25th month of disability. If you don't get Medicare automatically, you'll need to apply for Medicare online at <https://www.ssa.gov/benefits/medicare>.

Step 6: Learn about 5 tasks for your first year with Medicare

1. [Fill out an Authorization Form](#) if you want your family or friends to call Medicare on your behalf. Medicare can't give personal health information about you to anyone unless you give permission in writing first. Get this form in [Spanish](#).
2. Make a "Welcome to Medicare" Preventive Visit appointment during the first 12 months you have Medicare. This free, one-time comprehensive preventive visit puts you in control of your health and your Medicare from the start. Go to <https://www.medicare.gov/coverage/preventive-visit-and-yearly-wellness-exams.html> to select your state and obtain contact info for the appointment.
3. Sign up for MyMedicare.gov at <https://www.mymedicare.gov/registration.aspx> to access your personal Medicare information 24 hours a day, every day. Through this secure online service, you can:
 - Track your health care claims
 - View your ["Medicare Summary Notices" \(MSNs\)](#)
 - Order a replacement [Medicare card](#)

- Check your Medicare Part B [deductible](#) status
 - View your eligibility information
 - Track your [preventive services](#)
 - Find information about your [Medicare health plan](#) or [Medicare Prescription Drug Plan \(Part D\)](#), or search for a new one
 - Keep your Medicare information in one convenient place
4. [Learn what Medicare covers](#). You'll get a list of tests, items, and services that are covered no matter where you live. If your test, item, or service isn't listed, talk to your doctor or other health care provider about why you need it. And, ask if Medicare will cover it.
 5. [Decide if you want to go paperless](#), and get your next free copy of "Medicare & You" [PDF, 5.91 MB] electronically. Next October, you'll get an email linking you to "Medicare & You" instead of a paper copy in your mailbox.

[Source: <https://www.medicare.gov> | May 2018 ++]

Asbestos Related Diseases Update 01 ► Know the Signs & Symptoms of Exposure

Our service members have continuously made the ultimate sacrifice for years, compromising their safety for the betterment of the nation. While the immediate dangers of combat are well-known and understood, there are a slew of secondary risks associated with serving one's country that we often don't see on the surface. Some of these dangers develop years after service and are often a new battle of their own. Perhaps one of the most overlooked hazards some Veterans face is asbestos exposure. The invisible and life-threatening mineral is capable of posing a severe health threat to those who come into contact with it and has been tied to several debilitating diseases, including cancer.

Asbestos is a naturally-occurring silicate mineral that was used extensively throughout the 20th century as an additive in materials and consumer products across a variety of industries. The mineral was especially popular in construction and infrastructure, and could be found in roofing, flooring and insulation products. Due to its fire resistance and durability, asbestos was also a common material used extensively in military operations, particularly within the Navy. Many ships, especially during the WWII era, contained a variety of asbestos-containing products. The boiler and engine rooms of a ship were particularly dangerous because asbestos was widely used as an insulator.

Veterans who lived and worked in tight spaces aboard ships are more at risk since these areas usually had poor ventilation systems. The cramped spaces enabled airborne asbestos to become concentrated, increasing the level of exposure. Asbestos could also be found in many buildings and homes erected prior to 1980. As a result, Veterans may have been exposed to asbestos at different times in their lives, both at work and in their leisure time at home. Asbestos has been banned in about 60 countries worldwide but isn't regulated in others, including past conflict zones like Vietnam.

The mineral is known for its strength and ability to resist high temperatures and chemical reactions, but the rigid fibers pose a serious danger when asbestos-containing materials are damaged. If these products are broken or eroded, fibers may be released into the surrounding air where they can be breathed in. When asbestos is disrupted and the particles are inhaled, they can become lodged inside the body indefinitely. As the particles settle, they may cause irritation and scarring in the linings of organs such as the lungs, heart or abdomen, eventually leading to a cancer known as [cancer known as mesothelioma](#). The disease slowly progresses through inflammation, irritation and tumor growth, and includes several other symptoms, including chest pain, tightness, and trouble breathing. Due to the rareness of the disease, as well as the commonality of its symptoms, it is sometimes misdiagnosed until the cancer has progressed into its later stages. The prognosis for mesothelioma patients is grim, as they are generally given a life expectancy of only 12 to 21 months.

While Veterans face many challenges both during and after their service, it is important to remain vigilant about potential asbestos exposure and the dangers it causes. Veterans account for about one-third of all diagnosed mesothelioma cases, so being aware of the disease and its symptoms may help promote early detection and provide patients with the best chance to fight the illness. Veterans diagnosed with mesothelioma can seek treatment at private cancer centers or at VA-affiliated medical centers which have the capability to treat the disease. Veterans may also be eligible to apply for disability compensation or health care as a result of illnesses caused by asbestos exposure during service. Refer to <https://www.benefits.va.gov/COMPENSATION/claims-postservice-exposures-asbestos.asp>. [Source: Health.mil | April 26, 2018 ++]

Traumatic Brain Injury Update 68 ► Dementia Risk Doubled

Mild traumatic brain injury may sound like an oxymoron, along the lines of "jumbo shrimp" or "random order." But a new study shows that mild TBIs can have serious consequences for military veterans by raising their risk of dementia. Researchers who examined the medical records of more than 350,000 Americans who served during the wars in Iraq and Afghanistan found that men and women who experienced at least one mild TBI were more than twice as likely as their uninjured peers to develop dementia after they retired from the military. The finding was published 8 MAY in the journal JAMA Neurology.

Experts already knew that moderate and severe traumatic brain injuries were linked with an increased risk of dementia and Alzheimer's disease, as well as an earlier onset of these conditions. But whether mild TBIs pose risks as well has been unclear. The question is important because 15% to 20% of veterans who participated in Operation Enduring Freedom and Operation Iraqi Freedom had at least one mild TBI, typically through exposure to a shock wave that follows an explosion. Suffering multiple mild TBIs was not uncommon. A team led by Deborah Barnes, a researcher with the San Francisco Veterans Affairs Health Care System and UC San Francisco, hoped to gain some insight by casting a very wide net. The team members scoured two large government databases to identify every patient treated by the Veterans Health Administration who was diagnosed with any kind of TBI during a 13-year period between 2001 and 2014. They found 178,779 such patients.

For 10% of these veterans, the most severe instance of traumatic brain injury was a mild TBI without any loss of consciousness. Another 13% had a mild TBI that did cause them to lose consciousness for no more than 30 minutes. In addition, nearly 31% of the veterans were diagnosed with mild TBI, but their medical records did not say whether they had lost consciousness as a result. The remaining 46% of veterans had a TBI that was classified as moderate or severe. All of these patients were matched with another veteran who was treated by the VHA but did not have a TBI. These 178,779 patients served as controls. In the control group, 2.6% of veterans went on to be diagnosed with dementia. So were 6.1% of the veterans with a history of TBI. The more serious a veterans brain injury, the greater the risk that he or she would subsequently develop dementia.

After accounting for factors like age, medical history and psychiatric conditions that could affect the results, the researchers found that those who experienced a mild TBI without losing consciousness were 2.36 times more likely to develop dementia during the study period than those in the control group. The risk of dementia was 2.51 times greater for veterans with mild TBI who did lose consciousness for a short period of time, and it was 3.19 times greater for veterans with mild TBI whose records didn't indicate whether they had lost consciousness or not. Barnes and her team also calculated that veterans with moderate or severe TBI were nearly four times more likely than their uninjured peers to develop dementia during the study period. That was consistent with previous studies, they wrote. On average, the time between entering the study and being diagnosed with dementia was 3.6 years for those who had suffered a TBI, compared with 4.8 years for those who hadn't.

It's not entirely clear why the damage caused by a traumatic brain injury would make someone more susceptible to dementia, the study authors noted. Perhaps the inflammation and loss of white matter that follow a TBI create a more

fertile environment for the amyloid beta plaques and neurofibrillary tangles associated with dementia, they wrote. The researchers cautioned that their findings might not apply to the public at large, since their study was based solely on military veterans who had served since 2001. Even so, they wrote, the results strengthen the case that mild TBIs can have serious consequences. A pair of neurologists agreed in an editorial that accompanied the study. "This study provides the best information to date that military veterans are at risk for dementia as a consequence of injuries sustained during their service to the United States," wrote Dr. Kimbra Kenney of the U.S. Uniformed Services University and Dr. Ramon Diaz-Arrastia of the University of Pennsylvania's Traumatic Brain Injury Clinical Research Center. [Source: Los Angeles Times | Karen Kaplan | May 07, 2018 ++]

TRICARE Podcast 448 ► Referrals & Prior Authorization | Ear Infections | Mental Wellness

Referrals & Prior Authorization -- At some point, you may need specialty care that your primary care manager or general physician can't provide. He or she may refer you to a specialty provider. Under some TRICARE programs, you may need a referral to seek care from a specialty provider. A referral is when your primary care manager or provider sends you to another provider for care. You may also need pre-approval, or prior authorization, for coverage of certain treatments or care. Prior authorization is a review of a requested health care service by your regional contractor to see if TRICARE will cover the care.

Under TRICARE Prime, your primary care manager provides routine care. For care he or she can't provide, you'll get a referral. And if you need specialty care, your primary care manager will work with your regional contractor for referrals and prior authorizations as needed. Referrals aren't required under TRICARE Select. Under TRICARE Prime and TRICARE Select, certain services require prior authorization. Some providers may contact your regional contractor to get you prior authorization. Active duty service members must get referrals for civilian care. This includes mental health care, specialty care and certain other services. Active duty service members also need prior authorizations for all inpatient and outpatient specialty services. For information about referrals and prior authorization requirements, visit your regional contractor's website or www.TRICARE.mil/referrals.

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Ear Infections -- Between the fussiness, ear-tugging, or hearing issues, parents know when something's not quite right with a child's ears. Some children may show few symptoms, while others experience pain and swelling. But the diagnosis is generally the same: an ear infection. "If you have a child, you'll most likely deal with an ear infection at some point, since most children by 3 years of age have had at least one," said Dr. Thomas Gallagher, a pediatric ear, nose, and throat specialist at Naval Medical Center Portsmouth in Virginia. According to the National Institute of Deafness and Other Communication Disorders, five out of six children will experience an ear infection by the time they are 3 years old. An ear infection is defined as inflammation in the middle ear, located between the eardrum and inner ear, the NIDCD says.

Ear infections tend to be common among infants and toddlers, especially during a child's first year, said Gallagher. An acute infection, one of the two the most common types of ear infection, is usually caused by bacteria. The National Institutes of Health said common symptoms of ear infections include unusual irritability, difficulty sleeping, fever, ear pain, and tugging at one or both ears. A sudden loss of balance, hearing difficulties, and fluid draining from the ear can also indicate an ear infection.

Air Force Lt. Col. Stephen Maturo, pediatric ear, nose, and throat specialist at Walter Reed National Military Medical Center in Bethesda, Maryland, said children are prone to more upper respiratory tract infections as their immune systems are developing. "Many times children can be managed with over-the-counter medication for pain, and the infection gets better on its own," said Maturo. This is often the case for children who are older than six to 12 months and those who do not have severe symptoms, such as a high fever, he added. A child can also experience what

is known as otitis media with effusion, or OME. According to the NIH, an OME occurs when an ear infection has run its course, but mucus remains in the middle ear. The Eustachian tube, which runs from the middle of each ear to the back of the nose, drains the fluid produced in the middle ear. An infection can occur when the tube becomes restricted or blocked and fluid builds up. A child's Eustachian tube is more horizontal than that of an adult, so fluid does not drain as well, said Maturo.

An OME infection is usually caused by an ear infection that has resolved. It is also associated with allergies and irritants, such as cigarette smoke, said Maturo. When the fluid or swelling does not go away or continues to come back, the condition is also known as chronic middle ear effusion. "Treating the chronic ear fluid [OME] with antibiotics isn't necessary because it is usually ineffective," said Gallagher. Instead, doctors will monitor the middle ear and re-examine the patient every few months after the diagnosis, making sure the fluid is gone. There are special situations, such as cases in children with syndromes and craniofacial disorders, where observation is not appropriate, he added. According to the NIDCD, some children can continue to experience middle ear infections – up to five or six times a year for some. If the infection does not get better and fluid remains in the middle ear, children may have tubes put into the ear to help drain the fluid. This is the most common surgery performed on children in the United States, said Maturo.

Although ear infections are common among children, risk can increase if a child has a poor immune system, has been exposed to secondhand smoke, or spends time in a day care setting, Maturo said. He recommends children receive all of their vaccinations and always wash their hands. Additionally, avoid giving babies and infants drinking bottles while they're lying on their backs. "Ear infections are one of the most common reasons for visits to a physician," said Maturo. "It's not always preventable, but taking steps to help our children stay healthy, and consulting a doctor when something doesn't seem right, can help."

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Assessing Mental Wellness -- You likely spend time and energy on improving your physical health. Do you do the same when it comes to your mental health? Similar to physical health, mental health requires regular care. Mental health is as critical as physical health to mission readiness. Therefore, it's just as important to invest in your mental health as it is your physical health. TRICARE provides mental health services for you and your family at all times, but especially during times of stress, depression, grief, anxiety or mental health crisis. Mental health encompasses the well-being of mind, body and spirit, and contributes to overall health and resilience. You can improve your mental health, and we've highlighted some of the ways how in this month's TRICARE monthly tips. Start by striving to:

- Exercise regularly
- Eat nutritious foods
- Get adequate sleep
- Maintain social connections
- Practice destressing techniques (like yoga, meditation and breathing)

If mental health concerns start to interfere with your daily life, seek help. Mental health treatment works and recovery is possible. Pursuing mental health support will not end your career. In fact, it's a sign of strength. TRICARE covers medically and psychologically necessary mental health and substance use disorder care. This includes both inpatient and outpatient care. Services include psychotherapy, prescription medication, psychiatric treatment and more. You can learn more about covered treatments online. If you or someone you know has suicidal thoughts, call the Military Crisis Line at 1-800-273-8255 and press 1, text 838255, or confidentially chat online with a Military Crisis Line counselor.

Learn more about the TRICARE mental health coverage and check out the TRICARE monthly tips on the Healthy Living page <https://www.tricare.mil/HealthWellness> for ways to take care of your mental health. You can also download the "Mental Health and Substance Use Disorder Services" fact sheet from the TRICARE Publications page <https://tricare.mil/publications>. Take command of your physical and mental health with TRICARE this year.

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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> | May 4, 2018 ++]

TRICARE Podcast 449 ► Provider Types | Webinar | Exercise Intensity

Provider Types -- You can visit several types of providers when you need care, regardless of your TRICARE plan. It's important to understand your provider options because who you see impacts both your out-of-pocket costs and filing a claim. With TRICARE, a provider is a person, business, hospital or pharmacy that provides health care. At a minimum, TRICARE must authorize and certify all providers. The regional contractors must also verify them. This approval process makes them TRICARE-authorized providers. If you see a provider that isn't TRICARE-authorized, you'll pay the full cost of care. An exception may apply if you experience a life-threatening emergency. There are two types of TRICARE-authorized providers: network and non-network. The two stateside regional contractors and overseas contractor have established networks of providers. These TRICARE network providers accept payment from TRICARE as the full payment for any covered health care services you get, minus your required out-of-pocket costs, when applicable. They also file claims for you. If overseas, TRICARE network providers are only required to file claims for those in TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote, as well as active duty services members on leave or temporary duty.

You may also see a non-network provider, also called out-of-network. These providers don't have a signed agreement with the regional contractor. There are two types of non-network providers: participating and nonparticipating. A participating provider accepts payment from TRICARE as the full payment for any covered health care services you get, minus any out-of-pocket costs. They also file claims for you. If overseas, they may file claims for you. Nonparticipating providers provide neither of those services. If stateside, they may charge you up to 15 percent above the TRICARE-allowable charge. Outside the U.S. and U.S. territories, there may be no limit to the amount that nonparticipating providers may bill, and you're responsible for paying any amount that exceeds the TRICARE-allowable charge. If you visit a nonparticipating provider, you may have to pay the provider first and file a claim for reimbursement later. Visit www.TRICARE.mil to learn more about your plan, costs and coverage. You can also view stateside and overseas provider directories at www.TRICARE.mil/FindProvider.

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Mental Health Webinar – May is Mental Health Awareness Month. On May 17th, join TRICARE for its next webinar to learn about mental health care services available to you and your family. The “TRICARE Mental Health and Substance Use Disorder Services” webinar on Thursday, May 17th, from 1 to 2 p.m. Eastern Time will discuss when and how to get mental health and substance use disorder care. Mental health and substance use disorders can interfere with your life and overall physical health. They can be mild and brief, or more serious and persistent. And, they are also treatable. Register to join us on May 17th at www.militaryonesource.mil/webinars to learn more about your TRICARE benefit. A facilitated question and answer session will follow the presentation. TRICARE covers mental health and substance use disorder care that's medically or psychologically necessary. This includes both outpatient and inpatient services. This webinar will highlight some of these services. For more on mental health and substance use disorder services and resources, visit the www.TRICARE.mil/mentalhealth.

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Exercise Intensify -- The saying goes that “less is more,” but when it comes to exercise intensity, that might not be the case. We know that some exercise is better than no exercise, but is more-intense exercise better than moderate-intensity exercise? With the growing popularity of high-intensity workouts, it's important to consider both the risks and the benefits. Short-duration high-intensity interval exercise has similar, if not better, benefits compared to long-

duration low-intensity exercise. These benefits include reduced risk for chronic disease, increased oxygen uptake, and overall improved exercise performance. You also can feel “afterburn” following high-intensity exercise, which means your body is burning calories even after you’ve completed your workout. The good news is that exercise intensity is relative, so you can benefit from exercise at a level that you consider high intensity, whether you’re just starting out or you’re a seasoned athlete. Shoot for your target heart rate as a good start to gauge intensity. Not every workout needs to top out the intensity scale. In fact, doing too much too often can lead to overtraining and injury. Remember to listen to your body and incorporate rest or light days into your workout regimen. Visit www.cdc.gov/physicalactivity for helpful information on improving your health and fitness!

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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> | May 11, 2018 ++]

*** Finances ***



IRS 2018 Filing Season Update 03 ► New Tax Law's Charitable Contributions Impact

You can't write off time you donate to a charity. For example, say you're a lawyer and you charge \$200 an hour for your time. You donate an hour's worth of your time to help out a charity. You don't get a \$200 write-off. There are other things you can write off, though. You can deduct the cost of supplies you contribute. You can deduct mileage while working for a charity: \$0.14 a mile in 2018. Here's something new you need to know: Just because charitable contributions are deductible doesn't mean you'll get to use them to reduce your taxes. In order to deduct charitable contributions, you have to itemize allowable expenses. Starting in 2018, courtesy of the new tax law, every married couple gets \$24,000 as a standard deduction; single taxpayers get \$12,000. Because of these new, larger standard deductions, far fewer people will be itemizing. No itemizing, no charitable contribution write-off. While this big standard deduction will help most of us, it's a bummer if you're a charity. Since fewer people will get a deduction, it's expected that fewer people will contribute. One source suggested only 16 million Americans will itemize this year versus 37 million who itemized in 2017. [Source: MoneyTalksNews | Stacy Johnson | April 16, 2018 ++]

Payday Loans Update 04 ► CFBP Provision Modifications

For years, Consumer Reports has warned people about payday loans. Payday lenders promise people fast cash, but what they really offer is a short-term loan at a triple-digit interest rate that most folks can't afford to repay without borrowing again to pay off the previous loan - creating a cycle of debt that is really tough to stop. Meanwhile, payday lenders actually profit when borrowers are unable to repay loans. By the time a borrower defaults, they've likely already paid back the amount of their loan many times over just in fees. These lenders also go out of their way to market their loans to people they know may be struggling to make ends meet — single mothers, people of color, and others from low- to moderate-income families.

Last October, after conducting extensive research and receiving more than a million public comments over a five year period, the Consumer Financial Protection Bureau finalized a rule to protect U.S. consumers from predatory payday lenders. The Consumer Bureau’s rule makes lenders accountable by requiring that they ensure that consumers have the financial ability to repay the loans before the loans are made. This commonsense requirement is a long overdue step toward ending predatory payday lending altogether.

Some provisions of CFPB’s “Payday Rule” took effect in January, but **now some members of Congress have sponsored a resolution to roll back these protections** and let payday lenders off the hook. Lawmakers in both the House and Senate could stop this from happening. But they most likely will not act unless they hear from those who they represent. To facilitated your voice being heard on this subject **tell your Representatives and Senators to protect consumers and support the CFPB’s payday lending rule by clicking [Sign here](#)**. [Source: Consumer Reports | May 3, 2018 ++]

SBP DIC Offset Update 52 ► Rand Assessment Does Not Address Fairness of Offset

Military retirees, their spouses and perhaps 80 percent of 320,000 survivors already able to draw benefits under the military’s Survivor Benefit Plan, can take comfort in a recent report on the program by the think tank RAND Corporation. The 175-page “An Assessment of the Military Survivor Benefit Plan” was ordered by Congress and concludes that SBP is “well-structured to provide survivor benefits” and the benefits “compare well with those of public and private plans.”

RAND’s findings won’t spark the same enthusiasm from 64,000 surviving spouses who continue to see their SBP cut or eliminated because they also are eligible for Dependency and Indemnity Compensation (DIC) from the Department of Veterans Affairs because of how their service member or retiree died. Survivors become eligible for tax-free DIC -- triggering the SBP-DIC offset – if their service spouse died on active duty, active duty for training or during inactive duty training; or died as a retiree from a service-related condition; or died after being rated 100-percent disabled by the VA for at least 10 years.

Edith G. Smith, a citizen advocate for deceased military retirees and their survivors, has been battling to have Congress end the SBP-DIC offset since 1999, a year after the death of her husband, Vincent, a Marine Corps lieutenant colonel. Powerful military associations have joined the fight since then and there have been partial victories for impacted survivors, most of whom are widows.

The RAND report is a comprehensive look at SBP and so describes how SBP interacts with other programs including DIC. It also discusses the partial solution to the offset Congress has approved, for now, without judging in its report either the fairness of the offset or prospects of Congress approving more changes. That current partial solution is a monthly Special Survivor Indemnity Allowance (SSIA) that restores to impacted survivors roughly a third, on average, of the value of lost SBP coverage. Indeed, DoD estimates that about 3,000 of 64,000 survivors impacted – those who are older and saw sponsors opt for minimal SBP coverage – have been made whole by the SSIA.

Last year Congress made the expiring SSIA a permanent benefit and voted to adjust the \$310-a-month payment annually, starting next year, using the same percentage cost-of-living adjustment (COLA) applied to military retirement and SBP. The worry among some survivor advocates is that permanent SSIA will satisfy congressional leaders, and perhaps too many widows, leaving full repeal of the offset forever out of reach. “We won’t let them think that,” Smith insisted, arguing how unfair it is that many military retirees tasked with advising Congress and Pentagon policymakers on the treatment of military widows have themselves gotten legislative relief from dual compensation laws and the lifting of bans on concurrent receipt of both military retired pay and VA disability compensation over the past two decades.

Kelly Hruska, who monitors survivor issues for the National Military Family Association and The Military Coalition, an umbrella group of military associations and veteran organizations, said “we had the problem at the beginning of the year with certain members of Congress saying SBP-DIC was solved.” When the coalition continued to list ending the SBP-DIC offset as a legislative priority, Hruska said, “I had several [Capitol Hill] staffers say to me ‘Why do you have that on there? It’s a problem solved.’ “I said, ‘The offset has not been eliminated. Why do you think it has?’ “In every case they pointed to SSIA,” Hruska recalled.

Dan Merry, vice president of government relations for Military Officers Association of America and co-chair of the coalition, said ending the offset remains one of MOAA’s highest priorities because most widow haven’t been made whole. “Across the community of military service, however, there needs to be more effort put toward educating retirement-eligible members and their spouses” that they too could see their SBP benefit cut or eliminated one day, Merry said. Across congressional leadership and advocacy groups there’s agreement that the barricade to ending the offset is finding budget dollars to cover the cost.

Edie Smith is angry that, in her view, Congress had a funding stream, tied to stricter enforcement of taxes on tobacco products, to at a minimum make SSIA permanent. Somehow those dollars got diverted, she said, so the House Armed Services Committee had to finance making SSIA permanent by raising co-payments on military beneficiary drug prescriptions filled off base or by mail order. Congress, she contends, would have found a way to avoid a 30 percent cut in its own survivor benefits without raising their own health care costs. Still, Smith is heartened by what she sees as a deepening commitment by some leaders, including Rep. Mac Thornberry (R-TX), chairman of the House Armed Services Committee, to continue to press for an end to the offset.

Thornberry cited it as a priority in a March “views and estimates” letter to Rep. Steve Womack, chair of the House Budget Committee. The cost of full repeal is estimated by the Congressional Budget Office at \$8 billion over 10 years. “As you are aware,” Thornberry told Womack, “we have no flexibility to generate this amount of savings within the mandatory allocation of funds for National Defense, so we would like to work with you to increase direct spending levels for the committee to resolve this issue.” Merry noted that the number of co-sponsors on legislation to end the SBP-DIC offset, titled the Military Surviving Spouses Equity Act, grew by 48 in the House alone since SSIA became permanent. Smith noted too that the co-sponsors of that bill, HR 846, now include the chairmen and ranking members of both the House budget and ways and means committees, another positive sign.

Rep. Mike Coffman (R-CO), chairman of the House armed services subcommittee on personnel, is not a co-sponsor. He didn’t explain why this week but, in a written statement, Coffman did respond to other questions on this issue. Congress, he said, needs “to find a way to take care of these survivors by completely eliminating the penalty that reduces their benefits.” With SSIA, he added, the committee “has fixed part of the problem, but it will take the full Congress to enact a full repeal, which I would support.” That reflects a consensus emerging from widow advocates that more pressure needs to be applied to the most senior leaders in Congress to relax a pay-as-you-go budget law specifically to address the offset. Congress has done it before on other issues it deemed critical, including funding for the post-9/11 GI Bill. “This is criminal in my opinion,” Hruska said. “This is a benefit that service members paid for, either through monthly premiums or,” in the case of members who died on active duty, “with their lives. If any company were doing this, they would tie [its executives] up in the square and members of Congress would be the first ones lining up to throw stones.”

Some survivor advocates want Congress to have RAND do a fresh study on SBP, this time focusing on the unique nature of the DIC offset, which Sen. Bill Nelson (D-FL), an original co-sponsor of bill to end the offset, said is simply unfair. Nelson has noted often that, in an earlier in his career, he was insurance commissioner for the state of Florida, yet knew of “no purchased annuity” like SBP “that would deny payment based on receipt of a different payment.” [Source: Military.com | Tom Philpott | May 3, 2018 ++]

TANF ► **A Program to Help Needy Families Achieve Self-Sufficiency**

The Temporary Assistance for Needy Families (TANF) program is designed to help needy families achieve self-sufficiency. States receive block grants to design and operate programs that accomplish one of the purposes of the TANF program. The four purposes of the TANF program are to:

- Provide assistance to needy families so that children can be cared for in their own homes
- Reduce the dependency of needy parents by promoting job preparation, work and marriage
- Prevent and reduce the incidence of out-of-wedlock pregnancies
- Encourage the formation and maintenance of two-parent families

In order to qualify for this benefit program, the applicant must be either pregnant or responsible for a child under 19 years of age. Also the applicant must be a U.S. national, citizen, legal alien, or permanent resident; have low or very low income; and be under-employed (working for very low wages), unemployed or about to become unemployed. Each state and territory decides the benefits it will provide. Each state and territory also establishes the specific eligibility criteria that must be met to receive financial assistance payments or other types of benefits and services. Thus, you must check with the TANF agency in the area that you reside to learn whether you are eligible to receive financial assistance or other TANF benefits and services. To obtain application information from your state go to <http://www.acf.hhs.gov/programs/ofa/help> which will provide the contact information and office location nearest you or the one that is in need.

[Source: <https://www.acf.hhs.gov/ofa> | April 16, 2018 ++]

AARP ► **Criminals Steal \$37 Billion a Year from America's Elderly**

Telephone pitchers, online scammers and even family members target the most vulnerable among us. And it's about to get worse.

Marjorie Jones trusted the man who called to tell her she'd won a sweepstakes prize, saying she could collect the winnings once she paid the taxes and fees. After she wired the first payment, he and other callers kept adding conditions to convince her to send more money. As the scheme progressed, Jones, who was legally blind and lived alone in a two-story house in Moss Bluff, Louisiana, depleted her savings, took out a reverse mortgage and cashed in a life insurance policy. She didn't tell her family, not even the sister who lived next door. Scammers often push victims to keep promised winnings a secret, says an investigator who helped unravel this sinister effort to exploit an 82-year-old woman.

Her family didn't realize something was wrong until she started asking to borrow money, a first for a woman they admired for her financial independence. But by then it was too late, says Angela Stancik, one of Jones's granddaughters. Jones had lost all of her life savings—hundreds of thousands of dollars. About one week after calling Stancik at the family business in Ganado, Texas, to borrow \$6,000, Jones committed suicide. That was May 4, 2010. When family members went to her home, they found a caller-ID filled with numbers they didn't recognize and three bags of wire transfer receipts in her closet. Jones had \$69 left in her bank account.

Some 5 million older Americans are financially exploited every year by scammers like the ones who targeted Jones. The elderly are also suffering at the hands of greedy, desperate or drug addicted relatives and friends, among others. The total number of victims is increasing as baby boomers retire and their ability to manage trillions of dollars in personal assets diminishes. One financial services firm estimates seniors lose as much as \$36.5 billion a year. But assessments like that are "grossly underestimated," according to a 2016 study by New York State's Office of Children

and Family Services. For every case reported to authorities, as many as 44 are not. The study found losses in New York alone could be as high as \$1.5 billion.

The U.S. Centers for Disease Control and Prevention drew attention to elder exploitation as a public health problem in a 2016 report, citing groundbreaking research two decades earlier by Mark Lachs. Now co-chief of the Division of Geriatrics and Palliative Medicine at Weill Cornell Medicine and New York-Presbyterian Hospital, Lachs says elder abuse victims—including those who suffer financial exploitation—die at a rate three times faster than those who haven't been abused. It's a "public health crisis," he warns. "I knew these crimes were killing people," says Elizabeth Loewy, who directed the elder abuse unit at the Manhattan District Attorney's Office. As her exploitation cases steadily rose to hundreds per year, she says, "so many family members told me, 'I can't prove it, but this killed him.'" "How could you do that to older people who could not protect themselves?"

Bente Kongsore, a retired accountant in Creswell, Oregon, says her parents' mental and physical decline accelerated after an assistant manager at a local bank, Susan Paiz, befriended the octogenarians and subsequently stole \$100,000 from them in 2014. To hide the theft, Paiz pretended Kongsore's father, who had been diagnosed with Alzheimer's at age 85, gave her the money. The lie soured the last two years the couple had together, as Kongsore's father questioned himself and his wife questioned him. "It was a total violation of the type of feelings we would want to share with each other at the end of their lives," Kongsore says. By 2016, her mother had become bedridden, eventually dying in June of that year. Kongsore's father died in December 2017, just weeks before Paiz was sentenced to 10 months in jail.

Paiz was caught and convicted thanks to a dogged detective in Bellevue and the King County prosecutor's office in Seattle, which had established an elder abuse unit in 2001. When Kongsore saw Paiz in the courtroom, she says she thought to herself, "How could you do that to older people who could not protect themselves?" Adding insult to injury, the bank where Paiz worked, Union Bank in Bellevue, didn't return the money until Kongsore scanned and emailed a bank investigator an incriminating letter Paiz wrote her parents, Kongsore says. She adds that the bank still hasn't formally apologized. Union Bank didn't immediately respond to requests for comment. Paiz couldn't be immediately reached.

Financial exploitation is "a huge problem in the sense that it's so profoundly destructive," says Page Ulrey, a senior deputy prosecutor who became the Seattle unit's first member. The bulk of her cases are financial, involving victims who rarely get their money back. "They're usually emotionally devastated as a result of having been betrayed," she says. In many cases, it may appear the victim gave consent, but it's often based on manipulation or deception. Like Kongsore's father, victims often "have some level of cognitive impairment, which makes it really difficult for them to figure out the truth of what's going on," Ulrey says. As a result, many of her cases hinge on showing incapacity. "Obviously, you have the right to give your money to who you want, even if your family disapproves," Ulrey says. But when you suffer from dementia, you may no longer have the ability to judge whether another person has your best interests at heart, or to understand the consequences of your decisions.

If an evaluation shows a victim lacks capacity to make financial decisions, "we potentially have a stronger criminal case," she says. But capacity assessment by adult protective services investigators and police is uneven across the country. "Law enforcement doesn't have good tools to assess capacity," Ulrey says, adding that most jurisdictions lack people who can conduct thorough evaluations. In 2015, Weill Cornell's Lachs coined the term "[Age-Associated Financial Vulnerability](#)," or AAFV, to sound the alarm. He defined it as a "pattern of imprudent financial decision-making that begins at a late age and puts older adults at risk for material losses that could decimate their quality of life." Financial judgment can start to falter before normal cognition does, Lachs says, regardless of whether the person was savvy with money when they were younger. In other words, it can happen even when the person seems normal.

Despite the severity of the problem, the federal government's response has been frustrating, according to practitioners and public officials. Joe Snyder, who served as director of older adult protective services at the Philadelphia Corporation for Aging, says he's doubtful necessary funding will arrive in his lifetime. Before he retired, he oversaw 27 investigators with limited resources handling about 3,500 cases a year. Snyder says it was like using

water pistols to fight a forest fire. [The Elder Justice Act](#), the first comprehensive legislation to address abuse of senior citizens, was enacted in 2010 but remained unfunded until 2015—when it was allocated only \$4 million. “Dollars appropriated since then have, in Congressional terms, been dribbling,” says Marie-Therese Connolly, a former Justice Department attorney who championed the law, working with the Senate Special Committee on Aging. Originally, the allocation was to be closer to \$1 billion, she says. “Financial exploitation causes large economic losses for businesses, families, elders and government programs, and increases reliance on federal health care programs,” warned a [2014 elder justice report](#) Connolly helped prepare.

Three years later, [Congressional Record Service](#) report bemoaned a lack of progress. “As a result of this limited federal funding, the federal government has not substantially developed and expanded its role in addressing the prevention, detection, and treatment of elder abuse.” “It’s a fundamentally reactive system,” says Connolly. “The big story is the dearth, the complete nonexistence, the shameful scandalous absence of any credible prevention or intervention research.” Some progress, however, is being made. In February, the Justice Department announced “the largest coordinated sweep of elder fraud cases in history,” charging more than 250 defendants with schemes that caused 1 million mostly elderly Americans to lose more than \$500 million. The alleged perpetrators include people who targeted Marjorie Jones, according to one investigator.

The dragnet, which lasted one year, is part of an ongoing effort “to detect and infiltrate these criminal organizations that are trying to exploit the elderly,” says Antoinette Bacon, a career prosecutor who serves as the DOJ’s national elder justice coordinator. Her position was created through the Elder Justice Prevention and Prosecution Act, a law signed by President Donald Trump in October meant to improve coordination among federal, state and local agencies. States have been stepping up as well. Thirty-nine of them and the District of Columbia addressed financial exploitation of the elderly in last year’s legislative sessions, according to the National Conference of State Legislatures. More than half enacted legislation or adopted resolutions. Still, Snyder worries the federal block grant many states rely on to pay for services that protect seniors could be cut dramatically under Trump. “If that goes away, programs will be crushed overnight.”

The financial industry says it’s doing more, too. On 5 FEB, the Financial Industry Regulatory Authority, an industry body, put into effect “the first uniform, national standards to protect senior investors.” It now requires members to try to obtain a trusted contact’s information so they can discuss account activity. It also permits firms to place temporary holds on disbursements if exploitation is suspected. Loewy, who left her job as a prosecutor in 2014 to join EverSafe, a startup that makes software to monitor suspicious account activity, is underwhelmed by the industry projects. “They may say they’re focused on it, but they aren’t really doing much more than training employees,” she says. “Exploiters know what they’re doing. They take amounts under \$10,000 that they know won’t get picked up by fraud and risk folks at banks. And they steal across institutions over time.”

The dirty little secret about elder exploitation is that almost 60 percent of cases involve a perpetrator who is a family member, [according to a 2014 study](#) by Lachs and others, an especially fraught situation where victims are often unwilling, or unable, to seek justice. Such manipulation sometimes involves force or the threat of force, says Daniel Reingold, chief executive officer of RiverSpring Health, a nonprofit that provides care to about 18,000 seniors in the New York City area. In 2005, he helped establish the first elder abuse shelter in the country. While many families don’t intervene when they suspect a family member is abusing an elderly relative, Philip Marshall did, in a famous example of elder exploitation. “I was a family member who acted,” says Marshall. “And that’s huge. Because people don’t act. They say ‘we don’t want dirty laundry out there.’”

Marshall wanted his grandmother, famed socialite Brooke Astor, to enjoy her final years at her country home, as she had wished. When his father, Anthony Marshall, wouldn’t let her, Philip sought guardianship, setting off a legal battle. As the fight progressed, Philip says he discovered that his grandmother, who had been diagnosed with Alzheimer’s, was enduring various forms of neglect. It was “all in an effort by my father to gain her money,” he alleges. The dispute culminated in his father’s conviction and prison sentence in 2009 for siphoning off millions of dollars from Astor. At first, says Philip, “Our goal was just to stop my grandmother’s isolation and manipulation. We

didn't really care about money." A separate legal proceeding over the neglect allegations was eventually resolved. Last year, Philip quit his job as a professor to become a full-time advocate in the fight against elder abuse. He gives talks to government officials and financial institutions and spends hours speaking with strangers dealing with exploitation. "So many times, it's family," he says. "I don't think people realize that."

On a rainy April afternoon at the Harry and Jeanette Weinberg Center for Elder Justice, the shelter Reingold helped start in the Bronx, there are countless versions of Astor's story unfolding daily, albeit for smaller sums. More than 70 percent of the center's clients are victims of financial abuse, with most also suffering from emotional and physical abuse as well. "It's often a slow and steady and unrelenting experience," says Joy Solomon, a former New York prosecutor and director of the center. She says her team is seeing an increase in seniors showing up in housing court—because they're being evicted. "A lot have been financially exploited and they don't even know what's happening until they get that notice." Losing housing usually accelerates mental and physical decline, she says. Unless we figure out how to protect the assets of senior citizens from this epidemic, Solomon says, "we're going to come to a place where we're seeing a lot of homeless elderly people on the street."

[Source: Bloomberg | Nick Leiber | May 3, 2018 ++]

Shimming Scam ► **New Credit Card Data Theft Method**

The new credit card chips make it harder for scammers to steal your payment information, so con artists have created a different technique called "shimming."

How the Scam Works

Remember skimming? That's the con where scammers inserted a device into ATMs or other terminals, harvesting your payment information as you swipe your credit or debit card. Scammers succeeded with this tactic for a while, but skimmers don't work for cards with newer chip technology. In addition, card skimmers are easy to notice because they are often bulky or wobbly. Con artists' new way to steal payment information is called "shimming." Scammers insert a shim -- a paper-thin, card-sized device with an embedded microchip and flash storage -- into the slot where you enter the chip side of your credit or debit card. When you insert your card at a gas pump, ATM, or another card reader, it copies and saves your payment information. Then, scammers return with a special card that collects the stolen information, such as your PIN and card number. They use this information to make purchases with your account information.

Protect Yourself from Shimming

- **Keep a close eye on your bank and credit accounts.** Check your online statements regularly to make sure there are no suspicious charges. If you see any, report them to your bank or credit card company immediately. Use the customer service number on the back of the card to be sure you are reaching the real company and not an imposter.
- **Be wary if your card gets stuck in a chip reader.** If the reader seems to have a tighter than normal grip on your card, there could be a shim inside. You may want to cancel your transaction and notify the business.
- **Use contactless payment methods.** Contactless payment methods are not vulnerable to shimming. Try using "tap-and-go" features on your credit card instead of swiping or inserting your card.

For More Information

Read more about credit card scams at BBB.org/ScamTips. If you've fallen victim to this type of scam, help others avoid being scammed by filing a report with BBB.org/ScamTracker. Learn more about specific kinds of scams and how to avoid them at BBB.org/ScamTips.

[Source: BBB Scam alert | May 4, 2018 ++]

VA OIG Attorney Scam ► Telephone Impersonations

VA is currently investigating a telephone scam involving an individual or individuals impersonating VA Office of General Counsel attorneys. The perpetrator reportedly calls Veterans and requests money to process their claims for benefits. Veterans have been given actual VA attorney names and phone numbers to call back. It is important to know that VA — as a cabinet-level agency of the U.S. government, funded by Congress — will *never* request payment for carrying out our mission to serve Veterans.

If you are contacted by a scammer:

1. Know that VA will never call you and request money, even if you see “Veterans Affairs” on your caller identification.
2. Do not give out any personally identifiable information or other personal or sensitive data such as financial and banking information.
3. Hang up the phone immediately.
4. Report the incident to your state’s attorney general: naag.org/naag/attorneys-general/whos-my-ag.php.
5. File a complaint at ftccomplaintassistant.gov/GettingStarted?NextQID=216&Selected=t#crnt using the Federal Trade Commission’s Complaint Assistant,

If you believe you are a victim of this scam and you provided personally identifiable information:

1. Request a free credit report from annualcreditreport.com.
2. Watch for any fraudulent charges or activity on your accounts.
3. Visit identitytheft.gov to obtain a personalized recovery plan and other resources.

If you provided money to the scammer: Report the incident to your state’s attorney general immediately and contact your financial institution.

For additional information on Identity Theft visit www.va.gov/identitytheft. VA’s More Than a Number website has tips and resources on identifying and preventing identity theft and fraud.

[Source: Vantage Point | Gary Hicks | May 8, 2017 ++]

LinkedIn Loan Scam ► Site Used to Target Victims

LinkedIn helps people reach out to colleagues and potential employers, and stay connected professionally. But wherever people connect and share personal information, you can bet scammers are there too. [BBB Scam Tracker](#) has received recent reports of personal loan scams using LinkedIn to target victims.

How the Scam Works:

- You get a LinkedIn message offering you financing for a personal loan. It comes from someone who appears to work for a legitimate company. You check out their LinkedIn profile, and it looks real. You may even have several LinkedIn connections in common. Some scammers will also set up a fake company website.
- After receiving the message, the scam can take a couple of different approaches. In some cases, scammers ask you to fill out a loan application with sensitive personal information and a copy of your ID and signature. The goal here is to steal your identity. In a different version, you are easily approved for the loan. However, first you are asked to pay a processing fee by wire transfer. When you pay up, the scammer takes your money and disappears.

How to Avoid a LinkedIn Loan Scam:

To avoid falling victim to a loan scam on LinkedIn:

- **Set your LinkedIn privacy settings.** Use your privacy settings to limit which LinkedIn users can send you messages or connection requests.
- **Don't accept every connection request you get.** Check out the user's profile before connecting. Incomplete profiles and poor grammar are red flags. Remember, just because you have connections in common, does not mean they are real. Scammers frequently create a large network to gain their victims' trust.
- **Get loans from reputable establishments.** If you need a loan, it is usually best to go through a company you know you can trust. Ask your bank or credit union what you need to do to qualify.

For More Information

Read more about how to spot fraud [on LinkedIn's blog](#). If you've fallen victim to this type of scam, help others avoid being scammed by filing a report with [BBB.org/ScamTracker](#). Learn more about specific kinds of scams and how to avoid them at [BBB.org/ScamTips](#).

[Source: BBB Scam Alert | May 11, 2018 ++]

Scam PACs ► Know Who Your Giving To

A web of new political action committees (PAC) raised nearly \$6 million in recent months under the guise of supporting police, veterans and cancer research. But nearly all the money has gone to their own vendors and staff, as opposed to those causes — hallmarks of so-called scam PACs. The web of seven spent heavily on fundraising and consulting services – not political causes – during that time. Several of the people and entities involved in the new PACs have been investigated for alleged fraud and other illegal practices in the charity sphere. But after coming under scrutiny, they have shifted recently into the much less regulated realm of politics, a POLITICO investigation has found. Following is how much the seven took in and spent in doing so:

PAC name	Total raised	Total spent	Total to 1835 E. Charleston Blvd.
Americans for the Cure of Breast Cancer	\$196,780	\$134,776	\$134,187
Association for Emergency Responders and Firefighters	\$715,864	\$615,692	\$517,239
National Assistance Committee	\$1,212,764	\$1,069,967	\$369,719
Cops and Kids Together	\$377,179	\$370,591	\$331,775
Americans for Police and Trooper Safety	\$1,674,076	\$1,492,772	\$1,353,569
Standing by Veterans PAC, Inc.	\$751,269	\$687,902	\$634,439
US Veterans Assistance Foundation	\$971,950	\$643,352	\$609,494

The new PACs have feel-good names like Cops and Kids Together and Americans for the Cure of Breast Cancer. They have succeeded in raising millions of dollars from small donors in a matter of months — and spent most of it just as quickly, without supporting political candidates or making a mark on a policy issue. Altogether, the seven PACs spent nearly 85 percent of the \$5.9 million they raised through March. All but one of the PACs, National Assistance Committee, sent at least 84 percent of its spending to businesses at 1835 E. Charleston Blvd. A lot of money can be collected without a lot of regulation,” said FEC Commissioner Ellen Weintraub. “It’s like when they asked Willie Sutton, ‘Why do you rob banks?’ He said, ‘Because that’s where the money is.’”

[Source: POLITICO | Maggie Severns & Scott Bland | May 4, 2018 ++]

Tax Burden for Delaware Retired Vets ► As of MAY 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. Following are the taxes you can expect to pay if you retire in Delaware:

Sales Taxes

State Sales Tax: None - Delaware does not impose a state or local sales tax, but does impose a Gross Receipts Tax on the seller of goods (tangible or otherwise) or provider of services in the state. Business and occupational gross receipts tax rates range from 0.1037% to 2.0736%, depending on the business activity.

Gasoline Tax: 41.4 cents/gallon (Includes all taxes)

Diesel Fuel Tax: Tax 46.4 cents/gallon (Includes all taxes)

Cigarette Tax: \$1.60 cents/pack of 20

Personal Income Taxes

Tax Rate Range: Low – 2.2%; High – 6.6%. In addition to the personal income tax rates, Delaware imposes a tax on lump-sum distributions.

Income Brackets: Six. Lowest – \$2,000; Highest – \$60,000 +

Tax Credits: Single – \$110; Married – \$220; Dependents – \$110; Over 60 – take an additional \$110. Tax Credit instead of a deduction

Standard Deduction: \$3,250 if single and not itemizing; \$6,500 if married filing jointly and not itemizing.

Medical/Dental Deduction: None

Federal Income Tax Deduction: Some or all of federal income tax paid can be deducted from state taxable income

Retirement Income Taxes: Social Security and Railroad Retirement benefits are exempt. Taxpayers 60 and older can exclude \$12,500 of investment and qualified pension income. They may qualify for an additional tax credit of \$110. Out-of-state government pensions qualify for the pension and retirement exemption. Under age 60, \$2,000 is exempt. If you are 65 or older on December 31, you are eligible for an additional standard deduction of \$2,500 (if you do not itemize). Go to http://revenue.delaware.gov/information/faqs_pit.shtml#RI for more information on tax rates and exemptions.

Retired Military Pay: Up to \$2,000 of military retirement pay excluded for individuals under age 60; \$12,500 if 60 or older.

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

All real property in the state is subject to tax unless specifically exempt. Personal property, tangible and intangible property is exempt. Real estate is subject to county, school district, vocational school district and municipal property taxes. The state offers various property [tax relief programs](#) for residents age 65 and older and for residents with disabilities. Homeowners 65 and older can get a credit equal to half of the school property taxes, up to \$400. This credit may only be used against property taxes on a primary residence. For further information on the senior school property tax credit, [click here](#) and/or go to <https://finance.delaware.gov/publications/proptax/propmain.shtml> Refer to <https://finance.delaware.gov/index.shtml> for property tax rates <https://finance.delaware.gov/index.shtml>.

Inheritance and Estate Taxes

Estates with a total value of more than \$5.149 million may be subject to the Delaware estate tax of 0/8% to 16%.

Penalties and Interest

1. **Interest** – Underpayment or late payment -- The Delaware Code provides that interest on any underpayment or late payment of income taxes due shall accrue at the rate of ½% per month, from the date prescribed for payments to the date paid.
2. **Penalty – Late-filing of balance due return.** The law imposes substantial penalties for failure to file a timely return. Late-filed returns with a balance due are subject to a penalty of 5% per month of the balance due.
3. **Penalty – Negligence/fraud/substantial understatement.** The law also provides severe penalties for filing a false or fraudulent return, or for a false certification. The mere fact that the figures you report on your Delaware return are taken from your Federal return will not relieve you from the imposition of penalties for negligence or for filing a false or fraudulent return.
4. **Penalty – Failure to pay.** The law provides a penalty of 1% per month (not to exceed 25%) of the net tax liabilities for failure to pay the tax liability due on a timely filed or late-filed return. This penalty is in addition to the interest charged for late payment.
5. **Penalty – Failure to File/Pay Estimated Taxes.** The law provides a penalty of 1½% per month of the computed tax payment for failure to file/pay estimated taxes due. This penalty is in addition to those penalties and interest listed above. The penalty is also assessed if the estimated payment is filed late.

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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Go to https://revenue.delaware.gov/services/current_pit/TY17_booklet_res.pdf for resident individual tax forms. For further information visit the [Delaware Division of Revenue](http://revenue.delaware.gov) site <http://revenue.delaware.gov> or call 302-577-8200. [Source: www.retirementliving.com | May 2018 ++]

*** General Interest ***



Notes of Interest ► 01 thru 15 MAY 2018

- **Passports.** 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.
- **Trump Bump.** November 2016 DOW closing number 18,259.60, +371.32, (+2.08%). DOW closing this April 27, 2018 24,311.19 –11.15 (0.046%).
- **Bridal Shower Gift.** Check out this 4 minute 'How I Met your Mother' old TV skit on an inappropriate bachelorette party gift: <https://www.facebook.com/publicshade/videos/1862831824028963>.

- **Trump Wall.** Sending 2,000 National Guard troops to the Mexican border will cost \$182 million through the end of the fiscal year, the Pentagon’s top spokeswoman said 3 MAY.
- **Nostalgia.** Lost in the Fifties - Another Time, Another Place. If you are old enough to appreciate it, check out <https://safeshare.tv/x/FEDEwZHZXu> to bring back some fond memories.
- **Big Mac.** Don Gorske gobbled down his 30,000th Big Mac on 4 MAY at the same McDonald’s where he got his first taste of the beefed-up burger in 1972. For a video go to <https://usat.ly/2HSueUg>.
- **Taxes.** A change, which went into effect 1 JAN as part of the Tax Cuts and Jobs Act of 2017, essentially redefined employer-paid and reimbursed moving expenses as taxable income — except in the cases of active-duty servicemembers.
- **North Korea.** North Korea readjusted its time zone to match South Korea's on 5 MAY and described the change as an early step toward making the longtime rivals "become one" following a landmark summit.
- **Magic.** Go to <https://youtu.be/Q3jege0p0dQ> and be prepare to be wowed as magician Marc Spelmann has everyone under his spell with his incredibly heartwarming and emotional routine.
- **Eldercare.** The Eldercare Locator, the only national referral resource that provides support to consumers across the spectrum of issues affecting older Americans, has a new URL: www.eldercare.acl.gov. Also, don't forget, the Eldercare Locator's call center is open from 9:00 am to 8:00 pm EST Monday through Friday.
- **Military Pay Raise.** Speaking to a crowd of military spouses on 9 MAY, President Donald Trump incorrectly claimed that his administration gave service members their first pay raise in 10 years, a moment he was “proud” to oversee. In fact, troops have seen a pay raise of at least 1 percent every year for more than 30 years. The 2018 military pay raise — which was 2.4 percent — was the largest for the armed forces in eight years.
- **USPS.** The U.S. Postal Service on 11 MAY announced a net loss of \$1.3 billion in the second quarter of fiscal 2018, more than doubling the negative margin it posted in the same period one year ago.
- **Nostalgia.** From a time when Hollywood as a whole respected and supported our troops, checkout the video of the Andrews Sisters Boogie Woogie Bugle Boy at <https://youtu.be/8of3uhG1tCI>.
- **Cocaine.** The Coast Guard has unloaded six tons (5,400 kilograms) of cocaine in Florida valued at \$179 million following six separate interceptions of smuggling vessels off the Pacific coasts of Central and South America and Mexico.

[Source: Various | May 15, 2018 ++]

National Poppy Day ► 25 MAY 2018 | Origin

After World War I, the poppy flourished in Europe. Scientists attributed the growth to soils in France and Belgium becoming enriched with lime from the rubble left by the war. From the dirt and mud grew a beautiful red poppy. The red poppy came to symbolize the blood shed during battle following the publication of the wartime poem “In Flanders Fields.” The poem was written by Lieutenant Colonel John McCrae, M.D. while serving on the front lines.

In Flanders Fields the poppies blow
 Between the crosses row on row.
 That mark our place; and in the sky
 The larks, still bravely singing, fly
 Scarce heard amid the guns below.

We are the Dead. Short days ago
 We lived, felt dawn, saw sunset glow,
 Loved, and were loved, and now we lie

In Flanders fields.

Take up our quarrel with the foe:
To you from failing hands we throw
The torch; be yours to hold it high.
If ye break faith with us who die
We shall not sleep, though poppies grow
In Flanders fields.

On September 27, 1920, the poppy became the official flower of The American Legion family to memorialize the soldiers who fought and died during the war. In 1924, the distribution of poppies became a national program of The American Legion. Each year, members of The American Legion family, led by the American Legion Auxiliary, distribute poppies with a request that the person receiving the flower make a donation to support the future of veterans, active-duty military personnel and their families with medical and financial needs. Poppy Day is celebrated in countries around the world. This year, The American Legion brought National Poppy Day to the United States by asking Congress to designate the Friday before Memorial Day, as National Poppy Day. [Source: The American Legion | April 26, 2017 ++]

McCain's Brain Cancer Update 01 ► VVA Condemns Disrespect of Nam Vet John McCain

“The recent comments about Senator McCain from [Kelly Sadler](#) and [Thomas McInerney](#) are profoundly disrespectful and offensive, and they both ought to be ashamed,” said John Rowan, President of Vietnam Veterans of America. “After serving his country in a time of war, refusing release as a POW without his comrades, and then dedicating his life to public service, John McCain deserves far better than to be insulted in this way -- especially from a White House official and a fellow veteran.” On 10 MAY, the White House did not dispute Sadler's comments, that Senator McCain “[doesn't] matter,” because “he's dying anyway,” nor did the White House announce any action to show that these comments crossed the line. Former Fox News military analyst Thomas McInerney falsely claimed yesterday that torture “worked” on Senator McCain, and this is demonstrably untrue. McInerney has a long history of spreading false information and lies, and despite this, was still given an opportunity to amplify his preposterous views on television.

“When someone in the White House says a Vietnam veteran doesn't matter, because he's dying of brain cancer, that individual should have his employment terminated. There are thousands of Vietnam veterans going through the same health issues related to Agent Orange, and their families are suffering with them,” said Rowan. “As an organization, we have had our disagreements with Senator McCain, but he will always be one of our brothers. What Sadler and McInerney have said will not be forgotten, as it reveals an incredible lack of respect for the service and sacrifice of every veteran, and their relationships with the White House and Fox News should be severed immediately.”

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As in so much of the senator's extraordinary life, the rebellious Republican is facing this challenging chapter — battling brain cancer — in his own rule-breaking way, stirring up old fights and starting new ones. Rarely has the sickbed been so lively. McCain is promoting a new book, delivering a counterpunch of ideals contrary to President Donald Trump's running of the White House. McCain's long-distance rejection of CIA director nominee Gina Haspel's history with torture goaded former Vice President Dick Cheney into a fresh debate over waterboarding and other now-banned interrogation techniques. On Friday, friends rallied to defend McCain against a White House official's cruel joke that his positions don't matter because “he's dying anyway.”

If this is Washington's long goodbye to a sometimes favorite son, it's also a reemergence of old resentments and political fault lines that continue to split the nation. Perhaps no one should have expected anything less from the 81-

year-old senator, who can be crotchety and cantankerous but is also seen by many, both in and out of politics, as an American hero, flaws and all. Former Vice President Joe Biden said 11 MAY as McCain "fights for his life, he deserves better — so much better." "Our children learn from our example," Biden said. "The lingering question is: Whose example will it be? I am certain it will be John's." Said House Speaker Paul Ryan, "His legacy is so long that John McCain is a hero to us all."

McCain was diagnosed in July with glioblastoma, an aggressive brain cancer. He left Washington in December and few expect him to return. Up-and-down reports of his health shift every few days. A steady stream of visitors have stopped by the McCain family ranch in Arizona — including Michael Bloomberg, the former mayor of New York, on Friday. Close friend and political ally Sen. Lindsey Graham, R-S.C., visited McCain this week, and the two watched an old movie and talked about McCain's imprint on politics. Graham said he told McCain he will leave behind a long list of Republicans — and Democrats — he has mentored, Graham included. "Your legacy is the people you affected," Graham said he told his friend. "John McCain's going to have a hell of a legacy."

Not everyone, though, is so keen to listen to McCain these days. Most Republican senators are not heeding his advice to reject Haspel, who was chief of base of a detention site where terror suspects were waterboarded. McCain lived through years of captivity during the Vietnam War. Trump has suggested reviving the now-banned brutal interrogation techniques. And Cheney, who was an architect of the post-Sept. 11, 2001, strategy, said he would keep the program active and ready for deployment, and doesn't think it amounted to torture. "People want to go back and try to rewrite history, but if it were my call, I'd do it again," Cheney told Fox Business. One retired Air Force general, Tom McInerney, called McCain "songbird John" on the same station this week for allegedly providing information to the North Vietnamese while he was a prisoner of war. McCain has said he gave inaccurate information after being tortured. Fox said McInerney would not be invited back on its business or news channels.

Still, one of McCain's longtime sparring partners, Sen. Rand Paul R-Ky., re-affirmed his opposition to Haspel on Friday. In explaining his opposition, Paul said, "We shouldn't reward somebody who participated in torture, really still has trouble saying and articulating that it's an immoral thing." Just a few years ago, McCain called Paul and fellow Sen. Ted Cruz (R-TX), "wacko birds" for their filibuster blocking then-CIA nominee John Brennan. McCain later apologized. After McCain's recent hospitalization for an intestinal infection, Graham said he was worried about his old friend's health. But after seeing him this week, he decided McCain will "be with us for a while." The two weren't quite yet saying their goodbyes. In fact, "there's not talk of funerals, there's talk of the future," Graham said. They watched a classic Western, "The Man Who Shot Liberty Valance" — with McCain narrating along the way in words that cannot be repeated — and talked about McCain's book, which Graham says couldn't have come at a better time. "I told him it should be required reading," he said. It's a story about the country, and "even though we make our share of mistakes, we're always trying to make it a more perfect union," Graham said. [Source: VVA News Release & AP | Mokie Porter 301-996-0901 | May 11, 2018 ++]

Ear Reconstruction ► First of Its Kind

Two years ago, a 19-year-old Army private lost her left ear in a car accident. Today, she has a new ear that was grown on her arm and successfully transplanted onto her head. Pvt. Shamika Burrage underwent the Army's first-of-its-kind total ear reconstruction at William Beaumont Army Medical Center in Texas, according to a news release. Burrage, a supply clerk with 1st Battalion, 35th Armored Regiment, 2nd Brigade Combat Team, 1st Armored Division, was driving to Fort Bliss in 2016 after visiting family in Mississippi when her front tire blew out, causing the car to swerve off the road, skidding 700 feet before flipping multiple times.

Burrage was ejected from the car and suffered head injuries, compression fractures in her spine, road rash and the total loss of her left ear, the release said. After several months of rehabilitation, Burrage sought counseling to deal with the emotional and physical trauma that resulted from the accident. "I didn't feel comfortable with the way I

looked so the provider referred me to plastic surgery,” Burrage said in the release. When doctors explained her options for reconstruction, Burrage was hesitant to commit to the total ear reconstruction. “I didn’t want to do (the reconstruction) but gave it some thought and came to the conclusion that it could be a good thing. I was going to go with the prosthetic, to avoid more scarring but I wanted a real ear,” she said. “I was just scared at first but wanted to see what he could do.”



The reconstruction involved harvesting cartilage from Burrage’s ribs to carve a new ear out of it, which was then placed under the skin of her forearm to allow the ear to grow. By letting the ear grow under her arm, Burrage will be able to have feeling in her ear once the rehab process is done, the release said. “(The ear) will have fresh arteries, fresh veins and even a fresh nerve so she’ll be able to feel it,” Lt. Col. Owen Johnson III, chief of plastic and reconstructive surgery at the medical center, said in the release. Fortunately, Johnson didn’t lose any hearing, and was able to open her ear canal back up after it had closed due to the trauma. “The whole goal is by the time she’s done with all this, it looks good, it’s sensate, and in five years if somebody doesn’t know her they won’t notice,” Johnson said. “As a young active-duty soldier, they deserve the best reconstruction they can get.” Burrage has two remaining surgeries to finalize the reconstruction. [Source: ArmyTimes | Charlsy Panzino | May 10, 2018 ++]

Subpoenas ► Does Executive Privilege Apply

Another constitutional controversy was set off when President Trump’s attorney – former New York City Mayor Rudolph Giuliani – said 6 MAY that the president might refuse to obey a grand jury subpoena. According to the Wall Street Journal, Special Counsel Robert Mueller threatened to compel the president to sit for questioning about allegations that the Trump campaign or the president himself may have colluded with Russia to influence the 2016 presidential election, or may have engaged in other improper conduct.

But Giuliani argued that President Trump could not be compelled to testify. “He’s the president of the United States,” Giuliani told ABC News. “We can assert the same privilege as other presidents have. President Clinton negotiated a deal in which he didn’t admit the effectiveness of the subpoena. (Independent Counsel Kenneth Starr) withdrew it.” Given the media criticism that has come raining down on Giuliani, a passing observer might think that President Trump – through Giuliani – has devised a brand new challenge to the constitutional order. But if you thought President Trump was the first president to argue that he did not have to obey a judicial order you’d be wrong.

Guess which president first raised the issue. President Clinton famously agreed to be questioned over whether he had an affair with intern Monica Lewinsky – but he appeared under a deal with Starr to avoid a subpoena. And he was not the first president faced with this issue. Some might respond that the first president who said he did not have to obey a judicial order to testify was Richard Nixon, who challenged the right of the courts to demand the Watergate tapes. President Nixon claimed the president has the right to keep secret his communications with other members of the executive branch. However, the Supreme Court unanimously ordered that President Nixon produce the tapes because the constitutional rights of the Watergate defendants (they argued that the tapes would show their innocence)

outweighed the president's right to confidential discussions. President Nixon, for the good of the country, obeyed the Supreme Court rather than fight the judiciary's claim to authority over the chief executive.

OK, so we have to look further back in history – before any of us alive today was born – to find the first president who claimed he couldn't be forced to testify in a court proceeding. History junkies might offer Abraham Lincoln, who refused to obey a writ of habeas corpus to free a Confederate leader, John Merryman, at the start of the Civil War. It did not hurt Lincoln's case that Union forces seized Merryman while he was seeking to force Maryland to secede, and that the judge who issued the writ was none other than the infamous Chief Justice Roger Taney, who had authored the Dred Scott opinion. Lincoln argued that in time of war, Union forces could seize Confederate officials as prisoners of war, rather than arrest them as criminal suspects, and that the president had the right to interpret the Constitution within its spheres of constitutional responsibility. Lincoln and his generals not only did not release Merryman, but expanded their military detentions throughout the Civil War.

But Lincoln was not the first president to claim the right of executive privilege to refuse court orders. The first was none other than the founder of the Democratic Party, Thomas Jefferson. President Jefferson's refusal to appear in court during the treason trial of his former vice president, Aaron Burr, set an important, but unappreciated, precedent for President Trump's claim today. In 1806, having been left off the Democratic ticket and been dishonored for his killing of Alexander Hamilton, Burr ventured to the new Western territories of the Louisiana Purchase and attempted to start a rebellion. Arrested and indicted, Burr appeared at his trial before Chief Justice John Marshall, who was sitting as a circuit judge in Richmond, Virginia at the time. Burr claimed that President Jefferson knew of his plans and demanded presidential documents that might prove his innocence.

Chief Justice Marshall issued a subpoena to President Jefferson, who initially offered to provide information in writing. But Jefferson refused to appear in court, because he said the president's "paramount duties to the nation at large" required that he not be subject to the judiciary's every whim. "To comply with such calls would leave the nation without an executive branch, whose agency, nevertheless, is understood to be so constantly necessary, that it is the sole branch which the constitution requires to be always in function," Jefferson wrote to the U.S. attorney leading the Burr prosecution.

Jefferson also believed a greater principle to be at stake than just convenience. "The leading principle of our Constitution is the independence of the Legislature, executive and judiciary of each other, and none are more jealous of this than the judiciary," Jefferson wrote. "But would the executive be independent of the judiciary, if he were subject to the commands of the latter, & to imprisonment for disobedience." Jefferson declared the right to withhold information, which, in the president's judgment, the public interest required to remain secret. Marshall seems to have accepted the argument, but gave instructions to the jury that prompted an acquittal.

Jefferson's claim of executive privilege puts the current Trump-Mueller struggle in its historical light. While the Supreme Court in *U.S. v. Nixon* declared that it had the constitutional authority to force the president to obey a subpoena, President Jefferson believed that no branch of government could force one of the others to appear before it. Under Jefferson's argument, just as Congress cannot force the president to testify, President Trump could not demand that Chief Justice John Roberts show up in the Oval Office to explain his ObamaCare decisions, which many of us believe were mistaken. In the same way, President Jefferson's contention would mean that the courts cannot compel the president or the leaders of Congress to appear before them. This is precisely the issue Giuliani has raised on behalf of President Trump.

So neither the Supreme Court nor Congress has settled the issue raised by President Jefferson and now by Giuliani: whether the president has the authority to ignore a subpoena. Jefferson's theory of the equality of the three branches – a theory shared by other great presidents, such as George Washington, Lincoln and Franklin Roosevelt – would support Giuliani's claim. On the other hand, President Jefferson's example marks out a path that could lower the political and constitutional temperatures. While Jefferson asserted the president's right to interpret the Constitution in the course of performing his executive functions, he also sought to compromise with his judicial nemesis.

President Jefferson turned over much of what Marshall wanted, though not everything. While President Trump may have the right of executive privilege, and could ignore a subpoena, he would have to ask himself – as did Jefferson – whether the public interest would be better served if he were to cooperate. Rather than trigger another constitutional crisis, President Trump could instead put his television instincts to work and agree to a head-to-head interview with Mueller broadcast on live TV. And then the president could decide at the end whether to exercise his other executive power: the power to fire Mueller. [Source: Fox News | John Yoo | May 10, 2018 ++]

USPS Mail Delivery Update 01 ► Door Delivery Policy Change

The U.S. Postal Service will no longer deliver mail to the door for new addresses, pushing mail recipients to instead cluster their mailboxes in a centralized area. The new policy marks a sharp shift as the agency continues to find ways to cut costs and follows through on a proposal for which it has long advocated. USPS announced the change in a recent update to its Postal Operations Manual, in which it also made “centralized delivery” its preferred method of dropping off mail. Having letter carriers deliver mail to a cluster of mailboxes rather than to each individual door allows for more efficient routes that can be completed more quickly.



Advocates for the change have said the new policy could save the Postal Service billions of dollars annually as it continues to look for ways to reduce its labor costs. Detractors have argued the shift would unfairly target urban dwellers and reduce the value of mail-based advertising. As of 2013, about one-third of U.S. addresses received to-the-door delivery, most of which were located in large cities. Clustered boxes in neighborhoods force individuals to deal with safety and weather issues, opponents of the change have said.

USPS also updated its manual to require addresses that receive curbside delivery to have their mail receptacles “**be grouped two to a property line, where possible.**” By making centralized delivery its “preferred mode,” USPS is virtually eliminating any other delivery method for new addresses. “Curbside, sidewalk delivery, and door modes are generally not available for new delivery points, with very rare exceptions, as determined by the Postal Service in its sole discretion, on a case-by-case basis,” the agency wrote in its update. Dave Partenheimer, a USPS spokesman, said the centralized delivery part of the update was not new policy per se, but a “clarification of that fact.”

Lawmakers have for years debated the merits of eliminating or reducing door delivery, with the issue proving a key sticking in failed iterations of postal reform efforts. A bill unanimously approved by the House Oversight and Government Reform Committee would take the change a step further. The legislation would convert to-the-door delivery to curbside or clustered drop offs, requiring incremental conversions for businesses. For residential addresses, door-to-door delivery would cease only if 40 percent of the impacted residents sign off. New home addresses would still be able to receive door delivery if their neighbors already do.

The measure has yet to receive a vote on the House floor. A Senate postal reform bill does not address the delivery method issue. Rep. Darrell Issa (R-CA) who as a former chairman of the oversight committee led the charge for more

centralized delivery, applauded the move. "I have long advocated for the U.S. Postal Service to make this and other common sense reforms that have the potential to save hundreds of millions of dollars and avoid massive taxpayer funded bailouts," Issa said. "I hope this is one of many modernizations that will make the post office more efficient and financially stable for the future." Steve Kearney, the executive director of the Alliance of Nonprofit Mailers, said the change makes the Postal Service a less valuable business enterprise. "It is clear that operational cost savings are taking precedence over value creation, marketing, and listening to customers," Kearney said. "The Postal Service is ready and willing to deliver packages seven days a week but will no longer deliver letters and flats to the doors of any new housing developments."

The USPS inspector general commissioned a survey of 5,000 households in 2015 and found door-delivery customers were less likely to throw away most types of ad mail compared to customers with curb or cluster delivery. For credit card solicitations, for example, 11 percent of respondents who received the offer at their door read and responded to the promotion. For those with cluster box mail, the rate dropped to 3 percent. Sixty-three percent of respondents without cluster-box delivery said they would be displeased if they were shifted to that format, while 17 percent said they would be pleased. The IG hired Michael Bradley, a professor of economics at The George Washington University, to analyze the data and consider other factors that could account for the disparity, but he found no other variables could explain the results. Bradley also analyzed two other surveys, which corroborated the IG's findings.

The National Association of Letter Carriers has historically opposed any transition away from to-the-door delivery. The union said on Friday it was reviewing the changes. [Source: GovExec.com | Eric Katz | May 4, 2018 ++]

Trump Tweets ► His Way to Speak Directly to the People

Paul Ryan, the outgoing House speaker, told an audience of business leaders and investors 1 MAY that he has tried to persuade Donald Trump to stop tweeting so much. "We definitely could do with a few less tweets," he said. "The president and I have had that conversation more times than I can count." Appearing at the Milken Institute Global Conference in Beverly Hills, a gathering dubbed "Davos of the West," Ryan was asked whether Trump's tweets inject uncertainty into the public's perception of the economy. "They inject a lot of things," Ryan said, scoring a laugh. "Can you stop the tweets?" asked Brian Sullivan, a CNBC journalist interviewing Ryan on stage. "I tried. It didn't work," Ryan responded, adding. "No really, he and I talk a lot."

Trump won't scale back, Ryan said, because the president "rightly believes he has found a way to speak directly to the people, going around the media, and it's been very successful for him." One person who might remain pleased that Trump tweets so reliably is special counsel Robert Mueller, who has given Trump's lawyers a list of the questions he'd like to ask of the president as part of his investigation into Russia's interference in the U.S. election. The New York Times obtained a copy of that list (paywall), which includes queries that can be at least partly answered by existing Trump tweets. This question, for example: What did you think and do about Mr. Comey's May 3, 2017, testimony? (On May 3, Comey testified before the Senate about his investigation into Clinton.) And these tweets:



[Donald J. Trump](#)

✓ [@realDonaldTrump](#)

FBI Director Comey was the best thing that ever happened to Hillary Clinton in that he gave her a free pass for many bad deeds! The phony...

[7:51 PM - May 2, 2017](#)

7:51 PM - May 2, 2017
77.1K
43.2K people are talking about this



[Donald J. Trump](#)
✓ [@realDonaldTrump](#)

...Trump/Russia story was an excuse used by the Democrats as justification for losing the election.
Perhaps Trump just ran a great campaign?

[8:06 PM - May 2, 2017](#)

8:06 PM - May 2, 2017
79.3K
53.7K people are talking about this

At the Milken conference, Ryan was also asked to describe what Trump is like as a person. He said that like many business people who come to government, Trump became frustrated with its processes. In some ways, Trump has made government operate more efficiently, Ryan implied. "He has shuffled the deck so much, thrown so many things up in the air, that when we do things that 10 years ago we would have said, 'There's no way,' it's easy." At the same time, the president has become more patient and able to multitask, Ryan said. The single word Ryan would use to describe Trump? "Relentless." Much like his tweeting. [Source: GovExec.com | Lila MacLellan Quartz | May 2, 2018 ++]

GTMO Detainees Update 03 ► Pentagon Recommendations Sent to White House

The Pentagon has delivered its recommendations for new policies regarding detainees captured on the battlefield and the transfer of those individuals to Guantanamo Bay, a day after the deadline set by a January 30 executive order signed by President Donald Trump. "The Secretary of Defense has provided the White House with an updated policy governing the criteria for transfer of individuals to the detention facility at US Naval Station Guantanamo Bay," Pentagon spokesperson Cdr. Sarah Higgins told CNN. "This policy provides our warfighters guidance on nominating detainees for transfer to Guantanamo detention should that person present a continuing, significant threat to the security of the United States," she added. The Pentagon has not made the details of the recommendations public at this stage.

Trump's executive order, signed just prior to his first State of the Union, said Secretary of Defense James Mattis should "recommend policies to the President" on this issue "within 90 days." The recommendations were delivered one day after the deadline, according to a defense official. Asked about the deadline, Mattis told reporters 30 APR that "right now I'm not working that issue." In his State of the Union announcement Trump suggested he wanted to send more detainees to Guantanamo. "I am asking Congress to ensure that in the fight against ISIS and al Qaeda we continue to have all necessary power to detain terrorists wherever we chase them down, wherever we find them. And In many cases for them it will now be Guantánamo bay," Trump said in January.

The US-backed Syrian Democratic Forces have captured over 400 foreign fighters during their campaign against ISIS, according to US defense officials. One of those detainees included a militant with links to the 9/11 terrorist attacks. "We have been engaging with their home countries. Home being the country they were a citizen of when they left to go fight. Now, in some cases, those countries have stripped them of their citizenship, so they have a different view as far as what their status is today. So this is not simple," Mattis said of the foreign fighter detainees.

"Now that's being worked principally, of course, by State Department, and we're giving all the support that we can," he added.

The detention of an American citizen captured by US-backed forces fighting ISIS in Syria has been the subject on a month's long legal battle between the Department of Justice and the American Civil Liberties Union. [Source: CNN | Ryan Browne | May 2, 2018 ++]

Military SKILCRAFT Pen ► Turned 50 in April

Anyone who's served in the military, worked for the federal government or addressed a package at the post office is probably familiar with an iconic government pen. But they might not have realized it was made by the visually impaired for the past five decades. The ubiquitous SKILCRAFT U.S. Government pens are turning 50 this month. National Industries for the Blind traces the pen's history to April 20, 1968, when it was introduced to government buyers. The nonprofit organization was tapped to supply pens after another manufacturer made 13 million defective ballpoints in 1967. The pens must be able to write a continuous line 1 mile (1.6 kilometers) long and keep the ink flowing despite extreme temperatures — from 40 degrees below zero to 160 degrees (4 to 71 degrees Celsius). [Source: The Associated Press | Jonathan Drew | April 27, 2018 ++]

Dead Son's Portrait ► Whoever Takes the Son Gets Everything!

A wealthy man and his son loved to collect rare works of art. They had everything in their collection, from Picasso to Raphael. They would often sit together and admire the great works of art. When the Vietnam conflict broke out, the son went to war. He was very courageous and died in battle while rescuing another soldier. The father was notified and grieved deeply for his only son.

About a month later, just before Christmas, there was a knock at the door. A young man stood at the door with a large package in his hands.. He said, 'Sir, you don't know me, but I am the soldier for whom your son gave his life. He saved many lives that day, and he was carrying me to safety when a bullet struck him in the heart and he died instantly... He often talked about you, and your love for art.' The young man held out this package. 'I know this isn't much. I'm not really a great artist, but I think your son would have wanted you to have this.' The father opened the package. It was a portrait of his son, painted by the young man. He stared in awe at the way the soldier had captured the personality of his son in the painting. The father was so drawn to the eyes that his own eyes welled up with tears. He thanked the young man and offered to pay him for the picture. 'Oh, no sir, I could never repay what your son did for me. It's a gift.' The father hung the portrait over his mantle. Every time visitors came to his home he took them to see the portrait of his son before he showed them any of the other great works he had collected.

The man died a few months later. There was to be a great auction of his paintings. Many influential people gathered, excited over seeing the great paintings and having an opportunity to purchase one for their collection. On the platform sat the painting of the son. The auctioneer pounded his gavel. 'We will start the bidding with this picture of the son. Who will bid for this picture?' There was silence...Then a voice in the back of the room shouted, 'We want to see the famous paintings. Skip this one.' But the auctioneer persisted. 'Will somebody bid for this painting? Who will start the bidding? \$100, \$200?' Another voice angrily. 'We didn't come to see this painting. We came to see the Van Gogh's, the Rembrandts. Get on with the Real bids!'

But still the auctioneer continued. 'The son! The son! Who'll take the son?' Finally, a voice came from the very back of the room. It was the longtime gardener of the man and his son. 'I'll give \$10 for the painting...' Being a poor man, it was all he could afford. 'We have \$10, who will bid \$20?' 'Give it to him for \$10. Let's see the masters.' The

crowd was becoming angry. They didn't want the picture of the son. They wanted the more worthy investments for their collections. The auctioneer pounded the gavel.. 'Going once, twice, SOLD for \$10!' A man sitting on the second row shouted, 'Now let's get on with the collection!'

The auctioneer laid down his gavel. 'I'm sorry, the auction is over. "What about the paintings?' 'I am sorry. When I was called to conduct this auction, I was told of a secret stipulation in the will... I was not allowed to reveal that stipulation until this time. Only the painting of the son would be auctioned. Whoever bought that painting would inherit the entire estate, including the paintings. The man who took the son gets everything!' Because, you see, whoever takes the Son gets everything! [Source: <https://www.snopes.com/fact-check/wholl-take-the-son> | February 24, 2008 ++]

Mosquitos Update 04 ► Inexpensive Bite Avoidance

Forget about snakes, sharks and crocodiles. There's a bigger — and yet, significantly smaller — predator in town: the mosquito. Many people consider mosquitoes to be a mere nuisance. But the blood-sucking insects are actually among the most lethal animals on the planet, responsible for millions of deaths each year from the diseases they carry. According to the World Health Organization: In 2015 malaria alone caused 438,000 deaths. The worldwide incidence of dengue has risen 30-fold in the past 30 years, and more countries are reporting their first outbreaks of the disease. Zika, dengue, chikungunya, and yellow fever are all transmitted to humans by the *Aedes aegypti* mosquito.

The health risk also appears to be growing in the U.S. Earlier this month, the Centers for Disease Control and Prevention said cases of disease linked to mosquitoes, ticks and fleas have more than tripled in the country since 2004. The CDC attributed the rise to increased global travel and trade, environmental changes and a lack of prevention efforts. Chances are, a mosquito bite or two won't land you in the ICU. But at the very least, the itchy bites are sure to bug you. Here, are seven smart and inexpensive ways to send those hungry pests packing.

1. **Avoid peak hours** -- Mosquitoes loathe wind. So, the calm, still hours of dawn and dusk basically serve as happy hour for the famished insects. To avoid the feeding frenzy, stay indoors or in a screened area until a gentle breeze sets in.
2. **Find a fan** -- Mosquitoes hate the wind? Pick up an inexpensive personal fan or a small table fan to keep the irritating insects at a distance.
3. **Stay covered** -- The less skin you expose, the less likely you are to get bitten. Therefore, wearing long sleeves and pants can serve as a wonderful mosquito deterrent. Tightly woven clothing — especially items made from synthetic fibers and those designed to block the sun — tend to be the most effective.
4. **Keep calm** -- Believe it or not, your racing heart could actually summon the blood-thirsty bugs! According to Prevention: Carbon dioxide (CO₂) is the primary thing mosquitoes search for to identify food sources. And when your heart rate is elevated, your body produces more CO₂. From exercise to drinking alcohol or eating spicy foods, anything that cranks up your metabolic rate will increase your CO₂ production — and make you irresistible to mosquitoes.
5. **Get your garlic on** -- The scent of garlic repels vampires — and mosquitoes. Plus, your skin emits sulfur compounds after you consume the plant — another deterrent for the picky pests. So, indulge in some homemade garlic bread or other garlicky fare before heading outdoors, and the bugs will remain at bay.
6. **Consider vinegar** -- Similarly, mosquitoes aren't fans of the fragrance of apple cider vinegar. One tablespoon of the stuff daily should keep them at a distance, according to Readers Digest. If the idea of tossing back apple cider vinegar is too much for you to stomach, not to worry! They share an additional trick: Another time-honored approach to keep gnats and mosquitoes at bay is to moisten a cloth or cotton ball with white vinegar and rub it over your exposed skin.

7. **Pick up a plant** -- Certain plants are known to repel mosquitoes and other pests. Chief among them are inexpensive herbs like basil and rosemary. Pick up a small potted plant for use as an outdoor centerpiece. Here's what Garden Design Magazine has to say about rosemary: Both the New York Botanical Garden and PlantShed recommended this plant. Rosemary is an herb that many of us are very familiar with and their woody scent is exactly what keeps mosquitoes as well as cabbage moths and carrot flies away.



[Source: MoneyTalksNews | Melissa Neiman | May 9, 2018 ++]

Have You Heard? ► Growing Up In the 40's & 50's

"Hey Dad," My Son asked the other day, "What was your favorite fast food when you were growing up?"

"We didn't have fast food when I was growing up."

"C'mon, seriously. Where did you eat?"

"We ate at home," I explained. "Your Grandma cooked every day and when your Grandpa got home from work, we all sat down together at the table, and if I didn't like what she put on my plate I had to sit there until I did like it." By this time, my Son was laughing so hard I was afraid he was going to suffer some serious internal damage, so I didn't tell him the part about how I had to get my Father's permission to leave the table.

Here are some other things I would have told him about my childhood if I had figured his system could handle it.

- My parents never: wore Levi's, set foot on a golf course, traveled out of the country, flew in a plane or had a credit card. In their later years they had something called a "revolving charge card" but they never actually used it. It was only good at Sears-Roebuck. Or maybe it was Sears and Roebuck. Either way, there is no Roebuck anymore.
- My parents never drove me to soccer practice. This was because soccer back then was just for the girls. We actually did walk to school. By the time you were in the 6th grade it was not cool to ride the bus unless you lived more than 4 or 5 miles from the school, even when it was raining or there was ice or snow on the ground.
- Outdoor sports consisted of stickball, snowball fights, building forts, making snowmen and sliding down hills on a piece of cardboard. No skate boards, roller blades or trail bikes.
- We didn't have a television in our house until I was 12. It was, of course, black and white, but you could buy a piece of special colored plastic to cover the screen. The top third was blue, like the sky, and the bottom third was green, like grass. The middle third was red. It was perfect for programs that had scenes of fire trucks riding across someone's lawn on a sunny day.
- I was 13 before I tasted my first pizza. It was a Sam's Pizza at the East end of Fruit Street in Milford. My friend, Steve took me there to try what he called "pizza pie." When I bit into it, I burned the roof of my mouth and the cheese slid off, swung down and plastered itself against my chin. It's still the best pizza I ever had.

- Pizzas were not delivered to your house back then, but the milk was. I looked forward to winter because the cream in the milk was on top of the bottle and it would freeze and push the cap off. Of course us kids would get up first to get the milk and eat the frozen cream before our mother could catch us.
- I never had a telephone in my room. Actually the only phone in the house was in the hallway and it was on a party line. Before you could make a call, you had to listen in to make sure someone else wasn't already using the line. If the line was not in use an Operator would come on and ask "number please" and you would give her the number you wanted to call.
- There was no such thing as a computer or a hand held calculator. We were required to memorize the "times tables." Believe it or not, we were tested each week on our ability to perform mathematics with nothing but a pencil and paper. We took a spelling test every day. There was no such thing as a "social promotion." If you flunked a class, you repeated that grade the following year. Nobody was concerned about your "self-esteem." We had to actually do something praiseworthy before we were praised. We learned that you had to earn respect.
- All newspapers were delivered by boys and most all boys delivered newspapers. I delivered the "Milford Daily News" six days a week. It cost 7 cents a paper, of which I got to keep 2 cents. On Saturday, I had to collect the 42 cents from my customers. My favorite customers were the ones who gave me 50 cents and told me to keep the change. My least favorite customers were the ones who seemed to never be home on collection day.
- Movie stars kissed with their mouths shut on screen. Touching someone else's tongue with yours was called French kissing and they just didn't do that in the movies back then. I had no idea what they did in French movies. French movies were considered dirty and we weren't allowed to see them.
- You never saw the Lone Ranger, Roy Rogers or anyone else actual kill someone. The heroes back then would just shoot the gun out of the bad guys' hand. There was no blood and violence.
- When you were sick, the Doctor actually came to your house. No, I am not making this up. Drugs were something you purchased at a pharmacy in order to cure an illness.
- If we dared to "sass" our parents, or any other grown-up, we immediately found out what soap tasted like. For more serious infractions, we learned about something called a "this hurts me more than it hurts you." I never did quite understand that one?
- In those days, parents were expected to discipline their kids. There was no interference from the government. "Social Services" or "Family Services" had not been invented (The ninth and tenth amendments to the constitution were still observed in those days.)

I must be getting old because I find myself reflecting back more and more and thinking I liked it a lot better back then. If you grew up in a generation before there was fast food, you may want to share some of these memories with your kids or grandchildren. Just don't blame me if they wet themselves laughing. Growing up today sure ain't what it used to be.

Growing Up Today

A little girl leaned into a lion's cage. Suddenly, the lion grabbed her by the collar of her jacket and tried to pull her inside to slaughter her, under the eyes of her screaming parents. A biker jumped off his Harley, runs to the cage and hits the lion square on the nose with a powerful punch. Whimpering from the pain the lion jumped back letting go of the girl, and the biker brought the girl to her terrified parents, who thank him endlessly. A reporter had watched the whole event.

The reporter addressing the Harley rider says, 'Sir, this was the most gallant and bravest thing I've seen a man do in my whole life. The Harley rider replied, 'Why, it was nothing, really. The lion was behind bars. I just saw this little kid in danger, and acted as I felt right.' The reporter says, 'Well, I'll make sure this won't go unnoticed. I'm a journalist,

you know, and tomorrow's paper will have this story on the front page. So, what do you do for a living, and what political affiliation do you have?' The biker replies "I'm a U.S. Marine, a Republican and I voted for Trump".

The following morning the biker bought the paper to see if it indeed it had news of his actions, and reads on the front page: **** U.S. MARINE ASSAULTS AFRICAN IMMIGRANT & STEALS HIS LUNCH. ****

And THAT pretty much sums up the media's approach to the news these days.

Where There's a Will, There's a Way ▶ 16



Quote for the Week:

“America will never be destroyed from the outside. If we falter and lose our freedoms, it will be because we destroyed ourselves.”

— Abraham Lincoln



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