

RAO

BULLETIN

15 June 2018

PDF Edition



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*** DoD ***



Commissary/Exchange Future Update 01 ► First Official Consolidation Step Taken

Deputy Secretary of Defense Patrick Shanahan has signed off on the first official step toward consolidating the military commissaries and exchanges into one system. A task force will be formed by 1 JUL “to perform financial due diligence, a business case analysis, and begin planning for the consolidation of the defense resale enterprise,” stated the memorandum, signed 29 MAY. Shanahan stated he had considered the views and responses of the military departments on consolidating the Defense Commissary Agency, the Army and Air Force Exchange Service, the Navy Exchange and the Marine Corps Exchange into one organization, as recommended by DoD’s Reform Management Group. He agrees “a single consolidated organization offers the greatest potential to achieve the economies and efficiencies” that are necessary to ensure that the commissary and exchange benefits survive, states the memo.

Officials want to decrease the amount of taxpayer dollars going to commissaries — currently about \$1.3 billion a year — and contend the consolidation could shore up the commissary system, which has seen a decline in sales. Background documents say changes need to be made to allow the commissary system to adapt more quickly to resale grocery trends. The documents state a guiding principle would be to maintain savings levels at commissaries and exchanges. But some military advocates have questioned the plan, including how much it would cost to consolidate the four entities, and what DoD would do with any boost to its bottom line. Shanahan acknowledged that laws would have to be changed in order to consolidate the commissary and exchange systems, and stated DoD “will pursue such authority as soon as practicable.” DoD has already been drafting legislation to that end.

The task force will complete its financial due diligence and business case analysis by 31 OCT, and will begin planning for consolidation, to include considering keeping some “service-unique identities” at the front end of resale activities — which are those activities visible to the customer. If the DoD chief management officer approves the business case for consolidation, then the task force will finish the integration planning by Jan. 31, 2019, and the consolidation will begin based on existing authority under law, according to the memo. If the chief management officer doesn’t approve the business case for consolidation, the task force will be disbanded immediately and the reform initiative will be closed, the memorandum states.

Lawmakers, however, have inserted a provision in the House version of the 2019 defense authorization bill that would require congressional input into the decision. It requires DoD to submit a report to the congressional defense committees no later than Jan. 1, 2019, with, among other things, a financial assessment, a business case analysis, and “organizational, operational, and business model integration plans” for consolidating the resale systems. “Congress has an obligation to accomplish this deliberately with the Department of Defense and military services to ensure this is a consultative and inclusive process of reform, while eliminating waste and unnecessary costs,” said Rep. Don Bacon, R-Neb., in an earlier statement to Military Times. “I look forward to working with the Department to certify that this possible consolidation is done the right way and these benefits are maintained.” Lawmakers are “really concerned that the benefits be preserved,” a congressional aide previously told Military Times. It’s become evident that DoD has already been working on consolidation, and the fear is that DoD “has already worked out the answer to the equation,” the aide said.

The Reform Management Group “determined that the defense resale enterprise has been studied repeatedly since 1990 with little or no implementation of recommendations for change and is now experiencing many of the same industry, generational, and demographic trends negatively impacting private-sector grocers and retailers,” according to Shanahan’s memo. For years, some in the Pentagon have targeted the \$1.3 billion in taxpayer dollars the commissary system gets each year to operate the stores, attempting to reduce the amount of taxpayer dollars going to the benefit and redirect them to other needs of the military, especially during times of budget cuts and sequestration.

“The Department should make it clear to all that our intentions are to make these community services better for our members and their families, to improve our support to commanders, to be exceptional stewards of our appropriated funds, and to exhibit fiduciary responsibility of our nonappropriated funds,” Shanahan wrote. The memo also imposes moratoria on certain acquisitions of information technology and on executive hiring for vacant positions, although it doesn’t apply to the Defense Commissary Agency’s efforts in 2018 and 2019 to upgrade its business systems technology. “This moratorium is in effect until the establishment of the consolidated resale entity,” states an attachment to the memo. [Source: MilitaryTimes | Karen Jowers | May 30, 2018]

Commissary Reform Update 01 ► Plans to Regain Lost customers

Commissary officials are lowering prices on popular items, keeping some stores open longer and attacking the problem of poorly stocked shelves as part of an all-out effort to bring military customers back into their stores for

their discounted shopping benefit. They're looking to regain their customers' trust as they try to turn around a 20 percent decline in sales over the last five years, said Robert Bianchi, interim director of the Defense Commissary Agency.

One change customers will notice right away: Bright orange "YES!" labels and signs that highlight reduced prices on about 100 types of items frequently bought by commissary shoppers. With different brands and sizes covered, that means deals on about 500 items such as baby food, pet food, bottled water, toilet tissue, nutritional shakes, potato chips and other snacks, flavored ice teas, pasta, macaroni and cheese, Spam, yogurt, cereal, oatmeal, apple juice, coffee, energy drinks, soup, bananas, oranges, tomatoes, paper towels, dish soap and fabric softener. YES, short for [Your Everyday Savings](#), "hopefully ... will tamp down some of that perception [commissary customers] may have about some of our pricing," Bianchi said.



Over the last year, commissary officials have been implementing a new pricing program that allows them to mark items up or down rather than sell them at cost (plus a 5 percent surcharge for overhead), as they did for decades. Some defense officials have sought for years to reduce the amount of taxpayer dollars that go to commissary operations — about \$1.3 billion a year — to provide the commissary benefit of discounted groceries. By law, the variable pricing can help defray those dollars as long as the system maintains an overall level of savings of 23.7 percent when compared with civilian grocers. That means officials can cut prices on YES items to compete with stores outside the gate, potentially bringing in customers who might otherwise head elsewhere.

Bianchi gave the example of customers who see individual items such as bananas priced higher in a commissary than a civilian store. That leaves the customer with an impression that the rest of the commissary prices are just as high, even though shopping there should, on average, save them 23.7 percent (depending on what's in their cart). In customer surveys, many of the commissaries' lower ratings center around pricing, product availability and customer service, Bianchi said. He's attacking those issues in his interim capacity while maintaining his post as CEO of Navy Exchange Service Command. Among other efforts:

- **Expanded hours:** Stores at Twentynine Palms, California; McConnell Air Force Base, Kansas; and Mountain Home Air Force Base, Idaho, will be open more hours as a result of feedback from installation commanders, Bianchi said.
- **Stocked shelves.** Low inventory has been a common complaint, Bianchi said. For a test that started May 15, Navy Exchange employees have been hired to stock shelves at the Little Creek commissary at Joint Expeditionary Base Little Creek-Fort Story, Virginia. If successful, it may expand to other stores.
- **Inventory changes:** Plans call for an expanded selection of natural and organic items, and officials are considering offering more meal kits and prepared-food options for shopper convenience. There's also another 100 private-label commissary-brand products on the way; the 500 items available now under the year-old program have accounted for \$40 million in sales, Bianchi said.
- **Exchange cross-promotions:** In one recent example, shoppers who spent \$25 at the commissary could get a \$5 Navy exchange coupon. The commissaries plan to sell exchange gift cards, and 43 Navy exchange locations just started selling commissary gift cards, with more exchanges to follow.
- **Click2Go:** Plans call for an expansion this summer of the commissary's online ordering program with curbside pickup.

[Source: MilitaryTimes | Karen Jowers | June 6, 2018 ++]

GTMO Prison Update 11 ► Will Remain Open for the Long Term

A new dining hall for guards at the Guantanamo Bay detention center has a shimmering view of the Caribbean and a lifespan of 20 years. Barracks scheduled to start getting built next year are meant to last five decades. And the Pentagon has asked Congress to approve money for a new super-max prison unit to be designed with the understanding that prisoners will likely grow old and frail in custody — some perhaps still without being convicted of a crime. President Donald Trump’s order in January to keep the Guantanamo jail open, and allow the Pentagon to bring new prisoners there, is prompting military officials to consider a future for the controversial facility that the Obama administration sought to close. Officials talked about the plans in an unusually frank manner as a small group of journalists toured the isolated base where 40 men are still held behind tall fences and coils of razor wire on the southeastern coast of Cuba.

“We’ve got to plan for the long term,” Army Col. Stephen Gabavics, commander of the guard force, told reporters this week. “We ultimately have to plan for whether or not they are going to be here for the rest of their lives.” The Pentagon was investing in upgrades at the Navy base under President Barack Obama, whose push to shutter the detention center couldn’t overcome opposition in Congress. But those projects, including the \$150 million barracks, were funded with the understanding that they could be used by the personnel of the Navy base that hosts the detention center. Now they are viewed as part of a broader effort to be able to operate the prison for many years to come. “Now my mission is enduring,” said Adm. John Ring, commander of the task force that runs the jail. “So I have all sorts of structures that I have been neglecting or just getting by with that now I’ve got to replace.”

The Pentagon wants at least \$69 million to replace Camp 7, the super-max unit that holds 15 men designated as “high-value detainees” who were previously in CIA custody. They include five men facing trial by military commission at Guantanamo for planning and aiding the Sept. 11, 2001, terrorist attack on the U.S. The men could get the death penalty if convicted, but the proceedings have been bogged down in pre-trial proceedings for years and any conviction would likely bring years of appeals. Officials say Camp 7 is in need of major repairs, with cracking walls and a sinking foundation, and it is not suitable to hold men who will likely be in custody for many years to come. The new unit, which would be known as Camp 8, would have cell doors wide enough for wheelchairs and hospice beds and communal areas so elderly prisoners could help each other as they grow old.

The White House has endorsed the proposal but it is not known whether Congress will approve it. “We have the responsibility for the detainees that we have here, regardless of what the political flavor is outside there,” Gabavics said. “We have the responsibility to provide for their safety, care and custody so all that we ask is that we get the resources we need to be able do that.” The 40 detainees left at Guantanamo include five who were deemed eligible for transfer under Obama but couldn’t clear the bureaucratic and diplomatic hurdles before he left office. Of the remainder, nine have been charged in the military commission system and are in proceedings at various stages. The remaining 26 have neither been charged nor deemed eligible for transfer. They are being held in indefinite detention under what the U.S. asserts are the international laws of war. The military allowed journalists a brief visit this week inside Camp 6, where most of the prisoners are held, as the men milled about and conducted late-afternoon prayers.

Attorney David Remes, who represents four prisoners, said they are bored and frustrated. “Limbo has never been more limbo-like,” Remes said. “They are just waiting, waiting, waiting.” The detention center opened in January 2002 under President George W. Bush as a makeshift place to hold and interrogate people suspected of involvement with al-Qaida and the Taliban. Global outrage erupted over the treatment of prisoners and the Supreme Court ultimately ruled that anyone held there was entitled to challenge their detention in American courts, eliminating one of the main rationales for using Guantanamo in the first place. Bush eventually said the jail should close and released more than 500 prisoners. Obama said the facility was damaging U.S. relations around the world and was a waste of money, costing more than \$400 million a year to operate, and ordered it closed shortly upon taking office. But

Congress blocked closure and passed legislation that barred any of the men held there from being transferred to U.S. soil, even for criminal trials. His administration transferred 242 prisoners out of Guantanamo.

Trump has so far allowed only one prisoner to leave: a Saudi who was transferred to his homeland to serve out the rest of his sentence as part of a plea deal. Officials at the detention center said they could take in about 40 more male detainees without any changes to staff levels and about 200 if additional guards are brought in. No such request has come from the administration, Ring said, but he added that he has been asked “some hypothetical questions” about capacity. “We are not imminently expecting any new guests if you will,” he said. [Source: The Associated Press | Ben Fox | June 7, 2018 ++]

AFRH Update 13 ► Trust Fund Getting Back on Track

In mid-MAY the Retired Enlisted Association (TREA) met with Major General (Ret.) Stephen Rippe and his leadership team at the Armed Forces Retirement Home (AFRH) in Washington, DC. TREA was represented by Deputy Legislative Director Mike Saunders. It was announced in early April that income-based fees would be raised on residents of the Armed Forces Retirement Homes, both in Washington, DC and in Gulfport, Mississippi. Naturally, this caused an uproar among the residents. Some of the fee increases will be up to 114 percent.

The fee increases were brought on by two things: years of financial mismanagement which led to the appointment of MG Rippe to replace the old leadership team at the end of last year, and an unwillingness to raise the .50 cent fee that is levied from every enlisted servicemember's paycheck. The second problem was recently fixed by the Senior Enlisted leaders of the five armed services. They had resisted authorizing the fee hike, which Congress had lifted to \$1 back in 2010, until the financial practices at AFRH were improved. MG Rippe has done, in TREA's opinion, an outstanding job of closing the \$22 million budget deficit at AFRH that he inherited. That being said, if the .50 cent paycheck levy had been indexed to inflation when it was authorized way back in 1976, then the dramatic fee hikes that have sparked so much media attention would never have been needed.

The Armed Forces Retirement Home Congressional Budget Justification for Fiscal Year 2019 viewable at <https://www.afrh.gov/sites/default/files/AFRHCBJFY2019.pdf> addresses proposed actions to be taken to eliminate the trust fund's budget deficit. With development plans in place to recapitalize the diminished AFRH trust fund, TREA is confident in the future of the AFRH. Therefore, we call on Congress to work with AFRH leadership to ease the momentary burden on residents by appropriating enough money to cover the budget shortfall this year. We will be writing letters to the appropriate committees of Congress to that end. [Source: TREA Washington Update | June 5, 2018 ++]

Transgender Troops Update 18 ► Congressional Letter | Reverse Pentagon Ban

More than 100 members of Congress signed a letter 5 JUN calling on Defense Secretary Jim Mattis to reverse the Pentagon's ban on most transgender people from military service, citing medical studies that show no need to exclude them. The letter, authored by Rep. Joe Kennedy III (D-MA) takes aim at the Pentagon study that recommended transgender people be allowed to serve only under limited circumstances. Kennedy and his colleagues accused the Pentagon of “cherry-picking” outdated studies to reach its conclusion. “There is a deep chasm between established medical research and the underlying analysis your Department used to justify this policy, and we call on you to reverse your recommendations,” Kennedy wrote.

The letter also called on Mattis to identify the members of the panel he chose to develop guideline on transgender service. The panel was named after President Trump last July called for a ban on transgender troops in a tweet. Trump approved the new ban developed under the direction of Mattis, but federal lawsuits have prevented it from taking effect. The ban would overturn an Obama-era initiative from 2016 that allowed transgender troops to serve openly, seek treatment and join the services. “The Trump Administration’s decision to ban transgender troops abandons our proudest values, undermines our armed forces, defies established medical research and ignores basic science,” Kennedy said in a statement to USA TODAY. “In attempting to create justification for the president’s thoughtless policy tweets, the Department of Defense used outdated studies and cherry-picked data. If President Trump and his administration are committed to all of our service members, they will immediately reverse this bigoted ban.”

Kennedy and 120 colleagues noted that the American Medical Association, American Psychiatric Association and American Psychological Association have expressed opposition to the ban. James Madara, a physician and CEO for the AMA has written that there is no “medically valid reason — including a diagnosis of gender dysphoria — to exclude transgender individuals from military service.” In April, Mattis defended the policy in testimony on Capitol Hill. Mattis said rules put in place in 2016 allowing transgender troops to serve openly had prevented military officials from discussing problems associated with their service. Mattis called for the ban based on his panel’s findings that transgender troops would affect unit cohesion and readiness for combat.

Mattis has taken issue with a Pentagon-commissioned report by the non-partisan RAND Corp. that found transgender troops would have negligible effect on military readiness and cost for medical treatment. He established his own panel of experts, including senior officers and enlisted troops, to examine issues regarding their service. “This ban, similar to laws against racial integration, gender integration, and service by gay men, lesbians and bisexual people, is antithetical to our country’s and our military’s values and belies the extraordinary commitment by our transgender service members,” the letter says. The Pentagon has declined to comment on the ban while it is being contested in court. [Source: USA TODAY | Tom Vanden Brook | June 5, 2018 ++]

ISIS War Casualties ► Number of Civilians Killed Will Never Be Known

The Pentagon said 5 JUN that the U.S. military will never know the exact number of civilians it has killed in the fight against the Islamic State, an admission that comes as the human rights group Amnesty International accuses the United States and its allies of having recklessly killed thousands of civilians in the battle to retake the Syrian city of Raqqa. U.S. Army Col. Thomas Veale, a spokesman for the U.S.-led coalition fighting the Islamic State in Iraq and Syria, said that despite the U.S. military’s best efforts to assess civilian casualties, no one will ever know exactly how many civilians U.S. strikes have killed since the fight began in 2014. “As far as how do we know how many civilians were killed, I am just being honest, no one will ever know,” Veale said in a briefing at the Pentagon by video link from Baghdad. “Anyone who claims they will know is lying, and there’s no possible way.”

Veale described civilian deaths as a result of U.S. and allied airstrikes as “extremely unfortunate” and “a terrible, awful part of this war” against the Islamic State. He said the determinations are based on the best evidence the military possesses. The comments come as the U.S. military faces fresh criticism over airstrikes killing civilians in a war now in its fourth year. Amnesty International released a report that accused the U.S. military of causing widespread civilian deaths over the four-month campaign to retake control of the Islamic State stronghold of Raqqa, even though military leaders presented the operation as the product of precise and careful targeting.

The report, titled “War of Annihilation” in a reference to a phrase used by Defense Secretary Jim Mattis, said the U.S. military and its partners relied on airstrikes and artillery barrages to retake the city, knowing that those tactics would result in large numbers of civilian deaths. “There is strong evidence that Coalition air and artillery strikes killed and injured thousands of civilians, including in disproportionate or indiscriminate attacks that violated international humanitarian law and are potential war crimes,” the human rights organization wrote in a summary of

its report. Amnesty’s report is based on a two-week visit by researchers to 42 strike locations and interviews with 112 witnesses and survivors.

The report documents in particular the stories of four families in Raqqa, including airstrike survivor Rasha Badran, who describes losing 39 members of her family in four airstrikes the report said were conducted by the U.S.-led coalition. “After several attempts to flee, she and her husband finally managed to escape, having lost their entire family, including their only child, a one-year-old girl named Tulip, whose tiny body they buried near a tree,” the summary of the report said. Speaking at the Pentagon briefing 5 JUN, Veale said the Amnesty report underscored the human tragedy of a war that was brought on by “an evil criminal organization that at its peak subjected 7.7 million Iraqis and Syrians to its brutal rule.” He said that thanks to the U.S.-led coalition, those people and their homes had been liberated. “We adhere to a meticulous targeting and strike process that always aims to minimize harm to noncombatants and civilian infrastructure,” he said.

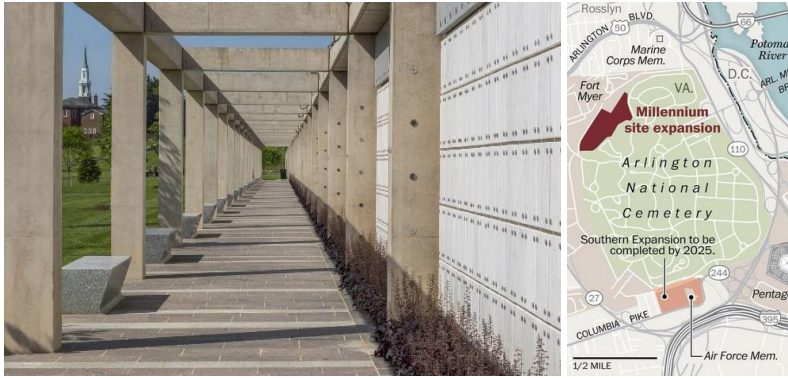
Veale said the report’s authors failed to check the public record, get facts straight or consult the military on their conclusions. He said his biggest objection was the prima facie argument that the United States had violated international law. “They are literally judging us guilty until proven innocent,” Veale said. “That’s a bold rhetorical move by an organization that fails to check the public record or consult the accused.” Since intervening to fight the Islamic State in Iraq and Syria in 2014, the U.S. military has opted to work primarily through proxy forces on the ground. The approach has helped minimize the number of American troops killed during the fight, but it has also required a particularly heavy reliance on air power to aid the proxy forces on the ground. Many of those strikes have resulted in civilian casualties.

The U.S. military has been tracking civilian casualties in its fight against the Islamic State. The Pentagon recently said the U.S. military killed approximately 500 civilians in 2017 in all its military operations, including those in Iraq and Syria. The United States and its partners conducted more than 10,000 airstrikes against the Islamic State in that year alone. Human rights groups and investigative reports, however, have repeatedly raised questions about the accuracy of the numbers released by the Pentagon, with some arguing that it is nearly impossible for so few civilians to be dying given the number and scope of the airstrikes the military is reporting. Airwars, an organization that tracks casualty allegations using publicly available information and research, reported this year that the United States and its allies may have killed as many as 6,000 civilians in strikes in Iraq and Syria in 2017. [Source: The Washington Post | Paul Sonne | June 5, 2018 ++]

Arlington National Cemetery Update 76 ► Millennium Project Completed

The 6,000 pre-dug graves, with their concrete crypts inches apart just under the surface, are ready. The 16,000 spaces in the new niche wall and columbaria are waiting. And the area has been decorated with new redbud, locust and magnolia trees. In a few weeks, Arlington National Cemetery will host the first of an expected 27,000 funerals in its elegantly landscaped expansion, built into a hillside and designed to extend the cemetery’s life for more than 30 years.

The \$81.7 million Millennium Project is the first geographic expansion of the cemetery in four decades. And it was badly needed. Facing dwindling space and heavy use, the 154-year-old cemetery is desperately working to extend its life before the day when there is no room left. Without the expansion, “we’d be planning to close in the mid-2020s,” said Renea Yates, deputy superintendent for cemetery administration. “So this takes us out to the 2040s.” Still, under current rules and conditions, the cemetery’s life span appears limited. “Most veterans from the recent wars in Iraq, Afghanistan and the war on terror will not have the option to be buried” at Arlington, the cemetery wrote in a report last year. Arlington is trying to address that.



A niche wall in a columbarium is part of a new expanded section of Arlington National Cemetery.

The new expansion involved the movement of huge amounts of earth, 1,200 feet of a historic sandstone wall, and the construction of extensive granite and concrete committal shelters and walkways. There are cedar ceilings in the shelters, stainless-steel step railings and decorative stone gardens. The 27 new acres in the northwestern part of the cemetery were carved out of a recreation spot for an adjacent military base, a construction staging area for the cemetery and National Park Service woodland. “You’re talking about hundreds of thousands of cubic yards removed from the site,” Army Col. Mike Peloquin, the cemetery’s director of engineering, said in a recent interview. Some trees were taken down. New ones were planted. Shrubs were added. New numbered sections were created. And a new grave digging procedure was inaugurated.

“This is the first location at Arlington National Cemetery where we used a technique . . . where you have what’s essentially a concrete box, double-stacked, with a lid to get to the lower one that you get to from the inside of the upper one,” Peloquin said. The crypts were then placed close together and covered with about two feet of gravel, fill and topsoil, said David H. Petrie, construction control representative for the U.S. Army Corps of Engineers at the site. The process greatly eases grave opening and makes for greater efficiency. The new section also has room for traditional in-ground burials and in-ground burial of cremated remains.

The country’s most famous cemetery was established by the War Department in 1864 on the Arlington plantation of Confederate Gen. Robert E. Lee’s deceased father-in-law. The site was vacated by Lee’s family after he joined the rebel forces in the Civil War, and it was taken over by the Union army. The first person buried there was William Christman, 20, a Union soldier from Pennsylvania who had died of disease in a Washington hospital. He was buried May 13, 1864. By the end of the war, 5,000 more had joined him. Since then, over 400,000 people have been buried there. President John F. Kennedy, his wife, Jacqueline Kennedy Onassis, and his brothers, U.S. Senators Robert F. Kennedy and Edward M. Kennedy, rest there. Abraham Lincoln’s son Robert and grandson, Abraham, are buried there.

With the new expansion, Arlington has about 100,000 spaces left, Yates said. The cemetery is planning for an additional 37-acre addition called the “Southern Expansion,” where the old Navy Annex building was before it was demolished in 2013. Peloquin said the cemetery would like to have that \$274 million project completed by 2025. That would extend the cemetery’s life out to the mid-2050s, Yates said. But there is not much more room to grow. “We can’t expand out of our challenge,” she said. “We are surrounded” by the local community. The cemetery has been seeking public comment on whether eligibility should be made more restrictive to lengthen its life span. [[Take the cemetery’s eligibility survey](#)]

The always-sensitive eligibility rules have been changed 14 times in the last 150 years, the cemetery report said. “The life of the cemetery’s got two factors,” Yates said. “Space available, and individuals . . . eligible for interment: What I have to use. And who’s going to use it. [We’re] trying to shape what that eligibility is right now. Wait times are significant . . . Demand is very high.” With certain exceptions, most active-duty or retired members of military service are eligible to be interred at Arlington, the cemetery’s website says. Many recipients of military medals, as

well as most former prisoners of war, are also eligible for interment. Among others, active-duty and former members of the armed forces honorably discharged, except those who were on active duty for training, are eligible for aboveground inurnment, along with their spouses, minor children and adult dependent children.

Yates said that the new space will also allow for proper “dispersion” of the 30 burial services a day. The cemetery often must balance five services an hour, without undo noise or space overlap. “We pride ourselves to make sure each family that comes feels like they’re the only service going on,” she said in a recent interview at the cemetery. The on-again, off-again expansion project has been in the works for more than 20 years and was redesigned about seven years ago. Construction got underway about five years ago. Yates said the first burials in the expansion will probably be take place in mid- to late summer, in conjunction with a dedication ceremony. First use of the niches will probably be in midsummer, “like a soft launch,” she said. “We strive to make sure everything’s the best it can be before we start bringing families into the area,” she said.

There will be a new choreography of vehicles, families and honor guards in the area that must be worked out. One day recently, Petrie, of the Corps of Engineers, and cemetery horticulturist Kelly Wilson, showed off elements of the new section. Wilson indicated wispy bald cypress trees, the drooping white blossoms of itea plants and a giant swath of ornamental grasses, which will turn red in the fall. In the distance, the Washington Monument was visible over the tree tops. And waiting beneath one of the shelters were seven movable signs, black with silver lettering. “Arlington National Cemetery,” they said. “Silence and Respect.” [Source: The Washington Post | Michael E. Ruane | June 4, 2018 ++]

Air Force One Update 05 ► \$24 Million Refrigerators Plan Scrapped

The U.S. Air Force has scrapped a \$24 million plan to buy new refrigerators for its presidential jets, according to Pentagon documents released 4 JUN by Rep. Joe Courtney. “The Air Force, working with the White House Military Office, recently reviewed the investment for the VC-25A chiller replacement and jointly decided to terminate the effort,” Air Force Secretary Heather Wilson said in a 29 MAY letter to the Connecticut Democrat. The VC-25A is the Air Force designation for the two Boeing 747s that take the callsign Air Force One when the president is aboard.

In December, Wilson’s service gave Boeing a contract to swap out the VC-25As’ aging chillers, the large and highly customized refrigerators that hold an extra-large supply of food for the U.S. president and staff. Defense One first reported the deal. On 8 FEB, Courtney expressed his concerns in a letter to Wilson. “Clearly, the Air Force is making the right decision [to] cancel the previously announced sole-source contract and hit restart on this process,” the congressman said in a statement on Monday. “Even with the understanding that the Air Force One mission brings with it unique requirements and challenges, a \$24 million sole-source contract just didn’t pass the smell test.” Among the considerations in cancelling the work, Wilson wrote, is that the existing jets are due to be replaced by the mid-2020s. Last year, the Air Force bought two new 747-8s for conversion for presidential service; they will be designated VC-25Bs.

“While the VC-25A chiller replacement requirement still exists, the progress on the VC-25B program weighed against the cost of the chiller effort makes termination the most prudent fiscal sense for the government,” she wrote. But Wilson said that if the new Air Force One project is delayed, her service would reconsider buying new refrigerators for the current presidential jets. “While not optimal, mitigation options exist to ensure food security until new aircraft are delivered,” Wilson wrote. “The Air Force has notified Boeing of the government’s intention to cancel the subject contract.” A source with knowledge of the program said the refrigerator project was “terminated for convenience.” Typically, programs canceled for convenience are not due to contractor performance. A Boeing spokeswoman declined to comment and deferred questions to the Air Force. An Air Force spokeswoman confirmed the refrigerator program has been canceled, but was unable to immediately provide additional information. [Source: Defense One | Marcus Weisgerber | June 4, 2018 ++]

DoD Malaria Treatment ► Antimalarial Drug (Mefloquine) Side Effects

A retired United States Army General is now calling on the Department of Veterans' Affairs and other senior military leaders to step up and take responsibility for any psychiatric or physical side effects caused by the antimalarial drug, mefloquine. Veterans from around the world have told WUSA9 the drug they were ordered to take caused devastating side effects. "You hear many presidents and many leaders say what we owe them, we can never pay them back. Well, here's a way to pay them back," said Brigadier General Donald Bolduc.

As a Brigadier General, Bolduc was the Commander of Special Operations across the entire continent of Africa. In that role, he was responsible for more than 1,700 military personnel operating in 28 countries throughout Africa and Europe. The highly decorated veteran led ten deployments, survived a bomb blast, a helicopter crash and several firefights. He received two combat valor awards, five Bronze Stars and two Purple Hearts. But his most challenging battle may lie ahead: holding the United States government accountable for any life-changing side effects that may have been caused by mefloquine. It was ordered for tens of thousands of American service members.

"We owe it to those who served our country to treat them properly when they have side effects," said General Bolduc. Veterans allege the drug caused life-changing, career-ending symptoms. Side effects that have lasted for decades. Among them: gruesome night terrors. Depression, anxiety, and paranoia that mimic symptoms of PTSD. Ringing in the ears. Memory loss. Hand tremors. Balance issues. And gastrointestinal distress that often comes without warning.

Of our military leadership at the Department of Veterans' Affairs and the Department of Defense, he said, "Well, I hope they have the moral courage to own up to it. Whatever the liability is, we need to own up to it. It's about taking care of the health and welfare of our citizens and particularly those who served our country." From the 1980s to 2013, the Department of Defense ordered service members deployed to Somalia, Iraq, Afghanistan and elsewhere to take mefloquine to prevent malaria. The mosquito-borne disease can be fatal. In an interview at the Pentagon earlier this year, Colonel Andrew Wiesen said, "We attempted to give folks the best possible agent to protect them to the highest degree. To do any less would have done them a disservice." But starting in 2013, the DOD backed off mefloquine, using it only as a last resort. That was after the Food and Drug Administration issued a black box warning. That's the FDA's strictest alert on a drug label when there's evidence of a serious hazard.

General Bolduc knows the side effects firsthand. He took the drug during multiple deployments and experienced devastating symptoms including night terrors and paranoia, even after he returned home. "I couldn't drive. The reason I couldn't drive was because of hypervigilance," he recalled. "I thought that I had to drive like I was in Afghanistan. Every stimulus around me was a threat." In 2008, drugmaker Roche stopped producing the brand name version of mefloquine, called Lariam. Two generic forms are still available in the United States by prescription only. Three other generics have been discontinued.

So, how does our government make this right? General Bolduc says the VA should start by contacting every single veteran that took the drug and letting them know they may be experiencing some symptoms. VA doctors need to be trained to recognize them. And, he believes, every health assessment done on a service member or veteran should include questions about mefloquine. "Please, please senior leaders, take this on. It has to do with the health of the current force and the health of our veterans, later on in life. And that's hugely important for our country," he said.

[Source: Washington DC's WUSA-9 | Andrea McCarren | May 31, 2018 ++]

DoD Malaria Treatment Update 01 ► Lack of Record-Keeping Not Uncommon

If you served in the United States military or traveled to a part of the world that's prone to malaria, you may have been prescribed a small white pill called Mefloquine, sold under the brand name, Lariam. Many veterans, former Peace Corps volunteers and other world travelers now say that weekly anti-malarial pill ravaged their lives, causing psychiatric and physical damage that is getting progressively worse each year. An Army veteran named Sean, who asked WUSA to withhold his last name, said he took mefloquine while serving in Afghanistan from 2003 to 2004. He was 21 years old and didn't consider questioning orders.

What Sean didn't expect was that weekly dosage over the course of his deployment wouldn't show up in his medical records. He said he's "100% sure" he took mefloquine. That disconnect has left him frustrated and angry when he's sought VA benefits related to the depression, anxiety, insomnia and vertigo that plague his life now, at the age of 35. "I've resubmitted claims multiple times to the VA and they're saying, 'Oh, well, it's not in your medical record,' said Sean. Sean attributed all those symptoms to the side effects of mefloquine. He insisted that no one in the military warned him of any potential drawbacks of taking the drug, although he recalled service members were alerted to the dangers of contracting malaria.

"We attempted to give folks the best possible agent to protect them to the highest degree. To do any less would have done them a disservice," said Col. Andrew Wiesen, the Director of Preventive Health for the Office of the Deputy Assistant Secretary of Defense for Health Affairs. Col. Wiesen acknowledged though that the Department of Defense protocol mandates all medications to be logged into a service member's records. "If that did in fact occur that was not within the DOD policy and it should not have occurred," he said. Commander Bill Manofsky, a Navy veteran who deployed to Iraq and Kuwait, said that lack of record-keeping was not uncommon. "Before 2012, few people got it in their medical records. It was just handed out like candy," said Cdr. Manofsky, who did mission planning for Special Forces in Baghdad and Southern Iraq.

"I didn't get a prescription, I had no pre-screenings, I had no warning," he said. Like many veterans, there was no evidence in his records that he took the drug. He contends mefloquine caused him multiple adverse effects, both psychiatric and physical. Eventually, Cdr. Manofsky became the first veteran awarded a partial disability rating of 30% by the VA for his exposure to the drug. "I was ordered to take a mefloquine pill every single day," said Staff Sgt. Marty Brown, an Army veteran whose deployments included tours in Afghanistan and Iraq. No one informed him that the drug was supposed to be taken weekly, not daily. And like so many others we interviewed, not a single pill was reflected in his medical records. Sgt. Brown said he's suffered permanent, debilitating injuries as a result.

In 2004, even the VA warned of mefloquine's possible long-term health effects. Yet the drug was still dispensed for nearly a decade until the Food and Drug Administration issued a black box warning in 2013. After that, the military was supposed to issue mefloquine only as a last resort, but we found service members who apparently slipped through the cracks. "They just handed me a bottle and said hey, if you have dreams, just push through 'em," said Sergeant First Class Sheryll Lander, who deployed to Afghanistan in 2013 and took mefloquine from March through December of that year. The FDA issued its black box warning in July of 2013. Sgt. Lander said there was no prescription and her name wasn't on the bottle of small white pills. She attributed her depression, anxiety, vertigo and tinnitus to mefloquine and admitted she struggled to lead her Georgia National Guard troops. In an emotional, tear-filled interview, she offered words of support to fellow service members who may have suffered side effects after taking mefloquine. "I just want to let my brothers and sisters know that they're not alone. To not give up. We've got to be stronger than the side effects and the damage," she said.

Many service members believe the high suicide rate among veterans may be linked to the use of this drug. If they were misdiagnosed with PTSD or traumatic brain injury, there's widespread concern that veterans didn't receive proper treatment. It's believed that the military ordered more than 150,000 service men and women to take the controversial drug since the 1980s, although the numbers are difficult if not impossible to quantify because of potential lapses in record-keeping. Late last year, the VA awarded its first--and only--100% permanent and total disability rating to a

Marine Corps veteran who served in Somalia. VA doctors attributed all 15 of his psychiatric and physical symptoms to mefloquine. That rating ensured he'll get full benefits for his severe, service-related injuries.

"We're looking for answers in solid science. So that it's not the flavor of the week or a rush of emotion, but that it's rooted in good science," said Dr. Ralph Erickson, Chief Consultant for Post-Deployment Health Services at the U.S. Department of Veterans Affairs. Dr. Erickson noted that by late 2018, the VA hoped to release a survey of 30,000 veterans who served in Iraq and Afghanistan. Although the study is not focused on the impact of mefloquine, he confirmed it did include questions about the drug. Since the FDA's black box warning of 2013, the Department of Defense rarely prescribed mefloquine. But multiple sources told us a replacement drug called Tafenoquine is being fast-tracked for approval by the FDA. That has prompted an outcry from as far away as Australia, where it was tested on that nation's military. Many Australian veterans said tafenoquine proved to be as harmful, if not worse than mefloquine. [Source: Washington DC's WUSA-9 | Andrea McCarren | May 31, 2018 ++]

Burn Pit Toxic Exposure Update 50 ► Back In the Spotlight

House lawmakers will take up the issue of burn pits in early JUN with a hearing focused on how much is known about troops health effects after toxic exposure to the waste fires overseas. A series of lawmakers and veterans groups have pushed to revive the issue in recent weeks amid concerns that the problem — well-known to troops who served in Iraq and Afghanistan — has largely fallen out of the consciousness of the public and elected officials. More than 141,000 veterans and current servicemembers have enrolled in Veterans Affairs' Airborne Hazards and Open Burn Pit Registry, which allows individuals to document their experiences and illnesses with the department. But advocates say more attention needs to be put on the issue to ensure that veterans suffering from rare cancers and other illnesses don't face a years-long wait for recognition of their injuries. House Veterans' Affairs Committee members will look into what other avenues might be available for that type of action. [Source: MilitaryTimes | Leo Shane III | June 3, 2018 ++]

DoD Lawsuit | HIV Ban ► People Living With HIV Cannot Serve

Two non-profit legal organizations focused on advancing LGBT rights and the rights of people living with HIV are suing the Department of Defense for what they allege are discriminatory policies that restrict the ability of people living with HIV to serve in the U.S. military. [OutServe-SLDN](#) and [Lambda Legal](#) filed the lawsuit on 30 MAY with the U.S. District Court for the Eastern District of Virginia on behalf of Sgt. Nick Harrison. Harrison enlisted in the Army midway through college and trained as an airborne paratrooper. After serving three years on active duty, he joined the Oklahoma National Guard and began law school. His goal was to commission as an Army officer and take a position in the Judge Advocate General Corps.



Sgt. Nick Harrison

Harrison was deployed twice while in law school, first to Afghanistan and then to Kuwait. When he returned home from his second deployment, he was diagnosed with HIV. After passing the bar, Harrison accepted a job in D.C. and joined the D.C. National Guard. In November 2013, he was offered a position with the D.C. Guard's JAG Corps. But two years later, Harrison was denied the position. Current Pentagon policies developed in the 1990s consider service members living with HIV non-deployable, OutServe-SLDN and Lambda Legal said. They deny people like Harrison the ability to enlist or be appointed as officers, the groups said. "I am very frustrated," Harrison told Military Times. "Going up through the ranks as a noncommissioned officer serving on the enlisted side, I can remember the look in my fellow soldiers' eyes whenever I told them that I wanted to be an officer. The experience that I had serving as an enlisted was something they saw as really a powerful thing, something that I could use to change things in the military and to look out for the soldiers. That opportunity has been taken away from me."

OutServe-SLDN and Lambda Legal have teamed up to fight on Harrison's behalf. They are taking the Pentagon to court with the goal of getting Harrison commissioned and ultimately revamping the DoD's current HIV policies to match current medical research. "We could set a precedent that HIV cannot be used solely as a reason to prevent someone who is enlisted from commissioning as an officer," Peter Perkowski, Legal Director at OutServe-SLDN, told Military Times. "The broadest relief that we're seeking would be a constitutional decision that finds the policies as they're written now, that limit service members' ability to enter the officer corps, unconstitutional." Perkowski said his team will rely on current medical knowledge to demonstrate that a HIV diagnosis presents no obstacle to a person's ability to serve in the military.

"There really should be no impediment whatsoever," Harrison said. "[The Pentagon policies] are kind of a relic of the 80s or early 90s when they were put in place. At the time, they were probably an enlightened policy, but with all the medical research and advancements in pharmaceuticals, they're no longer relevant to the medical condition anymore." As part of his JAG application, Harrison was required to take the Military Medical PULHES exam at Walter Reed military hospital. The results, he said, placed him at the highest level of medical readiness with no duty restrictions whatsoever, were it not for the Pentagon's HIV policies. "It's kind of a weird situation," Harrison said. "People look at my medical records and they see, 'oh, he's perfectly physically and medically fit.' But, I've got this 'you can't be deployed, you can't go anywhere' that blocks me from advancing, blocks me from commissioning and so forth."

The lawsuit on Harrison's behalf comes just months after the Trump administration unveiled a new ["deploy or get out"](#) policy. The policy calls on the Pentagon to discharge any service members who cannot be deployed overseas for more than 12 consecutive months. Given their classification as non-deployable, service members living with HIV could be subject to immediate discharge when the policy goes into effect. Harrison said he decided to pursue legal action against the DoD after exhausting all possible remedies through his chain of command. He hopes the results of the lawsuit will allow him to fulfill his longtime goal of commissioning as an Army officer, as well as help other soldiers in similar situations. "I'm still very optimistic," he said. "I think that this lawsuit is definitely a move in the right direction, and I hope that the military will respond by updating their policies and by making the changes that are necessary." [Source: MilitaryTimes | Victoria Leoni | May 30, 2018 ++]

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

Fat Leonard - The Navy's court-martial of Cmdr. David Morales, a former fighter pilot accused in the ongoing Glenn Defense Marine Asia "Fat Leonard" scandal, won't happen until at least August. But according to Morales' lawyer, the case will go to court and they will fight the five charges and multiple specifications still levied against him. "We intend to hold the government to the burden of proof," said Larry Spinner, a retired Air Force lawyer now in private practice told Navy Times May 30, following a motions hearing in a Norfolk military courtroom. "We intend to litigate this case, there will be no deal."

The Navy alleges Morales took more than \$5,000 in unauthorized gifts from Leonard “Fat Leonard” Francis. Those gifts allegedly included travel, dinners, drinks and the services of prostitutes, as well as prime tickets to a Julio Iglesias concert and a Gucci fashion show. Morales’ defense team, led by Spinner, believe that the Navy’s entire case hinges on Francis’ testimony, something they believe they can counter. Francis pleaded guilty in January 2015 to bribery, conspiracy to commit bribery and conspiracy to defraud the United States out of \$35 million. He has yet to be sentenced and is cooperating with the government in hopes of leniency when sentencing comes. If the court-martial happens as planned, it would become the only Navy case in the GDMA scandal to be tried in open court. All previous prosecutions by the Navy have ended with plea bargains. Francis has yet to testify for any government prosecution in any case yet brought in the scandal. But with Spinner vowing for a fight, he could soon have his first cross examination — and that’s a battle that the lawyer believes he can win. To date, 23 people, including Francis, have pleaded guilty in either civilian or military courts; another 11 cases are still pending.

Morales’s trial in front of a military judge and a jury of his peers was set to begin 29 MAY in Norfolk and was slated to run two weeks, but the unavailability of the prosecution’s star witness — Francis — cast both the timing and venue of the trial into question. Navy Capt. Charles Purnell, the trial judge, issued a subpoena for Francis to appear earlier this year. Until last week, it was thought that Francis would be allowed to travel to Virginia to testify. But a 16 MAY decision by U.S. District Court Judge Janis Sammartino in San Diego denied Francis permission to travel to Norfolk to testify against Morales. In response, the Navy’s prosecutors again filed a motion to move the trial to San Diego. Morales’ lawyers objected. Navy legal sources say the judge, who has withheld his ruling on the matter for now, could still order the trial moved, that it’s unlikely to happen at this point.

Some sources have reported that Francis could testify over a video link, but Spinner told Navy Times that’s not allowable in a military court. With Francis’ in-person testimony in doubt and the battle to get him to Virginia expected to take weeks to figure out, the only other option is for the trial to go to Francis. If that were to happen, Francis would be deposed with the judge, prosecuting attorneys, defense attorneys and Morales present. And just like in court, not only will he be questioned by the Navy’s lawyers, but Morales’s defense team will be able to cross examine him as well. If Francis’ is allowed to travel to Virginia and testify, the deposition wouldn’t be used. Should he not be able to appear, however, that deposition would substitute for Francis’ in-person testimony. [Source: NavyTimes | Mark D. Faram | May 30, 2018 ++]

POW/MIA Update 103 ► The Korean War MIAs

The most tangible outcome of the 12 JUN summit between President Donald Trump and North Korean leader Kim Jong Un appeared to be a commitment to recover the remains of U.S. military personnel missing in action and presumed dead from the Korean War. In a joint statement signed by the leaders, the countries committed to the recovery of the remains and the immediate repatriation of those already identified. The statement was otherwise filled with vague aspirational vows for peace and the denuclearization of the Korean Peninsula. Washington and Pyongyang agreed to hold follow-up talks at the “earliest possible date” between U.S. Secretary of State Mike Pompeo and a relevant high North Korean official.

Nearly 7,800 U.S. troops remain unaccounted for from the 1950-53 war. About 5,300 were lost in North Korea. It’s debatable whether North Korea’s commitment to recovering U.S. war remains could count as a major win for Washington when Pyongyang would be simply returning to what it had been doing for years. Between 1996 and 2005, joint U.S.-North Korea military search teams conducted 33 joint recovery operations and recovered 229 sets of American remains. But efforts to recover and return the remains have been stalled for more than a decade because of the North’s development of nuclear weapons and U.S. claims that the safety of recovery teams it sent during the administration of President George W. Bush was not sufficiently guaranteed.

According to the Pentagon's Defense POW/MIA Accounting Agency, most of the missing Americans died in major battles or as prisoners of war. Others died along the wayside or in small villages. Many of the losses from aircraft crashes also occurred near battle zones or roads connecting them. North Korea and the United States remain technically at war because the fighting ended with an armistice, not a peace treaty. Washington officially broke off the program because it claimed the safety of its searchers was not guaranteed, though the North's first nuclear test, in 2006, was likely a bigger reason. Critics of the program also argued the North was using the deal to squeeze cash out of Washington, calling it "bones for bucks." [Source: The Associated Press | June 12, 2018 ++]

POW/MIA Recoveries ► Reported 01 thru 15 JUN 2018 | Eleven

"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 Air Forces 2nd Lt. Robert R. Keown**, 24, of Scottsboro, Ala., whose identification was previously announced, will be buried June 15 in Arlington National Cemetery, near Washington, D.C. Keown was a P-38 pilot assigned to the 36th Fighter Squadron, 8th Fighter Group. On April 16, 1944, Keown and three other aircraft escorted a B-25 medium bomber on an aerial search near the mouth of the Sepik River in Papua New Guinea. The fourship encountered heavy overcast conditions after charting their course home. Heavy rain forced them to turn toward the open ocean, where Keown and his wingman became separated from the other aircraft. His last known location was listed as more than a mile north of Yalu Point. None of the four aircraft returned from the mission. [Read about Keown.](#)
- **Army Air Forces Sgt. Alfonso O. Duran** was a nose gunner on a B-24H Liberator, assigned to the 724th Bombardment Squadron (Heavy), 451st Bombardment Group, 15th Air Force. On Feb. 25, 1944, the final day of Operation Argument, Duran's aircraft came under attack by German fighters and anti-aircraft fire while he was on a bombing mission targeting Regensburg, Germany. Nine of the 10 crew members were able to bail from the aircraft before it crashed, but were later captured and told one body had been found in the aircraft wreckage. Interment services are pending. [Read about Duran.](#)
- **Army Air Forces Tech Sgt. John S. Bailey**, 28, of Woodstock, Va., whose identification was previously announced, will be buried June 13, in Winchester, Va. Bailey was a member of the 38th Bombardment Squadron, (Heavy), 30th Bombardment Group, stationed at Hawkins Field, Helen Island, Tarawa Atoll, Gilbert Islands. On Jan. 21, 1944, Bailey's B-24J bomber crashed shortly after takeoff. [Read about Bailey.](#)
- **Army Cpl. Ernest L.R. Heilman**, 19, of Greenup, Ky., whose identification was previously announced, will be buried June 8 in Arlington National Cemetery, near Washington, D.C. Heilman was a member of Battery B, 15th Field Artillery Battalion, 2nd Infantry Division and was declared missing in action when his unit was breaking a roadblock in the vicinity of Hoengsong, South Korea, on Feb. 13, 1951. [Read about Heilman.](#)
- **Army Pfc. Oscar E. Sappington**, 19, of Dawson, Okla., whose identification was previously announced, will be buried June 9 in Tulsa, Okla. 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. [Read about Sappington.](#)
- **Army Sgt. Julius E. McKinney**, 23, of Clay, Ark., whose identification was previously announced, was buried June 8 in Corinth, Miss. McKinney was a member of Heavy Mortar Company, 32nd Infantry Regiment, 7th Infantry Division. In late November 1950, his unit was assembled with South Korean soldiers in the 31st Regimental Combat Team on the east side of the Chosin River, North Korea, when his unit was attacked by Chinese forces. McKinney 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 McKinney.](#)
- **Gunner's Mate 3rd Class Marvin B. Adkins** 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 capsized. The attack on the ship resulted in the deaths of 429 crewmen. Interment services are pending. [Read about Adkins.](#)
- **Marine Corps Reserve Pvt. Charles A. Drew**, 29, of Coalinga, Calif., whose identification was previously announced, will be buried June 11, in Arlington National Cemetery, near Washington, D.C. Drew was assigned to Company F, 2nd Battalion, 8th Marine Regiment, 2nd Marine Division. Drew's unit landed on the small island of Betio in the Tarawa Atoll on Nov. 20, 1943, against stiff Japanese resistance. Drew was killed on the first day of the battle. [Read about Drew.](#)
- **Naval Reserve Lt. Cmdr. Larry R. Kilpatrick** was a member of Attack Squadron One Hundred Five (VA-105) on board the USS Saratoga (CVA-60). During a night armed reconnaissance mission over northern Vietnam, Kilpatrick's wingman lost radio contact with him outside of Ha Tinh City shortly after he announced

he had sighted a target and was commencing an attack. After daybreak, search and rescue aircraft observed remnants of a parachute near Kilpatrick's last known location, but could not identify it as Kilpatrick's. Interment services are pending. [Read about Kilpatrick.](#)

- **Navy Musician 1st Class Henri C. Mason** 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 Mason.](#)
- **Navy Seaman 1st Class Henry G. Tipton**, 20, of Imboden, Ark., whose identification was previously announced, will be buried June 8 in Ravenden, Ark. Tipton 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 Tipton.](#)

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

* VA *



VA Suicide Prevention Update 47 ► Plan To Assist Personnel Leaving Service

On 31 MAY the U.S. Department of Veterans Affairs (VA) announced that the White House has approved an interagency plan to implement President Trump's executive order supporting Veterans with mental health care and suicide-prevention resources during their transition from uniformed service to civilian life. Signed by the president in January 2018, the executive order directs VA, the Department of Defense (DOD), and the Department of Homeland Security (DHS) to collaborate to provide, to the extent consistent with law, seamless access to mental health care and suicide prevention resources for Veterans, with a focus on the first year after separation from military service.

“This collaborative effort represents a critical first step for ensuring that service members transitioning from active duty to Veteran status understand that VA, DOD and DHS are committed to easing the stress of transition by providing the best mental health care possible,” said Acting VA Secretary Peter O’Rourke. “Transitioning to civilian life is difficult and, ultimately, this effort will make it easier for our Veterans.” Research has shown that service members in transition to Veteran status are at higher risk of mental health challenges and suicide. The president acted to ensure that new Veterans will receive access to VA mental health care and other services to the extent they are eligible.

Implementation of the Joint Action Plan by the three departments includes 16 important services. Below are three examples:

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

The White House will closely monitor the outcomes of the [Joint Action Plan](#). [Source: VA News Release | May 31, 2018 ++]

VA Deaf Vet Care ► Growing Number Unable to Communicate Their Needs

Nebraska State Senator Carol Blood said a growing number of veterans is being locked out of the VA health care system. Some hearing and visually impaired veterans said they just want to be able to communicate with the TTY/TDD device. "They are completely shut out of the VA system when it comes to communication," Shawn Wilbur, President of the Blinded Veterans Association said. Wilbur said they can't do simple things like refilling a prescription because the VA lacks the proper equipment required by law. "They are not equipped anywhere for these vets to do simplest of tasks," Wilbur said. Another veteran advocate, Michael Young agreed. "I know the government is behind on a lot of things but they shouldn't be that far behind on technology," Michael Young said.

Wilbur lost his sight splicing cables in mine fields during the Persian Gulf War and Operation Desert Storm. He said he uses apps on his smart phone, but older vets don't know how to use the technology and want the TTY/TDD system available. "They cannot call to make appointments, they cannot call to make pharmacy refills, they can't call the ER, they can't call patient advocacy, they can't call switchboard operators, they can't call the nurses advice line," Wilbur said. Wilbur and Young recruited State Senator Carol Blood for help. "I can't imagine not doing better for our vets," Blood said. "We are asking for an affordable fix, an easy fix something that doesn't have to be done a year from now something that should have been done a long time ago." She started getting answers, including this response from the Director of the Nebraska-Western Iowa Health Care Systems.

Dear Senator Blood,

Thank you for taking the time to support the Veterans of Nebraska. I am following up on the question raised by one of our Veterans representing "hearing impaired" Veterans in Nebraska regarding our capabilities to accommodate Veterans with hearing loss. To answer the question straight out without a back story, I would say, yes, Nebraska-Western Iowa Health Care System (NWIHCS) has the proper equipment for patients that come to the medical center for their care. At the same time, I would also have to say, no, Nebraska-Western Iowa is lacking in some areas where the hearing impaired might be needing care from our system; let me explain. There are presently nine (9) locations within the NWIHCS network. Many of our Community Based Outpatient Centers, (CBOC) do not have that type of equipment. Our Veteran Integrated Service Network, (VISN) has been working to build consolidated call centers that will provide the necessary equipment to bring this important communication to our Veterans. Many of the networks within our VISN are not compatible with each other, which further exasperates the issues of centralized connectivity. I am aware of work groups engaged in the complexities of a consolidated call center which includes the proper equipment and telephone system necessary to take care of both the hearing and hearing impaired Veteran. This work is tied to the budget process and the appropriations process controlled by our Congressional members. I will certainly keep you informed if there are any changes in our status and how that change will impact our respective constituency. Thank you again for caring for our Veterans for supporting your VA.

With kindest regards,

Don B. Don Burman, MHA Director Nebraska-Western Iowa Health Care System

Blood said she also contacted the Pentagon and the White House. [Source: Omaha KETV-7 | Michelle Bandur | June 12, 2018 ++]

VA Nursing Homes Update 08 ► Annual Ratings Now Available

On 12 JUN the U.S. Department of Veterans Affairs (VA) extended its unprecedented 18-month record of transparency disclosures by making public for the first time its annual nursing home ratings. You can access the ratings at http://www.va.gov/transparency/CLC_Star_summary_FY18.xlsx. The data show that, overall, VA’s nursing home system – composed of more than 130 community living centers – compares closely with private sector nursing homes, even though the department on average cares for sicker patients in its nursing homes than do private facilities.

In fact, the overall star rating for VA’s nursing homes compared to the 15,487 private sector nursing homes rated by the Centers for Medicare and Medicaid Services (CMS) shows that VA has a significantly lower percentage (34.1 percent lower) of one-star, or lowest rated, facilities than the rest of the nation. Of note, 60 of VA’s nursing homes improved their quality score from last year to this year (2nd Quarter FY17 to 2nd Quarter FY18). Only one facility had a meaningful decline in that metric, and that facility was already rated with four stars.

For years, the Obama administration had resisted making certain VA quality data public. But under President Trump’s leadership, transparency and accountability have become hallmarks of VA. That’s why VA has become the first hospital system in the nation to post its:

- Hospital wait times
- Opioid prescription rates
- Employee settlements and accountability actions
- Chief executive travel

“Now that VA has made a commitment to reporting accurate quality and comparative data on its nursing homes, we are pleased to begin adding that important information to our transparency portfolio for the benefit of Veterans in making their health care choices,” said Acting VA Secretary Peter O’Rourke. “Further, we will release this data annually and use it to drive improvements across the VA nursing home system, including aggressive efforts to improve our 11 one-star facilities by sharing best practices,” he said. The best comparison of VA nursing homes to the private sector is in the overall star rating. Using that overarching and most important metric, VA’s performance compares very closely with that of the private sector. See here for a comparison of quality ratings using CMS’ Nursing Home Compare Five Star Quality Rating System as of April 2018.

Of note, VA nursing homes often serve residents with more numerous and challenging medical conditions than do private sector facilities. Specifically, VA nursing homes serve a much higher proportion of residents with conditions such as prostate obstruction, spinal cord injury, mental illness, homelessness, PTSD, combat injury, terminal illness, and other conditions rarely seen in private nursing homes. Also, private sector nursing homes admit patients selectively, whereas – unlike the private sector – VA will not refuse service to any eligible Veteran, no matter how challenging the Veteran’s conditions are to treat. In other words, VA nursing homes often house residents with more complex medical needs that private sector facilities will not accept, which makes achieving good quality ratings more challenging.

As a result, VA nursing homes at times rate lower than private sector facilities on specific metrics such as pain and type of treatment. Despite that fact, VA nursing homes compare well with private sector facilities in overall facility rankings. Additionally, VA nursing homes have a higher staff-to-resident ratio than private sector facilities, meaning residents in VA facilities get more direct attention from nursing home staff than do residents in the private sector.

[Source: VA News Release | June 12, 2018 ++]

VA Presumptive Disabilities Update 03 ► Civilian Doctor Awareness

Barbara Rodgick is an Army widow on a mission to educate civilian medical personnel, employees in the VA health care system and individual veterans and their families. She's not a certified teacher and she doesn't have a classroom. But that hasn't stopped her from a crusade to inform the world that certain categories of veterans should let their civilian doctors know that they have been in the service. As such, the veterans should be checked for select illnesses that being in the military may have exposed them to.

Rodgick was married to Bill, a 100 percent disabled veteran who developed multiple myeloma some 50 years after serving in Vietnam. Initially, neither she nor her husband were aware that the disease was presumed connected to his military service. On a whim one day, she checked the website for the U.S. Department of Veterans Affairs (VA) and says she was "overwhelmed" by what she learned. Informed that her husband was eligible for government benefits, he applied and months later was awarded retroactive cash, monthly compensation, VA health care, adaptive equipment, access to a nursing home, meetings with a VA social worker and commissary and PX privileges. Unfortunately, Bill passed away 15 months later, but it opened Rodgick's eyes to the fact that today many veterans (and in some cases, their survivors) have yet to learn about presumed connected disabilities. What's more, civilian doctors also know little about them.

As a result of her experience, she decided to launch a one-woman crusade to inform all concerned about the named military disabilities. With a single-minded focus, she began circulating a petition titled "Stand Up For Bill (and Other Vietnam Veterans and Their Families.)" The petition urges individuals to call upon the Secretary of Veterans Affairs to direct the VA to offer continuing professional education (CPE) to health care workers. She says by doing so, more Vietnam veterans with presumed connected disabilities (as well as their families) can be identified and referred to the VA for treatment.

And although the VA and the veterans' organizations have outreach programs that seek to identify and educate veterans about the diseases, Rodgick would like Shulkin to develop a more aggressive program that describes and identifies the 15 presumed disabilities that are known at this time. On a related note, there is a category of additional diseases that some professionals feel should be added to the list. The VA is currently reviewing those for possible inclusion. [Source: Pahrump Valley Times | Chuck Baker | April 18, 2018 ++]

VA Cancer Treatment Update 10 ► Skin Cancer Prevention

A recent VA study has revealed an effective, cost-efficient method for the prevention of nonmelanoma skin cancer, the most common cancer in the U.S. Investigators at the VA Palo Alto Health Care System discovered that, over a three-year period, patients treated with topical fluorouracil 5% (5-FU) had decreased skin cancer-related health care costs. Results suggest 5-FU could reduce the development of nonmelanoma skin cancer (and the related condition, actinic keratosis) in high-risk patients. With around 90,000 Veterans being treated for nonmelanoma skin cancer and treatment costs approaching \$5 billion annually, the calculated cost savings of 5-FU therapy for VA could be as high as \$69 million within three years.

Every day, researchers at VA are uncovering medical breakthroughs and developing inventive methods to better serve the needs of Veterans and their families. Now you could be part of the team elevating Veteran care to exciting new levels in areas from cancer and mental health to diabetes and prosthetics. In return for your hard work and dedication, you'll receive generous compensation, exceptional benefits and all the support you need to grow your career. Discover the matchless joy of giving back to those who served—explore their open positions and apply today at <https://www.vacareers.va.gov>. [Source: Vantage Point | June 7, 2018 ++]

VA Mission Act Update 02 ► Signed Into Law

Today President Trump kept his promise to our Nation’s Veterans and signed the historic VA MISSION Act into law. His leadership today in the Rose Garden is testament to his commitment to Veterans, caregivers, and their families. The bipartisan support fostered by the tireless work of both the House and Senate Veterans’ Affairs Committee Chairmen Rep. Phil Roe and Sen. Johnny Isakson, along with members of the committees, led to the overwhelming passage of the Act. We also recognize the outstanding efforts from our Veterans Service Organization partners to deliver this promise to those who served this great Nation. As President Trump told Veterans today, “In every generation there have been heroes like them, patriots who answer the call to serve, who do whatever it takes, wherever and whenever we need them to defend America. They put everything on the line for us. And when they come home, we must do everything that we can possibly do for them. And that's what we're doing.” VA looks forward to implementing the law to give Veterans the best possible care by increasing flexibility and streamlining access to healthcare. [Source: VA News Release | June 6, 2018 ++]

VA IPV Help Update 01 ► Vets at Greater Risk than Civilian Counterparts

The U.S Department of Veterans Affairs (VA) is taking action to address Intimate Partner Violence (IPV) by earmarking \$17 million in funds to support Veterans in need. The funds will strengthen IPV Assistance Programs in VA facilities nationwide. “VA recognizes that intimate partner violence is a health issue faced by many Veterans and their families,” said Acting VA Secretary Peter O’Rourke. “We are giving careful attention to this program, ensuring it is integrated into clinical care and workplace safety. Both are important to the safety of Veterans and VA employees who report experiencing violence.”

IPV affects millions of Americans. The term "intimate partner violence" describes physical, sexual or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples. Awareness and identification of intimate partner violence among Veterans has increased. Research suggests Veterans may be at greater risk than their civilian counterparts, given the unique stressors posed by military life. VA’s IPV Assistance Program focuses on the individual and works on developing a culture of safety. This holistic approach involves understanding, recognizing and responding to the effects of all types of trauma. The ultimate goals are to end violence, prevent further violence and promote healthy relationships.

The Veterans Health Administration launched the IPV Assistance Program in January 2014 and has since established IPV Assistance Program Coordinators at more than 115 VA facilities to offer assistance to Veterans, their partners and VA staff. Program Coordinators use resources from mental health, primary care, women’s health, Veterans justice outreach and employee occupational health and assistance programs. The IPV program also offers intervention through VA and community partnerships that address housing, education and employment needs. This additional funding will allow VA to expand the program to all VA medical centers and build greater awareness of IPV as a serious health issue. [Source: VA News Release | June 7, 2018 ++]

VA Prostate Cancer Program Update 15 ► Watchful Waiting May Be Best Option

When Ben Pfeiffer was diagnosed with prostate cancer in April, his urologist noted in the biopsy report that he was leaning toward recommending that Pfeiffer have his prostate surgically removed. But Pfeiffer, 58, a married

construction supervisor from Las Vegas with two grown daughters, said his wife insisted that he get a second opinion. It's a good thing she did. The doctors Pfeiffer subsequently visited at the University of California Los Angeles (UCLA) and the University of California San Francisco (UCSF) did not believe surgery was needed. Pfeiffer said the results of the tests, which included genomic testing, showed he had a nonaggressive cancer that made him a good candidate for something called active surveillance, also known as "watchful waiting." In other words: No need for surgery or radiation at this time. And perhaps never.

This may sound counterintuitive if you haven't kept up with the latest advances in prostate cancer research. Less than a decade ago, the standard response from a doctor when a man was given a prostate cancer diagnosis was to schedule a surgery to have the organ removed. When some members of Pfeiffer's family heard the news of his cancer, they asked him when he was going to get the prostate removed. "I told them I was considering not doing the surgery, and they said, 'What? You need to get this out, you need to get rid of it,'" Pfeiffer told Healthline. "But that is the old way of thinking. Cancer scares people, but they don't understand active surveillance. A lot of people don't."

Watching and waiting: Doctors examine the results of a prostate cancer biopsy using something called a Gleason Score. Generally speaking, cancers with lower Gleason scores (2 – 4) tend to be less aggressive, while cancers with higher Gleason scores (7 – 10) tend to be more aggressive, according to the Prostate Cancer Foundation (PCF). Pfeiffer, who had a Gleason Grade 6, said the doctors he saw after the visit to his initial doctor suggested he keep a close eye on his cancer with regular follow-up checkups with no treatment unless and until it is deemed necessary. "There are times for some prostate cancer patients when watchful waiting is by far the best option," Pfeiffer said.

Study of veterans

Pfeiffer is not alone. Watchful waiting is an increasingly common option for prostate cancer patients. A nationwide study published last month in the *Journal of the American Medical Association (JAMA)* revealed that the idea of watchful waiting is now particularly popular by America's veterans. In the study, researchers at the New York University School of Medicine and the Manhattan campus of the Department of Veterans Affairs New York Harbor Healthcare System looked at 125,000 veterans diagnosed with nonaggressive prostate cancer between 2005 and 2015. The researchers discovered that in 2005, only 27 percent of men under 65 opted for watchful waiting to keep track of their tumors. By 2015, the situation had reversed, with 72 percent choosing to monitor but not treat.

The study was aided by a look at new genetic testing that enables doctors to give patients a far more specific diagnosis for their cancer. Researchers concluded that low-risk prostate cancer has a favorable prognosis without treatment. Current guidelines recommend watchful waiting as the preferred approach for low-risk patients. However, studies show that this approach, while embraced by the VA, is underutilized in the United States compared with other countries.

"About 20 to 40 percent of newly diagnosed prostate cancer patients should consider watchful waiting and holding off on any treatment," Jonathan Simons, president and chief executive officer of the Prostate Cancer Foundation, which helped fund the study, told Healthline. Simons, an oncologist and leader in prostate cancer research, said that when it comes to prostate cancer, the outcomes for patients are better in VA hospitals than in the rest of American medicine. Simons said watchful waiting is neither irresponsible nor dangerous, as long as patients communicate closely with their doctors and receive regular check-ups.

For study coordinator Stacy Loeb, this research hits home. "My grandfather was a veteran who died from prostate cancer," said Loeb, an assistant professor in the urology and population health departments at NYU School of Medicine and an attending urologist at VA New York Harbor Healthcare System. "I'm passionate about veterans and prostate cancer care in the veteran population," Loeb told Healthline. She, along with Simons, is exploring ways to improve public awareness of the viability of watchful waiting for some prostate cancer patients. "We're trying to improve prostate cancer care by sending out educational materials, working with the PCF, and just describing to the public what watchful waiting is," said Loeb. She noted that at private clinics in the United States, as many as two-thirds of prostate cancer patients at low risk are still unnecessarily undergoing early aggressive treatment. The National

Cancer Institute estimates that 29,000 American men will die from prostate cancer in 2018, with 164,000 new cases diagnosed. And most of these cancer diagnoses are in the earliest stages.

At the VA, however, the numbers of patients with nonaggressive prostate cancer who opt for watchful waiting “compare favorably” with patients outside the VA. “The VA is leading in terms of providing good prostate cancer care,” said Loeb. Prostate cancer is the number one cancer for men who seek healthcare at the VA. The person who spearheaded the drive to improve care at VA for prostate cancer patients is former VA Secretary David Shulkin. “Our objective at VA was to build the most contemporary and advanced approach to prostate cancer,” said Shulkin, a medical doctor who was a hospital administrator before President Obama appointed him to the VA. “This incorporates a personalized approach that begins with a full assessment of the veteran, including genomic testing,” Shulkin explained. “For some veterans, this will mean targeted chemotherapies and advanced cellular therapies, for some it will mean surgery or radiation, and for others it may mean watchful waiting and avoiding unnecessary comorbidities associated with therapies,” Shulkin told Healthline.

Shulkin said he “jump-started” the precision oncology program at the VA. “It was a major focus I had. The program was run by Dr. Michael Kelly out of our Durham VA,” said Shulkin, who also advanced the VA partnership with the Prostate Cancer Foundation. “This led to a \$50 million collaboration on precision oncology for prostate cancer,” he said. “Second, we brought in IBM Watson to help with the genomic analyses. And third, we began a cancer survivorship genomic analysis program with Sanford Health.” Finally, he said, “We prioritized our Million Veteran Program to boost data collection, partnerships with industry and other federal agencies like the NIH and DOE, and we accelerated research projects using this unique data source.”

Simons said the VA public-private partnerships could lead to major medical breakthroughs. “I don’t think most American fully understand that VA is a potential resource for cures,” he said. “This study involved more than 125,000 men with prostate cancer. It is the largest study of its kind.” Simons said he is focused on getting his research to men and women who have served their country, and becoming a model for how precision oncology should be practiced. “We’re working hard to have another launchpad meeting to bring nonprofits in to discuss what we can do for veterans with cancer,” he said. “This is all about President Lincoln’s idea of caring for those who ‘shall have borne the battle.’”

Is watchful waiting a legitimate and responsible strategy for patients with other cancers besides prostate cancer? Yes, Simons said, although he cautions more research is needed. Simons said follicular non-Hodgkin’s lymphoma, specifically, as well as some types of early-stage breast cancer and an uncommon form of bladder cancer are just a few of the cancer types that can potentially benefit from the active surveillance approach. There is also a growing interest for a type of uterine cancer that might not need treatment. “This area of active surveillance and management is a new form of oncology,” said Simons. He noted this has a lot to do with the progress made in recent years in the genome and the testing of an individual person’s genetics. “For now, we see no active surveillance for colon or pancreatic cancer or glioblastoma, but we know that follicular lymphoma, a low-growing, low-grade cancer, does overlap with nonaggressive prostate cancer,” Simons said. [Source: Healthline Newsletter | <https://www.healthline.com/health-news> | June 6, 2018 ++]

VA Budget 2019 ► Senate Appropriators Propose Nearly \$196B

Senate appropriators on 5 JUN backed an increase for the Veterans Affairs budget even larger than the boost outlined in President Donald Trump’s request earlier this year, a move that would push the department’s funding closer to the \$200 billion mark. The proposed \$86.4 billion in discretionary spending for the department in fiscal 2019, approved by the Senate Appropriations Committee’s veterans panel, is 5.7 percent above VA’s fiscal 2018 budget and about \$1.1 billion more than what the White House and House lawmakers are eyeing.

Sen. John Boozman (R-AR) and chairman of the subcommittee, said the extra funding isn't intended to fill any singular oversight. Rather, the money is spread across a host of priorities. "There is so much going on with the system right now, we just felt this was money that would be useful," he said. "There is concern (with looming budget caps), but at the end of the day, we'll be able to find a path forward on that." The measure also includes \$1.8 billion for major and minor construction projects within VA, slightly above the White House request, and \$8.6 billion in mental health care services, in line with Trump's budget. Republicans and Democrats on the panel advanced the Senate plan without opposition. Panel ranking member Sen. Brian Schatz (D-HI) said the proposal also "lays down a marker that we will not privatize care for our veterans at the expense of critical in-house medical services" by boosting both VA health accounts and community care funding.

Combined with mandatory spending, the Senate proposal totals nearly \$196 billion. When the war in Afghanistan began in fiscal 2001, the VA budget totaled less than \$49 billion. In fiscal 2009, it was \$93.7 billion, less than half the current target. The rising costs of VA care have prompted concerns among some lawmakers who lament that increased funding has not always produced better care and benefits for veterans. But outside advocates have argued that cutting back on the annual funding will hurt veterans, not spur reforms. The House is set to vote on its version of the fiscal 2019 VA and military construction budget later this week, as part of a package of department appropriations measures. [Source: MilitaryTimes | Leo Shane III | June 5, 2018 ++]

VA Transplant Program Update 03 ► VA Mission Act Will Help

Two years ago this week, veteran Charles Nelson received a second kidney transplant in San Antonio. This kidney, from his son Austin, was replacing the kidney Nelson's sister donated to him in 2000. Contemplating an organ transplant comes with its own anxiety, running up against roadblocks with a huge bureaucracy, such as the Veterans Administration, takes that feeling of anxiety to another level. Nelson's first kidney transplant took place in Nashville, Tenn., one of two locations where the VA performs solid organ transplants. The second time around the Nelsons wanted to be closer to their home in Leander. They decided to have the transplant done in San Antonio. This was a possibility because of the Veterans Choice Program, which enables veterans to receive medical care closer to home through a community provider.

There was a hitch — the VA decided it wasn't going to cover the transplant because Austin Nelson, the donor son, was not a veteran. After months of delays, mixed messages and a serious medical setback, the Nelsons decided to use Medicare to fund the surgery and the family would pay for what wasn't covered. "I decided my husband would have the surgery even if it took the rest of our lives to pay for it," Tamara Nelson said. The Nelsons didn't have to sell their home to pay for the transplant, Mrs. Nelson said, but they emptied out their savings and bank accounts. The community helped the family by raising \$10,000. The San Antonio hospital donated some of its services. After the surgery, the family's goal was to make sure no other veteran experienced the same frustrations.

U.S. Rep. John Carter (R-Round Rock), representative of Texas' 31st Congressional District, along with Charles and Tamara Nelson, Christopher Sandles, director of the Central Texas Veterans Health Care System, and personnel from the VA Cedar Park Out Patient Clinic held a news conference 4 JUN. "This week, President Trump will sign the VA Mission Act," Carter said. The act streamlines veterans' access to non-VA community care, creates a new VA benefit of commercial walk-in clinics, and opens up the VA caregiver program, on a phased schedule, to older generations of veterans.

The Nelson family reached out to Carter's office in 2016 when Charles was denied transplant surgery. "When I heard that story I thought it was crazy," Carter said. "I don't know that much about transplants, but I do know the better the match the more likely survival." Nelson's son was a match and the VA denied coverage, which would have resulted in a longer wait for Nelson, and an extended time on dialysis. The policy disqualifies hundreds of prospective patients. Carter said his office set out to fix the issue and the Nelson family worked with them the entire time. Carter's

legislation, which is part of the Mission Act, is about the 84,000 veterans who live in Carter’s district and the 22 million veterans nationwide. “This legislation was too late for Charles and his family,” he said.

Carter, Tamara Nelson said, was the only politician the family reached out to who reacted to their story. “He took the ball and ran with it,” she said. “We are very appreciative. He wrote a bill that will change the policy.” The experience was exhausting and Carter’s efforts got the family through that time, Tamara Nelson said. The Nelsons went to Washington and shared their story. Charles Nelson said he is feeling good, and the only problem he had during his second kidney transplant was some slight organ rejection. “It’s OK now,” he said. No doubt there were families prior to the Nelsons who ran into similar obstacles and accepted it, Sandles said. “What we need are more folks, whether they be staff or veterans, that when something isn’t right, even if they won’t benefit from the change, will seek improvements,” he said. Events like today complete the story, Sandles said. “It reminds us that we’re all on the same team and we have to recognize that we can’t do it alone,” he said. “We have to work together to come up with effective solutions.” [Source: Telegram TDT News | Janice Gibbs | June 4, 2018 ++]

VA Registries Update 07 ► Medical Implant Devices Launched

The Department of Veterans Affairs plans to launch a national registry for medical implant devices, enabling the agency to monitor device safety, track quality metrics and ensure optimal care for its patients. The VA, which is one of the largest purchasers of surgical implants, is hosted an all-day summit on 4 JUN in Washington to kick-start the initiative in collaboration with the Centers for Medicare and Medicaid Services, Department of Defense and the Food and Drug Administration.

According to the VA, the database will be the nation’s largest health system medical-implant tracking program, providing a critical platform for the assessment of device performance in a real-world setting through the identification and study of outcomes. “A medical device registry will allow VA to notify patients about safety recalls, identify devices when patients show up for medical emergencies with complications, and track and compare outcomes of implants,” states the agency’s announcement. “The most common medical devices in the veteran population may include cardiac implants (valves, pacemakers and stents), orthopedic implants (hip and knee) and neurosurgical implants.”

A 2014 audit by the Government Accountability Office found that the VA wasted more than \$3 billion over 10 years on medical implant purchases and lacked the ability to track the implants after they were placed into patients, potentially putting veterans’ health at risk. For its part, the FDA is tasked with ensuring the safety and efficacy of new medical devices. However, there is a lack of a robust system for assessing the safety and effectiveness of devices after they enter the market. The hope is that the VA device registry will help provide short- and long-term surveillance, as well as comparative safety and effectiveness assessments, by leveraging data on large numbers of patients—including clinical outcomes over time. [Source: Health Data Management | Greg Slabodkin | June 4, 2018 ++]

VA Vet Choice Update 81 ► Months-long Appointment Delays to Continue

Patients using the Veterans Affairs Choice program to avoid long wait times at department medical centers may still face months-long delays before seeing a doctor, according to a new report from the Government Accountability Office released 4 JUN. And researchers say recently passed reforms to VA’s community care programs won’t fix those lengthy waits without dramatic improvements in data collection and monitoring of those outside care appointments. “Ignoring these lessons learned and the challenges that have arisen under the Choice Program as (VA officials) design

the future consolidated program would only increase VA’s risk for not being able to ensure that all veterans will receive timely access to care in the community,” their report stated.

The findings come just two days before President Donald Trump signed into law the \$52 billion veterans policy measure (dubbed the VA Mission Act) which includes a consolidation and overhaul of separate and sometimes competing outside care programs. Work is expected to take another year before the new single program is operational. The replacement system will mean an end to the VA Choice program, a controversial measure approved by Congress in 2014 with the goal of more quickly getting veterans into physician’s offices. Lawmakers overwhelmingly approved the program in the wake of the department’s wait times scandal, where local administrators were found to be manipulating patient records to hide growing wait times for appointments and collect performance bonuses.

Veterans who face a wait of more than 30 days are eligible for the Choice program, but critics have complained that the system is overly bureaucratic and still places limits on veterans’ access to private-sector doctors at taxpayers’ expense. But the new GAO research says that Choice participants can face waits of up to 70 days to receive care, due to bureaucratic requirements and deadlines. Officials there said VA’s decision not to put stricter timelines for patient requests lead to an average of 51 days for veterans to receive care in late 2016. “Timeliness of appointments is an essential component of quality health care,” the report stated. “Delays in care have been shown to negatively affect patients’ morbidity, mortality, and quality of life... VA lacks assurance that veterans are receiving care from community providers in a timely manner.”

VA officials have said they have improved those program delays over the last year, but also insisted that fixing the system will require a complete overhaul of the community care offerings. The report recommends new wait-time monitoring systems for the outside appointments and including better timeliness requirements in future program guidelines. VA officials in a response letter agreed with most of the findings, and said they will be incorporated in their work over the coming year. The new legislation Trump is expected to sign into law the week of 4 JUN includes \$5.2 billion to keep the Choice program operational into early 2019. Department officials have said the program funds roughly 30,000 appointments a day. [Source: MilitaryTimes | Leo Shane III | June 4, 2018 ++]

VA Appeals Update 29 ► 53,650 Decisions To Date in FY 2018

Underscoring the U.S. Department of Veterans Affairs’ (VA) pledge to reduce the wait time for those appealing disability benefits claims, the Board of Veterans’ Appeals, as of May 27, has signed more than 53,650 decisions to date in fiscal year (FY) 2018, which is approximately 86 percent more than the 28,839 decisions signed through the same period last year. The Board is currently on track to meet and exceed its FY 2018 total goal of reviewing a historic 81,000 appeals by Sept. 30, 2018. This pace paves the way for implementation of the [Appeals Modernization Act](#), which has a target implementation date of Feb. 14, 2019, and will offer Veterans more choice and control over their claims and appeals process.

“I’m proud of the Board for its dedication and commitment toward resolving appeals decisions for Veterans, and striving to reach a historic fiscal year goal of 81,000 appeals decisions delivered to Veterans,” said VA’s Acting Secretary Peter O’Rourke. “The Board’s significant increase in results for Veterans and their families serves as another strong example of the department’s commitment to getting it right for Veterans.” In FY 2017, Congress allocated the Board approximately \$42 million, which was used to hire additional staff, primarily more than 200 decision-writing attorneys and 24 Veterans law judges. The increase in staff, along with streamlining several processes, contributed to the result.

VA’s Board of Veterans’ Appeals’ mission is to conduct hearings and decide appeals in a timely manner. VA’s disability appeals process is a complex, multi-step adjudication process that uses “open records,” which allows

Veterans to submit medical and lay evidence at any point from the beginning to the end of the process, including while the claim is pending on appeal; this may, in turn, require VA to develop further evidence on the Veteran’s behalf.

[Source: VA News Release | June 4, 2018 ++]

VA Leadership Update 02 ► Thomas Bowman | VA Is Not Broken

VA Deputy Director Thomas Bowman said he has confidence in incoming leadership team at the Department of Veterans Affairs, even if he isn’t going to be part of it. “The country and veterans need not be concerned that they’ll be appropriately taken care of,” Bowman, the VA deputy secretary, said at his last public appearance on Friday before his retirement later this month. “VA is strong as an institution, and change in leadership is natural. It’s a way of moving forward. The VA of today is going to change, and the VA of five years from now is going to change.”

VA’s top ranks have undergone significant changes in the last three months, since President Donald Trump fired VA Secretary David Shulkin over Twitter following months of internal policy fights with White House political appointees. That move should have made Bowman the department’s top acting official, the capstone of a long public service career focused on veterans policy. Bowman has served as VA chief of staff twice before and as majority staff director of the Senate Veterans’ Affairs Committee. But similar to Shulkin, Bowman was seen by political rivals within the administration as an opponent to their policy goals, and Trump opted to bypass him to appoint Robert Wilkie as acting secretary instead. The move irritated veterans groups and prompted a lawsuit from advocates who insist it violated the Federal Vacancies Reform Act.

After Wilkie was named as the next permanent secretary nominee and VA Chief of Staff Peter O’Rourke was elevated to acting secretary over Bowman, the 71-year-old Marine Corps veteran announced his retirement. At the annual conference for the National Coalition for Homeless Veterans on 1 JUN Bowman acknowledged his departure but declined to give specifics of the behind-the-scenes infighting at VA. When pressed after the speech, Bowman said only that “now is the right time for me to retire. That’s my answer.” But he also used his final official appearance to reassure veterans advocates that the department is still focused on bettering veterans lives and to dispute the public narrative of a dysfunctional federal agency. “VA is not broken,” he told the crowd of homeless advocates. “It is changing. And like any large system, it has problems.”

He said he hopes that Wilkie is confirmed quickly and pledged that the new leadership will remain focused on helping homeless veterans, despite proposed policy changes that concerned the community last year. “There is no doubt this administration is still committed to helping veterans,” he said. Earlier in the week, White House Deputy Press Secretary Hogan Gidley released a statement praising Bowman for work “integral to President Trump’s efforts to reform the VA and to the substantial legislative accomplishments over the past year.” When Bowman leaves his post in two weeks, his departure will leave four of the department’s six top posts without a permanent appointee.

No timetable has been announced for when Wilkie’s confirmation hearing may take place, although Senate Veterans’ Affairs Committee Chairman Johnny Isakson, R-Ga., has pledge to move quickly on the issue. No replacement nominee has been announced for Bowman or for the open under secretary for health post, which has been without a permanent appointee since Shulkin was promoted in February 2017. Meanwhile, Bowman promised to stay active in the veterans community in years to come, although likely not in another official capacity. He said he is looking forward to volunteer work to help veterans charities “and to live out there under those policies I helped pass.”

[Source: MilitaryTimes | Leo Shane III | June 1, 2018 ++]

VA Medical Images & Reports Update 01 ► Files Can be Shared with Doctors Anywhere

X-rays, Mammograms, CT scans and MRIs can be viewed in My HealtheVet's newest feature, VA Medical Images and Reports. As part of the Blue Button choices available to Veterans with a [Premium](#) account, Veteran patients can view, download, and print many of their medical images and reports online. They can be downloaded and then shared with their doctors inside and out of the VA health care system. The VA Medical Images and Reports feature is a new way to access your information online, instead of traveling to a VA facility to pick up copies of images and reports in-person. To see your VA medical images and reports:

- Login to your My HealtheVet Premium account
- Select Health Records on the My HealtheVet home page screen
- Select VA Medical Images and Reports
- Select Check Updates
- Select View Report to view, print or download a PDF copy of the Radiology Report for the desired study
- Select the Request Images link for the study you want, Note: When you request a study, you can also update your profile to receive an email notification when your request is ready.
- Not all study images are available. If the study images are not available, you can still access the Report by selecting the View Report link

Viewing, Downloading, and Sharing Your Medical Images and Report

- View your Images and Report: You can view thumbnail images online and view, print, and download a copy of your Radiology Report
- Download your DICOM Images: You can also download a zip file that includes a copy of your diagnostic quality images (DICOM Images) along with the Radiology Report by selecting the Download link. If you wish to view the DICOM images you can also opt to select and install a free DICOM Image Viewer. Some suggested viewers are listed in the VA Medical Images and Reports User Guide
- Share: You can share these DICOM images with a provider by downloading them to a CD, DVD, USB flash drive, personal subscription service (such as iCloud or DropBox), or any portable drive

For more on viewing your medical images refer to Refer to [VA Medical Images and Reports User Guide](#). If you have questions:

- Visit www.myhealth.va.gov and select 'Contact' in the upper right corner.
- Call the My HealtheVet Help Desk at 1-877-327-0022 or 800-877-8339 (TTY), Monday - Friday, 7:00 a.m. - 7:00 p.m. (Central Time), or
- Contact the My HealtheVet Coordinator at your local VA Medical Center.

[Source: VFW Action Corps Weekly | June 1, 2018 ++]

GI Bill Update 255 ► VA Comparison Tool

For any service member or veteran looking to pursue their educational goals through the use of the GI Bill, there is an important tool offered by VA. The [GI Bill Comparison Tool](#) allows users to compare different programs and institutions that accept the GI Bill. In the past few years, some student veterans have been impacted by the abrupt closures of the schools they were attending. These schools were using predatory business practices and had numerous complaints against them. The GI Bill Comparison Tool gives users the ability to check on the schools they wish to attend, and provides up-to-date data received from current and past students, helping GI Bill users make better, more informed decisions about where to attend school, and hopefully avoid programs that offer little to no value. For help

choosing a school, refer to https://www.benefits.va.gov/gibill/choosing_a_school.asp. [Source: VFW Action Corps Weekly | June 1, 2018 ++]

VA OCONUS Connection ► Veterans Residing Abroad Newsletter Apr 2018

The Veterans Benefits Administration has published their **VA OCONUS Connection** newsletter Issue 5 which has been included as an attachment to this Bulletin. The following articles are included in it:

- Veterans Residing in the Philippines
- Why Does VA Require Multiple Exams to Determine Compensation Awards?
- Are Veterans Residing Overseas able to Participate in the Vocational Rehabilitation and Employment (VR&E) Program?
- Get to Know Your VA Team: Nicholas Boyko, Change Management Agent (CMA)
- Sexual Assault Awareness Month (SAAM)
- What is eBenefits?
- Foreign Medical Program (FMP)
- Veterans Crisis Line

[Source: RAO Subic Bay RP | Bobby Reyes | May 31, 2018 ++]

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

Durham VA HCS --- An anonymous whistleblower's tip led to an investigation by the U.S. Office of Special Counsel in Washington, D.C. Special Counsel Henry J. Kerner sent the letter to President Donald Trump reporting his findings from an audit done in April 2017. "Our veterans deserve the very best medical care, but when equipment sits unused in storage, the VA is wasting taxpayer resources," Kerner said. The whistleblower said the **Durham VA** bought a large amount of equipment, including \$385,000 worth of anesthesia equipment purchased in 2014 that was never used. The investigative team also uncovered another \$1 million in new, unboxed equipment, including "vital signs machines, a sterilizer, dental chairs, a dental sink and cabinets."

The vital signs monitors were purchased to standardize the type of monitors used at all VA medical centers. They were needed at the time of the purchase but not deployed in the hospital because of a lack of logistical support and staff training. It was determined that several groups within the VA failed to adequately coordinate on an installation plan for the monitors. This equipment had been "stored several years with no plan in place to put the equipment into use, or to place it at another VA facility" that needed it, according to the letter. The whistleblower also said the hospital distributed long-expired bottled water in violation of the Veterans Health Administration Handbook.

DeAnne Seekins led the Durham VA Health Care System from June 2012 to last July when she was promoted to oversee the VA's Mid-Atlantic Health Care Network and Veterans Integrated Service Network based in Durham. She was responsible for strategic planning and the budget for the hospital, which grew from about \$400 million to more than \$750 million during her tenure. Paul Crews was appointed director of the Durham VA Health Care System in March. "We appreciate OSC's review, which focuses mostly on events that occurred four to five years ago," Crews said. "As the special counsel notes in his letter, Durham VA has taken 'appropriate corrective actions' to address these issues. Responsible employees have been held accountable, the overwhelming majority of the equipment referenced by OSC is now in use and the items that have expired have been properly disposed."

This is not the first time a VA medical center has hoarded unused equipment and supplies. In March, the D.C. VA Medical Center was found to have spent about \$92 million on medical supplies from 2014-17 without “proper controls to ensure the purchases were necessary and cost-effective,” according to a report from VA Inspector General Michael Missal.

In response to the audit, the Durham VA instituted a plan to put all new, unused equipment to use within the facility or send it to another VA hospital, according to Kerner’s letter. The VA also recommended a review of purchases to determine if there was a valid need for the equipment and that the facility was capable of using the equipment. One hospital employee was admonished, the lowest of three disciplinary actions, for “poor management and oversight of Federal property, and for failing to properly dispose of expired water pursuant to VHA policy,” according to the special counsel’s letter. Another allegation that was not substantiated was that the Durham VA did not properly account for approximately 900 equipment turn-ins from 2008-14 that employees should have initiated when they left employment or the equipment became outdated. Investigators did, however, find “significant failures in the turn-in program” that they attributed to “employee/supervisory ownership and accountability.” Records showed numerous instances where equipment had a “turned-in” status but no actual turn-in date was recorded. [Source: | Stars & Stripes | Nikki Wentling | May 31, 2018 ++]

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Fenton, MO — **Vincent DeBlasi**, 72, pleaded guilty to making false claims against the United States 1 JUN. DeBlasi appeared before United States District Judge Audrey G. Fleissig who accepted his plea and set sentencing for September 14, 2018. DeBlasi admitted to submitting scores of false invoices to the U.S. Department of Veterans Affairs Medical Center at Jefferson Barracks totaling more than \$644,000 between 2012 and 2017. He was employed by Applied Maintenance Supplies and Solutions (AMSS) as a salesman of tools and other various commercial and industrial products. One of DeBlasi’s accounts for AMSS was the Jefferson Barracks Medical Facility. Special Agent in Charge Gregg Hirstein of the VA Office of Inspector General said, “We aggressively investigate cases of individuals or companies who defraud the VA by taking money from the programs and operations meant for our nation’s veterans. We hope this case prompts others aware of fraud against the VA to contact the VA OIG Hotline.” DeBlasi faces up to 5 years in prison and a fine of not more than \$250,000 or both. Restitution to the victim is also mandatory.

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Newark, NJ — A Pennsylvania man who plotted with a former college assistant dean and ended up stealing more than \$24 million of taxpayer dollars from the Post-9/11 GI Bill was sentenced to five years in prison this week. The Post-9/11 GI Bill is a federal education benefits program designed to help veterans who served in the armed forces following the terrorist attacks on Sept. 11, 2001. The bill pays for veterans’ tuition, housing costs and other educational expenses as long as their courses meet certain criteria. U.S. Attorney Craig Carpenito said that **David Alvey**, 51, previously pleaded guilty in February before U.S. District Judge Katharine Hayden to one count of conspiracy to commit wire fraud, a local Patch site reported. Hayden also sentenced Alvey to three years of supervised release and ordered restitution in the amount of \$24,024,465.65.

Alvey, who was founder and president of Ed4Mil, colluded with Lisa DiBisceglie and Helen Sechrist from 2009 through August 2013 to run the scam. Both women also pleaded guilty to a similar wire fraud conspiracy count. DiBisceglie, who was an associate dean at Caldwell University, assisted Alvey in getting approval from Caldwell’s administration to develop and administer a series of non-credit online courses for veterans in Caldwell’s name. To ensure that the courses met the eligibility requirements for education benefits under the Post-9/11 GI Bill, DiBisceglie and Alvey falsified the applications sent to the Veterans Administration, stating that the courses were developed, taught and administered by Caldwell faculty and met Caldwell’s rigid educational standards.

After the courses were approved, Alvey, Sechrist and others aggressively marketed the courses to veterans who were eligible to receive the benefits. The veterans were then enrolled in online correspondence courses developed and administered by a sub-contractor of Ed4Mil. Neither Ed4Mil nor its sub-contractor were disclosed to the government,

and neither was eligible to receive Post-9/11 GI Bill benefits. Thousands of veterans enrolled trusting they were taking Caldwell courses. As a result, the U.S. paid in excess of \$24 million in tuition benefits under the Post-9/11 GI Bill. DiBisceglie and Secrist are scheduled to be sentenced 12 JUN.

“Today’s sentence is an appropriate punishment for a man who spent years cheating our veterans by stealing millions in taxpayer funds reserved for their education. Instead of receiving the quality instruction they were promised, thousands of service men and women recruited by Ed4Mil were enrolled in unapproved online courses without their knowledge. No veteran should be treated this way,” Carpenito said. [Source: American Military News | Cheryl Hinneburg | June 08, 2018 ++]

VAMC Brooklyn NY Update 01 ► ENT Program Shutdown Imminent

Brooklyn’s VA Medical Center is shuttering its ear, nose and throat clinic at the end of June, and veterans groups are fearful that this means the VA is moving ahead with the same elimination of full hospital services that was squelched last year after political intervention. The Brooklyn VA and SUNY Downstate’s University Hospital are pointing the finger at each other for the program closure. SUNY Downstate provides residents to staff the VA’s clinic. “SUNY Downstate has decided to no longer support the ENT [ear, nose and throat] program at VA Brooklyn effective the end of June, despite an existing agreement to do so,” said Martina Parauda, director of VANY Harbor Healthcare System, located at 800 Poly Place in Brooklyn. “SUNY has offered no assistance and its attending doctors will not agree to continue to provide care to veterans. We do not want to close the clinic and have patients scheduled thru June 22,” she said.



Brooklyn’s VA Medical Center

SUNY Downstate, however, says that the medical school terminated its agreement to supply residents for the program back in December 2017, giving the VA a full six months to hire new staff. The ENT service at Brooklyn VA is run by Dr. Michael Weiss, division chief of Maimonides Medical Center, and he has no affiliation with Downstate. A SUNY source said that Downstate pulled its residents out because the volume of surgery has declined at the Brooklyn VA to well below the level at other training sites, making it less than optimal for its residents.

Veterans who rely on the clinic will now be forced to travel to the Manhattan or Bronx VA facilities, causing hardships on the elderly and disabled in particular, Kristen Rouse, founding director of NYC Veterans Alliance, told the Brooklyn Eagle. Patients given the option of seeking private care using VA Choice will find limited options in the vicinity of the Brooklyn VA, along with a confusing bureaucracy, she added. Rouse says veterans have received conflicting information about why the clinic will be closing. “We were told that the residents who have staffed the clinic have lost their credentialing,” she said. However, “VA’s official statement last week blamed it on a regional staffing shortage.” The messaging “seems intended to shift the blame,” she fumed.

“If the strategy is to slowly close off these facilities and say that traffic is down — well, if you lock the door, traffic will be down,” she added. “No matter the reason, it is unacceptable that the unit will be closed, and it’s the VA’s responsibility to properly staff and maintain services for veterans. The move to close the ENT clinic follows last year’s plan to close outpatient surgeries at the Brooklyn VA, which NYC Veterans Alliance, U.S. Rep. Dan Donovan and other veterans’ advocates halted. On 1 JUN Rep. Dan Donovan and other veteran groups rallied to demand that the Brooklyn VA reverse the closure. “Our veterans have sacrificed to protect the freedoms we enjoy each day, and ensuring that they have access to the services they earned is the least we can do to try and repay the enormous debt we owe them,” Donovan said in a statement. “Closing the ENT Clinic at the Brooklyn VA Medical Center is unacceptable, and I won’t stop working until this decision is reversed.” Donovan also sent a letter to the Acting Secretary of the VA requesting that the ENT clinic immediately be reopened and inquiring about what steps are being taken to address staffing vacancies.

Director Parauda says the VA is “actively recruiting” for ENT physicians. “It has been difficult to find them and we are working with other medical schools to help us find candidates,” Parauda said. “We need 1-2 full time ENT providers.” “If a physician is not on board by the end of June the VA will schedule patients to be seen at Manhattan in available slots,” she added. “If we cannot schedule them within 30 days we will authorize care in the community under Choice. However, we have every intention of continuing to offer ENT services at Brooklyn as long as we have the doctors available to do so.” All complex ENT procedures will be offered in Manhattan, and 25 percent of the routine cases are also expected to be treated in Manhattan, a VA spokesperson added. The VA did not supply figures regarding the number of veterans using the clinic. [Source: Brooklyn Daily Eagle | Mary Frost | June 4, 2018 ++]

VAMC Manchester NH Update 07 ► Bill Allows VA Docs to Treat in Any NH Hospital

Governor Chris Sununu has signed into law a bill that allows doctors at the Manchester Veterans Affairs Medical Center to treat veterans at private hospitals. A flood at the Manchester VA Medical Center last year destroyed clinic space. In response, Sununu signed an executive order suspending state licensing requirements so VA doctors could use space at private hospitals like Catholic Medical Center. This law makes the executive order permanent. Sununu says this law makes New Hampshire a leader. "A leader," he says, "not just amongst ourselves and amongst New England, but nationally, in terms of really finding a new model, challenging ourselves to do things a little differently, find that new model, all with one goal: better results."

Under this law, VA doctors will be able to treat veterans at private hospitals, but vets will still be required to arrange visits through the VA. Rep. Al Baldasaro (R-Londonderry) is a co-sponsor of the legislation. He says it will allow veterans to get care closer to home. "This is history in the making because veterans have an opportunity now," he said. "Even though we don't have a full-service hospital, this almost makes it as a full-service hospital." New Hampshire is the only state in the lower 48 without a full-service VA hospital, which typically offer a broader range of services. [Source: NHPR | Peter Biello | June 11, 2018 ++]

VAMC Cincinnati Update 08 ► Sixth Leadership Change in 18 Months

The Cincinnati VA Medical Center has made its sixth leadership change in 18 months, reassigning Chief of Staff Dr. Elizabeth Brill to an administrative job as it investigates "certain operations of the surgery department." The Cincinnati VA confirmed the reassignment on 8 JUN, one day after former Chief of Staff Dr. Barbara Temeck appeared in a Cincinnati federal courtroom to challenge her January conviction on a felony drug charge. Dr. Brill remains chief of staff, Cincinnati VA Medical Center Director Vivian Hutson said in a statement to WCPO, but she has been "detailed" to a "temporary role as a senior advisor to the chief medical officer" in the VA's regional network office in Symmes Township. Replacing Dr. Brill as acting chief of staff is Dr. G. Mitchell Kennedy, a Columbus-based surgical consultant to the regional management office in charge of VA facilities in Ohio, Indiana and Michigan. "VA will conduct an internal review (this week) of certain operations of the surgery department and we will await the completion of that review before commenting," Hutson said.

Dr. Kennedy is the third physician to occupy the chief of staff role in the Cincinnati-based health system that oversees patient care for 43,000 Tri-State veterans. Dr. Ralph Panos served as interim chief following Dr. Temeck's departure in FEB 2016. Former Medical Center Director John Gennaro was replaced by interim director Glenn Costie then Hutson. VA Network Director Jack Hetrick was replaced by Robert McDivitt, who is still in the job.

Dr. Temeck and Hetrick were the first to be replaced after WCPO and the Scripps Washington Bureau documented patient-care and morale problems in a series of reports that began in February 2016. Those reports led to Dr. Temeck's indictment on three felony counts alleging she illegally prescribed pain pills for the wife of her former boss. Dr. Temeck was convicted on a single count in January, but defense lawyers have argued that jurors were confused and prosecutors failed to meet the legal standard for a conviction and are contesting her conviction. On 7 JUN Defense Attorney Ben Dusing told U.S. District Judge Michael Barrett, "She's not guilty of this offense."

Judge Barrett questioned Dusing and Assistant U.S. Attorney Kyle Healey on the legal requirements for a conviction and jury instructions that allowed the panel to convict if it believed Dr. Temeck wrote prescriptions that weren't medically necessary or violated the terms of her DEA registration. Verdict forms didn't ask the jury which standard they applied to Dr. Temeck, but Barrett has previously stated that prosecutors failed to present the required medical-expert testimony to sustain a conviction on grounds of medical necessity. That led the parties to focus their attention on the DEA registration issue. Defense Attorney Dusing argued that:

- Prosecutors failed to prove Dr. Temeck knowingly violated the terms of her registration, which allowed her to write controlled-substance prescriptions in the context of her work with the VA. Healey said the statute doesn't require proof that she knowingly violated the restriction.
- Assistant U.S. Attorney Healey didn't supply any case law to support that assertion.
- Prosecutors asked jurors to consider the wrong registration when evaluating the matter. Two of Dr. Temeck's past DEA registrations were entered into evidence. One said it was "only for use in federal or state institutions." The other said Dr. Temeck's prescription-writing authority was "restricted to government personnel for official duties only."
- Prosecutors referred to the latter restriction 11 times during closing arguments because it was broader and easier to support a conviction, but that wasn't the DEA restriction in place when Dr. Temeck wrote the prescription that led to her conviction. "If Dr. Temeck is going to be guilty of a federal crime, the jury should be put to it the right question," he said. "They were not given the right question." Healey's response: "By Dr. Temeck's own testimony she wrote the prescription at the lady's house. She wasn't at a state or federal institution. So, I don't know how arguing that is going to help her at trial."

Defense Attorney Dusing is also pursuing a new trial on grounds of selective prosecution, arguing he wasn't able gather evidence that Dr. Temeck's prosecution was politically motivated because Barrett rejected discovery on that claim last November. But Healey argued there was no political intervention, so it couldn't have impacted the verdict.

"I think this jury sat and listened to the evidence very carefully," he said. "They convicted her very carefully." [Source: WCPO Cincinnati | Dan Monk & Mark Greenblatt | June 11, 2018 ++]

* Vets *



Homeless Vets Update 87 ► Measuring Communities Tool Utilization

The overall uptick in the national economy may be good news for most veterans, but some states are bucking that trend, according to a new report from researchers at Purdue University. Ten states — California, Washington, Texas, Kansas, North Carolina, Montana, New Mexico, New Jersey, Arkansas and South Dakota — are seeing increases in homeless veterans, according to 2017 statistics cited in the report. And while unemployment among veterans has dropped, there are regions where veteran unemployment is still higher than that of civilians of similar age, including six western states, five northeastern states and three southeastern states.

The report, “Measuring Our Communities: The State of Military and Veteran Families in the United States,” pulls together military-specific data from more than 30 nationally representative sources, including government sources such as the Census Bureau, the Veterans Affairs department, and others. It uses the “Measuring Communities” online tool (<http://measuringcommunities.org/pages/home/1>), which launched two years ago to facilitate access to data for government, nonprofit and other organizations that want to provide services to veterans and military families in their communities. The tool helps provide insights about all geographic regions of the U.S., often down to the county level. This report uses a snapshot of data from previous years, but the data that is part of the tool itself updates each time the sources provide new figures.

The finding that some states are bucking the national trend, with more unemployment or homelessness among veterans, “made me want to ask more questions,” said Shelley MacDermid Wadsworth, director of Purdue’s Military Family Research Institute and co-author of the report along with Purdue’s Kathy Broniarczyk, who is MFRI’s senior director for outreach and operations. One recommendation by the authors was to pay attention to areas where the number of homeless veterans is increasing and find ways to reverse the trend. It’s important to look at the data over time, Wadsworth said. “Wars have long tails,” she said, noting that the needs of Vietnam veterans have not yet peaked. “These veterans will be with us for the rest of their lives. It’s important to know how they’re doing, and how things are changing.”

More than 60 organizations throughout the country are using the “Measuring Communities” online tool. Now, individuals have access to the tool as well as organizations. Individuals and families might use the tool, for example, to look at aspects of communities where they will move, and perhaps use it in making choices about where they will live, especially when leaving the military. The tool already has helped local nonprofits better focus their limited resources. One group, Wadsworth said, called the institute about providing employment help for younger veterans, not knowing that in their county, unemployment was much higher among older veterans. “They were about to spend

a lot of energy ... focusing their efforts on the wrong kind of employment problems,” she said, speaking during a panel discussion Monday about the findings of the report and the uses of the data.

The executive director of a northern Virginia nonprofit used the tool to show a disproportionate amount of aging veterans in her area weren’t getting the services they needed, said Chris Ford, CEO of the National Association of Veteran-Serving Organizations. This data helped her apply for, and receive, a \$68,000 grant — worth nearly seven times the nonprofit’s revenue the previous year. Among other findings:

- Military-connected individuals live in all but three of the 3,142 counties in the U.S.
- More than half of U.S. counties are designated as a “Health Professional Shortage Area” by the Department of Health and Human Services, indicating shortages in at least one type of primary care, dental care or mental health providers. This puts civilians and military families at risk for limited access to health care.
- Nearly 1,000 counties have a shortage of at least one type of mental health care professional.
- Texas and California have the largest numbers of veterans with disabilities, but there are 100 counties where more than 40 percent of the veteran population has disabilities.
- The three states with the highest percentage of 100 percent disabled veterans are Connecticut (4.6 percent); Pennsylvania (3.9 percent) and Illinois (3.7 percent).

Terri Tanielian, senior behavioral scientist for Rand Corp., cautioned that those using data should become “a bit of a skeptic” and should ask whether the information is “enough for me to understand what’s happening in Community X?” “I’m a huge proponent of data-driven decision making,” Tanielian said, noting that the tool helps make data “digestible and usable.” But she said, “I’m also very cautious and concerned that sometimes when there’s a really cool infographic, we just believe it to be true.” [Source: MilitaryTimes | Karen Jowers | May 15, 0918 ++]

Homeless Vets Update 88 ► HUD Secretary Concerned But Not Pessimistic

Housing and Urban Development Secretary Ben Carson says he is concerned by the nationwide rise in homeless veterans last year, but not pessimistic. “We’re not happy about it, but we recognize what is going on,” he said in an interview with Military Times on 30 MAY. “I don’t want to lose sight that numbers continue to go down in the rest of the country. In places where I have visited, they are begging for (veterans). There are jobs, there is housing. But it’s hard to get people to move. So we need to come up with local solutions.” Carson’s comments came after a speech at the National Coalition for Homeless Veterans’ annual conference, where hundreds of housing advocates gather for three days of discussion on best practices on outreach and support for veterans in distress.

This year’s event is the first in seven years that participants are faced with a backslide in their progress on the issue. Federal estimates on the number of homeless veterans nationwide declined from 74,000 in 2010 to about 40,000 in 2016, but saw a small rise last year. “It is easy to feel discouraged to see that number tick up even a little bit, after you’ve been working for so hard for so many years,” said Kathryn Monet, chief executive officer for NCHV. “It’s a setback for the movement, and it’s terrible for the veterans. But we don’t want to lose sight of what we have accomplished across the country. We don’t want to look at this number and say ‘we’re never going to get there.’” At the group’s 2017 conference, Veterans Affairs officials announced they were backing off the department’s long-established goal of “zero homeless veterans,” calling it an unrealistic mark set by former President Barack Obama’s administration. But VA and HUD leaders have insisted that change was more about establishing new metrics than abandoning the idea of ensuring housing and support for every American veteran. Carson reiterated that in his speech to the conference, calling it a responsibility for the country to care for its former military members.

Carson noted that nearly all of the increase in homeless veterans in the 2017 estimates came from three states, with California presenting the largest challenges. Without those areas, the nation saw a decrease in homeless veterans of about 3 percent. “But we can’t just exclude that,” he told the crowd. “We have to focus on where the problem is

occurring. And we have to figure out what we can do to alter the situation there.” He blamed the part of the problem on high housing prices and “regulatory barriers” that President Donald Trump’s administration has worked to undo. Part of the push to help homeless veterans this year will be a closer examination of existing support programs, to see which can be copied or amplified to provide more benefit.

One of those is the popular HUD-Veterans Affairs Supportive Housing program, which provides vouchers and support services to veterans unable to afford rent costs. VA officials had proposed changes to the program late last year, raising concerns among advocates who have praised the vouchers as a key to getting thousands of veterans off the streets. Carson praised the program as a “model” for interagency collaboration and said he has spoken to VA officials about continuing the vouchers uninterrupted. He hopes to use those kinds of efforts in coordination with private sector advocacy as well. On 30 MAY, officials from the The Home Depot Foundation announced at the conference that they reached their goal of investing \$250 million in veteran-related causes two years early, to include a host of homeless assistance efforts.

“I’m optimistic, particularly because a lot of agencies are working together now,” Carson said. “That’s really the key. Finding ways to empower people, that’s a big part of it, but also finding ways to take down obstacles.” The next round of estimates on the nationwide homeless veterans population is expected to be released in late 2018. But Carson said he already knows that the data will show that “more work still needs to be done.” [Source: MilitaryTimes | Leo Shane III | May 30, 2018 ++]

Vet Lawsuit | Kristian Saucier ► Former Sailor to File Against Obama Officials

A former Navy sailor who is one of five people to receive a pardon from President Donald Trump is planning to file a lawsuit against Obama administration officials, alleging that he was subject to unequal protection of the law. Specifically, Kristian Saucier, who served a year in federal prison for taking photos of classified sections of the submarine on which he worked, argues that the same officials who meted out punishment to him for his actions chose to be lenient with Hillary Clinton in her use of a private email server and handling of classified information.

His lawyer, Ronald Daigle, told Fox News on 4 JUN that the lawsuit, which he expects to file soon in Manhattan, will name the U.S. Department of Justice, former FBI Director James Comey and former President Barack Obama as defendants, among others. “They interpreted the law in my case to say it was criminal,” Saucier told Fox News, referring to prosecuting authorities in his case, “but they didn’t prosecute Hillary Clinton. Hillary is still walking free. Two guys on my ship did the same thing and weren’t treated as criminals. We want them to correct the wrong.” Daigle said that a notice about the pending lawsuit was sent to the Department of Justice and others included in it in December. There is usually a six-month period that must lapse before the lawsuit actually is filed. “We’ll highlight the differences in the way Hillary Clinton was prosecuted and how my client was prosecuted,” Daigle said. “We’re seeking to cast a light on this to show that there’s a two-tier justice system and we want it to be corrected.”

While campaigning, and after taking office, Trump frequently voiced support for Saucier, who in March became the second person he pardoned. Trump often compared the Obama administration’s handling of Saucier’s case with that of Clinton. Saucier, who lives in Vermont, pleaded guilty in 2016 to taking photos inside the USS Alexandria while it was stationed in Groton, Connecticut, in 2009. He said he only wanted service mementos, but federal prosecutors argued he was a disgruntled sailor who had put national security at risk by taking photos showing the submarine’s propulsion system and reactor compartment and then obstructed justice by destroying a laptop and camera. Saucier said that he recognized he had erred in taking the photos, which he said he wanted to show only to his family to show them where he worked. But he lashed out at Obama officials, saying that his prosecution was politically motivated, prompted by sensitivity about classified information amid the scandal involving Clinton’s

emails. "My case was usually something handled by military courts," he said. "They used me as an example because of [the backlash over] Hillary Clinton."



Kristian Saucier, a former Machinist Mate 1st Class who was sent to prison for photographing his submarine's classified engine compartments to sue former President Obama and former FBI Director James Comey among others.

Saucier, 31, said that the pardon has enabled him to pick up the pieces and rebuild his life with his wife and young daughter. A felony conviction left him scrambling to find work; he finally landed a job collecting garbage. Now, he works on design and engineering projects for an industrial boiler company. "Things are starting to go in the right direction," Saucier said. "I work with a group of really great people, I get to use my skills set." Because of the loss of income during his imprisonment, as well as earning below his potential when he collected garbage, he and his wife Sadie lost their home to foreclosure. Debt collectors called and his cars were repossessed. "With a pardon there's no magic wand that that gets waved and makes everything right," he said, "But I try to stay positive and look forward."

He praises the pardons that Trump has granted after his, and takes exception at the criticism. "The Obama administration singled out Dinesh for things most people don't even get charged for," Saucier said. "President Trump noticed that my career was exemplary and that I didn't deserve what happened to me. Conservative commentator Dinesh D'Souza, who was pardoned by Trump last week, had pleaded guilty to campaign finance fraud. Trump tweeted Thursday: "Will be giving a Full Pardon to Dinesh D'Souza today. He was treated very unfairly by our government!" D'Souza was sentenced in 2014 to five years of probation after he pleaded guilty to violating federal election law by making illegal contributions to a U.S. Senate campaign in the names of others. [Source: Fox News | Elizabeth Llorente | June 4, 2018 ++]

Burn Pit Toxic Exposure Update 51 ► 7 JUN House VAH Subcommittee Hearing

"You smelled it every day, and then you'd get these dust storms that just pushed it all around," former Army Staff Sgt. William Thompson said of the fumes and clouds of muck that came off the big burn pit at Camp Victory and other U.S. bases in Iraq. Thompson has had two double-lung transplants since returning from two tours in Iraq. He attributes them to his exposure to the toxic brew of medical waste, human waste, plastics, tires, electronics, paint cans, routine garbage and the occasional entire Humvee that would be laced with jet fuel and set ablaze at hundreds of sites in Iraq and Afghanistan. Thompson said he was having coughing fits before he left Camp Stryker for the last time. At Fort Stewart in Georgia, they said he had pneumonia, then it was pulmonary fibrosis.

In June 2012, he had his first lung transplant, but there were signs of rejection. "Had to do the whole thing all over again," said Thompson, 47, of Princeton, West Virginia. In March 2016, he had his second double-lung transplant, but there are again signs of rejection. He has to go in for more tests, he said Thursday in front of the U.S. Capitol, where he joined other vets from the Burn Pits 360 advocacy group. The group has pressed for burn pit exposure to be recognized as a "presumptive" illness, much like Agent Orange, to give veterans access to care and benefits, but the Department of Veterans Affairs and the Department of Defense maintain that there is no proof of correlation or

causality. Thompson asked if it was OK to take a break to get into the shade. It's not good for him to be out in the sun. Sitting on a curb, he said, "We just need them to help. If you're going to send us, take care of us when we get back. I'm here because I want to help the next person."



Wearing a mask to protect his second double lung transplant, West Virginia Army National Guard Staff Sgt. William Thompson, who served two tours in Iraq and said he was exposed to environmental hazards and burn pits while there, listens to a panel at a House Veterans' Affairs Health Subcommittee hearing on potential health effects of burn pit exposure among veterans

There's not enough evidence right now to name burn pit exposure as a presumptive illness, said Dr. Ralph Erickson, the chief consultant for post-deployment Health Services at the Veterans Health Administration. Erickson was testifying 7 JUN at the first congressional hearing ever held on assessing the "Potential Effects of Burn Pit Exposure among Veterans" before the House Veterans Affairs Committee's subcommittee on health. Despite the lack of correlation by VA's standards, Erickson said the department had received "a little over 9,000" claims for disability benefits from burn pit exposure. He said he didn't know offhand how many had been accepted or rejected and would have to get back to the subcommittee.

Rep. Neal Dunn (R-FL), the subcommittee's chairman and a former Army surgeon, said veterans can get care, "but the thing that is in limbo is the disability." "There's a lot we still need to learn" about the effect of burn pit exposure on veterans, Erickson said, adding that several government studies are underway on a possible link between burn pits and a range of illnesses. But he had no estimate on when they might be completed. Rep. Gus Bilirakis (R-FL) said veterans can't wait. "I don't see why we can't have any outside research" to speed up a determination on burn pit causality, he said. In his prepared testimony, Erickson said that exposure to burn pits "and airborne hazards during deployment may be associated with adverse health consequences." He said the VA is working with the DoD and academic partners "to identify veterans who may be at risk and to investigate and quantify potential short-term or long-term adverse health effects that may be associated with their exposure to contaminants or toxic substances from open-air burn pits and other airborne hazards."

Any evidence turned up by the studies will come too late for Stacy Pennington, whose brother, Army Staff Sgt. Steven Ochs, a member of the 82nd Airborne Division, died at age 32. Ochs served two tours in Iraq and one in Afghanistan. He became ill in April 2008 and went to the Womack Medical Center at Fort Bragg, North Carolina. Pennington said doctors thought it was a lung infection at first, later diagnosing him with acute myeloid leukemia. She said doctors told him it appeared to be "chemically induced leukemia." Ochs believed it was from the burn pits, she said. "Sis, you just don't know how bad it was," she said he told her. "Ten months from diagnosis, and he was gone," leaving a wife and a three-year-old child, Pennington said.

The VA's website states that "burn pits were a common way to get rid of waste at military sites in Iraq and Afghanistan. At this time, research does not show evidence of long-term health problems from exposure to burn pits. VA continues to study the health of deployed veterans." The VA also maintains an Airborne Hazards and Open Burn Pit Registry. Veterans and service members can go online to fill out a questionnaire for the registry on their military service, potential exposures and health history to aid in research. The registry "can give us ideas of what we should

be looking at, and what we need to prioritize," Erickson said. More than 143,000 veterans have filed with the registry but only about three percent have signed up for a free follow-up medical evaluation by a local VA or DoD provider, according to the VA. It noted that the "registries are not used for disability compensation or pension purposes." Information on the registry is available [here](#).

Rep. Joaquin Castro (D-TX) cited DoD officials as stating there were 63 major burn pits in Iraq and 167 in Afghanistan at the height of the conflicts. Burn Pits 360 said the one at Balad in Iraq was a massive 22-acre site that burned up to 200 tons of waste daily. The burn pits mostly went out of use when "incinerators or other alternate waste disposal processes became available," according to Terry Rauch, acting deputy assistant secretary for Health Readiness Policy and Oversight at the Pentagon. "In addition to emissions from open-air burn pit operations, other deployment-associated environmental hazards could include indigenous ambient particulate matter; exhaust from military vehicles, machinery and generators; and pollutants from local industry," he said.

Rauch cited a 2011 Institute of Medicine report on the "Long-Term Health Consequences of Exposure to Burn Pits In Iraq and Afghanistan." He said the report "concluded there was insufficient evidence of long-term health risks associated with burn pit exposure," but the report also found that "negative health effects [particularly respiratory] were plausible due to the particulate matter, albeit burn pits were likely one of many factors." Rauch said the report also concluded there was "insufficient evidence of an association between exposure to combustion products and cancer, respiratory disease, circulatory disease, neurological disease or adverse reproductive and developmental outcomes in the populations studied." He submitted a written statement to the hearing and did not appear to take questions, drawing criticism from both sides of the aisle.

"I'm disheartened that DoD declined to participate" at the hearing, said Rep. Phil Roe (R-TN), chairman of the House Veterans Affairs Committee. He said the committee is attempting to gather all input possible on the burn pits, but currently "we cannot determine one way or the other" whether burn pit exposure should be listed as a presumptive. Rep. Clay Higgins (R-LA) said it was "quite disturbing" that the DoD was a no-show. He charged that the use of burn pits in Iraq and Afghanistan amounted to "essentially deploying chemical and biological weapons against our own troops." Rep. Brian Mast (R-FL), who lost both legs in Afghanistan as an Army staff sergeant, said, "The chemical attacks we really had to fear were the ones coming from inside our own camps."

Mast engaged in a colloquy with Tom Porter, legislative director of Iraq and Afghanistan Veterans of America, on the various materials that went into the burn pits, from hazardous waste to the possibility that dioxins -- the destructive compound in Agent Orange -- were present. "Year after year, we have seen an upward trend in the number of our members reporting symptoms associated with burn pit exposure," Porter said. Another veteran, Rep. Tulsi Gabbard, (D-HI), who served with the Hawaii Army National Guard in Iraq, said, "These burn pits are the Agent Orange of the post-9/11 generation." Around the burn pits in Iraq, "people got sick with what we knew as 'the crud.' You'd be hacking every day."

Much of the back and forth between the House members and the witnesses focused on the need to take action now, without waiting for more studies. Rep. Raul Ruiz (D-CA), said he was "outraged by the inaction of DoD and the VA" thus far. "We already have a high enough suspicion, and we have high enough [evidence] of severe outcomes" to act before the studies are complete to "give our veterans the treatments and benefits they have earned and deserve, Ruiz, a doctor and former public health physician, said.

Former Army Capt. LeRoy Torres, founder of the Burn Pits 360 organization, did not testify at the hearing but submitted a thick statement that included photos and dates of death for 13 troops that group attributes to burn pit exposure. The causes of death listed included colon cancer, acute myeloid leukemia, esophageal adenocarcinoma, appendiceal cancer, lymphoblastic leukemia, lung cancer, squamous cell carcinoma, glioblastoma cancer, and spindle cell sarcoma. Torres, a former Texas state trooper who was medically retired from the Army after 23 years, said he served near the big burn pit in Balad in 2007 and 2008. In 2010, Torres said, he was diagnosed with a lung condition

called constrictive bronchiolitis. "My medical doctors determined last month that I have toxic brain injury due to exposure to toxins, likely resulting from my burn pits exposure in Iraq."

At a news conference with the Burn Pits 360 group earlier, Carlos Fuentes, legislative director for the Veterans of Foreign Wars, told of his own experiences with burn pits as a Marine lance corporal in Iraq. "My sergeant said go up to that post [in a guard tower] and you're going to stay there for five hours, and that's exactly what I did," Fuentes said. "Well, there's a burn pit right in front of me and I wasn't able to just get off when the fumes came over or, you know, tell my sergeant, 'No, I can't go up there because there's a burn pit there.' No, I had to do my job," he said. When he returned from Iraq, he went to see a doctor about chest pains. "She told me, 'Well, you're too young to have any type of chest complications,' " he said. "We can't wait decades like our Vietnam vets waited when it comes to Agent Orange conditions. Congress and VA and DoD must improve research," Fuentes said. "This is not about, you know, how much is this going to cost," he said. "Veterans have paid it forward with blood, sweat and tears. We need to make sure that if there's a link, we document it and act on it." [Source: Military.com | Richard Sisk | June 8, 2018 ++]

Vet Suicide Update 21 ► White House Releases Promised Interagency Plan

White House officials on 31 MAY finalized their promised interagency plan for suicide prevention among veterans and military members, pledging an expansion of outreach and peer support services across a range of government departments. The move includes bolstering the Defense Department's Military One Source program to include access to mental health resources and other support services for a year after troops leave the service. It also sets a goal of a 20 percent reduction in suicides among troops and veterans by 2025, in keeping with broader administration targets for the nation's mental health. The new plan is the culmination of four months of work following President Donald Trump's executive order in January promising more counseling and mental health care for recently separated servicemembers, who face a significantly higher risk of suicide than other military groups.

That order called for a new plan from the Departments of Defense, Veterans Affairs and Homeland Security by mid-March. But as the deadline approached, Trump fired VA Secretary David Shulkin via Twitter, throwing the department's leadership in to disarray. VA officials did agree to a draft plan before Shulkin's firing and worked on revisions through March and April. Trump gave his final approval to the outline this week. Acting VA Secretary Peter O'Rourke called Thursday's announcement "a critical first step for ensuring that service members transitioning from active duty to veteran status understand that VA, DoD and DHS are committed to easing the stress of transition by providing the best mental health care possible."

The entirety of the 16-point plan won't be enacted until summer 2019, although several portions are expected to be rolled out in coming weeks. They include establishing new open, twice-monthly peer groups at VA Whole Health locations by the end of July, increased use of monitoring tools in veterans health care programs by the end of August, and new protocols put in place this spring to require more check-up calls to recently separated veterans. Plans for later this year include new mental health screening by defense officials for all transitioning troops and a new public service campaign to raise awareness of military and VA mental health services. Officials are also looking at changes to the Transition Assistance Program and more pre-separation registration for VA health care.

A progress report on the efforts is expected this fall. Officials estimate the changes — which do not have a stated cost — could bring more than 32,000 new veterans into VA health care programs. Full details on the plan are available on the VA's web site <https://www.va.gov/opa/docs/Joint-Action-Plan-05-03-18.pdf>. An estimated 20 veterans a day take their own lives. Of those, the majority have little or no contact with VA services. To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members

can also text 838255 or visit VeteransCrisisLine.net for assistance. [Source: MilitaryTimes | Leo Shane III | June 1, 2018 ++]

Vet Predatory Loans Update 02 ► Offenders Freedom & Sun West Being Punished

Freedom Mortgage, one of the largest U.S. home lenders, is being punished by a government-owned mortgage guarantor amid concerns that the Mount Laurel, N.J.-based company is helping to enable unnecessary refinances of veterans' loans. Effective 1 JUL, Freedom will be restricted from issuing Ginnie Mae bonds with loans insured by the Department of Veterans Affairs intermingled with loans from other lenders, Ginnie Mae said 1 JUN in a statement on its website. Buena Park, Calif.-based lender Sun West Mortgage Co. will face the same restriction, the agency said. Ginnie Mae guarantees mortgage-backed securities including loans backed by the Department of Veterans Affairs. A Freedom spokeswoman didn't immediately respond to an emailed request for comment. A Sun West representative didn't immediately return a phone message.

Some mortgage firms have generated revenue in recent years through rapid, repeated refinances of veterans' loans, a process called churning that can make money for the lender but result in unexpected costs to the borrower, according to Ginnie Mae. Some lenders perform the refinances themselves, while others charge above-market rates, setting the servicemember up for the next refinance, the agency's executives have said. Ginnie Mae has taken multiple steps to try to slow the refinances. In February, the agency warned nine lenders that they were at risk of being kicked out of its main bond program because the securities they issued refinanced so quickly. In April, Ginnie Mae told two lenders, NewDay USA and Nations Lending, that they could only issue "custom pools" that aren't mixed with loans from other lenders, though Nations was allowed back into the primary program shortly thereafter.

Under the new restrictions, Freedom and Sun West will also only be allowed to issue custom pools. Such securities often get worse prices from bond investors. Ginnie Mae said that Freedom's and Sun West's restriction could end as soon as next year if the rate at which their bonds refinance slows. NewDay's restriction could end as soon as October, Ginnie said. Congress has also tried to tackle the issue. Legislation enacted in May included provisions designed to make it harder for lenders to churn veterans through multiple loans. [Source: National Mortgage News | June 1, 2018 ++]

Vet Unaccompanied Burials ► 8 In San Antonio | 1 JUN 2018



The homecoming was years in the making, in some cases decades, but on 1 JUN, eight veterans were welcomed to their final resting place, the roar of three dozen motorcycles trumpeting their arrival at Fort Sam Houston National Cemetery. The cremated remains were out of storage at last, escorted into town by state troopers, San Antonio police

and Bexar County sheriff's deputies after a ride of more than 500 miles across West Texas, to be interred with full military honors.

Veterans usually get such treatment days after their deaths surrounded by family, but not these men. They died with no one to claim them and were placed in the basement of the Potter County Courthouse in Amarillo. Michael Decker, a decorated Navy veteran of Vietnam from the Panhandle who made the journey on his bike as a Patriot Guard Rider, wrote a poem in the veterans' honor early Friday during a vigil at Veterans of Foreign Wars Post 1480 in Kerrville.

"Eight brothers, from the wars of far-off Asia to the shores of Tripoli. These men from all the ages stood tall for all to see," he began. "Today, we call them brothers, for with honor they did serve."

Aviation Electronic Tech 2nd Class Petty Officer Coy Washington Black, who died at 67, had been in the basement the longest — 15 years. A couple of others had been there since 2005 and 2007. Tech Sgt. Dana Dean Milton Jr., who died at 85, retired after 30 years' service in the Army, Navy and Air Force, was in storage seven years. He had been awarded a Purple Heart as a World War II veteran but also served in Korea and Vietnam. The burial was provided by the Missing in America Project, a group that has given final honors to more than 3,500 veterans across the country. The number in Texas was brought to 60 after Friday's ceremony closed with the Fort Sam Houston Memorial Services Detachment firing three rifle volleys and sounding taps.

Hundreds of other deceased Texas veterans are in the process of being verified. "These veterans that we're locating served our country honorably," said Joyce Earnest, Texas coordinator for the project, which has been locating, identifying and interring the unclaimed cremains of America's veterans since 2007. "And they deserve to be treated honorably in their deaths." "I've got three brothers and my husband and all four are retired military, and it just means a lot to me," she said. More than 100 Patriot Guard Riders escorted the veterans at points along the way. One of them, Jeff Wike, a Vietnam veteran from the Dallas-Fort Worth area, had put 902 miles on the odometer of his 2017 Harley Davidson Street Glide by Friday afternoon. "I do it because my being in the military, we call brothers together and it is our duty to honor and respect them, especially the ones that did not have a family. We consider ourselves their family," explained Wike, 75, of Bedford.

Black, Milton and the other veterans were among 200 sets of unclaimed remains in the courthouse in Amarillo. The MIA Project has worked with veterans groups, funeral homes, the Department of Veteran Affairs and others to find 16,431 cremated remains across the nation. They've identified 3,793 of them as veterans. The other six men interred Friday were:

- Navy Aviation Recruit George Machoul Aswad II, 58.
- Army Pfc. Andrew Benson Bramlett, 61.
- Army Pvt. Robert Pete Brunner, 71.
- Navy Seaman Everett Earl Criss, 71.
- Army Pfc. Don Stewart, 83.
- Marine Pfc. Floyd Ray White, 65.

Little is known about the men — including whether any of them other than Milton served in a war zone. "There are some things we did know," said Joel Carver, co-owner of A to D Mortuary Service in Amarillo, which has a contract with Potter County to handle the remains. "We knew their birthday, we knew their death date, we knew where they had passed away." Still, they found a respectful welcome and a salute at Fort Sam from fellow veterans and civilians, one of them Frank Dunn, a 73-year-old San Antonio Realtor who sat under a broiling sun without a hat. He's bald. "I served in the Army artillery during Vietnam, but the Army never sent me," he said. "I lost a lot of friends in Vietnam and I've always felt just a little bit remorseful that they went and I didn't even go, that the Army never sent me."

It's important to remember the dead, Carver said, calling it "an eternal principle" of Christianity. Potter County Judge Nancy Tanner, who as custodian of the remains helped facilitate a burial of five veterans here last year, shared

that sentiment while reading the names of those laid to rest Friday. She asked the crowd to think of just one of them, imagining them as a baby born to a loving family, playing as a toddler, losing his first tooth in grade school, discovering his first pimple in junior high, and having his first kiss before joining the military and going to war. Then coming home and falling off the grid, losing contact with family and old friends. “I wonder if he ever fell in love, if he ever had a family and kids. I just wonder that,” Tanner told the crowd of more than 100. “Did he ever live the American dream at all? Did he have a home, did he have a job, did he have a family?”

Todd Burnett was among the last to leave the cemetery when it was over, at one point opening his umbrella to shield an old man from the sun as he walked amid the headstones with a long wooden cane. The cemetery is known as “the granite orchard,” he said. “Yes, these guys are horizontal and not with us, but because of these guys all of us get life in a great country,” said Burnett, 57, of Cibolo, the son of an Air Force navigator who served in Vietnam and is now buried in Arlington National Cemetery. “Vertical veterans and horizontal heroes,” he added. [Source: Houston Chronicle | Sig Christenson | June 2, 2018 ++]

Veterans in Congress Update 08 ► Over 400 Are Running or Will Run this Year

This Memorial Day brought more service members seeking office in the nation’s capital than in years past. Over 400 former service members are running or have run for Congress in this year’s midterms, according to With Honor, a “cross-partisan organization” that supports veterans. And the surge comes at a critical juncture for veterans on Capitol Hill. Fewer veterans served in Congress last year than previous years, making up just 20 percent of the Senate and 19 percent of the House in 2017, according to the nonpartisan Pew Research Center. Comparatively, veterans made up 81 percent of the Senate and 75 percent of the House roughly 45 years ago, according to Pew.

Today, veterans like Sen. John McCain (R-AZ), a former Navy commander and prisoner of war, Sen. Tammy Duckworth (D-IL), who lost both legs when her Black Hawk helicopter was downed in Iraq, and Rep. Brian Mast (R-FL), who also lost limbs in combat while serving in Afghanistan, are among the over 100 veterans across both chambers who’ve entered a different kind of service to the nation, on Capitol Hill. Americans remain confident in the military, according to a Gallup poll released the Friday before Memorial Day, and are more confident in the military than any other institution. The reasoning, the poll said, is partly because of the professionalism of the military and the “importance of what military does for the country.”

Lt. Col. Amy McGrath — one of the 400 veterans seeking office in 2018 — hopes to benefit from that connection come November. A Democrat running in Kentucky’s 6th Congressional District, McGrath was the first woman to fly an F/A-18 fighter jet in a combat mission for the Marine Corp. In a March interview with ABC News, McGrath said she thinks voters are looking for “people who served their country, not their political party.” “That’s really resonating,” she said. McGrath was inspired after the 2016 election but her training as a Marine led to her decision to run, she said. “As someone who has been a Marine, how do you change things? You step up to the plate. And you are the one who says, ‘Put me in,’” she said.

Richard Ojeda is also a military veteran running as a Democrat for a House seat, but in West Virginia. The former state senator and Iraq war veteran frequently describes his anger upon returning from war in campaign speeches. “I found kids in my backyard that have it worse than the kids that I saw in Iraq and Afghanistan,” Ojeda said days before the West Virginia primaries in May at an event with voters. “And that’s unacceptable. I cannot accept that. And then when I ask myself, what did my brothers die for? They didn’t die for this.” Veterans running across the country also frequently bring up leadership in their campaigns, a perceived skill Ojeda and others attribute to their time in the military. “I’ve led men in combat,” he said. “I’m not going to let somebody claim to be a leader when they don’t even have no sense of what that word means. And that’s why I got into this.” [Source: ABC News| Cheyenne Haslett & Luke Barr | May 28, 2018 ++]

Vet Jobs Update 234 ► SVA Launches Business and Industry Roundtable



More veterans who go to college after the military could find themselves with jobs waiting for them after they get their diplomas, thanks to a new program. The national nonprofit Student Veterans of America announced today that it is launching the Business and Industry Roundtable, a coalition of 23 large companies that are committed to hiring student veterans. “What (companies) have told us broadly is, ‘We want access to veteran talent. Student veterans are a relatively untapped pool. One hundred thousand a year are graduating, and up until now, we haven’t been paying attention to them as part of our student undergraduate recruiting or our veteran recruiting,’” said James Schmeling, executive vice president of SVA.

While SVA isn’t setting any specific vet hiring goals that companies must reach, each of the roundtable participants must commit to engage with SVA chapters, mentor student vets and hire them. “This is really about the how-to and how does this fit into your existing commitments,” Schmeling said. “If somebody has said, ‘We’re going to hire 10,000 veterans’ – great. Let’s make sure student veterans are a part of that.” The new program is different from other veteran hiring initiatives in that SVA is actually asking companies to wait a few years after the military transition before they start recruiting, he said.

The Roundtable originated in a partnership between SVA and Raytheon, which supports SVA to the tune of \$5 million. Two and a half years ago, the Fortune 500 company invited SVA chapter members to events with its company network of 25 to 30-year-old employees. Schmeling said these events ranged from root beer float and “dunk the executives” fundraisers to resume workshops. Meanwhile, student veterans learned from their similar-aged peers – not recruiters or hiring managers – about the company culture and how they might go about landing a job in that field. “Part of our support includes the opportunity to expose veterans to the career opportunities that exist in corporate America – and work with them to help them see themselves in those roles,” Pam Erickson, Raytheon’s vice president of global branding and corporate citizenship, said in an email. “By ensuring veterans are empowered to pursue their education and career goals, we all benefit.”

The roundtable goes beyond companies advertising jobs for student veterans. It’s about building deep relationships with them, Schmeling said. That approach worked for Jonathan Granata, a 29-year-old Air Force veteran who was hired last year by Accenture, one of the roundtable companies, while he was wrapping up a master’s degree at George Washington University. He attributes this mostly to the networking and mentorship opportunities he had with the global consulting firm through SVA. Granata said he wasn’t ready for a civilian career right after the military and needed the time in college to prepare for a future in corporate America. In addition to Accenture and Raytheon, the founding companies are Aetna, Amazon, BASF, Booz Allen Hamilton, Comcast/NBC Universal, Deloitte, the DJ Edelman Family Foundation, Edward Jones, First Data, Gartner, General Dynamics, JPMorgan Chase & Co., LinkedIn, LMI, Lockheed Martin, Meijer, Microsoft, Nestle, Prudential/PGIM, PwC and USAA.

They will meet periodically throughout the year to discuss how they’re engaging with student veterans. As part of this, companies may share the names of finalists not hired for positions at their own organizations who might be a better fit for other roundtable participants, Schmeling said. “There are things that they can learn from each other across those companies,” he said. “Even if they’re not the company that hires the student veteran, if they’ve been investing and mentoring like others in the group, they will benefit.” And even though Granata is no longer a student veteran, he’s grateful that the community has a support system outside of higher education. “It’s nice knowing that

people and companies understand what value we bring to the table,” he said. “We’re being seen as an asset. That’s important to me.” [Source: MilitaryTimes | Natalie Gross | May 31, 2018 ++]

WWII Vets 166 ► John Whipple | D-Day Glider Pilot

D-Day, June 6, 1944, the largest amphibious invasion in history. Over 150,000 American, British, and Canadian troops stormed the beaches of Normandy, but over 15,000 airborne soldiers dropped in behind enemy lines on D-Day. Most parachuted in, but over a thousand landed in Normandy inside gliders made of plywood. Ninety-seven-year-old Millcreek, Utah, resident John “Jack” Whipple piloted one of the hundreds of gliders to set down in the fields of France on that June morning. Tow planes delivered Jack and hundreds of other fearless flyers to the air over Northern France. Whipple was behind the controls of an Airspeed Horsa the day of the invasion. “When we came over Utah Beach we received some ground fire,” said Whipple. “Then we flew over the Germans, and received a lot more fire.”



Jack Whipple, Today



Horsa Glider



Jack Whipple, 1944

Allied forces used two gliders in the invasion: the Waco CG-4A and the Airspeed Horsa. These were not the modern sail planes of today, but cargo and troop carriers. The CG-4 carried a pilot and co-pilot, 13 soldiers and their equipment, or a jeep and two or three soldiers. Whipple’s Horsa carried him and co-pilot, a jeep, an anti-tank gun, four soldiers that morning, but the Horsa could also be configured to carry 30 soldiers and their gear. The total weight of a loaded Horsa hovered around 15,000 pounds. After the tow planes cut the gliders loose, pilots had just moments to find their landing zone. “The quicker the better,” said Whipple. “They were shooting at us – probably 3 to 4 minutes.”

To make matters worse, reconnaissance photos given to pilots were months old. “The photos had been taken in January or February and the trees had no leaves,” Whipple recalled. When we got there, the trees were in full leaves and we missed our main check point.” Losing altitude, Whipple picked a field to land in, but quickly realized it wasn’t big enough. He slammed the glider in to the ground, ripping off the landing gear. He then performed an intentional ground loop, digging one wing into the ground, thus slowing the glider and protecting the fuselage. A maneuver, which all these years later, Whipple points out, was authorized. “We landed, didn’t hurt anybody or the major equipment,” he said.

At this point, his role shifted. “Glider pilots did the flying, and right after we landed we became infantry men. Most glider pilots were trained as infantry men, but we couldn’t wear the infantry badge because we weren’t in their unit. We were still in the air corps.” Whipple said. “We landed behind enemy lines. We had about perhaps five or six Horsa gliders. We got together after landing and helped those who were injured. We got attacked that night, but we were able to keep the group together and able to keep the enemy away.”

The airborne assault on German forces was a key part of the allied invasion. “It made it easier because the Germans then had to fight both sides of a squeeze,” said Whipple, squeezing his hands together. “The people coming on the beach—and the airborne.” And while hundreds of gliders may not sound like a lot, the gliders provided the airborne

units equipment to combat heavy and mechanized infantry, and needed supplies to operate behind enemy lines. Whipple flew two additional combat glider missions—one in Holland and the final one as part of the Rhine Crossing. After returning from the war, he earned his private pilot license, and flew all over the U.S., Canada and Mexico. [Source: Vantage Point | Jeremy Laird | June 5, 2018 ++]

Obit: Tom Holiday ► 11 JUN 2018 | Navajo Code Talker

Samuel Tom Holiday, one of the last surviving Navajo Code Talkers, died in southern Utah 11 JUN surrounded by family members who raised money through a crowdfunding campaign to be by his side. He was 94. Holiday was among hundreds of Navajos who used a code based on their native language to transmit messages in World War II. The Japanese never broke it. He was 19 when he joined the Marine Corps and became a part of operations in several locations across the Pacific during the war, according to The Spectrum. A mortar explosion left him with hearing loss, but he would later tell family that he always felt safe during battle because of a pouch around his neck holding sacred stones and yellow corn pollen.

He received a Congressional Silver Medal, a Purple Heart and other recognition for his action during the conflict. After the war, Holiday returned to the Navajo reservation and worked as a police officer, a ranger and later started his own equipment company. He married Lupita Mae Isaac and had eight children. In 2013, Holiday co-wrote a book about his experience as a Code Talker called “Under the Eagle.” Fewer than 10 Code Talkers are believed to be alive today. The exact number is unknown because the program remained classified for several years following the war. Holiday spent his later days living at the Southern Utah Veterans Home in Ivins, Utah.

Shortly before his death, family members turned to the crowdfunding site GoFundMe to raise \$4,000 to be able to visit him in hospice care. The Navajo Nation said he was surrounded by friends and family when he died. There was a viewing at the Hughes Mortuary in St. George, Utah, on 14 UN and funeral services in Monument Valley on the 15th, according to the Navajo Nation Council. Holiday will be buried at a veterans’ cemetery in the Navajo community of Kayenta, Arizona, next to his wife. The library at the Kayenta Middle School is named for Holiday. He is survived by five children, 35 grandchildren, 30 great-grandchildren and two great-great-grandchildren. [Source: Atlanta Tribune News Service | Jennifer Brett | May 22, 2018 ++]

Military Retirees & Veterans Events Schedule ► As of 15 JUN 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/veterans 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\veterans related events to the Events Schedule Manager, Milton.Bell126@gmail.com

[Source: Retiree\veterans Events Schedule Manager | Milton Bell | June 15, 2018]

Vet Hiring Fairs ► Scheduled As of 15 JUN 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 | June 15, 2018 ++]

Vet State Benefits & Discounts ► Virginia JUN 2018

The state of Virginia 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 – VA**” 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 refer to <http://militaryandveteransdiscounts.com/location/virginia.html> & <https://www.dvs.virginia.gov>. The commonwealth of Virginia provides several veteran benefits. Following is a brief description of each of the following benefits.

- Housing Benefits
- Financial Benefits
- Employment Benefits
- Education Benefits
- Recreation Benefits
- Other Commonwealth Sponsored Veteran Benefits

[Source: <http://www.military.com/benefits/veteran-state-benefits/virginia-state-veterans-benefits.html> | June 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.

Disabled Vets Space “A” Update 01 ► H.R. 936 | Extend Eligibility to 100% Rated Vets

Representative Gus Bilirakis (FL) introduced H.R. 936 last FEB which was referred to the House Armed Services committee’s subcommittee on Readiness in MAR. No further action has been taken to date. It is a bill that would permit veterans who have service-connected, total and permanent disabilities to travel on military aircraft in the same manner and to the same extent as retired members of the armed forces are entitled to such travel. This bill would afford priority to totally disabled veterans for transportation on scheduled and unscheduled military flights within the continental United States and on scheduled overseas flights operated by the Air Mobility Command, on a space-available basis. This measure is in accordance with DAV Resolution No. 223, which seeks the enactment of legislation to extend space-available air travel aboard military aircraft to all service-connected veterans entitled to receive compensation at the 100-percent rate.

Your assistance is requested to aid in getting this bill moving. To support this legislation it would help if you clicked on DAV’s [Take Action](#) site and use their prepared e-mail or draft your own message to request that your Representative cosponsor this important bill and ask that the measure be brought to the floor for a vote and passed as soon as possible. [Source: DAV National Commander msg. | June 1, 2018 ++]

Mare Island Naval Cemetery ► H.R.5588/S.2881 | Transfer Control to VA

The Mare Island Naval Cemetery (MINC) is the oldest military cemetery on the west coast. It is the final resting place for some 800 of our countries heroes who have served since the War of 1812. It is designated as a National Historic Landmark, where three Congressional Medal of Honor recipients, James Cooney, William Halford, and Alexander Parker are buried. As some of you may remember Mare island was closed during the 1993 Base Realignment and Closure (BRAC) and the United States Navy relinquished control of the cemetery in 1996 to the City of Vallejo.

The federal government did not provide any funding to restore the cemetery to its honorable condition nor any support for its ongoing maintenance. To add to the mix a Public Law passed in June of 1973 mandated jurisdiction over naval cemeteries, including the one at Mare Island must be transferred from the Navy to the US Department of Veterans of Affairs. The transfer did not occur in 1973, nor was this issue addressed in 1996, it was handed over to

the City of Vallejo as is with only a small group of dedicated volunteers to try and keep this historic cemetery from complete ruin.

Until now, the City of Vallejo has either been unable financially or unwilling to relinquish control of the cemetery as well as dedicate the time and effort to address this with Congressional members, the US Navy and the US Department of Veterans Affairs. Several area veterans, led by Col. (US Army retired) Nestor Aliga of Vallejo, have joined together to work with Congressman Mike Thompson (CA-05) who recently introduced H.R. 5588 in April 2018 and Senator Diane Feinstein who introduced S2881. Both bills direct the VA to seek an agreement with the City of Vallejo to transfer control of the Mare Island Naval Cemetery to the VA. It would then come under the control and jurisdiction of the VA National Cemetery Administration.

It is dismaying that for 20 some years, the fate of this National Historic cemetery went unnoticed except by group of persistent veterans and volunteers, and that requests to correct the deterioration of this national shrine were not heard. The condition of this cemetery is a shocking disgrace to the service, uncommon valor and selfless service of those buried within its confines. The only way this is going to get resolved is if we all step up to contact our federal officials to support the current bills before the House and Senate. [Source: The Associated Press | Kathleen Ronayne | June 4, 2018 ++]

*** Military ***



U.S. Indo-Pacific Command ► U.S. Pacific Command's New Name

Defense Secretary Jim Mattis announced 30 MAY that U.S. Pacific Command would now be called U.S. Indo-Pacific Command, in the latest move to counter Chinese economic and military pressure in the region. Mattis said he directed the name change in recognition that “all nations large and small are essential to the region, in order to sustain stability in ocean areas critical to global peace.” Mattis made the remarks at the change of command ceremony in Pearl Harbor for incoming INDOPACOM Commander Adm. Phil Davidson. “In recognition of the increasing connectivity of the Indian and Pacific Oceans, today we rename the U.S. Pacific Command to U.S.-Indo Pacific Command,” Mattis said. While Mattis stressed that the change was not meant to be combative, it did signal America’s commitment to ensure that every country “no matter its size [is] not bound by any nation’s predatory economics or threat of coercion.” However, outgoing commander of the former U.S. Pacific Command, Navy Adm. Harry Harris, was more direct in his assessment of China’s impact on the region. “Great power competition is back,” Harris said. “I believe we are reaching an inflection point in history.... A geo-political competition between free and oppressive visions is taking place in the Indo-Pacific.” [Source: MilitaryTimes | Tara Copp | May 30, 2018 ++]

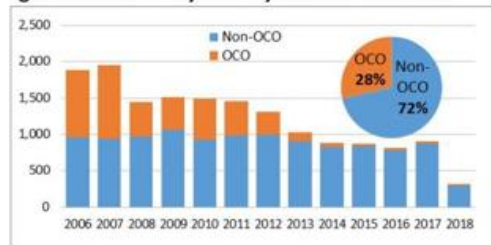
Military Deaths Update 02 ► 15,851 Since 2006

Since 2006, 15,851 active-duty personnel and mobilized reservists have died while serving in the U.S. armed forces. But only 28 percent of those deaths came from going to war, a stark reminder of the danger service members face even away from the battlefield. The numbers come from a new report by the Congressional Research Service, disclosed to the public by the Federation of American Scientists. CRS drew on official figures from the Pentagon for its accounting.

The report breaks down the casualties by OCO and non-OCO deaths, where OCO is defined as a military operation “in which members of the armed forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing military force.” That covers the vast number of military operations, although it does not cover individuals killed during train and equip operations. Seventy-two percent of the overall casualties — 11,341 deaths — occurred under circumstances unrelated to America’s ongoing wars, the report found. Ninety-three percent of all these casualties occurred in the U.S., although incidents happened in over 70 nations around the world. Accidents, self-inflicted wounds or illness made up the bulk of casualties.

Roughly 14 percent of the deaths away from the battlefield were related to substance abuse of non-OCO accidental deaths. Approximately 16 percent of all non-OCO deaths, or 1,807, involved vehicles, but the researchers behind the report could not identify which of those vehicular incidents also involved substance abuse. The report attributes 4,510 service members deaths to war-related activities spread over 25 nations. Almost half those deaths came as the result of improvised explosive devices (IEDs). Unsurprisingly, the majority of operation-related casualties came from Iraq and Afghanistan, which the report breaks out into their own figures.

Figure 1. Active Duty Military Deaths Since 2006



Source: U.S. Department of Defense, Defense Manpower Data Center (DMDC), Defense Casualty Analysis System report provided to CRS, May 7, 2018.

Table 2. U.S. Active-Duty Military Deaths, 2006-2018

	NON-OCO	OCO	Total	Percentage
Accident	4,599	471	5,070	32.0%
Self-Inflicted	3,258	282	3,540	22.3%
Illness / Injury	2,650	119	2,769	17.5%
Killed in Action	6	2,698	2,704	17.1%
Died Of Wounds	0	874	874	5.5%
Homicide	458	41	499	3.1%
Undetermined	248	17	265	1.7%
Pending	104	2	106	Less than 1%
Terrorist	18	2	20	Less than 1%
While Captured	0	4	4	Less than 1%

Source: DMDC Defense Casualty Analysis System report provided to CRS, May 7, 2018.

A graphic (left) outlining total casualties for American forces since 2006. "OCO" deaths refer to casualties taken in operational settings like Iraq and Afghanistan, while non-OCO refers to casualties from non-operational settings, such as on a base inside the U.S. and (right) breakdown of casualty causes for U.S. servicemembers since 2006

In Iraq, 2,177 U.S. troops have died since 2006, and half the casualties are related to IEDs. Of those not killed by IEDs, approximately 38 percent died under non-hostile conditions, the result of accidents or injuries suffered away from combat. In Afghanistan, the U.S. has suffered 1,961 casualties, with nearly half (47 percent) of military deaths tied to IEDs. Forces also suffered heavily from gunshot wounds or other physical trauma while out on the battlefield. Notably, the report found that a “substantial” number of casualties in Afghanistan —162, or over 8 percent of the total — came from the loss of ground or air vehicles, the vast majority of which happened under non-hostile conditions. As Military Times reported earlier this year, there has been a spike in aviation accidents across the military, with 133 aviation related deaths since 2013. [Source: MilitaryTimes | Aaron Mehta | June 13, 2018 ++]

Air Force Parental Leave ► 3 Options Now Offered

The Air Force on 8 JUN announced an expansion of parental leave for fathers, same-sex couples, and adoptive and surrogate parents. Female airmen who give birth were previously allowed to take 12 consecutive weeks of maternity convalescent leave, according to the release. Airmen whose spouse gave birth also were previously allowed to take 10 days of non-chargeable leave. Now, the release said, the Air Force will offer three forms of non-chargeable leave: Six weeks of maternity leave, six weeks of primary caregiver leave, and three weeks of secondary caregiver leave. But caregiver leave is given in addition to convalescent leave, meaning that the total amount of leave birth mothers can take won't change.

Covered service members who are having a child through birth, adoption or surrogacy will decide which parent is the primary caregiver and which is the secondary caregiver. The Air Force said airmen should decide which parent is primary and which is secondary as early as possible. Parents cannot transfer their leave to one another. The allotted time off can be taken any time within the first year after a child's birth or adoption, the Air Force said, but it has to be taken at once and cannot be split up. The Air Force in 2016 doubled the amount of maternity leave from six weeks to 12. In 2015, when the Navy tripled its leave to 18 weeks, former Secretary Deborah Lee James said she hoped to do the same. [Source: AirForceTimes | Stephen Losey | June 8, 2018 ++]

Military Deserters Update 02 ► Capt. William Hughes Captured After 35-YR

Thirty-five years after being declared a deserter, Air Force fugitive Capt. William Howard Hughes Jr. was apprehended this week in his California home. Hughes was arrested without incident by Air Force Office of Special Investigations special agents on 6 JUN, according to OSI. Hughes deserted from the Air Force in 1983 after returning from Western Europe, where he was on temporary duty. The Air Force formally declared Hughes a deserter on Dec. 9, 1983. At the time, intelligence officers believed that Hughes was either captured by Soviet Union agents or had voluntarily defected to the Soviet Union. In the 35 years since his desertion, interviews with his friends, coworkers and associates were not helpful in locating Hughes. Law enforcement agencies were also unaware of Hughes' location.



On 5 JUN, the State Department's Diplomatic Security Service conducted an interview on passport fraud with an individual who identified himself as Barry O'Beirne. His cover blown because of inconsistencies in his story, the man revealed himself to be the missing Hughes. According to Hughes, he left the Air Force because of depression and created the fake identity of Barry O'Beirne. Hughes had been living in California under that name since his desertion. As a captain, Hughes was assigned to the Air Force Operational Test and Evaluation Center at Kirtland

Air Force Base in New Mexico. He worked on classified planning and analysis of NATO command, control and communications surveillance systems. Hughes had a Top Secret/Single Scope Background Investigation clearance. Hughes, now 66, remains at Travis Air Force Base in California and is awaiting pre-trial confinement. [Source: AirForceTimes | Noah Nash | June 8, 2018 ++]

USCGC Forrest Rednour ► Coast Guard Took Delivery on June 7, 2018

Bollinger Shipyards has delivered the *USCGC Forrest Rednour*, the 29th Fast Response Cutter (FRC) to the U.S. Coast Guard. The Coast Guard took delivery on June 7, 2018 in Key West, Florida. “We are proud to announce the delivery of the latest FRC, the *USCGC Forrest Rednour*,” said Ben Bordelon, Bollinger President & C.E.O. “The vessel’s commissioning is scheduled for November, 2018 in southern California. This will be the first of four FRC’s to be stationed in San Pedro, CA. Previous cutters have been stationed around the nation including Alaska and Hawaii. FRCs already in commission have protected our country by seizing tons of narcotics, interdicted thousands of illegal aliens and saved hundreds of lives. The FRC program is a model program for government acquisition and has surpassed all historical quality benchmarks for vessels of this type and complexity. The results are the delivery of truly extraordinary Coast Guard cutters that will serve our Nation for decades to come. We are extremely proud that the Fast Response Cutters built by Louisiana craftsmen here at Bollinger Shipyards are having such a major impact on our country’s safety and security.”



The 154 foot patrol craft *USCGC Forrest Rednour* is the 29th vessel in the Coast Guard's Sentinel-class FRC program. The FRC has been described as an operational “game changer,” by senior Coast Guard officials. To build the FRC, Bollinger used a proven, in-service parent craft design based on the Damen Stan Patrol Boat 4708. It has a flank speed of 28 knots, state of the art command, control, communications and computer technology, and a stern launch system for the vessel’s 26 foot cutter boat. Each FRC is named for an enlisted Coast Guard hero who distinguished him or herself in the line of duty. This vessel is named after Coast Guard Hero Forrest Rednour. Rednour was awarded the Navy and Marine Corps Medal during World War II for heroic conduct while aboard *USCGC Escanaba* during the rescue of survivors from the torpedoed USAT *Dorchester* in North Atlantic waters in February 1943. [Source: The Maritime Executive | June 7, 2018 ++]

Navy Fleet Size Update 13 ► Service Life Extension Under Consideration for All Ships

The U.S. Navy is considering extending the service life of all its ships by at least seven years, and could stretch the life of some ships by 13 years, according to an internal document produced by Naval Sea Systems Command. The analysis, first obtained by the military blog CDR Salamander, shows that as part of the Navy’s effort to grow the

fleet to 355 ships, the service is eyeing extending the lives of the non-nuclear surface ships in the fleet. It also means some active ships could be as much as 53 years old. The letter, which qualifies that the extended service lives are contingent on following class maintenance plans, proposes extending the early Arleigh Burke destroyers to 45 years and the Flight IIAs to between 46 and 50 years. It also proposes cruisers could be extended to between 42 and 52 years; littoral combat ships to between 32 and 35 years, up from 25 years; and the amphibious assault ships to as long as 53 years.

The document raises questions about how exactly the Navy would accomplish the extended service lives on its heavily used surface combatants and amphibious ships, especially platforms such as the cruisers that the Navy has proposed in recent past be decommissioned citing burdensome maintenance and upkeep costs. The average cruiser, for example, is almost pushing 30 years old. The oldest destroyers, the Flight I Arleigh Burkes without a helicopter hanger, are between 21 and 27 years old. The costs of owning the aging platforms is only going to increase every extra year the ships are in service. But foremost among the concerns, experts say, is what it would take to keep the combat systems functioning and relevant into the future.

In a statement, the Navy declined to comment on the document but said it was exploring options for expanding the fleet. “What I can tell you is that we are looking at a number of options to increase our fleet to 355,” said Navy spokesperson Lt. Lauren Chatmas. “Along with new ship construction, we are also considering balancing this with extending the service life of existing platforms. “As stated In the FY19 shipbuilding plan, the Navy continues to aggressively pursue options to accelerate the achievement of the 355-ship Navy. While there are a number of options, there are no finalized decisions.”

Experts largely agreed that the ships could reasonably expect to make it to the ages listed in the document but with the caveat that there would be major issues keeping the ship’s relevant weapons. “If you look at those numbers, they seem reasonable to me from the hull, mechanical and electrical perspective,” said Bryan Clark, a retired submarine officer and analyst with the Center for Strategic and Budgetary Assessment. “The issue you would run into would be combat systems obsolescence.” The cruisers and destroyers weren’t designed with easy combat systems upgrades in mind and to keep the platforms relevant the Navy would almost have to budget in a major combat systems upgrade, Clark said. Otherwise, Navy leaders would have to figure out new ways of using the ships. This could include using them as floating arsenals and using more modern ships and aircraft to acquire and relay targeting data to the older ones.

Thomas Callendar, another retired submariner and analyst with the Heritage Foundation, said the idea of extending the lives of the non-nuclear fleet to grow the fleet was reasonable but funding is absolutely an issue. “It’s a Band-Aid we are putting on to add capacity in the near term,” Callendar said. “But in the long term we need to look at what the costs are to maintain these things. It’s just going to get more expensive. You get to a point where it gets cost prohibitive to keep these systems going.”

Bryan McGrath, a retired destroyer skipper and head of the defense consultancy The FerryBridge Group, agreed the ships could make the proposed life span but that there seems to be very little appetite inside the Defense Department to spend money just to boost ship numbers. “If we gave those ships to Turkey, or to Colombia they would get to 50 years,” McGrath “I’m completely in agreement that you could get those ships to 50 years. The question is money and I still have seen very little from the Administration that leads me to believe that ship numbers is a priority.” “It doesn’t matter what President Trump says at the Naval Academy about 355 ships, what matters is what DoD’s priorities are. And so far, [Defense Secretary Jim] Mattis has prioritized readiness and capabilities over ship numbers.”

[Source: DefenseNews | David B. Larter | June 7, 2018++]

MREs Update 02 ► Pizza Available in About 18-Months

The pepperoni pizza entrée has been added to the 2018 Meals, Ready to Eat menu and should be on its way to the field soon. The pizza MRE will include cheddar and jalapeno cheese spread, Italian breadsticks, cookies, cherry-blueberry cobbler and a chocolate protein drink powder. The pizza can be eaten cold or heated with a flameless ration heater. "You know, for a pizza that has to last for at least three years ... it's pretty stinking good," said Jeremy Whitsitt, deputy director of the Defense Department's Combat Feeding Directorate. "Whenever we have sampled it with people, the primary comment that comes back is, 'Hey, it tastes like the pizza I had last night that I put in the fridge,' he said. "I think that is a great compliment when you think about bread, sauce, cheese and meat -- all have to survive in the same pouch together for three years without going bad, or getting stale or moldy," Whitsitt added.



Army researchers have developed an MRE pizza that stays in a pouch for three years without turning soggy or spoiling.

The pizza is made with a high-heat-tolerant mozzarella cheese and a process that controls moisture levels, pH and oxygen levels to ensure a three-year shelf life, he said. However, it's difficult to predict when units will see the new pizza MRE, he said. "I can't tell you when troops will see it because that's all dependent on what their stock is and how quickly they eat though their older stock" of MREs, Whitsitt said. Defense Logistics Agency officials said it will be available to most troops in about 18 months, according to a 25 MAY Army press release. [Source: Military.com | Matthew Cox | May 31, 2018 ++]

Officer College Requirement ► Why?

In 1940, fewer than one in 20 Americans had four years of college. By 2000, it was one in four. A college degree was once widely seen as proof of membership in the nation's intellectual (and financial, gender, and racial) elite. Now, being a college graduate just means someone is able to pay tuition and wake up in time for at least 50 percent of their classes. And still, with very few exceptions, we require degrees of our commissioned officers. A guy can come off the street with a degree from the University of Phoenix (acceptance rate: 100 percent) and be closer to getting a commission than an experienced NCO with outstanding evaluations. Academic degrees aren't great markers of leadership quality... and requiring degrees shuts out a lot of potential officers with a talent for the work. It's time we changed that.



How we got here

In the early days of American history, the U.S. officers' corps was a chaotic mix of service academy alumni, direct commissions, and the socially prominent who could afford to raise units by themselves. For a small nation with a tiny standing army, this was an adequate system. Rapid economic development and world wars shifted the country's security priorities. When the military moved towards being a large, professionalized force, it also had to find those better suited for leading and managing others. American culture had long equated a college degree with the sort of polish that signaled real management material. Higher education seemed as good a marker of officer potential as anything else. It was better than picking officers based on their social standing - it certainly opened up the commissioned ranks to more Americans - but the logic that once made this prerequisite reasonable no longer holds.

Today, even experienced noncommissioned officers with unblemished records have to get check-the-box degrees in order to be eligible for most commissioning programs. Of course, not every good NCO would make a good officer and screening of applicants should still matter. But if, after years of observation and training, we can't figure out which enlisted would make good officers without the help of adjunct faculty at some third-tier university sitting outside a base's gate - or even worse, online - then our whole system has big problems.

The not-so-crazy alternatives

The Marine Corps' Meritorious Commissioning Program was a good example of a better way to attack this. It commissioned well-qualified enlisted as officers after they completed Officer Candidates School, then it gave them a deadline for finishing a degree while on active duty as an officer. It was a pretty efficient model - but the Corps got rid of it, because not enough people were applying due to cannibalization from other commissioning programs. It makes sense. Between a scholarship to go party at a state school and attending night school after a long day managing a platoon and all its problems, what would you choose?

Here's where the oohrah/hooah crowds are going to say that every officer needs to be enlisted first. More mustangs in the officer corps would be great. That's only one piece of the puzzle, though. The military needs to up its game across the officer selection process. One alternative model is the British Army's 44-week program at the Royal Military Academy at Sandhurst. It is the service's primary commissioning source taking both prior enlisted and civilian accessions. The key feature of the British system is allowing the flexibility of selecting both college graduates and non-graduates. 80 percent of their entrants have degrees, but they allow for qualified applicants who don't, and 44 weeks is sufficient time to train and indoctrinate qualified candidates. If the U.S. adopted a similar model, say, on the campuses of West Point and the other service academies, it might keep its other commissioning sources, but those could be considerably streamlined.

What is college for, anyway?

That may sound radical. But in a nation where many of our most successful cultural and industrial leaders are college dropouts like Bill Gates and Steve Jobs, why are we sticking with a college degree as the primary prerequisite for military leadership positions? If college is supposed to be a proxy for intelligence, we certainly have tests for that. If college is supposed to teach people how to think, read, and write critically, then why doesn't the military require classes in English, literature, philosophy, and logic? If college is supposed to teach technical knowledge, why doesn't the military take a more prescriptive stance on what majors are acceptable? While the Navy and Air Force steer their ROTC and academy students towards technical degrees, there's little attempt to make them match the actual fields they'll work in once commissioned. The Army and Marines take just about any degree not written in crayon. And if college's main added value is that it develops mature adults - a pretty debatable proposition - then what makes it better than prior-enlisted time, or even management experience in the civilian workforce?

Today, more than ever, some of the most talented people in emerging security fields like cyber and unmanned systems have little or no formal training. Is the military really going to tell someone who's building and selling her own mobile apps that she has to do four years of college to be ready for life as an information warfare officer? The services need to set standards for leadership, intelligence, and physical fitness... and then look for the most accomplished people who meet those standards, both in and out of college.

All this is not to say that education isn't important. But it's a means to an end, not the end itself. Completion of a bachelor's degree is generally taken to signify higher-level thinking skills. Those skills are necessary to be a good officer. But a college degree isn't the only way to prove a person has them. And having a degree isn't even close to guaranteeing one possesses those skills. If the military casts a wider net for talent, then runs candidates through a longer, more intense screening and training program, it will be a huge step closer to a more agile, more effective 21st century workforce. [Source: MOAA Newsletter | Carl Forsling | May 31, 2018 ++]

Army Procurements ► \$1.5M for Retired Boeing 777 to Blow Up

The Army is paying a private contractor nearly \$1.5 million to fly a commercial airliner from Riyadh, Saudi Arabia to a test facility in Maryland, just so it can blow the plane up. In a contract finalized last week, Clear Sky Aviation, LLC of Tucson, Arizona agreed to deliver the Army a retired Saudi Arabian Airlines Boeing 777-268ER jet to Aberdeen Proving Ground in Maryland, according to a report by The Drive. The plane will likely be used in testing called least risk bomb location (LRBL) the Army conducts on behalf of the Department of Homeland Security, the report said. LRBL experiments are designed to show airline crews the ideal place to toss an undetonated explosive to minimize damage to the plane and people onboard. Aircraft makers are not required to conduct LRBL experiments themselves, so DHS works with the Army to do the testing.



The Boeing 777 being used in the testing has been retired since August 2017. It has nearly 34,800 flight hours since rolling off the production line in 1998. The aircraft was shot on video landing in Geneva, Switzerland two months before it was pulled out of service. The original Army contract request called for a 777 of any subseries that could be pressurized to a representative level while on the ground for testing, the report said. "Aberdeen Test Center (ATC) is required to acquire and conduct commercial aircraft vulnerability testing in accordance with their interagency agreement ... with [the] U.S. Department of Homeland Security (DHS)," an Army contracting document stated. "ATC intends to use the aircraft solely for destructive testing purposes and agrees that it will not allow the aircraft, nor any of its component parts, to be used on any other aircraft by any party." The 777 is set to arrive at Aberdeen in November. It is unknown when testing on the plane will begin. [Source: ArmyTimes | Victoria Leoni | June 5, 2018 ++]

Military Deployment Time ► 145k Personnel Underreported for Last 2 Years

The U.S. Navy isn't keeping close track of how many days service members assigned to ships and boats are spending at sea, according to records recently obtained by the Kitsap Sun. For the past five years, a number of Naval Base Kitsap-based submarines have either underreported or failed to report the number of days assigned personnel have spent at sea, the Kitsap Sun reported last week. The newspaper in April requested the past five years of personnel

data from Navy Personnel Command for all of the ships and boats based in Navy Region Northwest, including Bangor’s submarines, Bremerton’s aircraft carriers and Everett’s destroyers.

Analysis of the data, which is current up to April 30, 2018, revealed the number of reported events for crews assigned to Bangor’s submarines did not accurately reflect the number of days those units were deployed within the past five years. The submarine command’s incomplete data reporting isn’t an isolated problem. It appears to be a widespread issue across the Department of Defense, according to a Government Accountability Office report published in April. An estimated 145,000 service members across all branches of the service are missing records for deployments between fiscal years 2014 to 2016, according to the report. The report found unclear policies and a lack of a reporting enforcement system have resulted in the collection of unreliable data department-wide, which in turn inhibits the Department of Defense’s ability to effectively monitor personnel tempo and determine how the current high pace of military operations is affecting the service members.

All commands and units are required to track the number of days personnel spend at sea, without exception, according to Department of the Navy and Department of Defense policies, as required by Congress. However, no enforcement mechanism appears to exist to compel commands to report their data to comply with the requirement. While all submarine commands are responsible for submitting their unit’s data, limited network access while at sea can result in delayed reporting because the data is filed via a web-based application, Submarine Group Nine spokesman Lt. Cmdr. Michael Smith said. “Nonetheless, we’re looking at local policies to verify submission and ensure required (personnel tempo) reporting data is timely and accurate,” Smith said.

Submarine Group Nine oversees all ballistic missile and guided missile submarines in the Pacific Northwest. It serves as the home port for a total of 10 Ohio-class submarines in the U.S. Navy fleet. Despite the delay and gaps in reported data for the command’s submarines, Navy Personnel Command has not contacted Submarine Group Nine for updated reports, Smith said. [Source: The Associated Press | June 4, 2018 ++]

Navy Uniform Changes Update 05 ► At-Sea Working Uniforms Being Tested

For anyone who has been in the Navy for a decade or more, more, the wear tests starting 1 JUN of the new at-sea uniforms could be a flash from their own past. Hot on the heels of finalizing a four-year effort to put fire-retardant coveralls on every fleet sailor, Fleet Forces Command will oversee testing of a new fire-retardant uniform that would be more practical for the average sailor at sea or in operational units. While they’re at it, Navy officials are also trying out color schemes that are a throw-back to the wash khakis and dungarees era, which ended in January 2010 when the NWU Type I’s became mandatory. The tests will run until September.



With all the sea bag upheaval in the past 15 years or so, this isn’t planned as a new uniform — at least not yet. That’s because officials are saying this outfit is planned to be command-issued “organizational clothing, as with the

coveralls and flight suits.” But that could change down the line, sources familiar with the big picture say, when this “Maritime Two-Piece Fire Retardant Variant” uniform becomes standard at-sea issue. “This was sailor driven and came out of focus groups in Norfolk and San Diego, encompassing roughly 250 sailors from all communities,” Capt. Mark Runstrom, director of Fleet Supply Operations and Services at U.S. Fleet Forces Command, told Navy Times when the tests were announced in late January. Runstrom said that 84 percent of sailors in those groups said they wanted the Navy to develop two-piece fire-retardant uniform.

The idea behind the changes is to produce a uniform that is available to be worn by sailors in operational commands at sea, in port and even while commuting off base to reduce the number of daily clothing changes. The focus groups found that sailors prefer to have working duds they can commute to work in so they don’t have to change clothes at the command two times per day. To meet those requests, officials say the wear test uniforms will be allowed for wear to and from work, utilizing the same wear rules currently in place for both types of the NWU. E-7 and above will test khaki versions of the uniform, while E-6 and below will test two variants — one that features a dark blue blouse and dark blue trousers and another that’s a dead ringer for the old light blue dungaree shirt and dark blue pants combination. The only departure from the old uniforms — and all the test uniforms — is that the uniforms will be untucked, as is the case with the NWU. Pants, too, will be worn old style — unbloused. Both the shirts and the pant legs, however, can be tucked or bloused quickly for general quarters.

Each sailor testing the uniforms is being issued four shirts and four trousers in the color scheme they are assigned. Though appearing the same from a distance, there are differences in fabrics as well as in the design features, such as differently-placed pockets and other reinforcements. Additionally, these sailors will also test four different colors of flame resistant, moisture-wicking undershirts. And there won’t be any new boots to go along with the changes. Instead, sailors will wear what was once an optional piece of footwear, a low-cut molder boot reminiscent of the old boondockers. The only real difference between the old boondockers and molders boots is the latter features no laces and is held on the foot with elastic, making them easier to put on and remove. That’s a helpful feature at sea or when general quarters sounds in the middle of the night and sailors need to scramble to their stations for any reason. A wide rigger’s belt will be worn with the uniform, and there won’t be any changes to existing ball caps.

For now, pin-on rank, warfare insignia and name tags will be worn with the prototypes. However, wear test feedback will help decide whether embroidered name tags and pin on devices would be preferable instead. Each command will have a coordinator who will collect feedback from sailors testing the uniforms. Officials want to know everything from how the uniforms fits to its day-to-day comfort and durability, as well as the functionality of the various types of pockets. Fleet Forces Command, who is overseeing the tests, will also be collecting feedback through its website from non-testers to gather impressions and suggestions. [Source: NavyTimes | Mark D. Faram | June 1, 2018 ++]

Troop Hydration Needs ► New Tech Items Under Test

Lots of military programs aim to reduce the load on troops — from polymer casings in ammunition to lighter body armor and batteries that last longer. But one vital component to any mission involving humans remains an unwieldy obstacle — water. Troops can carry an average of 100 ounces of water for a standard dismounted patrol. But in austere conditions, far from resupply, that much water can drain out quickly. Two items recently featured at the annual National Defense Industrial Association’s Special Operations Forces Industry Conference aim to solve the water problem in separate ways.

Aqua-Gard is a gel-like orange flavored substance that fits into a packet about the size of a peanut butter pack from an MRE (or if you’re lucky, a jalapeno cheese spread pouch). It’s made by Aqua Innovations. Peter De Marco, company researcher and developer, told Military Times that the orange-flavored substance can replace four to five 16-oz bottles of water. It has a combination of amino acids that helps the body absorb and retain water, which is more

slowly metabolized. That would cut weight and resources for dismounted troops, but it also reduces the need to urinate, a problem for pilots. Gabriel Castillo, the company’s vice president of business development, said that it is currently being tested by U.S. Air Force pilots.



Two products featured at the recent Special Operations Forces Industry Conference aim to solve problems soldiers and airmen face in carrying and filtering water in austere conditions.

Another water solution is to take what’s available and make it safe for consumption. That’s the work done by Survivor Military, a company that makes a water purifier that comes in multiple configurations, all using the same basic filter. The filter instantly cleans the water, making brackish liquid into potable water. One filter will make up to 750 L — or 1,400 standard water bottle refills — safe to drink, said company spokesman Jon Grant. The company has European clients that include military units in Sweden, the Netherlands and the United Kingdom. They have the filter system in variants from a Camelbak style carrier to a water pouch that a downed pilot or soldier can use to quickly scoop up water then filter, rather than using the straw-pump combination. [Source: ArmyTimes | Todd South | June 2, 2018 ++]

Jaguar Reconnaissance Armored Vehicle ► Prototype Unveiled

French industry has unveiled a prototype of the Jaguar, a combat and reconnaissance armored vehicle in khaki green, bristling with sensors, equipped with a self-protection kit, and armed with a 40mm cannon and new MMP anti-tank missiles. Nexter, Thales and Renault Trucks Defense on 16 MAY presented the six-wheel drive vehicle to journalists ahead of the Eurosatory trade show, which runs June 11-15. That industry team is putting two prototype vehicles through tests to prepare for a certification, with a further two without turrets, dubbed “mobility benches.”



Jaguar strapped to the nines with sensors, weaponry and a paint job

Developing and building the Jaguar is a key part of the French Army’s €10 billion (U.S. \$12 billion) Scorpion modernization program. The first Jaguar is to be delivered to a French cavalry regiment in 2020. Configuration of the vehicle includes:

- A Thales Barage — an active jamming device that targets improvised explosive devices — and two sets of Antares, a missile warning alert system, 360-degree coverage. The Griffon troop carrier and Light VBMR reconnaissance vehicle will each have one set of Antares, and the equipment will also be fitted on the Leclerc tank and VBCI infantry fighting vehicle.
- Will also be fitted for — but not with — Diamant, an active blocking system from TDA, a Thales unit.
- A Metravib Pilar V acoustic sensor on the roof is intended to spot enemy gunfire.
- The Army asked for the driver and gunner to have simple optical sights rather than depend on video and optoelectronic systems.
- Powered by a 500-horsepower engine, allowing the vehicle to reach a maximum speed of 90 kph. The vehicle's endurance is 800 kilometers.
- The 40mm gun is from CTA International, a BAE Systems and Nexter joint venture. There is also a remote controlled 7.62mm machine gun.
- Besides the two MMP missiles in the turret launcher, another two missiles are stored inside the vehicle.

Jaguar is a wheeled vehicle, but its design architecture is that of a tank, an executive explained. The driver sits in the front of the hull and the power pack at the back, the executive added. The vehicle can hold a three-strong crew, with two sitting in the turret. [Source: Defense News | Pierre Tran | June 8, 2018 ++]

Warships That Will Change The Future ► Steregushchy 530



This littoral class ship is the Russian answer to the United States Navy's Independence class of littoral ships. These boats are able to hold a combination of both surface to air missiles alongside surface to surface missiles, and are able to land Russian marines easily in any location they need. This particularly makes Baltic countries nervous. Their mettle has already been tested as the ships have been sold to the Algerian Navy. The ship was built by the Severnaya Verf shipyard in St.Petersburg and was laid down in December 2001, launched in May 2006 and joined the Russian Navy on 14 November 2007. In total, the Russian Navy have publicly announced that they expect to buy at least 20 of these 2,100 tons ships, for all four major fleets. Ship characteristics include:

- Length: 104.5 m (343 ft)
- Beam: 11.1 m (36 ft)
- Draught: 3.7 m (12 ft)
- Propulsion: 2 shaft CODAD, 4 16D49 diesels 24,000hp (17.9 MW), power supply AC 380/220V, 50 Hz, 4x630 kw diesel genset
- Speed: 27 knots (50 km/h; 31 mph)
- Range: 4,000 nmi (7,400 km) at 14 knots (26 km/h; 16 mph), 15 days endurance.
- Complement: 100

- Sensors and processing systems: Air search radar: Furke-E 3D, E/F band Electronic warfare & decoys: TK-25E-5 ECM, 4 x PK-10 decoy launchers
- Armament:
 - 1 × Arsenal A-190 100mm
 - 2 × MTPU pedestal 14.5mm machine gun
 - 1 × Kashtan CIWS
 - 2 × AK-630M CIWS
 - 8 × 3M24 Uran missiles
 - 2 × 4 330mm torpedo tubes (for Paket-NK anti-sub/anti-torpedo torpedoes)
- Aircraft carried: Helipad for Ka-27 Helicopter

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

* **Military History** *



Battle of Belle Wood ► “Retreat, hell we just got here!”

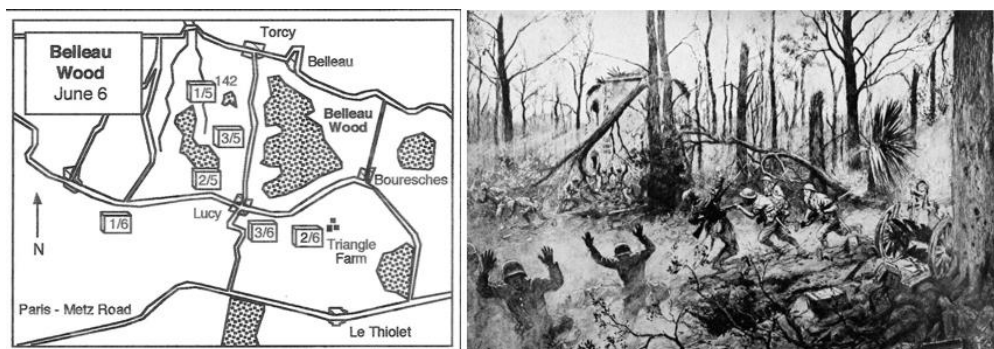
Every U.S. marine knows the famous quotes from their comrades fighting in 1918 in the Battle of Belleau Wood: “Retreat, hell we just got here!” by Capt. Lloyd Williams, and “C’mon you sons-of-bitches, do you want to live forever?” by Gunnery Sgt. Dan Daley. Every marine proudly claims the “Devil dogs” moniker because of their ferocity in combat. Alongside the Battles of Fallujah, Khe Sanh, Chosin, and Iwo Jima, Belleau Wood occupies a hallowed place in U.S. Marine Corps lore and history. These battles are ingrained in the Marines’ collective consciousness from the first days of boot camp, during ceremonies at birthday balls, on walls in museums, and on pages of publications.

The Battle of Belleau Wood occurred 100 years ago in June 1918 during World War I. The battlefield lays about five miles west of the town of Château-Thierry, barely fifty miles northeast of Paris, France. Looking at the strategic context in early 1918, Belleau Wood was only one small piece of a major campaign that saw the American forces help the French and British armies stem the tide of the Deutsches Heer’s spring offensive. In March, the Germans launched this massive attack along the Western Front in France because a peace treaty with the new Bolshevik government in Russia had freed up German units deployed on the Eastern Front. The German leadership hoped the influx of 50 divisions could overwhelm the Allied forces in France, bringing the war to an end before millions of Americans could cross the Atlantic and reinforce France and Britain. The German offensive made significant gains for the first few weeks but began to falter by May during the Aisne Offensive. This was when American units like the 2nd Division and its 4th Marines Brigade joined the fray to help stop the Germans at the Battle of Belleau Wood. The marines remained in contact with the enemy for almost all of June.

The fighting around Belleau Wood pitted units from five German divisions against the U.S. Army’s 2nd Division of the American Expeditionary Forces, which was subdivided into the Army’s 3rd Infantry Brigade and the 9,500

man-strong 4th Marine Brigade. This unit included the 5th Regiment led by Col. Wendell Neville and the 6th Regiment led by Col. Albert Catlin. Three rifle battalions, of 800 men each, and a machine gun company comprised each regiment. The 2nd Division also contained the 2nd Field Artillery Brigade and other organic units like the 2nd Regiment of Engineers.

The area of operation included a forested area (Belleau Wood proper) on high ground running approximately one mile north to south and between one-quarter and one-half mile east to west. To the west of the wood lay Hill 142 under German control. A wheat field lay to the southeast of the wood. The 60 buildings in the village of Bouresches sat to the north across 800 yards of wheat. By 4 JUN, more than 2,000 German soldiers with at least 30 machine guns had ensconced themselves in Belleau Wood, and another 100 Germans with at least six machine guns held Bouresches. German machine gun fire from the wood could sweep much of the wheat field. Looking to the north and east from their lines of departure, the marines faced two difficult obstacles: either advance from tree to tree in close quarter fighting or make a perilous march across the open field of green wheat that rose barely above knee-level.



In the first few days of June, the 4th Marine Brigade dug into a defensive line just to the southwest of the wheat field and Belleau Wood. The battalions in the 5th Marine Regiment established themselves on the left, and those in the 6th Marine Regiment on the right. Retreating French soldiers warned them of coming German attacks, urging the marines to withdraw. It was here that Capt. Williams retorted: “Retreat, hell we just got here!” The Americans stood their ground and forced the Germans to halt their advance and withdraw to Belleau Wood and Bouresches. The marines then prepared their own plans to assault those German positions.

To overcome the disadvantages of open ground and concealed Germans, the Americans expected to advance across the open area without concentrated artillery support and to achieve small-arms “fire superiority” as they neared Belleau Wood and Bouresches. The marines embraced the goal of fire superiority because they placed so much emphasis on rifle marksmanship. The tactics coincided the doctrine of “open warfare” espoused by Gen. John J. Pershing who commanded the AEF. He expected fast-moving American infantry units to make aggressive attacks against German positions over open ground, overwhelm them, and drive into the interior behind enemy lines. The American tactics ran counter to French doctrine as well as hard- experiences in the trenches, which called for a rolling artillery barrage to soften enemy positions and clear the path for infantry units to follow. Gen. Pershing naively assumed that the AEF could succeed in battle using uniquely American tactics, despite nearly four years of bloody fighting that pointed to the decisive advantages that machine guns and fortified positions afforded defenders against attackers. The marines embraced open warfare, expecting that their highly accurate rifle fire would give them the advantage.

Before dawn on 6 JUN, the marines of the 1st Battalion, 6th Marine Regiment (denoted as 1/6) drove the Germans from Hill 142. This anchored the American line to the Allied units farther to the west. It also allowed the marines to pour fire into Belleau Wood to the east. Next began an uncoordinated American attack that started on the evening of 6 JUN. The 3/5 and the 3/6 hit the center and southern sides of Belleau Wood respectively. However, while marching across the open ground, heavy German machine and artillery fire cut the 3/5 to shreds. Meanwhile, the 3/6 fought their way in the southern edge of the woods before their advance ground to a halt in the face of enemy fire. In all the

confusion, the two-time Medal of Honor recipient Gunnery Sgt. Daly questioned his men: “C’mon you sons-of-bitches, do you want to live forever?” Despite their best efforts, the marines’ marksmanship failed to silence the German guns. By nightfall, both Marine battalions suffered debilitating casualties.

To the east in the evening of 6 JUN two smart-looking companies of the 2nd Battalion, 6th Marine Regiment began an orderly advance across the eight hundred yards of wheat toward the enemy positions in Bouresches. This assault was doomed from its start because the Americans did not obtain supporting artillery to provide a rolling barrage. Instead the 2/6 faced withering German gunfire from the village to the northeast and from Belleau Wood to the northwest. The two Marine companies quickly began taking casualties as they were pinned down without communications with each other or the battalion’s commanding officer Maj. Thomas Holcomb. Even so, the surviving marines pushed their way into the village of Bouresches where they fought house to house and expelled the German defenders.

That first day of 6 JUN proved to be costly for the 4th Marine Brigade: Six officers and 222 enlisted men and noncommissioned officers (NCOs) killed in action, and another 25 and 834 wounded in action respectively. This amounted to more casualties than in the entire history of the Marine Corps to date. On 8 JUN, two days into the battle, Holcomb scribbled a letter his wife back on the American homefront. He described his men’s performance in the wheat field:

The regiment has carried itself with undying glory, but the price was heavy. My battalion did wonderfully. . . There was never anything finer than their advance across a place literally swept with machine gun fire. . . There never was such self-sacrifice, courage, and spirit shown.

Holcomb next gave his wife an inkling, albeit sanitized, of the conditions in Bouresches on 9 JUN. “I am safe and well. I have not even had my shoes off for 10 days, except once for ten minutes. Several days I’ve been without food and my only sleep has been snatched at odd moments during the retorted,” wrote Holcomb. “The whole brigade put up a most wonderful fight. We have been cited twice by the French authorities.”

After being reinforced by more than 100 soldiers of the Company A of the 2nd Regiment of Engineers, the remaining 200 marines in 2/6 dug in and withstood several German infantry assaults on Bouresches before relief arrived a week later. Meanwhile, together with soldiers in the 2nd Regiment of Engineers, the marines of the 1/5, 2/5, 3/5, 1/6, 3/6, and 6th Machine Gun Battalion secured most of Belleau Wood by 11 JUN. They encountered concentrated German small arms, machine gun, and artillery fire, often at point-blank range. Exploding shells from enemy and Allied guns splintered the trees, showering the ground with deadly wood splinters and metal shrapnel. The Germans also used mustard gas shells to try to halt the advance. The adversaries clashed in bitter hand-to-hand combat with knives, rifle butts, bayonets, and trench shovels. As Marine officers and NCOs fell dead or wounded, junior officers and enlisted men took their places. The most determined counterattack on 13 JUN came when elements of three German divisions attempted to reclaim their old positions. Then, the French Army’s artillery finally unleashed a 14-hour long heavy bombardment that allowed marines in 2/5, 3/5, and 3/6 to dislodge the remaining Germans from the northern end of Belleau Wood on June 26.

After three of weeks of intense combat, a report announced the 4th Marine Brigade’s success with the message “Belleau Wood now U.S. Marine Corps entirely.” The French government renamed it Bois de la Brigade de Marine in honor of the incredible sacrifices and fierce struggles there. The members of the 4th Marine Brigade were also awarded the French Croix de Guerre.

Although a victory for the Americans, the Battle of Belleau Wood exacted a heavy toll on the 4th Marine Brigade. Of its complement of 9,500 men, the brigade suffered 1,000 killed in action, and 4,000 wounded, gassed, or missing equaling a 55 percent casualty rate. The supporting 2nd Regiment of Engineers lost another 450 casualties of its assigned unit strength of 1,700 soldiers. During the three weeks of fighting, Thomas Holcomb’s 2nd Battalion alone suffered a shocking 764 casualties out of a paper strength of 900 marines. On June 6 alone, his unit started across the wheat field with two companies with some 500 marines. After wrenching control of Bouresches, only 200 of

Holcomb's men remained able to repel German counterattacks. This represented a 60-percent casualty rate, which matched the rates of earlier battles in World War I. Not to put too grim a face on this high figure, but Holcomb's career as a future commandant of the Marine Corps may easily have ended in obscurity, and the heroic memories of the wheat field would have been for naught if the remnants of the 2nd Battalion had not held Bouresches.

Surviving the rest of the World War I, Holcomb continued to rise through ranks until being named the seventeenth commandant of the Marine Corps in December 1936. He shepherded the Corps through the last years of the Great Depression, managed its mobilization, and directed the Corps' first two years of the Pacific War. In this time, the Corps expanded from 17,000 marines in 1936 to 385,000 by Holcomb's retirement in December 1943. Battlefield success at Belleau Wood merited an immortal place in Marine Corps history and lore. Similar observations can be made about the other famous battles of Fallujah, Khe Sanh, Chosin, and Iwo Jima, all of which should be sobering reminders that victorious ends have often required bloody means.

These points of pride notwithstanding, all the battles left other indelible marks on those marines fighting in them that exceeded celebratory and triumphalist tones. Beyond Marine Corps lore, the Battle of Belleau Wood represented a substantive step in the organization's maturation from shipboard guard or constabulary forces of the 19th century into the multi-purpose force-in-readiness of the 20th and 21st centuries. This battle and the others later in World War I gave the Marines invaluable experiences of prolonged combined arms operations in modern warfare.

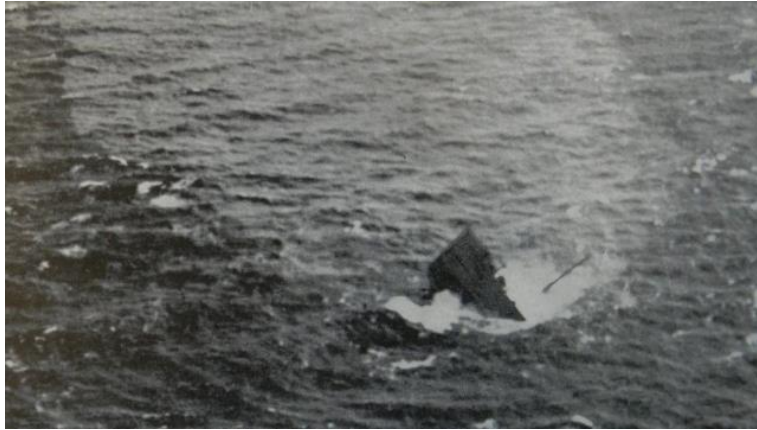
Several future Marine Corps senior leaders saw action at Belleau Wood, including future commandants such as John Lejeune, Clifton Cates, Lemuel Shepherd Jr., Wendell Neville, and Thomas Holcomb, as well as marines who later attained flag rank such as Roy Geiger, Charles Price, Holland Smith, Keller Rockey, and Merwin Silverthorn. In one extraordinary case, Gerald Thomas rose through the ranks from sergeant at Belleau Wood in 1918 to become lieutenant general and assistant commandant of the Marine Corps from 1952 to 1954. These marines became a group of veterans famously known as the "Old Breed" during the decades after World War I ended.

The future flag officers gleaned many vital lessons from serving in France, thereby recognizing that the Marine Corps needed effective training in appropriate weapons and tactics, relevant doctrines for those weapons and tactics, planning for operational roles for the Marine Corps in future conflicts, military education of Marine officers in the art of war, suitable force structures to perform particular missions, and reorganization of the U.S. Marine Corps in structures similar to the French General Staff. Consequently, Belleau Wood has maintained not only a legacy as an iconic battle but also as the first of several learning laboratories for those Marine officers who eventually led their Corps to victory in World War II. [Source: [Wat On the Rocks](#) | David John Ulbrich | June 4, 2018 ++]

USS Coimbra ► Sunk With A Cargo of 64,000 Barrels of Lubricating Oil

On January 14, 1942, the WWII 6,800-ton tanker Coimbra set sail from New York with a cargo of 64,000 barrels of lubricating oil. The next day, she encountered the German submarine U-123 at a position 28 nm off the coast of Long Island. At 0940 hours, the sub's crew fired one torpedo, which struck the tanker on the starboard side, resulting in an explosion and fire. A second round struck her below the funnel at 0959, and she broke up quickly. She came to rest on the bottom in three sections, with the midships segment partially buried. 36 members of her crew were lost, including the master, Capt. John Patrick Barnard. Ten men survived, including six wounded.

The Coimbra was one of the many Allied merchant vessels U-123 sank in the western Atlantic in the early months of 1942. In two quick tours, the sub also destroyed the Cyclops, Norness, Norvana, City of Atlanta, Ciltvaira, Culebra, Pan Norway, Muskogee, Empire Steel and USS Atik, among others. U-123 was just one of the many U-boats deployed to the eastern seaboard of North America during what German submarine commanders referred to as the "Second Happy Time," when Axis subs destroyed over 600 Allied ships in the span of eight months.



The bow of the Coimbra and the slick from her cargo, January 15, 1942

A 1975 assessment of the wreck estimated the maximum contents of the Coimbra's cargo tanks at 28,500 barrels, not including any remaining bunkers. According to an analysis performed by NOAA, the most likely spill volume would be about one-tenth the maximum amount estimated on board, or about 2,900 barrels (120,000 gallons). Based on an analysis of surface currents, NOAA assessed that a worst-case spill could result in contamination at beaches between North Carolina and Cape Cod, depending upon prevailing conditions.

The U. S. Coast Guard recently contracted salvage firm Resolve Marine to conduct an assessment of the wreck of the Coimbra. The operation will assess the condition of the tanker and the potential for environmental damage from any petroleum on board. “We have assembled a team including members of the Navy Supervisor of Salvage, the Coast Guard Academy Science Department, the Coast Guard Atlantic Strike Team, National Oceanic and Atmospheric Administration, and New York Department of Environmental Conservation to provide consultation for this assessment,” said Capt. Kevin Reed, commander Coast Guard Sector Long Island Sound. “This assessment will help determine any potential environmental threat the tanker poses. Our top priorities are safety of the public and protection of the marine environment.” [Source: Maritime Executive | June 13, 2018 ++]

Japan's American Invasion ► A Disastrous Failure

There has been growing concern in recent years over the state of the United States Arctic defenses. In fact, few Americans remember that Alaskan islands seized by Japanese forces remain one of the only case in which enemy forces successfully occupied U.S. territory during the twentieth century. The thirteen-month battle over the Aleutian Islands yielded numerous air and sea skirmishes fought over more than a thousand miles of frozen Arctic water. They concluded with a bloody amphibious invasion—and then one of the most bizarre intelligence failures of the war.

A Feint to the North

The Aleutians are a 1,200-mile-long archipelago of volcanic island stretching between the Alaska Peninsula and the Kamchatka Peninsula in Russia. The mountainous islands are uniformly treeless, ravaged by heavy winds and afflicted by bone-aching cold. A combination of frequent rain, snow and dense fog makes travel between them perilous to ships and aircraft.

In May 1942, a Japanese carrier task force composed of two carriers and three cruisers set sail for the Aleutians under Adm. Kakuji Kakuta. He was tasked with knocking out U.S. naval forces stationed at Dutch Harbor, Unalaska Island in the eastern Aleutians, and seizing the western Aleutian islands of Attu, Kiska and Adak. This attack was meant both serve as a diversion from a larger carrier task force sailing for the important U.S. naval

base at Midway Island, as well as to deny the U.S. access to Attu Island, which could have been used as a base to bomb the Kurile Islands, which were then under Japanese administration. The Japanese high command was particularly sensitive to this threat after the Doolittle bombing raid of Tokyo on April 18, 1942.

Unfortunately for the Japanese, the U.S. Navy had decrypted the Japanese naval codes and knew about *both* carrier forces. But this foreknowledge coming was only modestly helpful to U.S. forces in Alaska, as the navy had only one operational radar in the area. Nonetheless, personnel began digging trenches and Army Air Force fighters at Fort Glenn Air Base on Umnak Island, seventy miles away, were placed on alert. Bombers of the 11th Air Force and U.S. Navy Catalina seaplanes scoured the northern Pacific in an effort to locate and destroy the attack force—but after a sighting on June 2, poor weather conditions prevented the aviators from reestablishing contact.

The Battle of Dutch Harbor

At 3 A.M. on 3 JUN, thirty-two Japanese war planes—an even mix of A6M Zero fighters, B5N torpedo bombers and D3 Val dive bombers—launched from the carriers *Ryujo* and *Jun'yo* with orders to knock out Dutch Harbor. Fog and overcast skies caused many of the Japanese aircraft to lose their way and return to their carriers, but seventeen managed to locate the Alaskan naval base and [blew up](#) an army barracks located there, killing twenty-five. Fire from the 206th Coastal Artillery Battalion of the Arkansas National Guard, manning a mix of 76mm anti-aircraft guns, rapid-fire 37mm cannons, and .50 caliber machine guns, managed to down three of the attackers. However, communications with the fighters at Umnak failed, and they did not intervene in time.

The Japanese carriers sailed much closer for a follow up raid involving twenty-six aircraft on June 4 that struck with greater violence, destroying local fuel storage tanks, hangers, half a military hospital, and setting the barracks ship *Northwestern* ablaze. American aircraft were destroyed on the ground or while taking off, including six B-17 and B-26 bombers and a similar number of navy Catalina float planes. This time, the Army Air Corps was quicker to respond. A flight of six P-40 Warhawk fighters intercept the Japanese aircraft returning from the raid, shooting down three but losing four of their own.

During the raid, a .50 caliber machine gun shot up the Zero of Petty Officer Tadayoshi Koga. The Japanese pilot flew his damaged fighter to the nearby Akutan Island twenty-five miles away, where a submarine awaited to pick up ditched aircraft crews. However, Koga accidentally landed in a muskeg—an arctic bog—with the landing gear down, causing his plane to flip over, killing him. More than a month later, a U.S. Navy pilot spotted the wreck. The so-called “Akutan Zero” was recovered nearly intact and restored to flyable condition. Test flights of the Zero proved invaluable in devising tactics and new fighter planes to counter the agile but lightly-armored Japanese fighter, which outmatched most American fighters for during the first year of the Pacific War.

Meanwhile, further raids were called off when Admiral Kakuta received news of the Japanese defeat at the decisive Battle of Midway. Kakuta instead landed his troops on Kiska and Attu Island on 5 JUN—the Adak landing was canceled—and withdrew his carriers before land-based bombers had a chance to ascertain their position and bomb them.

Invasion of the Aleutians

Barren as the Aleutian Islands might seem, they were home to a native people that would suffer greatly at the hands of both the Japanese and U.S. forces. More than 1,400 Japanese infantry would land on Attu, the easternmost island of the archipelago. They rounded up the forty-five native Aleuts living on the island, their school teacher, killed her husband and sent the rest to internment camps in Japan where half would die before the end of the war. The Attu garrison was actually withdrawn briefly in August, a couple of months, then a larger force of nearly 3,000 troops was deployed there in October, where they set about building an airstrip.

Kiska Island, 200 miles southeast of Attu, had a weather station manned by a dozen navy personnel and their dog. A 500-man Japanese Special Naval Landing Force detachment killed or captured all but the chief petty officer, who eluded capture for fifty days on a diet of grass and worms before turning himself in. Over subsequent months, the garrison at Kiska would swell in number to more than 5,000 strong, and erect extensive fortifications and facilities,

many of them underground for protection from bombing. Dozens of A6M2-N 'Rufe' fighters—floatplane variants of the Zero—were stationed there for air cover, while six H6K flying boats flew on anti-submarine and -shipping patrols.

The Japanese invasion led the U.S. military to forcibly evacuate more than 800 Aleut natives remaining on the other Aleutian Islands to an internment camp in Juneau, Alaska. There they were housed in such deplorable conditions that more than a 118 died before the end of World War II, and many were pressed into uncompensated forced labor schemes. More than forty years later, Congress would recognize the injustice that had been done to the Aleuts by paying reparations to survivors through the 1988 Aleut Restitution Act.

Arctic Air War

American aircraft, warships and submarines soon descended on the Japanese troop transports and supply convoys supporting the garrisons at Attu and Kiska. On July 5, 1942 the submarine USS **Grunion** encountered three Japanese destroyers off of Kiska Island. She managed to torpedo all three, causing one to sink with 200 hands on board, then managed to dodge between two torpedoes fired in response and make her escape. American air power reaped an even heavier toll. Over the following year, U.S. bombers and maritime patrol planes sank a destroyer, an oiler, at least five transports and a submarine in Kiska Harbor alone. However, American air raids increasingly were directed at the island garrisons themselves. U.S. B-17 and B-24 strategic bombers began relentlessly hammering Kiska and Attu with bombs, flying a 1,200 mile circuit from Umnak Island, braving anti-aircraft fire and enemy fighters.

U.S. troops also landed on nearby Adak Island, 240 miles east of Kiska, and set up an airbase there to better harass the Japanese garrisons, allowing shorter-range P-38 and P-39 fighters to join in operations. A low-altitude raid staged from Adak on September 14, 1942 sank two ships, inflicted 200 casualties, and destroyed twelve floatplane fighters. The PBV Catalina seaplanes of the U.S. Navy's Patrol Wing 4 were also impressed in the bombardment mission. The lumbering patrol planes would profit from the persistent fog for protection, ducking down through the clouds to unload their bombs before high-tailing for home, often holed up by enemy flak. But terrible Aleutian weather, including sudden blasts of wind known as williwaws, would always pose a greater threat than flak or fighters. Out of seventy-two aircraft lost by the 11th Air Force in the second half of 1942, all but nine were due to environmental hazards.

Naval Gun Duel at Komandorski Straits

Meanwhile, the U.S. Navy was determined to set up an effective blockade of the Japanese islands. A force composed of the cruiser **Salt Lake City** and light cruiser **Richmond**, backed up by four destroyers, under RADM Charles McMorris set out to intercept one of the Japanese convoys. It made radar contact at 8 AM on March 27, 1943—not realizing that the Japanese convoy boasted twice the number of escorting cruisers. As both sides could not call upon or carrier- or land-based warplanes, they fought one of the few long-range naval gunnery duels of World War II, exchanging hundreds of 8- and 6-inch shells over ranges as high as twelve miles—including 800 8-inch shells from the **Salt Lake City** alone. The American destroyers and one of the Japanese cruisers also darted closer to launch torpedoes, though none of them hit.

In the end, the American ships inflicted fourteen casualties on the Japanese cruiser **Nachi**, but the **Salt Lake City** was nearly crippled with the loss of seven sailors after being struck in succession by six 8-inch shells from the Japanese heavy cruiser **Maya**. The weaker American force disengaged at noon under the cover of a smoke screen, while the Japanese *also* withdrew, fearing the arrival of U.S. air support. As a consequence of the inconclusive skirmish, the Japanese Navy ceased sending surface ships to resupply the garrisons on Kiska and Attu, and switched to submarine-only deliveries. This drastically curtailed the supply situation on the Japanese-held islands, and the garrisons began to suffer from low morale and malnutrition.

By mid-1943, the fate of Japan's Alaskan outpost was sealed. As the blockade and bombardment further intensified, the stage was set for Allied **amphibious** landings that would finally eject Japanese troops from U.S. soil. The landing on Attu in May 1943 would face three weeks of desperate fighting that culminated in a terrifying, desperate last act of resistance. And the joint American-Canadian assault on Kiska Island three months later would conclude in one of the most embarrassing surprises of the war.

[Source: The National Interest | Sébastien Roblin / April 5, 2018 ++]

Military History Anniversaries ▶ 16 thru 30 June

Significant events in U.S. Military History over the next 15 days are listed in the attachment to this Bulletin titled, “Military History Anniversaries 01 thru 15 JUN. [Source: This Day in History www.history.com/this-day-in-history | June 2018 ++]

WWII Bomber Nose Art [08] ▶ Yellow Rose



Medal of Honor Citations ▶ William J Grabiarz | WWII



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

WILLIAM J GRABIARZ

Rank and organization: Private First Class, U.S. Army. Troop E, 5th Cavalry, 1st Cavalry Division

Place and date: Manila, Luzon, Philippine Islands, 23 February 1945

Entered service: 1943 at Buffalo, N.Y.

Born: March 25, 1925 in Buffalo, New York

Citation

He was a scout when the unit advanced with tanks along a street in Manila, Luzon, Philippine Islands. Without warning, enemy machinegun and rifle fire from concealed positions in the Customs building swept the street, striking down the troop commander and driving his men to cover. As the officer lay in the open road, unable to move and completely exposed to the pointblank enemy fire, Pfc. Grabiarz voluntarily ran from behind a tank to carry him to safety, but was himself wounded in the shoulder. Ignoring both the pain in his injured useless arm and his comrades' shouts to seek the cover which was only a few yards distant, the valiant rescuer continued his efforts to drag his commander out of range. Finding this impossible, he rejected the opportunity to save himself and deliberately covered the officer with his own body to form a human shield, calling as he did so for a tank to maneuver into position between him and the hostile emplacement. The enemy riddled him with concentrated fire before the tank could interpose itself. Our troops found that he had been successful in preventing bullets from striking his leader, who survived. Through his magnificent sacrifice in gallantly giving his life to save that of his commander, Pfc. Grabiarz provided an outstanding and lasting inspiration to his fellow soldiers.



His Medal was posthumously awarded to him on December 8, 1945. Grabiarz, aged 19 at his death, was buried in Saint Stanislaus Roman Catholic Cemetery Cheektowaga, Erie County, New York, USA Am. Legion Section, Grave 13. PS 79 PFC. William J. Grabiarz School of Excellence in Buffalo N.Y. is named in his honor.

[Source: <https://history.army.mil/moh/wwII-g-1.html> | June 2018 ++]

* Health Care *



Traumatic Brain Injury Update 69 ► Current Migraine Treatments Inadequate

Traumatic brain injuries, a frequent consequence of the wars in Iraq and Afghanistan, can lead to such debilitating symptoms as irritability, depression, insomnia, memory deficits—and post-traumatic headaches, which are similar to

migraine headaches. Migraine is a potentially disabling disorder, causing severe headaches that can last days at a time and pose huge health care costs to the patient and society. A key component of migraines is photophobia, an extreme sensitivity to light. Photophobia can be so harmful that it may force people to wear sunglasses indoors.

Enter Dr. Levi Sowers, a principal investigator in the [Center for the Prevention and Treatment of Visual Loss](#) at the Iowa City VA Health Care System. Sowers is leading a [study](#) aimed at learning more about regions of the brain that may play a role in migraines and photophobia. He and his team have been focusing mostly on the posterior thalamus. It's just above the brain stem between the cerebral cortex and the midbrain. The main function of the posterior thalamus is to relay motor and sensory signals to the cerebral cortex. It's also a hub for light and headache pain. Sowers and his colleagues are taking things a step further by zeroing in on a molecule that's produced in nerve cells of the brain and spinal cord called calcitonin gene-related peptide (CGRP). It plays an [important role](#) in triggering migraine headaches.

The goal of the study is to understand more about how CGRP acts and to apply that knowledge to brain-stimulation techniques, which involve activating and deactivating areas of the brain with electrical, magnetic, or light stimulation. The hope is that precise targeting with stimulation will lower CGRP in the brain and thereby also ease photophobia and headaches.

Migraine headaches are a neurological disorder

Currently, nearly 40 million people suffer from migraines, which usually involve a severe throbbing pain on one side of the head. The dilation and constriction of blood vessels were once thought to be the main source of migraine pain. Now, migraine headaches are believed to be one symptom of a greater neurological disorder involving nerve pathways and brain chemicals that is called migraine. The Department of Defense and the Defense and Veterans Brain Injury Center estimate that 22 percent of combat casualties from Iraq and Afghanistan involve brain injuries, compared with 12 percent of Vietnam combat casualties. Up to 80 percent of service members who have other blast injuries may also have traumatic brain injuries.

In the future, Sowers plans to pursue research that explores the level of migraines in Vets with mild, moderate, and severe traumatic brain injury (TBI). Current treatments for post-traumatic headache and photophobia are inadequate due to a poor understanding of where CGRP acts in the body to induce headaches, Sowers says. Therapies don't reduce photophobia between episodes of headache. Successful reduction of light sensitivity in patients with post-traumatic headache may lessen patient discomfort between and during headache attacks, he adds.

"One of the big questions remaining in the headache field is where CGRP is acting to contribute to migraines," says Sowers, who is also a research scientist at the University of Iowa. "We hypothesized that CGRP in the posterior thalamus may play an important role in headache-related photophobia. We're also looking at other regions controlled by CGRP that could be involved with light-aversive behavior. These regions can be targeted by stimulation techniques." He adds: "Every day, targeted brain stimulation methods are getting better and better. This could one day help Veterans. We're excited about what this holds for the future."

In addition to the posterior thalamus, Sowers and his team are looking at the amygdala, the hippocampus, and the cerebellum in relation to photophobia. Any of those regions could be targets for brain stimulation techniques, he says. "We believe if we can identify critical areas involved in photophobia, then any of these targeted approaches could one day be effective in treating migraine," Sowers says. "However, we need to first understand how these brain areas work during states of migraine or post-traumatic headache." The Food and Drug Administration (FDA) has approved certain types of brain stimulation to treat such disorders as anxiety, depression, epilepsy, obsessive-compulsive disorder, Parkinson's disease, and insomnia. But the FDA hasn't approved brain stimulation techniques for the treatment of TBI and PTSD.

Researchers stimulate nerve cells in mice

Thus far, in lab research, Sowers' team has identified brain regions that may be critical to photophobia in mice and has found pain and light sensitivity in the rodents that mimic migraines based on similar characteristics in humans.

That knowledge could apply to photophobia in people, Sowers says, noting that there are correlates between the brain regions in humans and mice. The researchers begin by subjecting the mice to blast-related injuries, the most common type of TBI in Veterans who have served in Iraq and Afghanistan. The team then measures the rodents' sensitivity to light through use of a light and dark box. The mice are allowed to move freely between a well-lit side of the box and a dark side of the box. The ones more sensitive to light spend more time on the dark side.

In the mice that are more light-sensitive, Sowers and his team are using a combination of genetic manipulation and light to affect the firing of neurons, or nerve cells. That process is known as optogenetics, a biological technique that involves the use of light to control cells in living tissue, typically neurons. It allows the researchers to target specific brain regions that they believe are involved in triggering post-traumatic headache and to change the firing of nerve cells in those regions. The process also gives the researchers "pinpoint control over the time when we stimulate the nerve cells and which ones we're stimulating in the brain," Sowers says. The researchers are trying to learn what neurons in a region like the posterior thalamus are doing. They stimulate the neurons by shining a light on that region via a fiber-optic probe that's inserted into the mouse's head. Both peripheral and central neurons produce CGRP.

Sowers explains that the investigators have thus far discovered axonal injury, or nerve damage, after blast-induced mild TBI in the posterior thalamus of the mice. "Axonal damage means the neurons are damaged, which can cause them to be easily excited," he says. "In theory, it could lead to light sensitivity in that particular brain region, or heightened sensitivity to pain and other sensory signals in that brain region." Sowers hopes he and others in the medical community can someday use optogenetics to target human brain regions that are involved in triggering post-traumatic headache. "That would be really cool," he says. "In fact, this optogenetic technique has already been used in non-human primates. We're still many years away from being able to do specific targeting in people. But the goal is when we stimulate these brain regions that correlate with a human then we can go back and possibly target these regions with what we now have to hopefully treat migraine or post-traumatic headache." He and his team hope to publish results later this year.

Work could also yield insights on PTSD, epilepsy

Sowers' work falls under the umbrella of an RR&D grant that has multiple aims related to understanding post-traumatic headache and migraines in Veterans with TBI. In another phase of the grant, he'll be a senior co-author on a paper in which scientists probed a preclinical model of pain induced by CGRP. They specifically looked at how the molecule is playing a role in spontaneous headache pain in mice, which is facial grimacing, and whether or not that pain can be treated with anti-migraine drugs. In an extension of that research, the scientists are injecting CGRP into mice with brain injuries to learn if such trauma makes them more susceptible to migraines and if TBI increases the amount of CGRP in a mouse. The researchers are then testing an antibody that is supposed to attack the CGRP and control light-sensitivity.

The antibody is similar to a new class of anti-migraine drugs called the CGRP monoclonal antibody. The FDA recently approved the first in this series called erenumab (sold as Aimovig).

"The drugs we are using look very promising in mice," Sowers says. "It's possible that they could be very promising to treat the pain of post-traumatic headache." In addition to post-traumatic headache and migraines, Sowers believes his research may ultimately lead to a better understanding of mental health disorders, such as PTSD, and neurological diseases, such as epilepsy. "Veterans with migraine headaches have a strong correlation with PTSD," Sowers says. "So perhaps insights that we find in our studies of migraines and post-traumatic headache in mice could translate to PTSD research. Also, a number of the brain regions we're looking at are important for epileptic seizures. So if we understand what CGRP is doing in migraines, perhaps we can use that knowledge to treat or understand other neurological or mental health disorders."

[Source: Vantage Point | Mike Richman | June 1, 2018 ++]

TRICARE User Fees Update 102 ► Under Age 65 Retirees Could See Major Fee Hike

Some military families would see some co-pays decrease under a Senate proposal to change the Tricare fee structure, but retirees under age 65 would see a major fee hike. Working-age retirees now pay no enrollment fees to join Tricare Select. The proposal would create a \$450 annual enrollment fee for an individual and a \$900 annual enrollment fee for a family, in addition to a new out-of-network deductible for this coverage group that could cost retirees even more. Retirees in Tricare Prime would see their enrollment fee increase to \$350 per individual, from the current \$289.08, or to \$700 per family, from the current \$578.16.

“Our concern is that in the course of a year this would be the second major Tricare hike for retirees under age 65,” said Kathy Beasley, a retired Navy captain who is director of government relations for health care for The Military Officers Association of America. This proposal doesn’t affect military retirees and their family members age 65 and older, who are in Tricare for Life. Active-duty families and working-age retirees/families could see some co-pays decrease, Beasley said, although not enough to offset the increase in enrollment fees for retirees. The proposal, which is included in the Senate version of the defense authorization bill, was designed to fix a problem that caused higher co-pays for those eligible for Tricare before Jan. 1, when many of the Tricare reforms took effect.

The bill will go before the Senate for a vote, and the provision would then be considered in conference with House lawmakers. In its current form, if approved, the new cost structure would take effect Jan. 1, 2019. “This provision would correct an inequity in the Tricare benefit among beneficiaries by establishing a single co-payment structure applicable to all Tricare beneficiaries,” stated a report accompanying the bill text. Senate Armed Services Committee members stated they were aware that those who were already in Tricare before the reform took effect in January were paying higher co-payments than beneficiaries who entered the military after 1 JAN. But this provision doesn’t fix the overall problems with the new, higher co-pays introduced in January, said Karen Ruedisueli, government relations deputy director for the National Military Family Association.

Instead, it “just increases overall out-of-pocket costs by hiking up retiree enrollment fees and the catastrophic cap while creating a new non-network deductible — cost increases we’ve always opposed since Congress mandated them for new entrants and their families.” Working-age retirees and their families in Tricare Select would also be subject to a new out-of-network deductible of \$300 for individuals and \$600 for families — which has to be met before Tricare begins paying its share of medical bills. “We are particularly disappointed [the proposal] doesn’t fix the unreasonably high co-pays for the physical, speech, occupational and mental health therapies — co-pays so high, we are concerned that families won’t follow recommended treatment plans,” Ruedisueli said.

“After months of problems with the Tricare contract transitions, including disruptions in care, network problems, and customer service nightmares, it is outrageous to ask families to pay more out-of-pocket,” Ruedisueli said. “The Tricare fee increases which took effect on 1 JAN were disproportionately high and broke faith with currently serving families and those who have served full careers,” Beasley said.

“The addition of these new Senate-proposed fee increases do nothing but place a more disproportionate burden on military beneficiaries.” The provision would benefit the Defense Department by lowering health care costs by about \$2.8 billion over the period between 2020 and 2023, according to a cost estimate from the Congressional Budget Office. (CBO assumes this legislation wouldn’t be enacted in time to affect fees and enrollments for 2019.) CBO estimates that the average out-of-pocket cost for those in Tricare Select would be about \$570 for individual retirees and \$1,645 for those with families.

For those enrolled in Tricare before 1 JAN, the proposal would cut some in-network co-pays in the current fee schedule in Tricare Select. Some examples:

- Primary care outpatient visits would decrease from \$21 to \$15 for active-duty family members, and from \$28 to \$25 for retirees and their families.

- Specialty care outpatient visits would decrease from \$31 to \$25 for active-duty families, and from \$41 to \$40 for retirees and their families.
- Emergency services would decrease from \$81 to \$40 for active-duty families, and from \$109 to \$80 for retirees and their families.

[Source: MilitaryTimes | Karen Jowers | June 13, 2018 ++]

TRICARE Medication Machines ▶ Use Easy As Withdrawal From an ATM

Picking up a prescription could soon be as easy as making a withdrawal from an ATM. The Defense Health Agency's TRICARE division is exploring machines developed by MedAvail that could dispense prescription medication. The company is piloting several machines, and military health officials say they are monitoring their progress. “It could be a game-changer,” said Kathy Beasley, director of health affairs for the Military Officers Association of America and a retired captain in the Navy. “It's worth trying.” Here are the highlights on this emerging technology:



Question: How do these machines work?

Answer: MedCenter machines are self-service, pharmacist-supported, kiosk pharmacies. The machines were developed by MedAvail, a healthcare technology company that works with Express Scripts. TRICARE members use Express Scripts to obtain their medications.

Q: When could TRICARE members use the machines?

A: Machine use is in the pilot-testing phase, so it could be a long time. The Defense Health Agency wants to ensure the machines are safe, fast and accurate for its users.

Q: Will it safeguard my personal information?

A: The machines safely and securely dispense medication in about 90 seconds. They accept handwritten and electronic prescriptions.

Q: What if I have questions when picking up a prescription?

A: The machines are supported by a multilingual pharmacist service 24/7 through a private audio-visual communication system built into the machine. The licensed pharmacists review your medical history, allergy concerns, potential interactions with other drugs and patient counseling.

Q: What types of medications are available?

A: MedCenter dispenses chronic, acute and over-the-counter medications under the supervision of licensed pharmacists. Some examples are medications for cholesterol, antibiotics and acid reflux.

Q: What types of medications aren't available?

A: The MedCenter machines would not carry any controlled substance and any medication that requires refrigeration or special handling. Some examples are methadone, Demerol, OxyContin, morphine, codeine and Adderall.

Q: Are these machines already used in the U.S.?

A: Yes. There are six pilot MedCenter machines being tested in Phoenix and Tucson, with plans to expand to 15 by the end of the year. Illinois is next on the list for expansion.

[Source: MOAA Newsletter | Amanda Dolasinski | June 12, 2018 ++]

Aging Update 03 ► Impact on Brain & Thinking

The brain controls many aspects of thinking—remembering, planning and organizing, making decisions, and much more. These cognitive abilities affect how well we do and whether we can live independently. Some changes in thinking are common as people get older. For example, older adults may have:

- Increased difficulty finding words and recalling names
- More problems with multi-tasking
- Mild decreases in the ability to pay attention

Aging may also bring positive cognitive changes. People often have more knowledge and insight from a lifetime of experiences. Research shows that older adults can still:

- Learn new things
- Create new memories
- Improve vocabulary and language skills

As a person gets older, changes occur in all parts of the body, including the brain. Certain parts of the brain shrink, especially those important to learning and other complex mental activities. In certain brain regions, communication between neurons (nerve cells) can be reduced. Blood flow in the brain may also decrease and inflammation, which occurs when the body responds to an injury or disease, may increase. These changes in the brain can affect mental function, even in healthy older people. For example, some older adults find that they don't do as well as younger people on complex memory or learning tests. Given enough time, though, they can do as well. There is growing evidence that the brain remains "plastic"—able to adapt to new challenges and tasks—as people age.

It is not clear why some people think well as they get older while others do not. One possible reason is "cognitive reserve," the brain's ability to work well even when some part of it is disrupted. People with more education seem to have more cognitive reserve than others. Some brain changes, like those associated with Alzheimer's disease, are NOT a normal part of aging. Talk with your healthcare provider if you are concerned.

The brain is complex and has many specialized parts. For example, the two halves of the brain, called cerebral hemispheres, are responsible for intelligence. The cerebral hemispheres have an outer layer called the cerebral cortex. This region, the brain's "gray matter," is where the brain processes sensory information, such as what we see and hear. The cerebral cortex also controls movement and regulates functions such as thinking, learning, and remembering. For more information about parts of the brain, see [Know Your Brain](#) from the National Institute of Neurological Disorders and Stroke, part of the National Institutes of Health.

The healthy human brain contains many different types of cells. Neurons are nerve cells that process and send information throughout the brain, and from the brain to the muscles and organs of the body. The ability of neurons to function and survive depends on three important processes:

- **Communication.** When a neuron receives signals from other neurons, it generates an electrical charge. This charge travels to the synapse, a tiny gap where chemicals called neurotransmitters are released and move across to another neuron.
- **Metabolism.** This process involves all chemical reactions that take place in a cell to support its survival and function. These reactions require oxygen and glucose, which are carried in blood flowing through the brain.
- **Repair, remodeling, and regeneration.** Neurons live a long time—more than 100 years in humans. As a result, they must constantly maintain and repair themselves. In addition, some brain regions continue to make new neurons.

Other types of brain cells, called glial cells, play critical roles in supporting neurons. In addition, the brain has an enormous network of blood vessels. Although the brain is only 2 percent of the body's weight, it receives 20 percent of the body's blood supply. [Source: National Institute on Aging | Cognitive Health | May 17, 2017 ++]

TMOP Update 26 ► TRICARE Mail Order Pharmacy Payment Guidelines

1. How do I pay for my prescription order?

- **Online Orders:** Payment by check card or credit card is the preferred method for online orders. We accept Visa, MasterCard, American Express and Discover. To order a refill or print a prescription order form using this website, provide your check card or credit card information or choose to be billed later. To add, update or change your debit or credit card select Edit Patient Information section under the Account Settings in the menu.
- **Order Forms:** If you are using an order form received through the mail or from your plan sponsor, we will automatically charge the debit or credit card you have on file once the order is shipped. If you do not have a card on file, you will be mailed a bill that you can pay with a debit or credit card or personal check.

2. What is a copayment? A copayment is a fixed-dollar amount paid by a beneficiary for a prescription drug. The copayment cost is determined by the drug coverage guidelines of TRICARE Pharmacy Home Delivery. Copayments are the most common form of out-of-pocket expense for prescription drugs. You can use the [TRICARE Formulary Search tool](#) to learn more about your prescription costs.

3. How much are my copayments? For copayment information, [view your benefit details](#) or refer to your benefit packet.

4. Why was I charged a non-formulary copayment for a generic drug? Occasionally, some medications that are classified as generics may be considered non-formulary. In this case, the copayment amount depends on whether the evidence of medical necessity is approved. If the evidence of medical necessity is not approved, non-formulary generics will be subject to the non-formulary copayment. If the evidence of medical necessity is approved, non-formulary generics will be covered for the formulary (brand) copayment.

5. Who do I contact with billing questions? If you have billing questions, call 877.363.1303, and a patient care advocate will be happy to assist you.

6. How much do I pay for each prescription? You can use our Price a Medication feature under Prescriptions in the menu to see how much you'll pay for a specific drug.

7. How can I change the payment information for my account? If you have a debit or credit card on file, it will be your default payment type until it expires. You can update which debit or credit card appears as your default payment type by changing your Payment Information under Account.

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

Medicare Drug Procurement Update 01 ► 62% Surge In spending

Medicare spending on prescription drugs has surged in recent years, despite a drop in the number of prescriptions, according to a new report. The report from the Department of Health and Human Services (HHS) inspector general finds that Medicare Part D spending for brand-name drugs rose by 62 percent from 2011 to 2015, from \$49 billion to \$80 billion. That is after accounting for discounts that drug companies provide and that they often cite as crucial to deflecting the rising costs of drugs. The number of prescriptions, though, fell 17 percent in the same time period, indicating price increases, not an increase in usage of drugs, is the issue.

Advocates seized on the report to argue that rising drug prices are doing real damage. “Today’s report from the HHS Inspector General makes it clear that list price increases on brand drugs are hurting patients,” said David Mitchell, founder of the advocacy group Patients for Affordable Drugs. “I heard this weekend from a California woman who reports she pays \$500 — nearly half of her \$1,200 per month income — to cover two maintenance drugs. We need action to lower pharma list prices now.” The report also found that unit costs for drugs rose 29 percent from 2011 to 2015, six times faster than inflation. Medicare enrollees’ average out of pocket costs per brand name drug rose from \$161 to \$225 in that time period, an increase of 40 percent.

The report comes as the Trump administration is ramping up efforts to fight high drug prices. Democrats, though, have criticized the administration's proposals for being too soft on drug companies and leaving out more sweeping ideas like allowing Medicare to negotiate drug prices. [Source: The Hill | Peter Sullivan | June 4, 2018 ++]

Dementia Update 05 ► Everyday Activities Could Yield Subtle Warning Signs

A new study shows mild traumatic brain injuries can have serious consequences for military veterans by raising their risk of dementia. Subtle changes in driving habits, computer usage and medication routines could yield early clues to the development of Alzheimer’s disease. A researcher at the Minneapolis VA Medical Center is studying all three by using sensors to monitor volunteers and changes in their daily activities. While Alzheimer’s is an incurable brain disorder, early detection could allow people to receive support services or therapies to slow its onset, said Adriana Seelye, a VA neuropsychologist leading the research. “These kind of subtle cues are not picked up early on when interventions could be put in place,” she said. “A lot of times, people don’t come to our attention until there is a crisis.”

Seelye’s prior research showed that changes in computer usage and mouse movements could predict mild cognitive impairment (MCI), a precursor to Alzheimer’s. Another study found seniors with MCI were more conservative and predictable drivers. Now she wants to assess which behavior changes are most predictive, or whether combinations of changes offer the most accurate clues. She received money from the VA for one study, and this week won a grant from the National Institutes of Health for a second. She is recruiting 130 senior volunteers who don’t have dementia. Volunteers in the NIH study will be tracked for four years. Wrist-worn fitness trackers will measure sleep and movement. In-car computer data will reveal changes over time in average speed, highway usage and right vs. left turn decisions.

Other researchers have examined changes in speech and voice, among other characteristics. Early detection methods are needed, Seelye said. The number of Minnesotans with Alzheimer’s could grow from 91,000 in 2016 to 120,000 in 2025, according to the Alzheimer’s Association. Alzheimer’s symptoms “develop very slowly,” Seelye said. “This makes it very difficult for us as clinicians.” [Source: Star Tribune | Jeremy Olson | June 2, 2018 ++]

Herpes Simplex Virus ► Infection Causes & Treatment

Did you know that the virus that causes “cold sores” or “fever blisters” on or around the mouth can also infect other areas of the body? The infection is caused by the herpes simplex virus. And it’s very common. Most people with herpes infection don’t even know it. They may not have symptoms or not notice them. For people who do have symptoms, a herpes infection may show up as one or more blisters. These can be on or near the mouth, eyes, genitals, or rectum. After the blisters break, they turn into sores or ulcers. These sores are painful and take about a week to heal. Once someone is infected with herpes simplex, the virus goes into hiding and stays in the body for the rest of their lives. The virus can re-emerge at any time and cause an outbreak. Some people have outbreaks several times per year. Tingling or burning in the area can signal that an outbreak is looming.

There are two types of herpes simplex viruses: HSV-1 and HSV-2. HSV-1 is often transmitted during childhood. You can get it from close contact with someone who has the infection. For example, a family member with a cold sore may kiss a child. HSV-1 is the main cause of herpes of the mouth or eyes. Although it’s possible for HSV-2 to infect the mouth or eyes, it’s usually found in the genital area. There’s no cure for herpes. But anti-herpes medicine can speed healing of the sores. If taken every day, this medicine can also lower the risk of future outbreaks. “It’s the first episode that is particularly important to treat,” says Dr. Jeffrey I. Cohen, a herpes infection expert at NIH. That’s because the first outbreak is often the most severe. In addition to sores, you may have a fever and body aches. Also, the nearby lymph nodes might be swollen and painful.

A doctor may suspect a diagnosis of herpes from looking at a sore. But lab tests on a sample taken from the sore is needed to confirm the diagnosis. A blood test for HSV-1 and HSV-2 is also available to confirm if someone has been infected. Researchers are working to develop herpes vaccines. “There are two different types of vaccines being developed for herpes virus,” Cohen explains. “One is a vaccine that would prevent infection in people who have not been infected with the virus.” Cohen’s research team at NIH is working on this type of vaccine. “The other type of vaccine is for people who are already infected,” he says. “The idea is that we could boost their immune system so that they have fewer recurrences.” The fact that most people don’t know that they’re infected makes vaccines especially important.

When someone is diagnosed with herpes, they may feel anger, sadness, or shame. They also may fear rejection by romantic partners. Keep in mind that herpes outbreaks can be managed. People can lower the risk of infecting someone else by avoiding direct contact during an outbreak. For those with genital herpes, using anti-herpes medicine every day and condoms during sexual activity also reduces the risk of infection for a romantic partner. Talk with your doctor if you have questions about preventing or managing herpes. And help fight the stigma of herpes. Don’t tell jokes with herpes as the punchline. And share these facts:

- Herpes infection is common.
- It may not cause any symptoms.
- Herpes can be spread by someone who doesn’t know they have it.
- You can get herpes in many ways, such as a kiss, sharing drinks or utensils, or sexual activity.
- Having herpes doesn’t mean you’re a bad person, immoral, or promiscuous.

[Source: NIH News In Health | June 2018 ++]

Breast Cancer Update 08 ► Good News | Chemotherapy Study Results

Most women with the most common form of early-stage breast cancer can safely skip chemotherapy without hurting their chances of beating the disease, doctors are reporting from a landmark study that used genetic testing to gauge each patient's risk. The study is the largest ever done of breast cancer treatment, and the results are expected to spare up to 70,000 patients a year in the United States and many more elsewhere the ordeal and expense of these drugs. "The impact is tremendous," said the study leader, Dr. Joseph Sparano of Montefiore Medical Center in New York. Most women in this situation don't need treatment beyond surgery and hormone therapy, he said. "Chemotherapy is not without its side effects, but it's still a discussion that a woman has to have with her physician," said Dr. Stephanie Bernik, chief of surgical oncology at Lenox Hill Hospital.

The study was funded by the National Cancer Institute, some foundations and proceeds from the U.S. breast cancer postage stamp. Results were discussed 3 JUN at an American Society of Clinical Oncology conference in Chicago and published by the New England Journal of Medicine. Some study leaders consult for breast cancer drugmakers or for the company that makes the gene test.

Cancer care has been evolving away from chemotherapy -- older drugs with harsh side effects -- in favor of gene-targeting therapies, hormone blockers and immune system treatments. When chemo is used now, it's sometimes for shorter periods or lower doses than it once was. For example, another study at the conference found that Merck's immunotherapy drug Keytruda worked better than chemo as initial treatment for most people with the most common type of lung cancer, and with far fewer side effects. The breast cancer study focused on cases where chemo's value increasingly is in doubt: women with early-stage disease that has not spread to lymph nodes, is hormone-positive (meaning its growth is fueled by estrogen or progesterone) and is not the type that the drug Herceptin targets.

The usual treatment is surgery followed by years of a hormone-blocking drug. But many women also are urged to have chemo to help kill any stray cancer cells. Doctors know that most don't need it, but evidence is thin on who can forgo it. The study gave 10,273 patients a test called Oncotype DX, which uses a biopsy sample to measure the activity of genes involved in cell growth and response to hormone therapy, to estimate the risk that a cancer will recur.

The study found that about 17 percent of women had high-risk scores and were advised to have chemo. The 16 percent with low-risk scores now know they can skip chemo, based on earlier results from this study. The new results are on the 67 percent of women at intermediate risk. All had surgery and hormone therapy, and half also got chemo. After nine years, 94 percent of both groups were still alive, and about 84 percent were alive without signs of cancer, so adding chemo made no difference. Certain women 50 or younger did benefit from chemo; slightly fewer cases of cancer spreading far beyond the breast occurred among some of them given chemo, depending on their risk scores on the gene test. "There are side effects to it, joint aches and hot flashes, but certainly significantly less than chemotherapy," CBS News medical contributor Dr. David Agus, a cancer specialist, said on "CBS This Morning" Monday.

"We're getting to be able to personalize treatment now. In the old days we'd just have a bucket: 'breast cancer,' 'prostate cancer,' 'lung cancer.' Now we can look at the subtypes of cancer by looking at the genes and give the right treatment to the right patient at the right time. And this is the promise of personalized medicine, and it's arrived," Agus said. All women like those in the study should get gene testing to guide their care, said Dr. Richard Schilsky, chief medical officer of the oncology society. Oncotype DX costs around \$4,000, which Medicare and many insurers cover. Similar tests including one called MammaPrint also are widely used. Testing solved a big problem of figuring out who needs chemo, said Dr. Harold Burstein of the Dana-Farber Cancer Institute in Boston. Many women think "if I don't get chemotherapy I'm going to die, and if I get chemo I'm going to be cured," but the results show there's a sliding scale of benefit and sometimes none, he said.

Dr. Lisa Carey, a breast specialist at the University of North Carolina's Lineberger Comprehensive Cancer Center, said she would be very comfortable advising patients to skip chemo if they were like those in the study who did not

benefit from it. Dr. Jennifer Litton at MD Anderson Cancer Center in Houston, agreed, but said, "Risk to one person is not the same thing as risk to another. There are some people who say, 'I don't care what you say, I'm never going to do chemo,'" and won't even have the gene test, she said. Others want chemo for even the smallest chance of benefit.

Adine Usher, 78, who lives in Hartsdale, New York, joined the study 10 years ago at Montefiore and was randomly assigned to the group given chemo. "I was a little relieved. I sort of viewed chemo as extra insurance," she said. The treatments "weren't pleasant," she concedes. Her hair fell out, she developed an infection and was hospitalized for a low white blood count, "but it was over fairly quickly and I'm really glad I had it." If doctors had recommended she skip chemo based on the gene test, "I would have accepted that," she said. "I'm a firm believer in medical research." [Source: CBS News | June 3, 2018 ++]

Migraines Update 02 ► Headaches That Strike Out Of The Blue

A migraine is not the same as the usual kind of headache that most people have every now and then. A migraine attack starts suddenly with severe pain on only one side of your head. The pain is much worse than a normal headache and usually accompanied by other symptoms as well. But these headaches are only considered to be migraines if the typical symptoms have occurred at least five times. Migraines can greatly affect everyday life. Some people only get them occasionally, while others are knocked out by migraines on several days every month. Different types of medicine can help you cope with migraines.

Symptoms

Migraines are typically associated with moderate to severe headaches that only affect one side of the head. People usually describe the pain as pulsating, throbbing or pounding. It often gets worse during physical activity or even if you move a little. The headaches may be accompanied by nausea or vomiting. When children have migraines, they may not have a headache – instead, the main symptoms might be nausea, vomiting or dizziness. Some people also become very sensitive to light or noise during migraine attacks. Left untreated, the symptoms last between four hours and three days. Before the actual migraine becomes noticeable, some people see flashing lights or strange shapes. Others might see everything as a blur or through wavy lines. People may temporarily have trouble speaking, experience paralysis in some parts of their body or have abnormal sensations such as tingling. Doctors call these kinds of disturbances "auras." They usually go away within an hour and are then followed by more typical migraine symptoms.

Causes and risk factors

It's not clear exactly what causes migraines. According to one theory, it has something to do with inflamed blood vessels in the brain. The way in which the brain processes pain signals may play a role too. Stress is often an important factor when it comes to pain: Feeling nervous or tense can make the pain worse or more likely to arise in the first place. So hectic days without enough breaks may increase the risk of getting a migraine. Migraines may also start once stress has subsided – for instance, on the weekend or during the first few days of vacation. An irregular eating and sleeping schedule can increase the likelihood of migraine attacks too. There is probably also a connection between migraines, diet and exercise. If you have migraines, you can find out for yourself whether these factors affect you. Keeping a migraine diary can help you do so.

[Learn more](#)

Prevalence

Migraines are more common in women than in men. About 14 out of 100 women and 7 out of 100 men have recurring migraines. This is different for children, where migraines are equally common in boys and girls: About 4 to 5 out of 100 children are affected. Migraines sometimes go away on their own over time. Young women often have their first migraine once they start having periods. In a lot of women, migraine attacks go away during pregnancy and disappear completely after menopause. It's very rare for migraines to become chronic. They are considered to be chronic if the

headaches occur on more than 15 days per month over a period of at least three months. Fewer than 2 out of 100 people with migraines have a chronic form.

Prevention

Certain sleeping patterns or other habits may increase the risk of developing migraines. The things that trigger migraines vary from person to person. Keeping a migraine or headache diary may help you get an idea of what triggers your migraines. The diary can be used to record things like how long and severe a migraine attack was, what was happening around the time the attack occurred, what you ate or drank beforehand, and what medicine you took. This will make it easier to find any links between migraine attacks and possible triggers. The diary entries can also show whether avoiding a possible trigger, like red wine for example, actually helps to reduce the frequency and severity of migraine attacks. Some people try to prevent migraine attacks using [dietary supplements](#), herbal medicinal products or relaxation techniques. People who have very severe or very frequent migraine attacks also have the option of preventive medication or [psychological treatment](#). This involves things like learning more about the condition or practicing techniques that can help to cope with stressful situations.

Treatment

A lot of people who have migraines know from experience what helps them. This often involves lying down in a quiet and dark room and putting cool wet towels or cooling pads on the side of their head that hurts. Most people take medicine to get through attacks that are especially painful. [Medications](#) used for migraine attacks include, in particular, acetaminophen (paracetamol), non-steroidal anti-inflammatory drugs (NSAIDs) such as acetylsalicylic acid (the drug in medicines like Aspirin), diclofenac or ibuprofen, as well as special migraine medications like triptans. Acetaminophen (paracetamol), acetylsalicylic acid and ibuprofen are available without a prescription, as are two of the triptan drugs. But before using medication yourself it's a good idea to see a doctor to find out if the headaches are actually migraines. Using painkillers and migraine medication too often can itself make the headaches worse. For this reason, people are advised not to take painkillers and migraine medications on more than ten days per month.

Everyday life

Many people have such severe or regular migraines that it makes their life difficult. Recurring migraines can really wear you down. Severe migraines can make it impossible to carry on day-to-day activities at home or at work, having a major impact on your performance and ability to concentrate. Migraine attacks may happen at specific times – for instance, in the days leading up to a woman's monthly period. But they are often unpredictable, which can make it difficult to plan activities or stick to appointments. It's not just the attacks themselves that are so distressing that they affect people's ability to enjoy life, but also the fear of having more attacks and worries about the consequences at home and at work.

Negative feelings and thoughts can also lead to behavior that affects people's quality of life. For example, they might avoid activities that they would normally enjoy for fear of having a migraine attack. Cognitive behavioral therapy can help to change those negative thoughts and behavior. Some people try out this method to help them cope better with migraines. Others try relaxation techniques like autogenic training, where you learn how to enter a deep state of relaxation. And some find that exercise makes them feel better.

[Source: InformedHealth.org | <https://www.informedhealth.org/nl.2228.en.html> | May 2018 ++]

Aphasia ► Difficulty Understanding What's Being Said | 1M American Sufferers

Bonnie Poe pulled up to a drive-through window. She ordered her meal and asked for her favorite condiments. The woman behind the counter responded, but Poe had trouble understanding what was said. She asked the woman to repeat herself slowly, but again, the response sounded like gibberish. "I wish they could just hold on a second," said

Poe, who suffered a stroke in 2014 at age 40. She was diagnosed with aphasia, which impairs a person’s ability to express themselves or understand speech, or sometimes both, as a result of damage to parts of the brain responsible for language, according to the National Institute of Deafness and other Communication Disorders, or NIDCD.

Poe often asks people to repeat what they say because she can only understand bits and pieces, which can be aggravating, she said. “Sometimes people talk so fast you can’t understand, and it’s not them, it’s my reception,” said Poe, who described herself as talkative and a social butterfly before her stroke occurred. “You just sort of feel trapped, like you can’t have a conversation with anyone.”

Cynthia Zmroczek, a speech language pathologist at the Fort Belvoir Community Hospital Intrepid Spirit Clinic in northern Virginia, said aphasia impairs the expression and understanding of speech. The disorder can be diagnosed as fluent and non-fluent, and many various types exist within these categories, she said. “There are different parts of the brain that have different functions, so when the blood flow is cut off to that area, damage can result in those areas,” said Zmroczek, adding that the type of aphasia that occurs depends on the area that’s damaged and the extent of the damage. “The damage can be mild, moderate, or severe, and that determines how the person will be able to progress.”

Poe was diagnosed with mixed, non-fluent aphasia. People with this form of the disorder can have difficulty understanding what’s being said and also have trouble finding the words to express themselves. “You know when you’re in conversation and you have someone’s name on the tip of your tongue, and you can’t remember what that is? That is how normal words in a sentence are for me,” said Poe. “It’s like reaching for words. It’s like the word is on the tip of my tongue, and it’s a normal word that shouldn’t be on the tip of my tongue.”

Other common forms of aphasia are Broca’s and Wernicke. A person with Broca’s aphasia, also known as non-fluent aphasia, can understand what’s being said, but has trouble finding the words to express thought. Wernicke aphasia, also known as receptive or fluent aphasia, can cause difficulty understanding written and spoken language. According to NIDCD, a person with Wernicke aphasia may speak in long, complete sentences that have no meaning. The disorder can also be diagnosed as anomic or global aphasia. Anomic aphasia can cause a person to have trouble finding words in speech and writing, while the ability to read and understand remains intact. A person with global aphasia, the most severe form, can have very limited abilities to express or understand speech.

Roughly 1 million Americans currently have aphasia, and nearly 180,000 Americans are diagnosed with it each year. Zmroczek said most cases occur suddenly following a stroke or serious head injury, but others can result from neurological diseases, such as Alzheimer’s disease. “The damaged parts of the brain can heal to some extent over time,” said Zmroczek. A person can get better with the help of speech and occupational therapy, but it takes continuous help in and outside of therapy, she said. Treatment involves various tasks and activities to meet the needs of each specific form of aphasia. NIDCD says individual therapy can be catered to a patient’s specific language needs, while group therapy and activities, such as a club or art class, allow patients to practice communication skills and build confidence. Technology, such as the use of speech-generating applications on devices, can also help patients communicate.

For Poe, treatment includes word-building tasks. She’s been in and out of treatment since 2014, and now enjoys using applications on a tablet to practice expressing words. “Communication is the most important skill we have,” said Zmroczek. “If we didn’t have communication, we wouldn’t be able to connect with anyone in our lives and develop relationships. Improving communication truly is life-enhancing.”

[Source: Military Health System | June 6, 2018 ++]

Prescription Drug Costs Update 04 ► Gag-Rules Increase Your Costs

A few months ago, Rhode Island state Rep. Brian Kennedy had a mild sinus infection, for which he was prescribed an antibiotic. That would be unremarkable, except for what happened next. Kennedy had a friend behind the pharmacy counter where he went to fill the prescription. The pharmacist-friend said he would charge Kennedy the retail price for the small drug dose he needed, without going through his insurance company, because the retail price was cheaper than the insurance copayment. Kennedy won't name his friend because the pharmacist might have violated a "gag clause" in the store's contract with a pharmacy benefit management company that handles its drug insurance plans. Instead, Kennedy and four colleagues, all Democrats, introduced legislation to ban such "gag clauses." The bill is now in committee.

Lawmakers from at least 30 states considered bills on pharmacy benefits managers this year. Many of the measures would eliminate the so-called gag rule, according to the National Academy of State Health Policy, a Maine-based nonprofit group for state policymakers. New laws have been enacted in more than a dozen states, with more awaiting governors' signatures. Legislators were motivated to act on the issue "because it affects the ordinary consumer," said Richard Cauchi, the health program director for the National Conference of State Legislatures. "As a consumer you would have no idea how this works," he said. "Even if you were aware of the issue, it would be hard to know when the person across the counter says, 'This is \$20.' They would pay the \$20, because what is the option?" Cauchi said the rapid spread of bills among state legislatures is remarkable. "States are sovereign entities; they don't work in tandem. It's notable," he said.

Many consumers know of pharmacy benefit management companies through their brand names, such as Express Scripts, CVS Caremark and OptumRX. The companies, sometimes referred to as pharmacy benefit managers, manage prescription drug plans and serve as go-betweens for pharmacies and health insurance companies. The gag clauses are inserted into contracts with pharmacies by pharmacy benefit management companies, and they **prohibit druggists from telling patients or caregivers about lower prices or cheaper drug options**, such as generic drugs. Patients never know that there could be a less expensive way to get their medicines, because their neighborhood pharmacist can't talk about it lest she violate those contracts. States have been leading the fight against the gag clauses, although President Donald Trump, in his address 11 MAY on lowering drug prices, also pledged to put an end to the practice, "which punishes pharmacists for telling patients how to save money," adding, "this is a total rip-off, and we are ending it."

Kennedy said he's "heard from constituents who have run into this problem, and in many cases, I don't think they are fully aware. It's not until after the fact that they think about it, particularly the senior citizens." Pharmacist Robert Iacobucci Jr., who owns White Cross Pharmacy in North Providence, Rhode Island, sells medicine mostly to nursing homes and long-term care facilities. He doesn't get many walk-in patients. But he still wants to be able to tell patients and caregivers about cheaper prices and bristles at the restrictions placed on him by pharmacy benefit managers. "There's no other profession in the world where you can't tell your customer how to best utilize their money," he said.

Independent pharmacies are leading the charge against the gag rules, because unlike the big chains, they are not corporately intertwined with the pharmacy benefit managers. Anthony Reznik, director of government affairs for Independent Pharmacy Alliance, a trade group based in New Jersey representing 3,000 independents mostly in the Northeast, said lawmakers "on both sides of the aisle are amazed this is for real." He said most of his members are afraid to speak to the media or anyone else about the situation because they are concerned they will "get kicked out of the network" of insurance companies. "It could be the end of their business," he said. "They are just too scared to talk about it. But the situation is real."

Pharmacy benefit managers such as Express Scripts, CVS Caremark and OptumRX have recently embraced the anti-gag-rule efforts. Several of the companies have described the gag rules as an "outlier" practice, a description at which Reznik scoffs. But the companies also don't want to be restricted. In February, the Pharmaceutical Care

Management Association, which represents pharmacy benefit managers, sued to block an anti-gag-rule law in North Dakota, one of the first states to enact such a law. The complaint said the law imposes “onerous new restrictions on pharmacy benefit managers” and could require disclosure of “proprietary” trade secrets. The case is still pending. Greg Lopes, spokesman for the association, would not speak on the record about gag rules and referred questions to the organizations’ public statement issued in response to the Trump administration proposal. “We support the patient always paying the lowest cost at the pharmacy counter, whether it’s the cash price or the copay,” the group statement said.

State Rep. George Keiser, a North Dakota Republican who chairs the state House committee that oversees insurance issues, said he can say “with certainty” that pharmacy benefit management contracts did contain gag clauses recently — that’s what led his Legislature to pass legislation. “They weren’t disclosing it to the customer, but they were disclosing it to me and other legislators,” he said in an interview. “They argued, ‘We have to have formularies, we have to be able to control them, that’s how we manage costs,’” he said, referring to lists of covered drugs and prices. But, Keiser said, compared with the examples of cheaper prices provided to the lawmaker off the record by pharmacists, “it was clear that was not in the best interests of the consumer.” [Source: Prescription Justice | Elaine S. Povich | June 4, 2018 ++]

Prescription Drug Costs Update 05 ► Delayed Marketing of Cheaper Generics

The Senate Judiciary Committee announced 5 JUN that it is moving ahead this week on a controversial bill aimed at lowering drug prices. The bill, known as the Creates Act (S.3056), seeks to crack down on drug companies using tactics to delay the introduction of cheaper generic drugs onto the market. It has been stalled for months amid intense opposition from pharmaceutical companies, despite being sponsored by members of both parties. Sen. Chuck Grassley (R-IA), the chairman of the Judiciary Committee and a sponsor of the bill, is forging ahead, seeking to lay down a marker through action by the panel. Grassley scheduled the committee to consider the bill on 7 JUN. A committee aide said that under the panel’s procedures, consideration of the bill will likely not actually happen until next week. The committee is expected to easily approve the measure, but the path forward after that is murky.

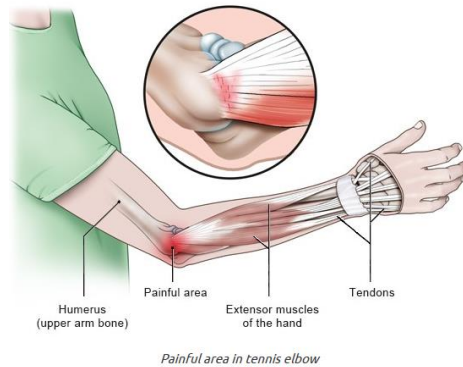
In the House, lawmakers are working on a “compromise” version of the bill, with talks ongoing between the House Energy and Commerce Committee and the Judiciary Committee. Attention on drug pricing action has increased after President Trump’s speech last month calling for lowering drug prices, but Trump’s plan involves mostly executive action, not legislative. Grassley said last month that he is seeking a breakthrough by talking with the pharmaceutical industry about a possible deal where they would relent on their opposition to the Creates Act in exchange for a fix to a Medicare provision that is costly to drug companies. The Creates Act saves about \$4 billion and so could be used to help pay for the fix for the Medicare provision that drug companies are seeking. There are not many coming legislative vehicles for these measures, though, making the task harder. [Source: The Hill | Peter Sullivan | June 5, 2018 ++]

Tennis Elbow ► More Common Than Golfer’s Elbow

Tennis elbow (medical term: lateral epicondylitis) is usually caused by repetitive movements or too much strain – for instance, during sports like tennis or when doing manual labor. The main symptom is pain in the outer elbow, but it may also spread over the entire arm. It typically requires a bit of patience: It often takes a few months for the symptoms to clear up. Certain treatments can relieve the pain somewhat or speed up recovery. But many of the treatments that are offered haven’t been proven to work.

Symptoms

The pain in the outer elbow is mostly only felt when the elbow is moved or touched, and it may spread into the upper arm, forearm or the hand. Even the simplest movements can be painful, like unscrewing the cap of a bottle. If the symptoms are severe, just lifting up a cup of coffee can be a problem. It also becomes difficult to get a strong grip, and the arm is often less flexible than it was before. The pain might go away when the arm is resting. These symptoms can also occur at night and make it hard to sleep, though. Pain on the inside of the elbow could be a sign of a condition known as “golfer's elbow” instead. Treatment for golfer's elbow is usually similar to that for tennis elbow.



Causes and risk factors

In tennis elbow, the pain arises where the tendons attach to muscles on the outside of the elbow. These tendons are involved in movements that extend the wrist. For this reason, hand and arm movements that put a strain on them – such as bending, stretching, twisting, grasping and lifting – can lead to the typical symptoms. It often affects people who usually don't use their forearm muscles much, and then suddenly overuse them. But the symptoms don't only result from short-term overuse. Regular repetitive strain can also result in tennis elbow. Possible causes include:

- Sports like tennis, rowing or strength training
- Manual labor like painting, carpentry or turning screws
- Heavy lifting
- Playing musical instruments, such as the piano
- Working at a computer or a supermarket cash register

So although tennis elbow can actually be caused by playing tennis, it usually has nothing to do with this sport. Doctors used to think that the pain was caused by an inflammation in the muscles. But this was not found to be the case. Nowadays it's thought that something else plays an important role: Tennis elbow probably arises from the overuse or incorrect use of muscles, which leads to small injuries and wear and tear at the base of the tendons that attach to the muscles. But it's not really known what exactly causes tennis elbow.

Prevalence

About 2% of the population have tennis elbow. The symptoms are most common in people between the ages of 40 and 60 – probably because the muscles are more susceptible to overuse in middle and older age. Tennis elbow is equally common in men and women. Sometimes the symptoms go away after just a few weeks, but they often last several months. In about 80% of people who develop tennis elbow, the pain goes away within one year. The others continue to have symptoms for longer.

Diagnosis

The doctor will first ask you what sort of activities make the pain noticeable and whether you have any other medical conditions. Then they will examine your arm and check what movements trigger the pain. This might involve extending your arm with the palm of your hand facing down, and then pressing the same hand upwards against a certain amount of resistance. If that makes your elbow hurt, it's a sign of tennis elbow. A physical examination is

usually enough to find out whether you have tennis elbow. X-rays, ultrasound scans or MRI (magnetic resonance imaging) are only considered if doctors think that you might have something else.

Treatment

The goal of treatment is to relieve the pain and to improve the mobility and strength of the arm and wrist. Trying to avoid activities that provoke the symptoms – or reducing those activities enough to make the symptoms improve – may already help. Special exercises to strengthen the forearm and wrist, called “eccentric exercises,” can help to relieve the pain. Manual therapy by a physiotherapist can help too. Doctors often use very different approaches to treat tennis elbow. But only a few of these treatments have been proven to be able to relieve the symptoms. First and foremost, tennis elbow requires patience. The symptoms usually clear up after a few months without any special treatment.

Non-steroidal anti-inflammatory drugs (NSAIDs) can provide short-term relief. Steroid injections can also relieve pain, but they may disrupt the healing process. A few studies suggest that ultrasound therapy can somewhat improve the pain. There is no proof that the following treatments help, though: various injection treatments (for example with blood taken from your own body or Botox), laser therapy, electrotherapy, massage, shockwave therapy and acupuncture. German statutory health insurers often don't cover the costs of these treatments. If the symptoms continue for a long time and other treatments don't help, surgery is sometimes suggested. There has hardly been any research on tennis elbow surgery, though.

[Source: InformedHealth.org | <https://www.informedhealth.org/nl.2605.en.html> | June 1, 2018 ++]

TRICARE Podcast 452 ► DEERS - PTSD Care & Support Webinar - RP PPN

DEERS -- Do you or your family member expect to experience a Qualifying Life Event, or QLE, including moving this summer? If so, you'll need to update your information in the Defense Enrollment Eligibility Reporting System, or DEERS. To remain eligible for TRICARE coverage, you must keep your information current in DEERS. DEERS is a computerized database of active duty and retired service members, their family members and others who are eligible for TRICARE. Proper and current DEERS registration is key to getting timely, effective TRICARE benefits. It's essential to update and verify your information in DEERS anytime you have a QLE. This is especially true during the summer moving season. After you arrive at a new duty station or location, update your information in DEERS. Your Social Security number and the numbers of each of your covered family members must be included in DEERS for your TRICARE coverage to be accurate. You have several options for updating and verifying DEERS information. You can make changes in person, by phone, online or by mail. Keep in mind that sponsors can only add a family member in DEERS. But family members age 18 and older may update their own contact information. Visit TRICARE.mil/DEERS for more information on how to update your information in DEERS.

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PTSD Care & Support Webinar -- Please join TRICARE and Military One Source for an upcoming webinar on PTSD Care and Support. The webinar, “PTSD Care and Support – Real Warriors Campaign Resources” is scheduled for Thursday, June 21st from 1 to 2 pm Eastern Time. Posttraumatic stress disorder, or PTSD, can develop after experiencing, witnessing or learning the details of a traumatic event. This webinar will discuss PTSD signs, symptoms and treatment options, as well as how to overcome barriers to seeking care. An overview of Real Warriors Campaign resources for service members, veterans and families who are coping with PTSD will also be provided. To register, visit www.militaryonesource.mil/webinars for more information including how to register for the webinar. A question and answer session will follow the presentation.

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Philippines Preferred-Provider Network -- Beginning January 1st the Defense Health Agency established a preferred-provider network in the Philippines. The preferred-provider network, or PPN, is available to all TRICARE-eligible beneficiaries, whether they're enrolled in TRICARE Overseas Program Prime or Select, or use TRICARE For Life. The PPN replaces the TRICARE Philippines Demonstration Project, which ran from 2013 to 2017.

In addition to PPN providers, TRICARE-authorized providers in the Philippines include certified providers. If you live or travel in the Philippines, you're required to see a certified or preferred provider for care. However, you should always check the certification for any provider from whom you seek care, even if that provider was previously approved. To find a certified or preferred-provider in the Philippines, visit tricare-overseas.com/philippines.htm and use the search tool, which is regularly updated. TRICARE Overseas Program Select beneficiaries can receive services from TRICARE-authorized, out-of-network providers, but may pay higher cost-sharing amounts for this out-of-network care. Care received from non-authorized, non-network providers won't be reimbursed by TRICARE. For care received prior to the establishment of the PPN on January 1st, 2018, you have three years to file a claim. For more information, visit www.tricare-overseas.com/beneficiaries/philippines.

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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> | June 1, 2018 ++]

TRICARE Podcast 453 ► Men's Health Month - Qualifying Life Events - PTSD

Men's Health Month -- June is Men's Health Month. This is an opportunity for men to take command of their health. According to the Centers for Disease Control and Prevention, the leading causes of death among men in the U.S. include heart disease, cancer, respiratory diseases, and stroke. Here are five tips to improve your health:

- **Recognize Preventable Health Problems Early** - Your doctor can help you identify problems, like being overweight, or experiencing depression or anxiety.
- **Get Regular Screenings** - TRICARE covers clinical preventive services. Your doctor can help you decide what tests you need based on your age and risk factors.
- **Speak Openly with Your Provider** - Honest doctor-patient communication can prevent misdiagnoses and unnecessary tests.
- **Make Healthy Lifestyle Choices** - Get adequate sleep, exercise regularly, and eat healthy balanced meals.
- **Minimize Risky Behavior** - Smoking can cause conditions such as heart disease and cancer, which are the top two leading causes of death among men. If you drink alcohol, do so in moderation.

Check out the TRICARE monthly tips on the Healthy Living page for more information and resources about your health. Men, this June, take positive steps to care for your body.

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Qualifying Life Events -- Are you moving, separating from active duty, getting married, or having a baby? These are just a few examples of Qualifying Life Events (QLEs). Experiencing a QLE means your TRICARE options may also change. Depending on your eligibility, a QLE allows you to enroll in or change your TRICARE health plan coverage outside of the annual open season. If you want to enroll in or change your plan, you must make the enrollment changes within 90 days following the QLE. You must also pay any enrollment fees or premiums due during that period. No matter when you initiate this change, coverage starts the date of the QLE and runs through Dec. 31 of that year, unless you lose eligibility or disenroll. Do you have questions about QLEs? Not sure how they

can affect your TRICARE options? Here's your chance to get some answers. Join TRICARE on Tuesday, June 12 at 3:15 p.m. (ET). The live Q&A session is on the TRICARE Facebook page at www.tricare.com/facebook.

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PTSD -- Generalized anxiety, panic disorder, and anxiety related to PTSD are common. An estimated 31 percent of U.S. adults experience anxiety at some point in their lives. Everyone experiences symptoms of anxiety, but when it disrupts your daily life – going to work, leaving the house, interrupting sleep – that's when we classify it as a disorder. Unfortunately, many people have more than one disorder at a time – for example, depression and anxiety. Here are some of the common related disorders and their symptoms:

- Depression is often found in people with anxiety. Major depression includes feelings of hopelessness that last for more than two weeks, a change in eating and sleeping patterns, and social isolation. Depression can be so severe that the person cannot get out of bed, or it may take a slightly milder form.
- Panic disorder involves consistently having panic attacks that can include sweating, heart racing, hyperventilating, and a general feeling that one is going to die. Panic attacks can last 20 minutes or more and often are triggered by no apparent event or situation.
- PTSD occurs several months after a psychological trauma. Those who suffer from it go to great lengths to avoid people, places, and thoughts that remind them of the trauma. They are numb and have difficulty feeling a full range of emotions. They also have problems with sleep and invasive thoughts.

These disorders are treatable and reaching out for help is not a weakness. There are many treatments options available. Resources are there, and it's up to you to take advantage of them. For more information on the mental health services covered by TRICARE visit www.tricare.mil/mentalhealth.

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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> | June 6, 2018 ++]

* Finances *



SSA Payments ► 10 Things That Could Reduce Them

You've worked hard for your Social Security retirement benefits, and you want every dollar you're entitled to receive, right? Of course. Unfortunately, the sad reality is that there are reasons why your Social Security payments could decrease. Many are in your control, but some are not. Here's how your monthly check could get dinged for everything from poor timing on your part to poor planning on the government's end:

1. Claiming retirement benefits early -- A sure-fire way to decrease your Social Security payments is to claim your benefits early. While the government is happy to start sending you monthly checks at age 62, they are going to

reduce your benefits by up to a third if they do. That is a permanent reduction, too, so don't expect to see a big bump in benefits once you reach your full retirement age.

2. Getting your full retirement age wrong -- You may think you're doing everything right by filing for Social Security benefits at age 65, but that will reduce your payments as well. Although 65 was long considered the full retirement age, the government has been slowly moving the goalposts. If you were born between 1943 and 1954, your full retirement age is 66. The number increases to 66 years and 6 months for those born in 1958, and it's 67 for those born in or after 1960.

3. Missing the Medicare application window -- While the full retirement age has been slowly changing, the age for Medicare eligibility has remained the same. That means that even if you aren't applying for Social Security until age 66, you need to apply for Medicare at age 65. Failure to do so could result in late enrollment penalties. For instance, Medicare Part B premiums are 10 percent higher for every 12-month period a person fails to sign up for Medicare coverage when they are eligible.

4. Rising Medicare premiums -- Even if you apply for Medicare on time, you could find that your Social Security payments take a hit from rising Medicare premiums. In 2012, people paid \$99.90 per month for Medicare Part B, which covers outpatient services. For 2018, that premium is \$134 for most people with high earners paying more. Couples with incomes greater than \$170,000 per year pay monthly premiums ranging from \$187.50 to \$428.60, depending on their income.

5. Earning too much income as an early retiree -- If you decide to go the early retirement route, you should think twice about continuing to work while receiving Social Security benefits. In 2018, if you are younger than your full retirement age but old enough to have started taking Social Security, you can only earn \$17,040 before a portion of your benefits is withheld. The government will reduce your benefits by \$1 for every \$2 you earn above that amount. If you'll hit your full retirement age this year, you can earn up to \$45,360 in the months leading up to your birthday. Exceeding that amount means the Social Security Administration will take \$1 for every \$3 you earn over the limit. Fortunately, these aren't permanent reductions in your benefits, and starting with the month you reach full retirement age, there is no limit on how much you can earn. In addition, any benefits withheld because of your earnings will be added back to your benefits each month starting at your full retirement age.

6. Failing to catch incorrect wage information -- Social Security benefits are based on your earnings. If the government doesn't have the correct wage information for you, the result could be a smaller Social Security check. That's another reason why you want to claim all the money you earn from any side hustle. Yes, you have pay taxes on that money, but it's also going to help boost your Social Security earnings. You can sign up for a My Social Security account to review your wage data and make sure it's accurate.

7. Defaulting on federal student loans -- Thanks to a U.S. Treasury rule, debt collectors for credit cards and other consumer accounts can't garnish your Social Security benefits. However, that protection doesn't extend to debts owed to the federal government. If you have defaulted on federal student loans for yourself or ones you took out for a child, up to 15 percent of your Social Security benefits could be withheld to pay off the debt.

8. Owing taxes or child support -- The government can also take money from Social Security to pay for back taxes or child support. Garnishment for taxes is limited to 15 percent of your monthly benefits, the same as for federal student loans. However, if you owe child support, get ready for the government to take as much as 65 percent of your benefits to pay for that obligation if you're in arrears.

9. Receiving a government pension -- It's a sad reality that you can be a teacher for 40 years and lose half of your Social Security retirement benefits simply because you receive a government pension. The Windfall Elimination Provision (WEP) applies to those receiving pensions for jobs not covered by Social Security, such as some local and state government workers. While these workers never paid into the Social Security system for their pension job, they may have Social Security earnings through a second job or a different position they held. While they should be able

to receive Social Security benefits from these jobs, the WEP reduces the amount they are paid, and there's nothing those affected can do about it.

10. Outliving the Social Security Trust Fund -- Your Social Security benefits will surely take a hit if you outlive the program's trust fund. According to the 2017 Trustees Report, the Old-Age and Survivors Insurance Trust Fund, which pays out retirement benefits, will run out of cash in 2035. After that, the program will only have enough income from employed workers to pay 75 percent of benefits to retired workers. Of course, Congress could step up and make changes before then, but we don't advise holding your breath.

[Source: MoneyTalksNews | Maryalene LaPonsie | June 7, 2018++]

Living Trusts Update 03 ► **Not Compatible With New VA Loans**

If you're a veteran nearing full retirement or getting your estate in order, you might be establishing a living trust instead of preparing a simple will. But are you also considering taking out a new VA Home Loan? Beware: One MOAA life member recently found out the hard way that because he and his wife had transferred their home into an irrevocable living trust, they were ineligible for a new VA Home Loan on this property. The VA Home Loan Office told them that if a home is placed in trust, then both of the individuals had to qualify for the home loan — meaning both had to be veterans.

The Code of Federal Regulation section on veteran loan guaranty (38 CFR § 36.4354 “Estate of Veteran in Real Property”) states, “The title of the estate in the realty acquired by the veteran, wholly or partly with the proceeds of a guaranteed or insured loan ... shall be not less than: a life estate, provided that the remainder and reversionary interests are subject to the lien; or a beneficial interest in a revocable Family Living Trust ..., provided the lien attaches to any remainder interest and the trust arrangement is valid under state law.” In layman's terms: You can put your home in a trust, but you can't get a loan if you've put your home in an irrevocable trust. Unfortunately, this member and his spouse had done exactly that and were denied a refinancing VA Home Loan.

Generally, what is a trust? A property owner passes some or all of their property to a trust. The trustee manages the trust until such time that it can be transferred to the beneficiary, typically upon the death of the owner(s). Two main benefits entice individuals and families toward a trust. The first is a trust avoids probate, which typically means a faster transfer of assets to your beneficiaries. The second is that trusts provide privacy over the matter of asset distribution; wills do not. A will's provisions are made public after death. For more info on Trusts check out:

- [Top 5 Must Do's Before You Write a Living Trust](#)
- [WikiHow: How to Make a Living Trust](#)
- [The Pros and Cons of Revocable Living Trusts](#), and
- [Kiplinger: Why you don't need a Living Trust - They are costly and often overhyped.](#)

[Source: The MOAA Newsletter | Paul Frost | June 12, 2018 ++]

Federal Reserve Update 01 ► **Rates Rise | What It Means For You**

The Federal Reserve announced 13 JUN that it is raising its benchmark federal funds rate by 25 basis points, bumping it into a range of 1.75 to 2 percent. This is the second Fed rate hike of 2018. And it's the seventh hike since December 2015, which was the first post-Great Recession hike. The Fed noted that its latest information “indicates that the labor market has continued to strengthen and that economic activity has been rising at a solid rate.” And experts expect **more Fed rate hikes to come**, even before 2018 is over.

With the federal funds rate’s proverbial pendulum clearly in the midst of an upswing, consumers can expect interest rates to generally follow suit. That’s bad news for many debtors and good news for savers. So, one way or another, the 13 JUN rate hike will directly impact your wallet. Here are five examples of how rate hikes affect personal finances:

1. Credit card balances - Most credit card interest rates are variable, meaning they go up and down along with interest-rate trends as a whole. So, they climb when the federal funds rate rises. According to WalletHub, the six rate hikes prior to today have cost credit card users an additional \$8.23 billion in interest to date. And that number will rise by at least \$1.6 billion this year due to today’s rate hike. This stands to hurt: Folks who carry a credit card balance over from one month to the next.

2. Fixed-rate mortgages - There is no direct relationship between fixed-rate mortgages (FRMs) and the federal funds rate, but interest rates for new FRMs are likely to move higher over time as the federal funds rate increases. In fact, that is already happening: While mortgage interest rates dipped over the past two weeks, they are on the rise overall, according to Freddie Mac. For example, the average interest rate for 30-year FRMs in the U.S. was 4.54 percent as of 7 JUN. That’s up from 3.89 percent just one year ago. This stands to hurt folks who get a mortgage in the future.

3. Adjustable-rate mortgages - An adjustable-rate mortgage (ARM) is tied to a benchmark index, such as the London Interbank Offered Rate, aka Libor. When the Fed raises the federal funds rate, those indexes tend to rise, too. Like interest rates for fixed-rate mortgages, those for ARMs are also already rising overall. The average rate for a 5/1-year ARM was 3.74 percent as of June 7 — up from 3.11 percent one year ago. This stands to hurt folks who currently have an ARM or get one in the foreseeable future. As those benchmark indexes climb, so will the rate on your ARM — and the size of your monthly mortgage payment — the next time your ARM is scheduled to “adjust.”

4. Other types of loans - Interest rates on other types of debt tend to rise over time as the Fed rate rises. They include auto loans, personal loans and home equity lines of credit, aka HELOCs. This is already happening with auto loan rates, for example — they just hit a nine-year high, according to Edmunds. The average rate for new financed vehicles was 5.75 percent in May. That’s up from 5.04 percent in May 2017 and 4.17 percent in May 2013. This stands to hurt a lot of people who already have a loan or who take one out in the foreseeable future.

5. Bank accounts and certificates of deposit - Bank accounts that pay interest, as well as certificates of deposit (CDs), tend to pay increasingly higher rates over time as the federal funds rate rises. Such bank accounts include interest-bearing checking accounts, savings accounts and money market accounts. This stands to help most folks with money to spare.

[Source: MoneyTalksNews | Karla Bowsher | June 13, 2018 ++]

SSA Income Livability ► Places to Live With Best Standard of Living

Nearly a quarter of retired married couples and more than 40 percent of elderly single people rely on Social Security benefits almost exclusively for their income, according to the Social Security Administration. Hopefully, those people have chosen to call one of the below places home. The website [SmartAsset](#) analyzed average Social Security benefits, the cost-of-living and tax rates for 3,133 U.S. counties. Then, it assigned an index rating to each one to represent how easy it would be to live there off Social Security alone. Higher index numbers mean your Social Security benefits would go further. San Francisco came in dead last, so don’t move there if you won’t have any income beyond Social Security.

Rank	County	Cost of Living	Annual Social Security	Social Security Taxed?	Social Security Goes Furthest Index
1	Box Butte, NE	\$17,597	\$23,736	Yes	100.00
2	Sumter, FL	\$18,785	\$23,850	No	97.61
3	Antrim, MI	\$17,671	\$21,004	No	90.91
4	Greene, GA	\$17,686	\$20,808	No	90.04
5	Wahkiakum, WA	\$17,491	\$20,574	No	89.42
6	McCormick, SC	\$18,021	\$20,274	No	88.57
7	Warren, IN	\$18,086	\$20,837	No	88.51
8	Harvey, KS	\$18,193	\$20,628	Yes	87.86
9	Lyon, KY	\$17,528	\$19,629	No	87.31
10	Custer, CO	\$18,886	\$21,955	Yes	87.26
	Nationwide	\$19,040	\$17,517		

Instead, check out one of the 25 counties, ranked from least to most affordable for your retirement dollar shown in the MoneyTalksNews article found at <https://www.moneytalksnews.com/slideshows/u-s-counties-where-social-security-offers-the-best-standard-of-living/?all>. [Source: MoneyTalksNews | Maryalene LaPonsie | June 13, 2018 ++]

Federal Poverty Level ► 2018

The Federal Poverty Level (FPL) is a measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage. The 2018 federal poverty level (FPL) income numbers below are used to calculate eligibility for Medicaid and the Children's Health Insurance Program (CHIP). 2017 numbers are slightly lower, and are used to calculate savings on Marketplace insurance plans for 2018.

- \$12,140 for individuals
- \$16,460 for a family of 2
- \$20,780 for a family of 3
- \$25,100 for a family of 4
- \$29,420 for a family of 5
- \$33,740 for a family of 6
- \$38,060 for a family of 7
- \$42,380 for a family of 8

Federal Poverty Level amounts are higher in Alaska and Hawaii. For HHS poverty guidelines for 2018 refer to <https://aspe.hhs.gov/poverty-guidelines>. Though the IRS is allowed by law to dock debtors 15 percent of government payments (such as Social Security) for taxes owed, it has excluded those below the 250 percent of the poverty line in recent years. For example an older married couple with gross earnings of \$41,150 or less under current policy should not have their social security payments reduced by 15% to pay off their tax debt but would still be subject to the IRS failure to pay penalty assessed on the total debt amount. The failure to pay penalty is generally .5% of your unpaid taxes for each month or part of a month that your payment is late. The penalty begins to accrue the day after the due date. [Source: <https://www.healthcare.gov/glossary/federal-poverty-level-FPL> | June 2018 ++]

IRS Collection Policy Update 06 ► Private Tax Debt Collector Use

Fourteen months into its latest foray into using private tax debt collectors, the Internal Revenue Service is still grappling with the tendency for the contracted firms to target those taxpayers least able to afford payments. That's the conclusion reached by National Taxpayer Advocate Nina Olson in 6 JUN blog post. "I have been concerned that taxpayers whose debts are assigned to private collection agencies will make payments even when they are likely in economic hardship—that is, they are unable to pay their basic living expenses," she wrote. "This is exactly what has been happening."

Olson had warned in her January annual report to Congress that the controversial program to collect back taxes—which involves four contractors who keep 25 percent of what they collect—that was reinstated in 2017 brought in \$6.7 million to the Treasury but cost the agency \$20 million. Olson's staff analyzed the tax returns of 4,100 taxpayers who made payments after being contacted by private collectors as of September 2017. The findings: 28 percent had incomes below \$20,000; 19 percent had incomes below the federal poverty level; and 44 percent had incomes below 250 percent of the federal poverty level, the cutoff Congress set in 1998 to excuse some low-income taxpayers from debt payment pressures. Though the IRS is allowed by law to dock debtors 15 percent of government payments (such as Social Security), it has excluded those below the 250 percent of the poverty line in recent years.

Under the private collection program, debt-ridden low-income taxpayers are asked to pay all of what they owe, but have the option of entering into—without submitting financial information—installment agreements up to seven years. The advocate's office studied 2,102 taxpayers' ability to meet their "allowable living expenses," standards the IRS uses to gauge what taxpayers reasonably need for housing, food, utilities, transportation and health care, adjusted for family size and location. According to the IRS's own data on 9,751 taxpayers on the installment plan from April 2017 to March 29, 2018, as many as 24 percent had incomes below the federal poverty level (all of those had incomes below their allowable living expenses), and 22 percent had incomes at or above the federal poverty level and below 250 percent of the federal poverty level (of whom 80 percent couldn't meet their allowable expenses). Of the entire group who entered the installment agreements, 43 percent had incomes less than their allowable expenses.

Olson reported that she sent the IRS a directive in April ordering it not to assign to private collectors the debt of any taxpayer whose income was less than 250 percent of the federal poverty level. The agency has until 25 JUN to appeal, she said. Several Democrats in the Senate and House, among them Sen. Ben Cardin (D-MD) and Rep. John Lewis (D-GA) have introduced legislation that would end the private collector program that they consider harsh and ineffective. "We cannot continue to waste money using private collection agencies to collect tax debt," said Cardin, who serves on the Senate Finance, Taxation and IRS Oversight Subcommittee. "Putting a bullseye on the back of low-income taxpayers has lost taxpayer dollars every time it has been tried. It needs to stop for good."

The National Treasury Employees Union, which has long opposed farming out the collection duties it believes belongs with trained IRS staff, welcomed the taxpayer advocate's blog post. "This is the third time Congress has steered public IRS business to private collection agents," said NTEU National President Tony Reardon, "and like the first two times, it should be canceled." The IRS declined to comment, and Republican committee chairmen did not respond to Government Executive queries by publication time. [Source: GovExec.com | Charles S. Clark | June 12, 2018 ++]

Dental Cost Update 02 ► Ways To Save

Keeping your teeth and gums healthy can be expensive. A twice-annual cleaning and exam is an ounce of prevention that will help save you from far more costly work. But even a cleaning can run up a bill of several hundred dollars. So, the question is, how to stay on top of it without breaking the bank? Here are four ways to save on dental care:

1. Look for special deals

Dentists often advertise some super deals through social buying sites such as [Groupon](#) and [LivingSocial](#), local “shopper” newspapers, and even the ubiquitous blue envelope from Valpak. Let me bear witness to deals that do exist: While living in Seattle, I redeemed a Valpak coupon that helped me pay just \$29 for cleaning, X-rays and a free teeth-whitening kit custom-made for me in the office. Read such deals carefully, though, and take note of expiration dates. If a voucher expires, you can still redeem it for the amount paid, but you won’t get the same price on the deal. Suppose you spent \$29 on a [Groupon](#) deal for cleaning and X-rays but forgot to book the appointment in time. You can still apply the \$29 toward those services, but it’ll cost a *lot* more than \$29.

Remember, too, that deep discounts — whether through social buying networks or a coupon in a local paper — are generally for new customers. You won’t get nearly as good a price on future visits. Also keep in mind that the office on the coupon might not be the most cost-effective place in town for later work. If the exam turns up a problem, write down the specific treatment recommended and the total cost, then say you’ll get back to them regarding future appointments. Next, ask friends and co-workers which dentists they use and call to compare fees for the same service.

2. Beware costly extra procedures

Teeth whitening is just one of the unnecessary treatments offered at many offices. On average, in-office whitening will cost, about \$650, according to the [Consumer Guide to Dentistry](#). If you’re concerned about stains on your teeth, purchase whitening strips or bleaching kits over-the-counter for a fraction of the cost. Among the procedures that could be unnecessary are teeth whitening, amalgam filling replacement, X-rays, precautionary removal of wisdom teeth and temporomandibular joint (TMJ) disorder surgery.

3. Consider a second opinion

Suppose the dentist says you need deep treatment for serious gum disease plus a crown to fix serious upper-molar decay. You’ll probably reject the idea, wondering just how your teeth could have gotten that bad even though it’s been just a year since your last checkup. It could be you’re rationalizing. But it could also be that you need a second opinion. Donna’s daughter got that “Serious gum disease! Ghastly cavity!” diagnosis once. The second dentist she visited said, “Nope, you just need a good cleaning and to learn to stay on top of the flossing.” Not a word about gum scaling or even a decayed tooth. Although most dentists aren’t out to rob you, consider a second opinion if things just don’t feel right. Doing so saved my daughter \$1,000 out-of-pocket and a whole lot of unnecessary work.

4. Seek out free or low-cost options

Don’t have dental insurance? Look for discount dental plans such as [New Dental Choice](#) and [DentalPlans.com](#). An annual membership fee qualifies you for discounts of up to 60 percent from a group of dentists who have agreed to lower rates. A few more possibilities:

- **Children’s Health Insurance Program (CHIP):** Designed for families who don’t qualify for Medicaid assistance but can’t afford private insurance, CHIP dental coverage is good for children up to age 19. Coverage varies from state to state. To find out more, visit the [CHIP website](#).
- **Clinical trials:** [According to the National Institute of Dental and Craniofacial Research](#), you may qualify for studies that include your specific dental situation. This means free or low-cost care. To learn more, visit the [NIDCR website](#) and click on “Clinical Trials.”
- **Dental schools:** [The American Dental Association](#) has a list of such schools; maybe you’re lucky enough to live near one. Don’t worry, dental students’ work is supervised.
- **Dental hygiene schools:** You may be able to get low-cost cleanings at some dental hygiene schools. Check the [American Dental Hygienists’ Association website](#) to find the nearest school.
- **Federally funded health centers:** These operate on a sliding-scale basis. [The U.S. Department of Health and Human Services](#) website has a health care finder tool.
- **Medicaid:** Another state-run program that may cover dental benefits for low-income residents. [Visit the website](#) to learn about benefits in your state.

Editor's Note: If you live reasonably close to the border with Mexico, check out what is available on the other side. Most Dental offices there offer free initial examination visits to allow you to see how well equipped they are and get an estimate of costs. Not cheap but much less expensive for the same care. My wife and son-in-law did this and saved 50% of what they were going to be charged in the San Diego area for a root canal, cap, filling, and deep cleaning. If you want to know where we went give me a call.

[Source: MoneyTalksNews | Donna Freedman | June 12, 2018 ++]

Garbage Disposal Update 01 ► What Garbage & Recycling Workers Earn

The United States generates 254 million tons of trash every year; without regular removal we'd all be drowning in garbage. Doing that picking up is both dirty and dangerous. According to the U.S. Bureau of Labor Statistics, the fatal injury rate in this business is 33 per 100,000, which is higher than those of miners, construction workers and cops. Garbage collectors are plagued by musculoskeletal injuries, eye injuries, fractured limbs and animal bites, experts say. They are also exposed to pathogens, toxins and chemicals from the waste and its decomposition as well as vehicle exhaust fumes, noise, extreme temperatures and ultraviolet radiation, according to the journal Occupational Medicine.

Extreme heat and cold can make the job tougher, depending on the location, and sanitation workers often face creatures, even in urban areas — rats, opossums, squirrels, raccoons, cats, dogs, bears and even feral roosters. Waste workers report finding dead animals, rotten fish, bodily fluids, sex toys and pet waste. (Somebody has to empty out all those dog-poop trash cans at the park — and it's not the Turd Fairy.) Is it worth it? Well, earnings vary pretty widely across the United States. The wages following are ranked lowest to highest for all 50 states and the District of Columbia, based on stats from the BLS at <https://www.bls.gov/oes/current/oes537081.htm#st>. Surprisingly the top 3 lowest and highest state's average hourly wages paid are:

- Lowest: SC - \$12.14, MS - \$12.34, and WV - \$12.75
- Highest: NY - \$27.06, IL - \$25.18, and CA - \$24.93

[Source: MoneyTalksNews | Donna Freedman | June 12, 2018 ++]

Military Retirement Pay Taxation Update 02 ► Colorado Victory

Military retirees in Colorado scored a big victory last month when Gov. John Hickenlooper signed a law extending income-tax deductions for those under the age of 55. The bill, which is designed to encourage veterans to stay in Colorado after leaving the military, allows retired servicemembers who aren't yet 55 to claim deductions in staggered amounts over four years. Before this move, Colorado had been one of 10 states without any state income tax deductions for military retirees. "The goal was to keep ... and attract veterans to Colorado," said Shelly Kalkowski, a retired Air Force lieutenant colonel who works on the Colorado Councils and Chapters of the Military Officers Association of America. "If they're Colorado residents [who] join the military, they want to live here but said it's too expensive to come back. This gives them a little more leeway in their disposable income to come here."

Other states that tax military retiree compensation include California, Georgia, Montana, New Mexico, North Dakota, Oregon, Rhode Island, Vermont and Virginia. Last month, MOAA called on California lawmakers to offer deductions to military retirees after servicemembers there asked for help. [To read MOAA's response refer to: <http://www.moaa.org/Content/Publications-and-Media/News-Articles/2018-News-Articles/MOAA-Calls-for->

[California-to-Stop-Fully-Taxing-Military-Retirement-Pay.aspx](#)]. MOAA believes no state should fully tax military retirees.

Colorado's bill works on a four-year phase-in, allowing individuals under 55 to claim deductions. Those tax deductions will be made in an amount equal to an individual's military retirement benefit not to exceed \$4,500 in the first year, \$7,500 in the second year, \$10,000 in the third year and \$15,000 in the fourth year. The bill requires renewal in the fifth year. There are about 400,000 veterans in Colorado, according to U.S. Census data. Many come from the five Air Force bases and one Army installation there: Buckley Air Force Base in Aurora; the Air Force Academy and Cheyenne Mountain and Peterson Air Force Bases in Colorado Springs; and Schriever Air Force Base and Fort Carson Army Base in El Paso. Kalkowski worked with the United Veterans Committee of Colorado - a nonprofit coalition of 50 military service organizations, including MOAA - to get the bill to the governor.

States value retired military members because they bolster the state economy by bringing retirement income and non-taxed VA benefits, like the GI Bill, she said. They also make large purchases, such as homes and vehicles, Kalkowski added. In California, researchers found the economic impact of exempting retired military pay from taxes would be significant after 10 years. According to a study partially funded by MOAA, researchers determined there would be 12,600 more jobs, \$830 million added to total personal income, \$1.27 billion added to gross state product, and \$2 billion added to business sales. Retirees are also likely to start a second career - tapping into their military skills and knowledge to complement the local workforce or start their own business, she said

“People now recognize veterans - and especially retired military who already have a vast amount of experience in a lot of different areas - bring a lot of workforce experience that's valuable to the communities,” Kalkowski said. “We're an asset. I think a lot of states are recognizing that having military retirees come to their state is an asset to their economy and workforce.” State Rep. Jessie Danielson, one of the bill's sponsors, said the bill will benefit thousands of veterans across Colorado. “This tax break for military retirees honor veterans' service and goes a long way towards making Colorado the most veteran-friendly state in the country,” she said. [Source: MOAA Newsletter | Amanda Dolasinski | June 5, 2018 ++]

Death Gratuity Combat Related Update 05 ► Government Shutdown Impact

The government isn't headed for another shutdown this summer, but advocates want action now to make sure military families aren't hurt the next time a budget impasse arises. In advance of work later this week on the fiscal 2019 defense appropriations bill, supporters are again pushing a measure to ensure death gratuity payouts are sent to the families of fallen troops even during a government shutdown. The issue briefly drew headlines during the three-day shutdown earlier this year, when the families of two U.S. soldiers killed in a helicopter crash had to wait several days for the emergency funding to arrive because Pentagon officials weren't allowed to process them while lawmakers squabbled over re-opening federal operations. But since Congress and the White House reached a two-year budget deal days after that shutdown, the issue has largely gone ignored. “There isn't any pain right now,” said Keith Humphrey, whose son-in-law was killed in 2009 while serving in the Marine Corps. “There isn't any crying. So there isn't any need to deal with this.”

Humphrey has campaigned for a permanent solution to the death gratuity problem for the last four years, since budget fights on Capitol Hill prompted a 16-day federal shutdown. During that lapse in operations, lawmakers were forced to rush legislation allowing the death benefits to be distributed after several grieving families detailed challenges with the delayed payments. Since then, several lawmakers have floated a permanent solution to the issue, but none have been able to advance far in Congress. Humphrey, who has been traveling from Kansas to Capitol Hill semi-annually, said current legislation to fix the issue sponsored by Rep. Gerry Connolly (D-VA) has 198 co-sponsors, and a companion Senate measure from Sen. Chris Coons (D-DE) has 17 more. A group of nearly 20 major veterans organizations — including AMVETS, Iraq And Afghanistan Veterans of America and Wounded Warrior

Project — have voiced support for the measures. But neither bill has seen significant progress in recent weeks, even with the annual defense budget measures moving ahead in the appropriations committees.

“This isn’t an ideological thing,” Humphrey said. “It’s not even a fight. I think most lawmakers and staff just don’t even know this is still a problem.” Humphrey, a Navy veteran, said the \$100,000 death gratuity paid after his son-in-law’s death was a tremendous help to the family, ensuring that burial and other immediate costs would not become a burden. He insists that waiting even a few days because of political fighting adds unneeded stress to an already awful situation. “We’re talking about covering the costs of feeding your family and burying your kid,” he said.

Lawmakers have expressed reluctance to ease the impact of government shutdowns by exempting too many programs and federal operations, arguing that such moves could discourage their colleagues from seeing shutdowns as a threat. But Congress has approved advanced appropriations for Veterans Affairs operations for the last five years to ensure that budget fights at the end of the fiscal year do not disrupt patient care at department medical centers. And short-term bills exempting military paychecks from shutdown restrictions have also been approved, to ensure servicemembers don’t face financial worries. Advocates say the death gratuity exemption has a much smaller impact on the overall government than those measures, but potentially an even larger benefit to the grieving families.

Lawmakers on the House Appropriations Committee’s defense panel are expected to unveil their initial draft of the fiscal 2019 defense budget bill on 7 JUN. Supporters are hopeful that Connolly’s bill can be included as an amendment to that process, either in the committee’s work or during the full chamber debate later this summer. Meanwhile, Congress will have to approve either a full-year budget for fiscal 2019 or a short-term budget extension by 1 OCT to avoid another government shutdown. White House officials have already hinted those negotiations could be problematic if lawmakers don’t include some of President Donald Trump’s defense and border security priorities in their work. “So we might need to deal with this again in the fall,” Humphrey said. “And some family out there isn’t going to know how much they need this fixed until something terrible happens. “It doesn’t make any sense to wait. [Source: MilitaryTimes | Leo Shane III | June 6, 2018 ++]

Facebook Messenger Scam ► Con Artist Use to Contact Victims

If you are on Facebook, watch out for scams using Messenger. In the past month, BBB Scam Tracker has received dozens of reports about con artists using Facebook Messenger to promote phony grants.

How the Scam Works

- You get a Facebook Messenger chat that look like it comes from a friend or relative. Scammers will either hack an account or create a separate lookalike profile by stealing photos and personal information. Either way, scammers are banking that you will trust a message that appears to come from someone you know.
- The scammer – posing as a friend or family member – will send you a message claiming you qualify for "free money" from the government or other organization. The catch is that you need to pay upfront first. The con artist will claim the money pays for "delivery" or "processing."
- Other versions of this scam trick you into parting with personal information instead of money. These cons ask you to complete an application form that requires personal information, such as your address and Social Security number.

How to spot this scam:

- Be wary of your friends' tastes online: Your friend or family member may have impeccable judgment in real-life. But email messages, social posts, and Facebook Messenger chats could be from a hacked or impersonated account.

- Report scam accounts and messages to Facebook: Alert Facebook to fake profiles, compromised accounts, and spam messages [by reporting them](#).

For More Information

Learn more about government scams (bbb.org/grantscam). For advice on keeping your Facebook account secure, [this article in Facebook's help Center](#). If you've fallen victim to this kind of scam, help others avoid the same pitfall by filing a scam report at BBB.org/ScamTracker .

[Source: BBB Scam alert | June 1, 2018 ++]

Tech Support Scam ► Phony Refund Offerings

In most tech support scams, a phony representative helps you "fix" a computer problem you didn't realize you had - for a fee. As more people catch on to this popular scam, con artists find new twists on the same old trick. This time, it involves offering you a refund.

How the Scam Works

- You receive a call from a person who claims to represent a reputable tech company, such as Apple, Dell, or Microsoft. They tell you that they noticed a fraudulent charge for a tech support product, and they owe you a refund.
- However, to receive your refund, they'll ask you to share sensitive personal information. They may also ask for you to log in to specific accounts or grant them access to your computer. In some cases, they even insist that the only way for you to get your money back is to purchase pre-paid debit cards and give them the card numbers.

How to Avoid the Tech Support Refund Scam

- Be wary of unsolicited calls. Legitimate tech companies don't make unsolicited calls to their customers. This is a popular scam tactic.
- Never grant a stranger remote access to your computer. Scammers can steal your personal information and install malware that is used to commit identity theft.
- Beware of anyone asking for untraceable payments. Scammers often ask for payment by wire transfer, gift card, or pre-paid debit cards. Legitimate companies do not ask to be paid in this way.

For More Information

Learn more about tech support scams at BBB.org/TechSupportScams. If you have been a victim of a tech support scam, help other consumers avoid falling into the same trap by filling out a report at BBB.org/ScamTracker. If you have been the victim of identity theft, go to IdentityTheft.gov for a personalized recovery plan from the Federal Trade Commission.

[Source: BBB Scam alert | June 8, 2018 ++]

Tax Burden for Georgia Retired Vets ► As of JUN 2018

Note: 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 Georgia:

Sales Taxes

State Sales Tax: 4% (food, prescription drugs exempt), local taxes may increase total to 7.05%.

Gasoline Tax: 49.49 cents/gallon (Includes all taxes)

Diesel Fuel Tax: 58.59 cents/gallon (Includes all taxes)

Cigarette Tax: 37 cents/pack of 20

Personal Income Taxes

Tax Rate Range: Low – 1.0%; High – 6%

Income Brackets: Six. Lowest – \$750; Highest – \$7,000

Personal Exemptions: Single – \$2,700; Married – \$5,400; Dependents – \$3,000

Standard Deduction: Single – \$2,300; Married filing joint return – \$3,000; Taxpayer over 65 – \$1,300 additional.

Medical/Dental Deduction: Same as Federal taxes

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security is exempt. Taxpayers who are 62 years of age or older, or permanently and totally disabled regardless of age, may be eligible for a retirement income adjustment on their Georgia tax return. Retirement income includes income from pensions and annuities, interest income, dividend income, net income from rental property, capital gains income, and income from royalties. For married couples filing joint returns with both members receiving retirement income, the maximum adjustment for the applicable year may be up to twice the individual exclusion amount. Retirement income exceeding the maximum adjustable amount will be taxed at the normal rate.

Retired Military Pay: Same as above.

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

A homeowner may pay a combination of county, city, school or state taxes depending on location. Property tax relief measures are included in the state's comprehensive property tax credit law that can be viewed on their web site. Homeowners 62 and older who earn \$10,000 or less, will find that up to \$10,000 of their property's assessed value is exempt from school taxes. Persons 62 or older whose family income does not exceed \$30,000 may qualify for an exemption from state and county property taxes equal to the amount by which the assessed value of the homestead exceeds the assessed value for the preceding tax year. For those 65 and older who earn \$10,000 or less, \$4,000 of their property's value is exempt from state and county taxes as well. Call 404-968-0778 for details. Go to <https://dor.georgia.gov/search?query=property%20tax%20guide> to view additional information about property taxes.

The state offers homestead exemptions to persons that own and occupy their home as a primary residence. Many counties offer homestead exemptions that are more beneficial to the taxpayer than the exemptions offered by the state. Homestead exemptions are filed with the county tax commissioner or the county tax assessor's office. The homestead exemption is deducted from the assessed value (40% of the fair market value) of the home. Then the millage rate is applied to arrive at the amount of ad valorem tax due. Individuals age 65 and older get additional deductions. Go to <https://dor.georgia.gov/search?query=homestead%20exemptions%20section%20describes> for more information on homestead exemptions.

Inheritance and Estate Taxes

There is no inheritance tax or gift tax and only a limited estate tax which is an amount equal to the amount allowable

as a credit for state death taxes under Section 2011 of the Internal Revenue Code. In effect, the estate taxes paid to Georgia may be used to reduce the estate taxes due the IRS.

Other State Tax Rates

To compare the above sales, income, and property tax rates to those accessed in other states go to:

- Sales Tax: <http://www.tax-rates.org/taxtables/sales-tax-by-state>.
- Personal Income Tax: <http://www.tax-rates.org/taxtables/income-tax-by-state>.
- Property Tax: <http://www.tax-rates.org/taxtables/property-tax-by-state>.

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For further information call 404-417-4477 or visit the [Georgia Department of Revenue](http://dor.georgia.gov) site <http://dor.georgia.gov/search?query=georgia%20department%20revenue>. [Source: www.retirementliving.com JUN 2018 ++]

* General Interest *



Notes of Interest ► 01 thru 15 JUN 2018

- **Movies.** Tom Cruise was on Naval Air Station North Island in early June, completing the first of two days of filming at the San Diego base for “Top Gun: Maverick.”
- **Vet Homelessness.** The latest homelessness figures are out from the Los Angeles Homeless Services Authority – and for veterans, there’s some good news. There are now 18 percent fewer homeless vets – 3,910, down from 4,800 in 2017, an 18% drop. It’s a relief after the big spike in homeless veterans last year – when the number jumped 57% – that served as a wake-up call for elected officials and advocates in LA County.
- **Pet Travel.** Pets of U.S. military members stationed overseas can fly back to the States on United Airlines regardless of new PetSafe restrictions, but only until June 18, the carrier and Defense Department announced this week. New rules will then go into place that restrict the types of pets that can fly in the United PetSafe program and the size of crates that can house large-breed dogs in cargo.
- **The Greatest Story Ever Told.** If you’re going to tell a great story make sure it’s full of action and adventure and leaves the listener so amazed he won’t question anything about it. To see an examples of this, go to <https://youtu.be/MiGVU0cYf-4>.
- **Cuba.** A commission, led by former President Raul Castro and approved by Cuban lawmakers, will be responsible for rewriting Cuba’s 1976 Soviet era constitution. Potential changes include market reforms and a presidential term limit.
- **Israel.** NATO’s secretary-general says the alliance wouldn’t come to Israel’s defense in case of attack by arch enemy Iran. Stoltenberg says NATO isn’t involved in Mideast peace efforts or in conflicts in the region.
- **SSA.** The Social Security Board of Trustees released its annual report on the current and projected financial status of the Old-Age and Survivors Insurance and Disability Insurance (OASDI) Trust Funds. The combined funds are projected to become depleted in 2034, the same as last year, with 79% of benefits payable after that time. The DI Trust Fund will become depleted in 2032, extended from last year’s estimate

of 2018, with 96% of benefits still payable. To learn more visit <https://www.ssa.gov/news/press/releases/2018/#6-2018-1>.

- **Vet Jobs.** The unemployment rate for post-9/11 veterans hit 4.2% in MAY, down from 4.9% in APR, according to the latest Bureau of Labor Statistics figures released today. Overall veteran unemployment ticked down from 3.7 percent to 3.4 percent.
- **D-DAY.** At <https://youtu.be/c0GVUXh4tQQ> Charles Durning, a famous actor and a veteran of D-Day, shares his personal experience of landing on the beach in Normandy on June 6, 1944. Charles landed on Omaha Beach and like many other veterans went through so much pain and anguish that day as he fought to survive the beach assault. He was awarded a Silver Star and three Purple Hearts during World War Two. This talk was given at the National Memorial Day Concert in 2007 from the West Lawn of the U.S. Capitol.
- **Idiots of the Day.** Check out <https://youtu.be/fWpkDDDj1QM> to view participants in an annual cheese rolling event held in the United Kingdom each year. The cheese is sent rolling down the hill and then the herd of idiots is unleashed to chase it. Whoever retrieves the cheese gets to keep it. What better way I there to blow a knee out, tear a muscle or break a bone than chasing cheese down a hill.
- **Home Prices.** Reuters reports that experts predict home prices will again rise in 2019 and 2020. However, the rate at which prices are rising is expected to drop after 2018. Specifically, experts expect that home prices will rise by 5.7 percent in 2018, 4.3 percent in 2019, and 3.6 percent in 2020.
- **Disability compensation.** Compensation payments are exempt from claims made by creditors. With certain exceptions, compensation payments are not assignable and are not subject to attachment, levy or seizure *except* as to claims of the United States government (i.e. IRS). Veterans who are 100% service-connected IU may be eligible for an additional monthly entitlement of \$62.50/mo for catastrophic injury.
- **NATO.** Italy's new populist government has alarmed NATO and U.S. officials with plans to forge closer ties with Russia and to overturn sanctions imposed on Moscow after its reported 2014 military intervention in Ukraine.
- **Burial At Sea.** The video at <https://www.youtube.com/embed/jpt6Bvr2L-s?rel=0&controls=0&showinfo> shows 23 year old Loyce Edward Deen's burial on NOV 5, 1944 after he was killed by anti-aircraft fire in the Battle of Manila Bay. His body was in such bad condition he could not be removed from the aircraft.
- **GM Car Discount.** General Motors announced that all four of its brands — Chevrolet, Buick, GMC and Cadillac have come together to make the GM Military Discount the best program of its kind for active duty, reserve members and military retired from the US Army, Air Force, Navy, Marines, Coast Guard and National Guard. The core of the program remains the same: Soldiers and sailors, as well as members of their immediate families, qualify for a special discount on new vehicles at participating dealers. Effective immediately, those who serve and their families can take advantage of the discount for up to three years after discharge.
- **Sexual Assault.** Thousands of victims of sexual assault in the military have not been advised of their right to request civilian prosecution of their cases, according to research by an advocacy group [Protect Our Defenders](#). Civilian prosecutors and courts often have more experience and expertise in handling sexual assault cases than military lawyers and are better equipped to try them.
- **Bitcoin.** According to CoinMarketCap, since an all-time high of near \$20,000 per bitcoin on December 17, 2017, the cryptocurrency has lost more than half of its value, currently trading at around \$7,200. Overall, Bitcoin's price is up by about 150 percent compared with this same time last year, when it was trading around \$2,800.
- **GI Bill.** The number of Post-9/11 GI Bill users fell significantly in fiscal 2017 – the first time this has ever happened in the benefit's nearly 10-year history, federal data shows. About 4 percent fewer veterans or dependents used the GI Bill at U.S. schools last fiscal year, a 34,000 student drop, according to the most recent annual figures provided by the Department of Veterans Affairs.
- **Sheets.** Go to <https://biggeekdad.com/2014/06/folding-fitted-sheet> to see how to fold a fitted sheet to maximize the space you have available in your linen drawer.

- **Firefighting Drone.** Check out the concept at <http://newsletter.biggeekdad.com/t/i-l-bhyhluy-bhukrhuhd-r> of how firefighters could fight fires and rescue people in tall buildings using multiple drones.
- **Microwave Uses.** Check out <https://www.youtube.com/watch?v=SWdVeP-2-wk> for 10 you may not be aware of.
- **COLA Watch.** The May 2018 CPI is 245.77, 2.5 percent above the FY 2018 COLA baseline. The CPI for June 2018 is scheduled to be released on July 12.

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

USCIS Denaturalization ► **Office Launched to Identify Prior Deportees**

The U.S. government agency that oversees immigration applications is launching an office that will focus on identifying Americans who are suspected of cheating to get their citizenship and seek to strip them of it. U.S. Citizenship and Immigration Services (USCIS) Director L. Francis Cissna told The Associated Press in an interview that his agency is hiring several dozen lawyers and immigration officers to review cases of immigrants who were ordered deported and are suspected of using fake identities to later get green cards and citizenship through naturalization. Cissna said the cases would be referred to the Department of Justice, whose attorneys could then seek to remove the immigrants' citizenship in civil court proceedings. In some cases, government attorneys could bring criminal charges related to fraud.

Until now, the agency has pursued cases as they arose but not through a coordinated effort, Cissna said. He said he hopes the agency's new office in Los Angeles will be running by next year but added that investigating and referring cases for prosecution will likely take longer. "We finally have a process in place to get to the bottom of all these bad cases and start denaturalizing people who should not have been naturalized in the first place," Cissna said. "What we're looking at, when you boil it all down, is potentially a few thousand cases." He declined to say how much the effort would cost but said it would be covered by the agency's existing budget, which is funded by immigration application fees. The push comes as the Trump administration has been cracking down on illegal immigration and taking steps to reduce legal immigration to the U.S.

Immigrants who become U.S. citizens can vote, serve on juries and obtain security clearance. Denaturalization — the process of removing that citizenship — is very rare. The U.S. government began looking at potentially fraudulent naturalization cases a decade ago when a border officer detected about 200 people had used different identities to get green cards and citizenship after they were previously issued deportation orders. In September 2016, an internal watchdog reported that 315,000 old fingerprint records for immigrants who had been deported or had criminal convictions had not been uploaded to a Department of Homeland Security database that is used to check immigrants' identities. The same report found more than 800 immigrants had been ordered deported under one identity but became U.S. citizens under another. Since then, the government has been uploading these older fingerprint records dating back to the 1990s and investigators have been evaluating cases for denaturalization.

Earlier this year, a judge revoked the citizenship of an Indian-born New Jersey man named Baljinder Singh after federal authorities accused him of using an alias to avoid deportation. Authorities said Singh used a different name when he arrived in the United States in 1991. He was ordered deported the next year and a month later applied for asylum using the name Baljinder Singh before marrying an American, getting a green card and naturalizing. Authorities said Singh did not mention his earlier deportation order when he applied for citizenship.

For many years, most U.S. efforts to strip immigrants of their citizenship focused largely on suspected war criminals who lied on their immigration paperwork, most notably former Nazis. Toward the end of the Obama administration, officials began reviewing cases stemming from the fingerprints probe but prioritized those of naturalized citizens who had obtained security clearances, for example, to work at the Transportation Security

Administration, said Muzaffar Chishti, director of the Migration Policy Institute's office at New York University law school. The Trump administration has made these investigations a bigger priority, he said. He said he expects cases will focus on deliberate fraud but some naturalized Americans may feel uneasy with the change. "It is clearly true that we have entered a new chapter when a much larger number of people could feel vulnerable that their naturalization could be reopened," Chishti said.

Since 1990, the Department of Justice has filed 305 civil denaturalization cases, according to statistics obtained by an immigration attorney in Kansas who has defended immigrants in these cases. The attorney, Matthew Hoppock, agrees that deportees who lied to get citizenship should face consequences but worries other immigrants who might have made mistakes on their paperwork could get targeted and might not have the money to fight back in court.

Cissna said there are valid reasons why immigrants might be listed under multiple names, noting many Latin American immigrants have more than one surname. He said the U.S. government is not interested in that kind of minor discrepancy but wants to target people who deliberately changed their identities to dupe officials into granting immigration benefits. "The people who are going to be targeted by this — they know full well who they are because they were ordered removed under a different identity and they intentionally lied about it when they applied for citizenship later on," Cissna said. "It may be some time before we get to their case, but we'll get to them." [Source: Associated Press | Amy Taxin | June 11, 2018 ++]

Afghanistan Failures Update 02 ► Afghan Police Denied Pay by US-led Coalition

As many as 30,000 Afghan police officers fighting a bloody war against the Taliban have been denied their modest salaries for months, officials said on 6 JUN, as the American-led coalition funding the force holds back their pay out of fear that much of it is going into the hands of corrupt leaders. The move is seen as a punishment of sorts for the leadership of the force, which has lagged in accounting for its men and weeding out "ghost soldiers." Officials from the NATO coalition, which largely foots the bill for the Afghan forces — about \$4 billion a year — hope the move will shock the leadership into expediting a nationwide inventory of the officers. Their identities are being verified through biometric data.

But bearing the brunt of the decision are the desperate police officers, many of them pinned down by the Taliban in faraway outposts inaccessible to the inventory teams. The officers come from the poorest communities around the country, accepting the risky job for \$200 a month when there are few other prospects. Each day last year, an average of about 28 Afghan police officers and army members were killed. In calls to nearly a dozen police units in remote parts of Afghanistan, desperate police officers expressed frustration: They said they were being denied their lifeline because of the corruption of a few at the top. "Our district has been surrounded for a year and half," said Abdul Samad, the police commander of the Girziwan district in northern Faryab Province. "The police cannot go to the provincial centers for biometric registration, and biometric is not coming here."

Mr. Samad said: "Not only the police, but even his brother or uncle or other relatives cannot travel the road to Maimana city. If the Taliban find out that he is a brother of a police, or the uncle of a police, they will slit his throat or fill him with bullets right there." With salaries not arriving for three months now, Mr. Samad said, five members of his staff of 30 have laid down their arms and left. "You know how the police live — they go from paycheck to paycheck," he said. "They borrow groceries from a shop with the promise of paying at the end of the month." Abdullah, a police officer in the Sarkano district of eastern Kunar Province who uses only one name, said he had missed the biometric team's visit to his headquarters because he had been dispatched to a front-line position. The team was gone when he returned, and he has not been paid for two months. "I have borrowed so much that the shopkeepers have stopped lending to my family now," he said. "I am lost and I don't know what to do."

For years now, donor countries have been frustrated by what are known as “ghost soldiers” — corrupt commanders and generals pocketing the salaries of men who exist only on paper. Last year, the American-led NATO coalition withheld the salaries of tens of thousands of army soldiers, forcing the generals to expedite the biometric data registration. The army, officials say, has since improved the accounting of its soldiers. The American military, which has increasingly limited the information it releases on the state of the Afghan forces, does not give exact figures on how many Afghan soldiers or police officers have been unaccounted for. But the military said last year that it had saved \$62.4 million in “cost avoidance” by not paying the unaccounted-for personnel. But the police force, its leadership widely seen as extremely corrupt, has lagged behind, Afghan and Western officials say.

The depth of the problem in the Interior Ministry was revealed, once again, when two large fighting units of the Afghan police were incorporated into the army. When it came time for the transition, the numbers on paper were off by thousands from the actual number of men that could be accounted for, two senior officials said. Mohammed Saber Sarwary, the head of finance and budget at the Afghan Interior Ministry, said the donors had cut off pay for 30,000 police officers since March. The number was confirmed by one other senior official. “We have reached them time and again and asked them to give us access to the system to execute and process the salaries of 30,000 police who are fighting in the front lines, but they did not listen,” Mr. Sarwary said.

Donor countries put the money for the police salaries into a fund that is run by the United National Development Program. The salary freeze hit particularly hard, Mr. Sarwary said, because it is the month of Ramadan, which is followed by the festival of Eid al-Fitr. The donors’ response to repeated pleas that they release the money? “You know, there is a saying which goes, ‘He who feeds you can also command you,’” Mr. Sarwary said. A spokesman for the American-led coalition directed requests for comment to the United Nations Development Program. Officials from that agency would not comment. While the police in major cities have gone through biometric registration, reaching all of them in faraway districts has been a difficult task.

Officials in Kunduz, Zabul, Oruzgan and Farah Provinces, where there has been intense fighting, say the registration teams go to provincial centers and expect police officers from other districts to come to them. The roads are often either blocked or heavily infiltrated by the Taliban. Dost Mohammed Nayab, a spokesman for the governor of Oruzgan, said the biometric team had set up in the provincial capital, Tarinkot. “The problem is that the districts are cut off from the center,” Mr. Nayab said. “We are targeting two districts now — Deh Rawood and Gizab — bringing the police by aircraft to Tarinkot for biometric and then taking them back. It is difficult, but we are committed.” [Source: New York Times | Mujib Mashal, Taimoor Shah & Najim Rahim | June 6, 2018 ++]

US Immigration ► GOP Amnesty Plan Negotiations

An amnesty plan for illegal aliens being negotiated by Republicans in the House would not reduce legal immigration levels and would keep intact the process known as “chain migration,” whereby newly naturalized citizens can bring an unlimited number of foreign relatives to the U.S. The plan by House Republicans, which House Speaker Paul Ryan (R-WI) is attempting to fast track, would disobey President Trump’s orders on immigration, in which he has demanded an end to the Diversity [Visa Lottery](#), [chain migration](#), and full funding for a border wall. Sources close to Breitbart News say the GOP’s amnesty plan for illegal aliens would only end two categories of chain migration, ending the citizens’ ability to import their married adult children and their brothers and sisters. But, the two larger chain migration categories — in which citizens can bring their parents and unmarried adult children to the U.S. — would be kept intact, against Trump’s orders.

Meanwhile, while the Diversity Visa Lottery would be ended by the proposed amnesty plan, it would reallocate the visas handed out under the program to employers so they can import more foreign workers to compete against America’s working and middle class. The Visa Lottery hands out 50,000 visas annually to foreign nationals from a multitude of countries. The countries include those with terrorist problems, including Afghanistan, Algeria, Egypt,

Iraq, Lebanon, Libya, Nigeria, Saudi Arabia, Somalia, Syria, Trinidad and Tobago, Venezuela, Yemen, and Uzbekistan. The result of the amnesty would mean immediate benefits for potentially millions of illegal aliens and their foreign relatives, while American citizens would see no immediate benefits, as mass legal immigration levels would continue for at least 15 years.

“This is not going to do what President Trump wants done,” NumbersUSA Governmental Affairs Director Rosemary Jenks told Breitbart News. Such an amnesty plan by the GOP would not only risk their majorities ahead of the 2018 midterm elections but would also likely crush the booming economic gains the Trump administration has made, with job openings for Americans at the highest level ever recorded, as Breitbart News noted. Americans have repeatedly told pollsters that they want legal immigration to the U.S. reduced. In swing states like Ohio and Florida, likely voters say they prefer nearly zero immigration to current legal immigration levels, at which the U.S. imports more than a million immigrants a year.

Most recently, a CBS News/YouGov [poll](#) revealed that a plurality of Americans living in swing districts who said mass immigration has changed their communities say overall immigration is making life “worse” in the U.S. About four in nine black Americans in swing districts said immigration is making American life “worse.” Currently, the U.S. admits more than 1.5 million legal and illegal immigrants every year, with more than 70% coming to the country through the process known as “chain migration,” whereby newly naturalized citizens can bring an unlimited number of foreign relatives to the U.S. In the next 20 years, the current U.S. legal immigration system is on track to [import](#) roughly 15 million new foreign-born voters. Between seven and eight million of those foreign-born voters will arrive in the U.S. through chain migration. [Source: Breitbart News | John Binder | June 7, 2018 ++]

Coastal Flooding ► **Likely to Continue Breaking Records**

High-tide flooding happens twice as often in coastal areas as it did 30 years ago due to rising sea levels, according to a new report from the National Oceanic and Atmospheric Administration. High-tide flooding happens twice as often in coastal areas as it did 30 years ago due to rising sea levels, and flood records are likely to be broken in the coming year, according to a new report from the National Oceanic and Atmospheric Administration. “Breaking of annual flood records is to be expected next year and for decades to come as sea levels rise, and likely at an accelerated rate,” says the report released Wednesday, which details high-tide flooding in 2017 and forecasts a general outlook for 2018. NOAA’s findings look at the 2017 and 2018 meteorological years, which run from May 2017 to April 2018 and May 2018 to April 2019, respectively.



High-tide flooding, sometimes called sunny-day or nuisance flooding, which can swamp roads and storm drains, tied or set records last year at more than a quarter of the 98 coastal locations monitored by the federal agency. Regionally, high-tide flooding was most common along the northeast Atlantic and western Gulf of Mexico due to active nor’easter and hurricane seasons. Cities most frequently affected included Boston (22 days), Atlantic City, New Jersey (22 days); Sabine Pass, Texas (23 days) and Galveston, Texas (18 days), all of which set new records for frequency of floods. In the southern Atlantic and eastern Gulf of Mexico, new records included 14 days of

flooding in Waveland, Mississippi and six days each in Fort Myers, Florida; Cedar Key, Florida and Dauphin Island, Alabama.

“Along the east coast, a troublesome trend continues,” William Sweet, an oceanographer at NOAA’s Center for Operational Oceanographic Products and Services, said on a call about the report. “Annual flood days are increasing at an accelerated rate. In particular, along the southeast Atlantic coast—from Norfolk southward—is experiencing the fastest rate of increase in flooding, a more than 150 percent increase since 2000 alone.” NOAA expects that more records will shatter in the coming year, though the severity of flooding will vary from region to region and can be difficult to predict due to erratic weather patterns, including a climate cycle in the Pacific Ocean known as El Niño. Conditions are favorable for El Niño, though it’s not officially predicted to occur, Sweet said. “Typically, when it develops, we see higher flood frequency in about half of the locations we examine, particularly along the west and east coasts,” he said. “As a whole, flood frequencies in 2018 are predicted to be upwards of about 60 percent higher across U.S. coastlines as compared to a baseline of about 20 years ago, or the year 2000.”

But rising sea levels mean that cities are already feeling the impacts of increased flooding, even without extreme weather events. “Now, more common high tides and wind events are causing street-level flooding,” Sweet said. Local responses to these flood events often include street closures and other temporary measures to try to keep water from getting into buildings, such as sandbags or pumps. “There’s a cost, and it’s important for communities to know what to expect,” Sweet said. “And that’s why we’re doing this.” [Source: Route 50 | Kate Elizabeth Queram | June 6, 2018 ++]

Taiwan-China Dispute Update 04 ► U.S. Must Provide Taiwan Means to Defend Itself

The United States is considering sending a warship through the Taiwan Strait, U.S. officials say, in a move that could provoke a sharp reaction from Beijing at a time when Sino-U.S. ties are under pressure from trade disputes and the North Korean nuclear crisis. A U.S. warship passage, should it happen, could be seen in Taiwan as a fresh sign of support by President Donald Trump after a series of Chinese military drills around the self-ruled island. China claims Taiwan as part of its territory. U.S. officials told Reuters that the United States had already examined plans for an aircraft carrier passage once this year but ultimately did not pursue them, perhaps because of concerns about upsetting China. The last time a U.S. aircraft carrier transited the Taiwan Strait was in 2007, during the administration of George W. Bush, and some U.S. military officials believe a carrier transit is overdue.

Another, less provocative option would be resuming the periodic, but still infrequent, passages by other U.S. Navy ships through the Strait, the last of which was in July 2017. The Pentagon declined comment on any potential future operations and it was unclear how soon a passage might take place. Speaking in Beijing, Chinese Foreign Ministry spokeswoman Hua Chunying urged the United States to prudently handle the Taiwan issue so as to avoid harming bilateral ties and peace and stability in the Taiwan Strait region. “We have repeatedly emphasized that the Taiwan issue is the most important and sensitive core issue in the China-U.S. relationship,” she told a daily news briefing on Tuesday. Taiwan’s Defense Ministry declined to comment, saying the news had yet to be verified.

Trump, who broke protocol as president-elect by taking a phone call from Taiwan’s president in 2016, has toned down his rhetoric about Taiwan in recent months as he seeks China’s aid in the nuclear standoff with North Korea. The United States and China are also trying to find their way out of a major trade dispute that has seen the world’s two economic heavyweights threaten tit-for-tat tariffs on goods worth up to \$150 billion each. China has alarmed Taiwan by ramping up military exercises this year, including flying bombers and other military aircraft around the island and sending its carrier through the narrow Taiwan Strait separating it from Taiwan. “They’re turning up the heat,” a fourth U.S. official said, speaking on condition of anonymity to describe the U.S. view of Chinese activities around Taiwan.

Separately, it now appears unlikely the United States will send top officials to a 12 JUN dedication ceremony for the new American Institute in Taiwan, America's de facto embassy in Taiwan. Washington does not have formal ties with Taipei. U.S. officials told Reuters that the date clashes with the planned June 12 summit between Trump and North Korean leader Kim Jong Un, but added there will be another opportunity to commemorate the institute's unveiling in September. Since taking office, Trump has approved a \$1.4 billion arms sale to Taiwan and angered Beijing by signing legislation encouraging visits by senior U.S. officials to Taiwan. Trump also named John Bolton, known as a strong Taiwan supporter, as his national security adviser.

The fourth U.S. official told Reuters Washington aimed to change the way it approaches arms sales requests from Taiwan to address them on a case-by-case basis, as opposed to bundling them together. Rupert Hammond-Chambers at the U.S.-Taiwan Business Council trade association said moving away from bundling - a practice in place for a decade - would be better for Taipei's defense needs, treating it more like a regular security partner. "We get into difficulty when we treat Taiwan differently, which opens the door for the politicization of the (arms sales) process," Hammond-Chambers said.

Military experts say the balance of power between Taiwan and China has shifted decisively in China's favor in recent years, and China could easily overwhelm the island unless U.S. forces came quickly to Taiwan's aid. The United States is bound by law to provide Taiwan with the means to defend itself, but it is unclear whether Washington would want to be dragged into war with China over the island. Asked about U.S. obligations to Taiwan, Pentagon spokesman Lieutenant Colonel Christopher Logan noted Washington has sold Taiwan more than \$15 billion in weaponry since 2010. "We have a vital interest in upholding the current rules-based international order, which features a strong, prosperous, and democratic Taiwan," Logan said. [Source: Reuters | Phil Stewart & Idrees Ali | June 4, 2018 ++]

Gold ► **Illegal To Own in U.S. For 41 Years**

On June 5, 1933, the United States went off the gold standard, a monetary system in which currency is backed by gold, when Congress enacted a joint resolution nullifying the right of creditors to demand payment in gold. The United States had been on a gold standard since 1879, except for an embargo on gold exports during World War I, but bank failures during the Great Depression of the 1930s frightened the public into hoarding gold, making the policy untenable.

Soon after taking office in March 1933, Roosevelt declared a nationwide bank moratorium in order to prevent a run on the banks by consumers lacking confidence in the economy. He also forbade banks to pay out gold or to export it. According to Keynesian economic theory, one of the best ways to fight off an economic downturn is to inflate the money supply. And increasing the amount of gold held by the Federal Reserve would in turn increase its power to inflate the money supply. Facing similar pressures, Britain had dropped the gold standard in 1931, and Roosevelt had taken note.



On April 5, 1933, Roosevelt ordered all gold coins and gold certificates in denominations of more than \$100 turned in for other money. It required all persons to deliver all gold coin, gold bullion and gold certificates owned by them to the Federal Reserve by 1 MAY for the set price of \$20.67 per ounce. By 10 MAY, the government had taken in \$300 million of gold coin and \$470 million of gold certificates. Two months later, a joint resolution of Congress abrogated the gold clauses in many public and private obligations that required the debtor to repay the creditor in gold dollars of the same weight and fineness as those borrowed. In 1934, the government price of gold was increased to \$35 per ounce, effectively increasing the gold on the Federal Reserve's balance sheets by 69 percent. This increase in assets allowed the Federal Reserve to further inflate the money supply.

The government held the \$35 per ounce price until August 15, 1971, when President Richard Nixon announced that the United States would no longer convert dollars to gold at a fixed value, thus completely abandoning the gold standard. In 1974, President Gerald Ford signed legislation that permitted Americans again to own gold bullion. [Source: This Day in History | June 5, 2018 ++]

Sunscreen Update 01 ► Using It Correctly

If the only thing you look for in a sunscreen is a certain SPF, your skin and wallet stand to get burned. Sun protection that is both effective and affordable does exist. But if you don't know what to look for in a sunscreen or how to get the most protection out of it, you will likely waste your money and possibly increase your odds of developing skin cancer. Shielding your skin from the sun's harmful rays need not be complicated, though. Just avoid these three big mistakes:

1. Failing to Use a “broad spectrum SPF” sunscreen -- The term “sun protection factor,” or “SPF,” refers to a sunscreen's level of protection from ultraviolet B radiation, or UVB rays. The American Academy of Dermatology also describes UVB rays as “burning rays” because they are the primary cause of sunburn. But the sun also emits ultraviolet A radiation, or UVA rays. The academy also describes these as “aging rays” because they can prematurely age skin, leading to wrinkles and age spots. Both UVA and UVB rays can lead to skin cancer, too, so you need sunscreen that protects against both. Such products are often described as offering “broad spectrum” protection. Look for sunscreens with the phrase “broad spectrum SPF” followed by an SPF number on the front of the product. Under federal law, manufacturers can use that phrase only on products that pass a broad-spectrum testing procedure. If you expect to swim or sweat while wearing sunscreen, also look for the word “water-resistant” followed by either “(40 minutes)” or “(80 minutes)” on the front of the bottle. By law, this phrase can be used only on products that pass a testing procedure. If you don't want to trust the government with your skin, check out the results of sunscreen product testing conducted by independent nonprofits like [Consumer Reports](#) or the [Skin Cancer Foundation](#).

2. Applying sunscreen incorrectly -- How you apply sunscreen impacts its effectiveness. Start by shaking the bottle, even if the directions don't say to. This helps distribute the active ingredients — which provide the sun protection — throughout the product, Consumer Reports says. Next, experts advise applying sunscreen 15 to 30 minutes before going into the sun. As for the quantity of sunscreen, the American Academy of Dermatology recommends using 1 ounce of lotion — enough to fill a shot glass — to cover all of the exposed areas of the body. You can adjust that amount depending on your body size. Consumer Reports offers another rule of thumb: 1 teaspoon per area of the body — such as the face, neck or each arm. Don't forget areas like your ears, hands, lips and the tops of your feet. For your lips, check out the two dozen lip balms and other lip products with sunscreen that have earned a Seal of Recommendation from the Skin Cancer Foundation. Lastly, reapply sunscreen about every two hours, and after swimming or sweating.

3. Wearing the wrong clothing -- To get more sun protection than a sunscreen can offer, toss on a hat or some clothing. Some textiles have been rated with an ultraviolet protection factor, or UPF, which indicates how much UV radiation can penetrate the fabric. The Skin Cancer Foundation considers a UPF rating of 30 to 49 “very good

protection” and a UPF of 50 or more “excellent protection.” In general, light-colored, lightweight and loosely woven fabrics offer less sun protection than darker and heavier fabrics. According to the foundation:

“That white T-shirt you slip on at the beach when you feel your skin burning provides only moderate protection from sunburn, with an average ultraviolet protection factor (UPF) of 7. At the other end of the spectrum, a long-sleeved dark denim shirt offers an estimated UPF of 1,700 — which amounts to a complete sun block.”

A good rule of thumb: If you can see through a fabric when you hold it up to the light, UV rays can penetrate it. [Source: MoneyTalksNews | Karla Bowsher | June 4, 2018++]

China Espionage ► Former CIA Agent Found Guilty

A former CIA agent was convicted by a jury in Virginia on Friday of giving classified secrets to a Chinese intelligence agent. Defense contractor Kevin Mallory was found guilty of conspiracy to deliver information, attempted delivery, delivery of defense information to aid a foreign government and making materially false statements. Mallory traveled to China in March and April of 2017, where he met a man he suspected to be a Chinese intelligence operative, the Justice Department said in a release. The Washington Post reported that Mallory attempted to convince CIA agents that he was a "triple agent" working to expose the Chinese operation. The plan failed, and Mallory was arrested after investigators found a concealed micro SD card in his house containing images of the documents he turned over to China.



Mallory faces a maximum penalty of life in prison under the charges. Assistant Attorney General John Demers said that Mallory's conviction was not an "isolated incident" and that China's spying efforts aimed at the U.S. were ongoing. “It is a sad day when an American citizen is convicted of spying on behalf of a foreign power,” Demers said in a statement. “This act of espionage was no isolated incident. The People's Republic of China has made a sophisticated and concerted effort to steal our nation's secrets. Today's conviction demonstrates that we remain vigilant against this threat and hold accountable all those who put the United States at risk through espionage.” Mallory's conviction follows news reports in April that the Trump administration was being confronted by an increased effort by Chinese spies to penetrate the networks of U.S. businesses. [Source: The Hill | John Bowden | June 8, 2018 ++]

Coca Cola Update 03 ► Share a Coke with Some Troops



Each summer, Coca-Cola puts out bottles with people's names on them so you can "share" a Coke with "Ashley" or "Ryan" or "Maria" or "Methuselah." This summer, the soda company is adding a new twist to their Share-A-Coke campaign. People can now "share" a Coke with a sailor, airman, Coast Guardsman, hero or veteran. (What happened to "soldier" or "Marine"?) The cans are \$1 and sold exclusively at Dollar General stores through late September. Coca-Cola and Dollar General will then donate \$100,000 to the USO. Enjoy! Unless you're in the Army or Marine Corps. In that case, Coke is telling you to pound sand. [Source: MilitaryTimes | Charlsy Panzino | June 1, 2018 ++]

Golden Years ► A Few Things to Think About If You're Getting Up in Years

- 1. It's time to use the money you saved up.** Use it and enjoy it. Don't just keep it for those who may have no notion of the sacrifices you made to get it. Remember there is nothing more dangerous than a son or daughter-in-law with big ideas for your hard-earned capital. Warning: This is also a bad time for investments, even if it seems wonderful or fool-proof. They only bring problems and worries. This is a time for you to enjoy some peace and quiet.
- 2. Stop worrying about the financial situation of your children and grandchildren, and don't feel bad spending your money on yourself.** You've taken care of them for many years, and you've taught them what you could. You gave them an education, food, shelter and support. The responsibility is now theirs to earn their own money.
- 3. Keep a healthy life, without great physical effort.** Do moderate exercise (like walking every day), eat well and get your sleep. It's easy to become sick, and it gets harder to remain healthy. That is why you need to keep yourself in good shape and be aware of your medical and physical needs. Keep in touch with your doctor, do tests even when you're feeling well. Stay informed.
- 4. Always buy the best, most beautiful items for your significant other.** The key goal is to enjoy your money with your partner. One day one of you will miss the other, and the money will not provide any comfort then, enjoy it together.
- 5. Don't stress over the little things.** You've already overcome so much in your life. You have good memories and bad ones, but the important thing is the present. Don't let the past drag you down and don't let the future frighten you. Feel good in the now. Small issues will soon be forgotten.
- 6. Regardless of age, always keep love alive.** Love your partner, love life, love your family, love your neighbor and remember: "A man is not old as long as he has intelligence and affection."
- 7. Be proud, both inside and out.** Don't stop going to your hair salon or barber, do your nails, go to the dermatologist and the dentist, keep your perfumes and creams well stocked. When you are well-maintained on the outside, it seeps in, making you feel proud and strong.

8. **Don't lose sight of fashion trends for your age, but keep your own sense of style.** There's nothing worse than an older person trying to wear the current fashion among youngsters. You've developed your own sense of what looks good on you - keep it and be proud of it. It's part of who you are.
9. **ALWAYS stay up-to-date.** Read newspapers, watch the news. Go online and read what people are saying. Make sure you have an active email account and try to use some of those social networks. You'll be surprised what old friends you'll meet. Keeping in touch with what is going on and with the people you know is important at any age.
10. **Respect the younger generation and their opinions.** They may not have the same ideals as you, but they are the future, and will take the world in their direction. Give advice, not criticism, and try to remind them that yesterday's wisdom still applies today.
11. **Never use the phrase: "In my time."** Your time is now. As long as you're alive, you are part of this time. You may have been younger, but you are still you now, having fun and enjoying life.
12. **Some people embrace their golden years, while others become bitter and surly.** Life is too short to waste your days on the latter. Spend your time with positive, cheerful people, it'll rub off on you and your days will seem that much better. Spending your time with bitter people will make you older and harder to be around.
13. **Do not surrender to the temptation of living with your children or grandchildren (if you have a financial choice, that is).** Sure, being surrounded by family sounds great, but we all need our privacy. They need theirs and you need yours. If you've lost your partner (our deepest condolences), then find a person to move in with you and help out. Even then, do so only if you feel you really need the help or do not want to live alone.
14. **Don't abandon your hobbies.** If you don't have any, make new ones. You can travel, hike, cook, read, dance. You can adopt a cat or a dog, grow a garden, play cards, checkers, chess, dominoes, golf. You can paint, volunteer or just collect certain items. Find something you like and spend some real time having fun with it.
15. **Even if you don't feel like it, try to accept invitations.** Baptisms, graduations, birthdays, weddings, conferences. Try to go. Get out of the house, meet people you haven't seen in a while, experience something new (or something old). But don't get upset when you're not invited. Some events are limited by resources, and not everyone can be hosted. The important thing is to leave the house from time to time. Go to museums, go walk through a field. Get out there.
16. **Be a conversationalist.** Talk less and listen more. Some people go on and on about the past, not caring if their listeners are really interested. That's a great way of reducing their desire to speak with you. Listen first and answer questions, but don't go off into long stories unless asked to. Speak in courteous tones and try not to complain or criticize too much unless you really need to. Try to accept situations as they are. Everyone is going through the same things, and people have a low tolerance for hearing complaints. Always find some good things to say as well.
17. **Pain and discomfort go hand in hand with getting older.** Try not to dwell on them but accept them as a part of the cycle of life we're all going through. Try to minimize them in your mind. They are not who you are, they are something that life added to you. If they become your entire focus, you lose sight of the person you used to be.
18. **If you've been offended by someone - forgive them.** If you've offended someone - apologize. Don't drag around resentment with you. It only serves to make you sad and bitter. It doesn't matter who was right. Someone once said: "Holding a grudge is like taking poison and expecting the other person to die." Don't take that poison. Forgive, forget and move on with your life.
19. **If you have a strong belief, savor it.** But don't waste your time trying to convince others. They will make their own choices no matter what you tell them, and it will only bring you frustration. Live your faith and set an example. Live true to your beliefs and let that memory sway them.

20. **Laugh. Laugh A LOT. Laugh at everything.** Remember, you are one of the lucky ones. You managed to have a life, a long one. Many never get to this age, never get to experience a full life. But you did. So what's not to laugh about? Find the humor in your situation.

21. **Take no notice of what others say about you and even less notice of what they might be thinking.** They'll do it anyway, and you should have pride in yourself and what you've achieved. Let them talk and don't worry. They have no idea about your history, your memories and the life you've lived so far. There's still much to be written, so get busy writing and don't waste time thinking about what others might think. Now is the time to be at rest, at peace and as happy as you can be!

AND REMEMBER: "Life is too short to drink bad wine."

[Source: The Perfect Investment| Harry Newton | April 16, 2016 ++]

You Could Have Heard A Pin Drop ► Proud to be An American Stories

Once upon a time our politicians did not tend to apologize for our country's prior actions. Here's a refresher on how some of our former patriots handled negative comments about our great country. Here are five "proud to be an American stories."

1. JFK's Secretary of State, Dean Rusk, was in France in the early 60's when DeGaulle decided to pull out of NATO. DeGaulle said he wanted all US military out of France as soon as possible. Rusk responded, "Does that include those who are buried here?" DeGaulle did not respond. *You could have heard a pin drop.*

2. When in England, at a fairly large conference, Colin Powell was asked by the Archbishop of Canterbury if our plans for Iraq were just an example of 'empire building' by George Bush. Powell answered by saying, "Over the years, the US has sent many of its fine young men and women into great peril to fight for freedom beyond our borders. The only amount of land we have ever asked for in return is enough to bury those that did not return." *You could have heard a pin drop.*

3. There was a conference in France where a number of international engineers were taking part, including French and American. During a break, one of the French engineers came back into the room saying, "Have you heard the latest dumb stunt Bush has done? He has sent an aircraft carrier to Indonesia to help the tsunami victims. What does he intend to do, bomb them?" A Boeing engineer stood up and replied quietly: "Our carriers have three hospitals on board that can treat several hundred people; they are nuclear powered and can supply emergency electrical power to shore facilities; they have three cafeterias with the capacity to feed 3,000 people three meals a day, they can produce several thousand gallons of fresh water from sea water each day, and they carry half a dozen helicopters for use in transporting victims and injured to and from their flight deck. We have eleven such ships; how many does France have?" *You could have heard a pin drop.*

4. A US Navy Admiral was attending a naval conference that included Admirals from the US, English, Canadian, Australian and French Navies. At a cocktail reception, he found himself standing with a large group of officers that included personnel from most of those countries. Everyone was chatting away in English as they sipped their drinks, but a French admiral suddenly complained that, whereas Europeans learn many languages, Americans learn only English. He then asked, "Why is it that we always have to speak English in these conferences rather than speaking French?" Without hesitating the American Admiral replied, "Maybe it's because the Brit's, Canadians, Aussie's and Americans arranged it so you wouldn't have to speak German." *You could have heard a pin drop.*

5. Robert Whiting, an elderly gentleman of 83, arrived in Paris by plane. At French Customs, he took a few minutes to locate his passport in his carry on. "You have been to France before, monsieur?" the customs officer asked

sarcastically. Mr. Whiting admitted that he had been to France previously. "Then you should know enough to have your passport ready." The American said, "The last time I was here, I didn't have to show it." "Impossible.. Americans always have to show their passports on arrival in France!" The American senior gave the Frenchman a long hard look. Then, he quietly explained, "Well, when I came ashore at Omaha Beach on, D-Day in 1944 to help liberate this country, I couldn't find a single Frenchman to show a passport to." *You could have heard a pin drop.*

[Source: Frontlines of Freedom | June 7, 2018 ++]

Where There's a Will, There's a Way ► 18



Quote for the Week

“We sleep safely at night because rough men stand ready to visit violence on those who would harm us.”

— Winston Churchill —

Have You Heard? ► Heaven | Hind Lick Maneuver | Golf

1st woman: Hi! Wanda.

2nd woman: Hi! Sylvia. How'd you die?

1st woman: I froze to death.

2nd woman: How horrible!

1st woman: It wasn't so bad. After I quit shaking from the cold, I began to get warm & sleepy, and finally died a peaceful death. What about you?

2nd woman: I died of a massive heart attack. I suspected that my husband was cheating, so I came home early to catch him in the act. But instead, I found him all by himself in the den watching TV.

1st woman: So, what happened?

2nd woman: I was so sure there was another woman there somewhere that I started running all over the house looking. I ran up into the attic and searched, and down into the basement. Then I went through every closet and

checked under all the beds. I kept this up until I had looked everywhere, and finally I became so exhausted that I just keeled over with a heart attack and died.

1st woman: Too bad you didn't look in the freezer---we'd both still be alive!

-o-o-O-o-o

Two rednecks walked into a restaurant. While having a bite to eat, they talked about their moonshine operation.

Suddenly, a woman at a nearby table who is eating a sandwich, began to cough. After a minute or so, it became apparent that she was in real distress.

One of the rednecks looked at her and said, "Can ya swallar?"

The woman shook her head no.

Then he asked, "Can ya breathe?"

The woman began to turn blue and shook her head no.

The redneck got up and walked over to the woman, lifted her bodily atop her table face down, lifted up her dress, yanked down her panties, and quickly gave her right butt cheek a lick with his tongue.

The woman was so shocked that she had a violent spasm, which dislodged the obstruction. As she began to breathe again, the redneck walked slowly back to his table.

His partner said, "Ya know, I heerd of that there 'Hind Lick Maneuver' but I ain't never seed nobody do it afore!"

-o-o-O-o-o

Several years ago Tiger Woods and Stevie Wonder were enjoying a beer in a bar.

Tiger turned to Stevie and said, "How's the singing career going?"

Stevie replied, "Not too bad. How's the golf?"

Woods replied, "Not too bad. I've had some problems with my swing, but I think I've got that right now."

Stevie: "I always find that whenever my swing goes wrong, I need to stop playing for a while and not think about it. Then the next time I play, it seems to be all right."

Shocked Tiger said, "You play GOLF?"

Stevie: "Yes, I've been playing for years."

Tiger: "But -- you're blind! How can you play golf if you can't see?"

Stevie: "Well, I get my caddie to stand in the middle of the fairway and call to me. I listen for the sound of his voice and play the ball towards him. Then, when I get to where the ball lands, the caddie moves to the green or farther down the fairway and again I play the ball towards his voice."

"But, how do you putt?" asks Tiger.

"Well", says Stevie, "I get my caddie to lay down by the hole and call to me with his head on the ground just back of the cup and I play the ball toward his voice."

Tiger: "What's your handicap?"

Stevie: "Well, actually -- I'm a scratch golfer."

Woods, incredulous said to Stevie, "We've got to play a round sometime."

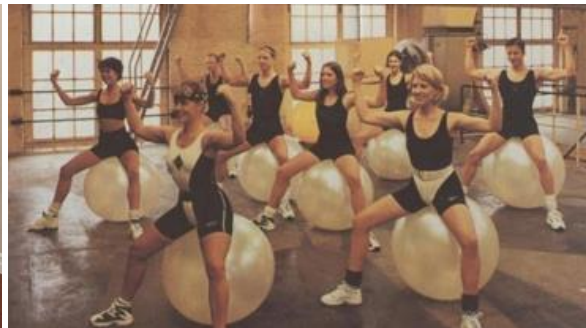
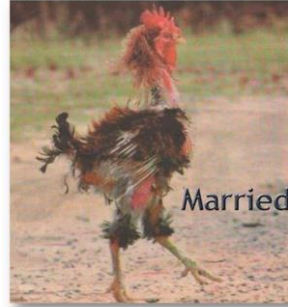
Stevie: "Well, people don't take me seriously, so I only play for money. And I never play for less than \$10,000 a hole. Is that a problem?"

Woods thinks about it and says, "I can afford that. OK - I'm game for that. \$10,000 a hole is fine with me. When would you like to play?"

Stevie: "You pick the **night!**"



Nostalgia – 3 Min Warm-Up



This is what happens when you swallow gum

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