

RAO

BULLETIN

1 April 2019



PDF Edition

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1. The page number on which an article can be found is provided to the left of each article's title
2. Numbers contained within brackets [] indicate the number of articles written on the subject. To obtain previous articles send a request to [\[link\]](#).
3. Recipients of the Bulletin are authorized and encouraged to forward the Bulletin to other vets or veteran organizations.

*** ATTACHMENTS ***

- Attachment – Kentucky Vet State Benefits
- Attachment – Military History Anniversaries 01 thru 15 APR (Updated)
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*** DoD ***



DoD Deploy or Out Policy Update 02 ► About 21,000 Troops Booted So Far

About 21,000 nondeployable troops have been forced out of the ranks since the Defense Department’s “deploy or get out” policy began last summer, Acting Defense Secretary Patrick Shanahan announced on 14 MAR. “A key element of strengthening our military and increasing lethality is ensuring our warfighters achieve established physical, mental and security vetting standards,” he told members of the Senate Armed Services Committee during a hearing on the fiscal 2020 budget request. “War is unforgiving, and our mission demands we remain a standards-based organization.”

Last year, Defense Department officials estimated that about 11 percent of active-duty troops — some 235,000 — were rated as nondeployable. Almost half of that number were individuals missing medical exams or paperwork, troops nearing retirement and women service members who were pregnant. But the remaining 126,000 faced a range of short- and long-term injuries, or simply failed to meet military fitness standards. Military officials said those individuals would be given up to 12 months to prove their deployability or be pushed out of the services. Pregnant, recently pregnant and combat-wounded troops are exempt from the standards. Each of the services has also revamped their classification and reporting requirements, to more accurately track troops’ readiness.

Defense officials have set a goal for each service of no more than 5 percent of its total force classified as nondeployable. Shanahan said that in just a few months, the percentage of nondeployable troops has dropped to about 5.4 percent. “In upholding systematically applied standards, we ensure the readiness of our joint force and cohesion of our units,” Shanahan said. Troops who officials determine will not be able to meet the deployment standards can be forced out of the military in less than 12 months. Shanahan said the moves are in line with broader department goals of increasing readiness among the services. “We recognize restoring military readiness, modernizing our joint force and increasing lethality will not happen overnight, but ... we are making meaningful progress,” he said. [Source: MilitaryTimes | Leo Shane III | March 14, 2019 ++]

DOD Missile Tests Update 01 ► First GMD GBI Salvo Test Against ICBM A Success

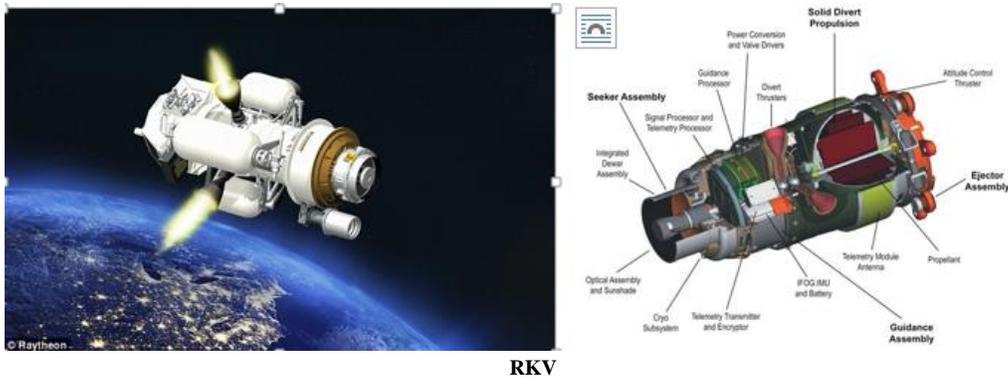
The Missile Defense Agency is deeming the first salvo test of its homeland missile defense system against an intercontinental ballistic missile threat a success, according an agency statement. The MDA conducted the test 25 MAR. It last tested the Ground-Based Midcourse Defense System’s (GMD) Ground-Based Interceptors (GBI) against an ICBM target in May 2017. At that time, the MDA’s director said the agency was next shooting to conduct a more complex salvo test involving two GBIs against an ICBM, because firing off two GBIs against one target is more operationally realistic and important in proving out the effectiveness of the overall system.

In the Monday test, the lead GBI destroyed the ICBM’s reentry vehicle “as it was designed to do,” according to the agency’s statement. The trailing GBI “then looked at the resulting debris and remaining objects, and, not finding any other reentry vehicles, selected the next ‘most lethal object’ it could identify, and struck that, precisely as it was designed to do,” the statement adds. The ICBM target was launched from the Reagan Test Site on Kwajalein Atoll in the Marshall Islands, which is over 4,000 miles away from the GBI interceptors buried in silos in the ground at Vandenberg Air Force Base, California. “This was the first GBI salvo intercept of a complex, threat-representative ICBM target, and it was a critical milestone,” MDA Director Air Force Lt. Gen. Samuel Greaves said in the statement. Get breaking news in your inbox

“The system worked exactly as it was designed to do, and the results of this test provide evidence of the practicable use of the salvo doctrine within missile defense,” he said. “The Ground-based Midcourse Defense system is vitally important to the defense of our homeland, and this test demonstrates that we have a capable, credible deterrent against a very real threat.” Other systems involved in the test included space, ground and sea-based Ballistic Missile Defense

System sensors that provided tracking acquisition and tracking data to the Command, Control, Battle Management and Communication (C2BMC) system, which is the brains of the global missile defense framework.

The GBI's Exo-atmospheric Kill Vehicles (EKV), which had issues in the past, were successful in the test. Trouble with the interceptor's EKV, designed to destroy targets in high-speed collisions after separating from a booster rocket, plagued the program for years. Both 2010 and 2013 saw interceptor failures. During the July 2013 test, the kill vehicle failed to separate from the booster rocket. The tide turned in June 2014 when the agency saw a successful intercept test bringing its success record to nine in 17 tests. And the May 2017 test further signaled the problems with the EKV was a thing of the past. The salvo test adds more confidence in the performance of the EKV. The MDA is funding a redesigned kill vehicle and is also developing a multi-object kill vehicle that can take out multiple threat targets.



RKV

The final GBI of the first 44 for the GMD system, which was designed to defend the homeland against possible ICBM threats from North Korea and Iran, was placed at Fort Greely, Alaska, in November 2017. But the MDA is ramping up the number of GBIs to 64 in silos at two missile fields in Fort Greely after receiving special funding to do so in fiscal year 2019. The MDA is requesting \$1.2 billion in FY20 to continue the expansion of the GMD system and will equip 20 GBIs with its new Redesign Kill Vehicle (RKV). [Source: DefenseNews | Jen Judson | March 25, 2019 ++]

Transgender Troops Update 22 ► Judge Says Trump Cannot Implement Military Policy

A federal judge on 19 MAR said her injunction preventing President Trump's transgender military policy from taking effect remains in place days after the Pentagon released a memo to implement the policy. In a three-page order, Judge Colleen Kollar-Kotelly of the U.S. District Court for the District of Columbia wrote that "defendants were incorrect in claiming that there was no longer an impediment to the military's implementation of the [transgender policy] in this case."

Asked whether the order will affect plans to implement the policy on 12 APR, a Pentagon spokeswoman said the department is "consulting with the Department of Justice on next steps." The spokeswoman referred further questions to the Justice Department, which declined to comment. Last week, acting Deputy Defense Secretary David Norquist signed a memo implementing a policy that would ban most transgender people from serving in the military. The memo makes the policy effective 12 APR. The memo came roughly a week after a federal court ruled to lift the last of the injunctions preventing Trump's policy from taking effect. A federal judge in Maryland ruled he had no choice but to lift the injunction after the Supreme Court in February ruled 5-4 to lift two other injunctions.

But the Trump administration and advocates for transgender troops continued to fight over whether a fourth injunction remained in place despite the U.S. Court of Appeals for the District of Columbia's January ruling to lift it.

The plaintiffs in that lawsuit argued the injunction holds until they decide whether they want a rehearing in front of the appeals court's full bench. The deadline for them to decide is 29 MAR. In Tuesday's court order, Kollar-Kotelly agreed, saying the D.C. Circuit Court's judgment is not final until it issues a mandate after the deadline passes. "On October 30, 2017, this court ordered defendants to maintain the status quo as it relates to the accession and retention of transgender individuals in the military. That preliminary injunction remains in place until the D.C. Circuit issues its mandate vacating the preliminary injunction," she wrote. "Lacking a mandate, defendants remain bound by this court's preliminary injunction to maintain the status quo."

The transgender advocacy groups serving as co-counsels in the lawsuit touted Kollar-Kotelly's order, saying it makes "crystal clear" the Trump administration cannot move forward with the policy. "The Trump administration cannot circumvent the judicial process just to fast track its baseless, unfair ban on transgender service members," Jennifer Levi, the director of the Transgender Rights Project of GLBTQ Legal Advocates & Defenders, said in a statement. "The dedicated transgender troops who show up every day to do their duty and serve their country deserve justice, and that includes requiring this administration to follow the ordinary rules of judicial process." [Source: The Hill | Rebecca Kheel | March 19, 2019 ++]

DOD Space Weapons ► Pentagon Wants to Test A Space-Based Weapon in 2023

Defense officials have asked for \$304 million to fund research into space-based lasers, particle beams, and other new forms of missile defense next year. Defense officials want to test a neutral particle-beam in orbit in fiscal 2023 as part of a ramped-up effort to explore various types of space-based weaponry. They've asked for \$304 million in the 2020 budget to develop such beams, more powerful lasers, and other new tech for next-generation missile defense. Such weapons are needed, they say, to counter new missiles from China, Russia, North Korea and Iran. But just figuring out what might work is a difficult technical challenge.

So the Pentagon is undertaking two studies. The first is a \$15 million exploration of whether satellites outfitted with lasers might be able to disable enemy missiles coming off the launch pad. Defense officials have said previously that these lasers would need to be in the megawatt class. They expect to finish the study within six months. They're also pouring money into a study of space-based neutral particle beams, a different form of directed energy that disrupts missiles with streams of subatomic particles traveling close to light speed — as opposed to lasers, whose photons travel at light speed. On 14 MAR, officials speaking to reporters at the Pentagon voiced guarded confidence that they would result in something that would in fact be deployable.

It's not the first time that the Department has looked at such weapons. In 1989, the U.S. launched a neutral particle beam into space, as part of an experiment called BEAR, for Beam Accelerator Aboard a Rocket. The experiment report described it as modestly successful: "The BEAR flight has demonstrated that accelerator technology can be adapted to a space environment. This first operation of an [neutral particle beam] accelerator in space uncovered no unexpected physics." But there's a big difference between a successful experiment and an affordably deployable weapon. As part of the earlier effort, several companies produced prototype designs. The weapons they sketched were enormous. One was 72 feet long.

On 13 MAR, Defense officials said that advances in technology have brought down the potential size and cost of space-based particle beams. "We've come a long way in terms of the technology we use today to where a full, all-up system wouldn't be the size of three of these conference rooms, right? We now believe we can get it down to a package that we can put on as part of a payload to be placed on orbit," said a senior defense official. "Power generation, beam formation, the accelerometer that's required to get there and what it takes to neutralize that beam, that capability has been matured and there are technologies that we can use today to miniaturize."

Officials, however, stress that the explorative studies do not necessarily mean that the Department will actually deploy a weapon. “I can’t say that it is going to be at a space and weight requirement that’s going to actually be feasible, but we’re pushing forward with the prototyping and demo,” said an official. The exploration, according to the official, “means we need to understand as a Department, the costs and what it would take to go do that. There’s a lot of folklore...that says it’s either crazy expensive or that it’s free. It needs to be a definitive study.”

The push to develop space-based weapons also reflects growing concern about advances in missile technologies from adversarial and so-called “competing” nations like China, Russia, Iran and North Korea. “The addition of the neutral particle Beam effort will design, develop, and conduct a feasibility demonstration for a space-based Directed Energy Intercept layer. This future system will offer new kill options for the [Ballistic Missile Defense System] and adds another layer of protection for the homeland,” says an MDA document put out on Tuesday. Those new options are essential, say defense officials, to hit missiles during their boost phase, as they leave the launch pad and head straight up.

“That’s a really hard battle space to go after, right?” said the senior official. “It’s a very short timeline, first to even know where it [meaning the missile] is coming from...It’s less than a couple minutes before it leaves the atmosphere. So you have to have a weapon that’s on station, that’s not going to be taken out by air batteries and so we have been looking at directed energy applications for that. But you have to scale up power to that megawatt class. You’ve got to reduce the weight. You’ve got to have a power source. It’s a challenge, technically.”

It’s also a controversial idea and not popular among arms control proponents. “The deployment of interceptors in space would be a disaster for strategic stability. To ensure the credibility of their nuclear deterrents, Russia and China would likely respond by building additional and new types of long-range ballistic missiles as well as missiles that fly on non-ballistic trajectories. Russia and China could also take steps to improve their ability to destroy such U.S. interceptors, thereby greatly increasing the threat to U.S. assets in space,” said Kingston Reif, who directs disarmament and threat reduction policy at the Arms Control Association.

The U.S. is a signatory to the 1967 Outer Space Treaty, which prohibits placing nuclear weapons in space. Another Defense official made clear that the treaty does not provide an obstacle to the deployment of either lasers or neutral particle beams in orbit. “The 1967 Outer Space Treaty says that weapons of mass destruction cannot be placed into outer space and then it limits even further specifically military activities on celestial bodies, I think the moon or otherwise. But the treaty does not expressly prohibit activities that are not weapons of mass destruction on outer space.”

If the Defense Department does deploy weapons in space, the United States would be the first country to do so officially. But defense officials frequently contend that they probably would not be the first to do so in actuality. A February report from the Defense Intelligence Agency suggests that both China and Russia are developing space-based weapons and that they could be in orbit next year. [Source: Defense One | Patrick Tucker | March 14, 2019 ++]

DOD Missile Tests ► This year | INF Restrictions Anticipated to be Removed in AUG

The Pentagon plans to begin flight tests this year of two types of missiles that have been banned for more than 30 years by a treaty from which both the United States and Russia are expected to withdraw in August, defense officials said 13 MAR. By moving forward with these missile projects, the Pentagon is not excluding the possibility that the Intermediate-Range Nuclear Forces Treaty could still survive, although it likely will be terminated in August. At that point, Washington and Moscow would no longer face legal constraints on deploying land-based cruise or ballistic missiles with ranges between 500 and 5,500 kilometers (310 to 3,410 miles). The INF treaty has been in effect since 1987.



The U.S. Army launched a Pershing 2 missile on Jan. 13, 1988, from the Cape Canaveral Air Force Station in Florida. The ground-based missile was banned after the Intermediate-Range Nuclear Forces Treaty's passage in the 1980s.

The INF treaty was an arms control landmark in the final years of the Cold War, but it began unraveling several years ago when Washington accused Russia of developing, testing and, more recently, deploying a cruise missile that U.S. officials say violates the treaty. Russia denies the violation and contends the U.S. accusation is a ploy to destroy the treaty. Intermediate-range weapons are regarded as particularly destabilizing because of the short time they take to reach a target. When he announced on 1 FEB that the U.S. would pull the plug on the INF treaty, President Donald Trump said his administration would "move forward" with developing a military response to Russia's alleged violations. He was not specific, but defense officials on 13 MAR spelled out a plan for developing two non-INF compliant, non-nuclear missiles.

The officials, who spoke to a small group of reporters under Pentagon ground rules that did not permit use of their names or titles, said one project is a low-flying cruise missile with a potential range of about 1,000 kilometers; the other would be a ballistic missile with a range of roughly 3,000 to 4,000 kilometers. Neither would be nuclear armed, the officials said. The U.S. cruise missile is likely to be flight-tested in August, one official said, adding that it might be ready for deployment within 18 months. The longer-range ballistic missile is expected to be tested in November, with deployment not likely for five years or more, the official said. If Russia and the U.S. were to reach a deal to rescue the INF treaty before August, these projects would not go forward.

The cruise missile recalls a nuclear-armed U.S. weapon that was deployed in Britain and several other European NATO countries in the 1980s, along with Pershing 2 ground-based ballistic missiles, in response to a buildup of Soviet SS-20 missiles targeting Western Europe. With the signing of the INF treaty, those missiles were withdrawn and destroyed. The defense officials said U.S. allies in Europe and Asia have not yet been consulted about deploying either new missile on their territory. NATO is currently studying the implications of the demise of the INF treaty and possible military responses. One defense official said it was possible that the intermediate-range ballistic missile could be deployed on Guam, a U.S. territory, which would be close enough to Asia to pose a potential threat to China and Russia.

Arms control advocates and Democrats in Congress have questioned the wisdom of leaving the INF treaty, while accepting U.S. allegations that Russia is violating it by deploying a cruise missile that can target American allies in Europe. "The Russians have been violating the INF treaty for years but, instead of focusing world opinion against the Russians, the Trump administration decided to withdraw from the treaty," Rep. Adam Smith, the Democratic chairman of the House Armed Services Committee, said recently. "Instead of punishing the Russians, the administration has announced it would sink to the level of the Russians."

Daryl Kimball, executive director of the Arms Control Association, said Wednesday the Pentagon has not yet established a military requirement for a ground-launched cruise or ballistic missile of intermediate range. "It is unwise for the U.S. and NATO to match an unhelpful action by Russia with another unhelpful action," Kimball said. The

alliance also needs to develop a post-INF arms control strategy because “if the United States tries to bully NATO into accepting deployment of such missiles, it is going to provoke a destabilizing action-reaction cycle and missile race.” [Source: The Associated Press | Robert Burns | March 13, 2019 ++]

Navy Carrier Fleet Update 03 ► Why Acting Defense Secretary Wants 10 Vice 11

Acting Defense Secretary Patrick Shanahan made the hard call to retire the USS Truman decades early — cutting the Navy’s carrier fleet by nine percent — to free up funding for new weapons more likely to survive a war with China, a senior defense official told Breaking Defense. Shanahan took office telling staff his focus is “China, China, China.” Beijing’s growing arsenal of precision-guided missiles seems increasingly able to find and cripple a thousand-foot-long flattop — unless the US carrier stays out of China’s range, in which case the fighter aircraft it carries can’t reach their targets. (Fighters can be refueled in mid-air, but the tanker aircraft required are big, slow, and vulnerable, so they can’t get close to China, either).

The goal isn’t to get rid of carriers, the defense official emphasized. In the vast majority of missions, from disaster relief to counter-terrorism to outright war, a massive mobile air base is extremely useful. The problem is a small but strategically critical set of missions that require engaging China’s massive land-based missile force. In those missions, the official argued, we can’t count on carriers alone and need to add new options to penetrate hundreds of miles of high-tech layered defenses.

Carrier advocates argue that even big ships are hard to find in the vast Pacific, that both existing missile defenses like Aegis and new ones like lasers can shoot down incoming Chinese missiles, and that, even if hit, a 100,000-ton carrier can keep fighting. True or not, what matters for deterrence is not what carriers can really do, but what the Chinese believe — and one serving Chinese admiral has publicly boasted that Beijing could win any future war simply by sinking two US carriers. So the Pentagon wants to make Chinese planning much more complicated, hopefully deterring war, by investing in a much wider range of weapons.

Alongside a still-unmatched fleet of 10 supercarriers (down from 11), the Navy would deploy large numbers of smaller, robotic vessels, both small surface ships and mini-submarines. These unmanned vessels would be both harder for the Chinese to hit and, just as important, less painful for the US to lose. Navy officials have already said they want a mix of robotic scout ships — which can act as decoys to draw Chinese fire — and unmanned missile boats to strike what the scouts find. A 132-foot prototype, the Sea Hunter, is already in service conducting experiments.



The Sea Hunter, an experimental unmanned submarine-hunter and a Marine HIMARS missile launcher firing from the deck of the USS Anchorage.

The entire military — not just the Navy — would invest in a US arsenal of long-range, precision-guided, non-nuclear missiles to counter China’s. Many of these weapons would be land-based types prohibited by the 1987 INF Treaty, from which the Trump Administration is withdrawing. The new missiles could be fired from the new robotic craft, traditional ships and submarines, aircraft, or even truck-mounted HIMARS launchers operated by the Army and Marines. The US could field all of these options with current technology, for example by adapting Navy Tomahawk

cruise missiles and Air Force JASSMs to new launch platforms, but it's also investing heavily in a new breed of much faster hypersonic missiles intended to zip through Chinese defenses.

How to pay for all this? Not refueling the nuclear reactor core of the USS Truman would save the roughly \$6.5 billion it would have cost to overhaul, plus \$1 billion a year in operating costs thereafter, at the price of retiring the carrier about 25 years early. Ironically, speeding the production of new carriers with a recently signed two-ship contract saves another \$4 billion that can be invested in alternatives to flattops. The 2020-2024 budget plan today would also cut two LPD-class amphibious warships used to land Marines — which have to come even closer to hostile shores than carriers do — and adds a nuclear-powered attack submarine, considered to be the Navy's most survivable manned vessel.

The budget plan has already inspired fierce battles inside the Pentagon. Shanahan won. Now comes the really hard part: convincing Congress to give up a known quantity that supports thousands of well-paying blue collar jobs and invest in new weapons which don't yet have a constituency. [Source: Breaking Defense | Sydney J. Freedberg Jr. | March 12, 2019 ++]

DoD Recruitment Concerns Update 02 ► Recruiting Medical Standards

Tightening medical requirements for recruits now could eventually save DoD billions, by reducing the number of enlisted service members who end up retiring or separating early due to medical issues, a new study has found. The Rand Corp. looked at 10 policy changes DoD has made to its medical recruiting standards since 2002. Of those, seven policies tightened regulations and three loosened them. Some were minor, such as a 2005 change requiring recruits to show more flexibility and bend their knee to 110 degrees, instead of the previous 90 degrees. Some policy changes were broader, such as no longer allowing recruits with a current case of psoriasis to enlist.

Rand then looked at the entire pool of enlisted first-time recruits from each service from 2002 to 2012. Rand tracked how many of those service members medically separated or were medically retired over the next eight years, looking for troops whose records indicated a medical conditions affected by one of the 10 policy changes. It then evaluated whether those separations increased or fell for recruiting classes who enlisted after a change was implemented. "We found a reasonable enough change that we could conclude that this was different," and that tightening policies had reduced the number of separations and retirements, said Kathryn Edwards, an associate economist at Rand. For DoD, that could mean a huge cost savings.

When an enlisted service member is medically separated with a disability rating of less than 30 percent, they are eligible for a one-time severance payment and 180 days of continued health care benefits. The amount of severance pay depends on years of service. Service members with a disability rating of 30 percent or more can be medically retired, with greater benefits than those who are medically separated. Such troops can qualify for a monthly cash payout from DoD, based on the number of completed years of service or on a disability rating that lasts through death, Rand reported. For example, Rand concluded that for every 10,000 recruits, the stricter knee policy was connected to seven fewer medical retirements or separations, said Heather Krull, a senior economist at Rand. That equals a cost savings of \$4.3 million per 10,000 recruits, just from the knee policy change, Rand found.

In its review, Rand found that of the 1.7 million new recruits who enlisted from 2002 to 2012, about 4 percent were medically retired and about 2 percent were medically separated during their first 8 years of service. However, Rand did not find that the three policies that were loosened had a significant impact on the number of service members separated for medical reasons. Rand did not make any recommendations from the study and emphasized that the recruiting policies are among many factors — such as whether recruits join at a time of heavy deployment — that can impact the number of medical separations and retirements.

Also, if the military gets four years of service out of a recruit who ends up getting separated in their 5th or 6th year, that's still valuable, Krull said. So that's a consideration when considering what medical conditions might benefit from tighter policies. "When are these conditions likely to manifest, is the military going to get some good, valuable years of service?" Krull said. "It's a balancing act." [Source: MilitaryTimes | Tara Copp | March 13, 2019 ++]

DoD Gifts Limits Update 02 ► Acceptance Regulations

Defense officials get the strangest stuff from their international counterparts. For proof, just take a look at the State Department's annual list of the gifts federal employees received from foreign governments in 2017. Most of the gifts are fairly standard, like clothes, jewelry, art or watches. Some are more extravagant, like the "Macallan Rare case black whiskey" that presidential adviser Jared Kushner received from Jordanian King Abdullah II bin Al-Hussein. America's defense officials received gifts from around the world, ranging from the extravagant to the useful to the downright bizarre — but due to government ethics rules, the officials probably couldn't just pocket them.

- Former Secretary of Defense James Mattis wound up with three different blades, including a "sword with medusa head hilt" from then-Greek Defense Minister Panos Kammenos and a "saber, accompanied by scabbard clad in reptile skin" from then-Qatari Defense Minister Hamad bin Ali Al Attiyah. He also received two guns: a working FORT-224 assault rifle from Ukrainian President Petro Poroshenko and a replica pistol from Levan Izoria, Georgia's minister of defense.
- Maj. Gen. William B. Hickman, deputy commanding general of U.S. Army Central Command, was given a "knife/bayonet set" from Maj. Gen. Saeed Mabkhoot Louteya Al Ameri, the United Arab Emirates' Land Forces commander.
- Maj. Gen. Joseph Votel, commander of U.S. Army Central Command, received a new watch and an iPhone 7 from Qatar's Al Attiyah.
- Then there's Chief Sgt. Maj. John W. Troxell, the senior enlisted adviser to the Joint Chiefs of Staff. Among his weirder gifts: a "hand-carved ceremonial axe" from Daniel Broughton, a warrant officer in the New Zealand Defense Force. He also got an avalanche of presents from the Chinese government, including three coffee mugs, two gold-tone tie bars, a box of military museum postcards, DVDs, cuff links, magazines and other random items.

All the gifts to government officials were symbolically accepted for the official reason that "non-acceptance would cause embarrassment to donor and U.S. government." But that doesn't mean you'll see an impressive foreign sword collection at Mattis' home. Due to government ethics rules, officials receiving the gifts likely had to either donate them or pay for their value.

According to the Office of Government Ethics, officials cannot accept gifts from a "prohibited source," meaning someone whose professional interests are affected by that employee's job. The goal is to avoid the appearance of any conflicts of interest. Additionally, ethics regulations state that officials are only allowed to keep gifts valued at \$20 or less. And even when individual gifts are below that threshold, officials are prohibited from accepting more than \$50 worth of gifts by the same person in the same year. [Source: MilitaryTimes | Joshua Axelrod | March 8, 2019 ++]

DoD Expenditures FY 2017 ► Where the Money Was Spent

California, Virginia and Texas get the most defense dollars while Wyoming receives the least among the 50 states and the District of Columbia, according to a Pentagon report released 19 MAR. Virginia's 8.9 percent share also tops the list of states for defense spending as a share of state gross domestic product, followed by Hawaii at 7.3 percent and

Connecticut at 5.6 percent. Oregon is at the bottom, at 0.5 percent, according to the report by the Defense Department Office of Economic Adjustment. Overall in fiscal 2017, DoD spent \$407 billion in contracts and payrolls across the states and in D.C., or about \$1,466 for every American, the report said.

Total spending amounted to 2.3 percent of the nation's GDP. Of the \$406 billion total, \$271.7 billion, or 67 percent, was spent on contracts for products and services, and \$135.3 billion, or 33 percent, went for the salaries of DoD personnel, the report stated. Total defense spending by state ranged from \$49 billion in California, followed by Virginia, at \$46.2 billion, and Texas, at \$37.7 billion. Wyoming was at the bottom at \$393.6 million. The top three counties nationwide for defense contract spending were Fairfax County, Virginia, with \$13.7 billion spent; Tarrant County, Texas, \$13 billion; and San Diego County, California, \$9.2 billion. Lockheed Martin Corp. was listed as the top defense contractor for the year, receiving \$30.5 billion in defense spending, followed by Boeing (\$22 billion), General Dynamics (\$13.5 billion), Raytheon (\$11.8 billion) and Northrop Grumman (\$11.5 billion).

The 130-page Office of Economic Adjustment report titled "Defense Spending By State Fiscal Year 2017" and the accompanying charts and graphs were released at a Brookings Institution forum by OEA Director Patrick O'Brien and can be read in full at <http://www.oea.gov/resource/defense-spending-state-fiscal-year-2017> In his remarks at The Brookings Institution and during a question-and-answer session afterward, O'Brien said data for defense spending by state for fiscal 2018 is being gathered this month, but he did not anticipate major changes in the rankings of the states.

The top five or six states are expected to remain in the same positions in terms of defense spending and percentage of defense spending as a share of state GDP, he said. O'Brien did not address in depth the current controversy over the Trump administration's intent to divert money from military construction projects to pay for a border wall and how the transfer might affect the overall defense budget. "The wall is a challenge for the department," O'Brien said, adding that the issue is not in his lane as OEA director. [Source: Military.com | Richard Sisk| March 19, 2019 ++]

Navy Shipbuilding Plan Update 02 ► 355-Ship Fleet Sooner Than Last Year's Plan

The Navy's latest 30-year shipbuilding plan outlines a path forward that includes less near-term growth in fleet size but reaches and sustains a 355-ship fleet sooner than last year's plan. According to the "Report to Congress on the Annual Long-Range Plan for Construction of Naval Vessels for Fiscal Year 2020," the Navy would decommission its cruisers and mine countermeasures ships sooner, creating more gradual growth in the overall fleet size in the short term. Due to life extensions on other ships – primarily destroyers, but also a few Los Angeles-class attack submarines – the Navy would reach 355 ships in 2034 and then remain at that exact fleet size through the remainder of the 30-year plan. Both factors create a smooth path from today's 289 ships to 314 in 2024 to 355 in 2034 – whereas last year's plan sharply rose to hit 326 ships by 2023, then dipped back down in the late 2020s and rose again in the next decade without ever hitting 355.

"Absent this dip, the aggregate profile now provides a more predictable forecast for fleet planners, shipbuilders and the numerous supporting acquisition programs and enabling contributors – maintainers, trainers, recruiters, etc," reads the FY 2020 plan. While the shape of the fleet expansion is starkly different under this year's 30-year ship plan compared to last year's, the document notes that an ongoing force structure assessment (FSA) due out by the end of this year could overhaul the pathway forward for the Navy yet again.

"In response to the latest National Defense Strategy, Navy Strategy and CNO's Design for Maintaining Maritime Superiority 2.0, the Navy is on track to complete the next FSA by the end of 2019. Some of the key elements that will be reviewed include ongoing threat-based fleet architecture review, logistics in support of [the Distributed Maritime Operations strategy], surface ship mix with the inclusion of the new frigate, deterrence per the National Defense Strategy, and legacy capital investments versus the efficacy of next generation capabilities."

Implications of Fleet Size

Though the Navy calls the 2016 FSA’s results “the Navy’s validated minimum requirement of the correct mix of 355 battle force ships,” the 30-year plan specifically does not go above 355 ships at all. **The 355-ship figure is treated as a cap, rather than a minimum requirement**, due to the cost of sustaining such a large fleet. “The Navy has been getting smaller for the last four decades, recently falling below 280 total ships, with aggressive measures now in place to reverse this trend in response to the reemergence of Great Power Competition and the attendant larger, threat-based FSA requirement of 355 battle force ships. Coincident with the relatively new dynamic of purchasing more ships to grow the force instead of simply replacing ships or shrinking the force, is the responsibility to ‘own’ the additional inventory when it arrives,” reads the report.

“Consistent annual funding in the shipbuilding account is foundational for an efficient industrial base in support of steady growth and long-term maintenance planning, but equally important is the properly phased, additional funding needed for operations and sustainment accounts as each new ship is delivered – the much larger fiscal burden over the life of a ship and the essence of the challenge to remain balanced across the three integral elements of readiness– capability– capacity. Because the Navy has been shrinking not growing, and because of the disconnected timespan from purchase to delivery, often five years or more and often beyond the FYDP, there is risk of underestimating the aggregate sustainment costs looming over the horizon that must now be carefully considered in fiscal forecasting.” The report notes that, as the fleet grows from 301 to 314 to 355 – the anticipated fleet sizes by the end of FY 2020, 2024 and 2034 – the annual cost to sustain the fleet will grow from \$24 billion to \$30 billion to \$40 billion.

To stay within the 355-ship cap, the Navy’s long-range plans show new ship construction dipping right after the 355-ship goal is reached – falling to just seven ships a year in 2037 and 2038 and sitting at only eight ships a year in 2036 and 2039 through 2044, compared to 12 ships in FY 2020. At the same time, ship decommissioning’s spike, with 14 ship set for retirement in 2035, compared to five in FY 2020.

Submarines

The plan notes that, of all the ship types, attack submarines are furthest away from their goal under the 2016 FSA. The Navy today has 51 SSNs, compared to a goal of 66. “Options are being explored regarding expanding production,” the report reads. However, expanding production will likely prove challenging. General Dynamics Electric Boat and Huntington Ingalls Industries’ Newport News Shipbuilding are co-building Virginia-class attack submarines at a rate of two a year while also getting ready to add in a Virginia Payload Module section to the boats and begin Columbia-class ballistic missile submarine construction that is roughly the workload equivalent of two SSNs per one SSBN. Industry and congressional officials have stated concerns about the fragility of the supplier base and that the increase in workload may put more strain on suppliers rather than provide the benefits that usually come with higher workload volume and stability.

The 30-year plan states that the FY 2020 budget includes a third SSN in FY 2020 compared to the previously planned two-a-year sustained rate, but it notes that, “because it was added to the shipbuilding plan this year, advanced procurement was not programmed for the third FY2020 SSN. This will result in delivering it over a timeframe similar to a ship procured in FY2023. Per Congressional direction, the next SSN multi-year procurement contract will include options for a third submarine in FY2022 and FY2023, the years when not procuring an SSBN.” Several sources have told USNI News that, if industry were to be asked to build a third Virginia-class sub in any given year, that submarine would likely deliver late and cost more – a fact the 30-year ship plan partially confirms.

Unmanned Systems

The Navy’s FY 2020 budget request shows a new and significant focus on developing and fielding unmanned vehicles – particularly unmanned surface vehicles, investment for which has lagged behind unmanned underwater and aerial vehicles. The Navy wants to buy a medium and a large USV as part of its Future Surface Combatant family of ships that will also include a frigate, or small surface combatant, and a large surface combatant.

In the 30-year ship plan, the Navy writes that “Unmanned systems continue to advance in capability and are anticipated to become key enablers through all phases of warfare and in all warfare domains. Significant resources

were added during PB2020 to accelerate fielding the full spectrum of unmanned and optionally manned capabilities, including man-machine teaming ahead of full autonomy. These systems are now included in wargames, exercises and limited real-world operations. They are funded in the Navy’s research and development investments and accounted for in detail in each warfare domain’s Capability Evolution Plan (CEP).”

However, it continues, these unmanned systems are not counted in the 30-year plan as battle force ships – those that count towards the 355-ship goal – even though the Navy included the Large USV in its shipbuilding construction plans in the budget request and intends to use shipbuilding funds to pay for those vehicles beginning in 2021. “The physical challenges of extended operations at sea across the spectrum of competition and conflict, the concepts of operations for these platforms, and the policy challenges associated with employing deadly force from autonomous vehicles must be well understood prior to replacing accountable battle force ships,” the 30-year plan notes “Accordingly, the Navy will continue to move quickly to assess the resultant naval power delivered by these systems, moving forward based on demonstrated, evidence-based capability.”

Aircraft Carriers

The Navy in December signed a contract to buy two Ford-class aircraft carriers together, but despite the massive amount of money involved in the contract, the Navy will actually spend less per year than previously planned, according to the long-range ship plan. Under the current plan, the Navy will spend \$2.35 billion in 2020, \$2.65 billion in 2021, \$2.32 billion in 2022, \$1.93 billion in 2023 and \$1.72 billion in 2024 to pay for activities related to the two carriers’ construction at Newport News Shipbuilding. In contrast, under last year’s plan – where the Navy would be buying the future Enterprise (CVN-80) under one contract while also paying advance procurement costs for the unnamed CVN-81 separately – the service planned to spend slightly less in 2020 – at \$2.15 billion – but then spend significantly more in later years, with a planned \$3.24 billion in 2021, \$2.91 billion in 2022 and \$3.38 billion in 2023.

Surface Ships

The long-range ship plan notes several updates for surface ships, including:

- Eight cruisers will be retired – four in 2021 and two each in 2022 and 2024, while newer cruisers continue through the congressionally mandated cruiser modernization plan already underway.
- The Navy would buy Flight III Arleigh Burke-class guided-missile destroyers through FY 2025 – three years and eight hulls beyond the end of the current multiyear buy – and then switch over to buying the first two Large Surface Combatants in 2025. Though the LSC is now planned for a 2025 start, compared to a previously stated date of 2023, the plan adds that “industry engagement over the next year will determine the feasibility of accelerating the effort in accordance with the imperatives of the CNO’s Design for Maintaining Maritime Superiority 2.0.”
- The Navy intends to buy the sixth and final Expeditionary Sea Base in FY 2023, after a flurry of buying ESBs in 2016, 2018 and 2019.

Mine Countermeasures Ships

The retirement of Avenger-class MCM ships, which had previously been pushed back, would be accelerated under this 30-year ship plan. “The Navy is focused on both future MCM capability and near-term improvement of operational availability (Ao) of the aging Avenger-class MCMs, with priority on the forward deployed naval force (FDNF). Accordingly, the homeland threat environment supports retiring the three remaining continental United States based MCM ships in FY2020 and harvesting parts that are no longer manufactured in order to improve FDNF Ao,” according to the report. Three MCMs are stationed in San Diego, with the remainder of the fleet in Bahrain and Japan. The report notes that the Navy is moving away from the MCM ships and towards the Littoral Combat Ship’s MCM mission package and Expeditionary MCM companies.

Auxiliary Ships

The ship plan outlines the timeline for the upcoming Common Hull Auxiliary Multi-Mission Platforms (CHAMPs) program that would replace five or more Navy auxiliary ship types with just two hulls: one for people-based missions,

like a hospital ship, submarine tender or command and control ship; and the other for volume-based missions such as sealift and aviation logistics support.

“The Navy has funded CHAMPs development and has approved top-level requirements (TLRs) as the basis for industry studies. The request for proposal for these studies was released 2nd quarter of FY2019 and both Capability Development Documents (CDD) and Concepts of Operations (CONOP) reviews are in progress. Although early in the process, upfront collaboration with industry on CHAMP options has indicated two hull designs may be needed to meet both RO/RO and non-RO/RO requirements, in lieu of significant compromise and increased cost across the five mission areas. As program options and costs mature, additional detail will become available,” the plan reads. “This appendix shows an initial procurement of the sealift variant in FY2025 and delivery in FY2028, with the intention to accelerate procurement for a FY2026 delivery.”

[Source: USNI | Megan Eckstein | March 21, 2019 ++]

PFAS Toxic Exposure Update 05 ► Pentagon Wants New Contamination Standards Set



A sailor washes the flight deck of the carrier Ronald Reagan last year after an exercise, using the kind of firefighting foam that can contain cancer-causing chemicals.

The Pentagon is facing global bill of at least \$2 billion — and likely more — to clean up groundwater and drinking wells contaminated by years of seepage from the military’s firefighting foams. It has already paid several hundred million dollars to install filters and provide bottled water to affected areas. Behind the scenes, however, the Pentagon has worked to convince Congress and the administration to support new contamination standards that could save the Pentagon billions — potentially at the expense of public health.

Right now, more than 126 military installations or sites and their surrounding communities have either wells or groundwater sources that contain dangerous levels of perfluorooctane sulfonate (PFOS) and perfluorooctanoic acid (PFOA), chemical compounds tied to birth defects and cancers. The chemical compounds were part of the military’s firefighting foam for decades and continued to be used as recently as last year. In 2016, the Environmental Protection Agency issued a health advisory that recommended that water sources contain no more than 70 parts per trillion of the compounds. However the EPA’s advisory is not law, so neither the Pentagon nor any other municipality is required to meet the 70 ppt standard. Since 2016, however, DoD has voluntarily been providing bottled water and filters to areas where exposure exceeds the 70 ppt limit.

But the Pentagon also would like to see a national standard set — at levels higher than 70 ppt, according to Sen. Tom Carper, D-Del. Over the last year DoD has worked along with NASA and the Small Business Administration to push “for the adoption of a much higher 400 ppt clean-up standard and 1200 ppt emergency level,” Carper said, a standard that would allow much higher exposure in public water sources. The Pentagon’s effort was first reported by The New York Times. “Such levels would, among other consequences, subject fewer sites that were contaminated through the military’s use of PFOA/PFOS from having to be remediated in the first place,” Carper said.

Pentagon spokeswoman Heather Babb said the department isn't trying to skirt its cleanup responsibility. "DOD is not seeking a different or weaker cleanup standard but wants the standard risk-based cleanup approach that is based on science and applies to everyone," Babb said. That did not sit well with families affected by contaminated bases. Veteran Arnie Leriche, who spent his post-military career as an environmental engineer at the EPA and lives next to the contaminated and now-closed Wurthsmith Air Force Base, said the cost just to clean up Wurthsmith's impact on their communities water supply is \$116 million. "And that's just one base, and just the 10-year [estimate]," Leriche said.

PFOA/PFOS are known as "**forever chemicals**" because of their long life. They can remain at levels higher than 70 ppt in water sources long after there's no new firefighting foam seeping into the ground. At George Air Force Base in California, for example, where female airmen were warned "don't get pregnant" while serving there because of a high rate of miscarriages, DoD sunk 22 monitoring wells in the last year to test water sources. Fourteen came back with PFOA or PFOA readings that ranged between 87 and 5,396 parts per trillion above the 70 ppt limit. George AFB has been closed since 1992.

At still-active airfields, the long-time use of the foam has left local water sources contaminated at levels far beyond 70 ppt. For example, at Peterson Air Force Base, in some water sources the PFAS/PFOA count is as high as 7,910 ppt. Families and communities across the U.S. now question if their illnesses were caused by the foam. Former Army reservist Spc. Mark Favors' family, for example, has lived near Colorado's Peterson Air Force Base since the 1930s. Sixteen members of his family have been diagnosed with cancer; 10 have died. The family came to Capitol Hill last week for a hearing on the issue. "We're trying to get justice," Favors said before last week's hearing.

Now it appears that the cost of cleaning up DoD's vast land holdings, and a myriad of lawsuits that states and municipalities are now filing against the Pentagon, may have convinced DoD that the 70 ppt level is too costly to meet. The Pentagon's \$2 billion estimate is just its best guess right now. DoD still has years to go, and at some sites, potentially decades to go in the official environmental cleanup process under the Comprehensive Environmental Response, Compensation, and Liability (CERCLA) Act, Maureen Sullivan, deputy assistant secretary of defense for environment, told Military Times in an interview last year. Until then, DoD won't know the true extent of the water contamination, or the price tag to clean it up.

The Pentagon does know it can't afford to clean everything up right now. The foam cleanup adds \$2 billion to the more than \$27 billion in environmental cleanup the Pentagon is responsible for, not just for the foams, but for other cancer-tied chemicals, such as trichloroethylene, or TCE, a solvent used to clean metals. So it will have to rack-and-stack the foam cleanup based on risk to the populace compared to its other environmental responsibilities, Sullivan previously told Military Times. "The Department does not have sufficient resources to simultaneously fund activities at all sites where cleanup is not complete, therefore DoD uses a nationwide, risk-based approach to prioritize its sites for cleanup," the Pentagon told Congress in its June 2018 report on its efforts to move away from the PFOS/PFOA based firefighting foams.

In that correspondence, first made public by the Government Accountability Office, the Pentagon suggested that it could clean up its locations to a lesser extent and leave up to 380 ppt of the chemical compounds in the water. That revised figure was based on the EPA's CERCLA risk assessment process, DoD said in the congressional report. But DoD is also aware of the bad optics if it cleans its locations to just 380 ppt if the official EPA recommendation remains at the stricter 70 ppt level. In June 2018 DoD pushed the EPA to set a nationwide standard.

While DoD did not directly ask that the standard be relaxed in its 2018 report, it strongly suggested that having the EPA's 70 ppt standard out there would be problematic. "If the PFOS or PFOA levels in groundwater exceed 70 ppt but are below 380 ppt, responsible parties will face the challenge of explaining to communities the difference between the 70 ppt guidance for drinking water and the approximately 380 ppt risk-based groundwater cleanup level," the Pentagon wrote. The lack of a nationwide standard requirement "create[s] tremendous risk, communication challenges for all concerned parties — states, EPA, DoD, and community leaders — when explaining how the groundwater cleanup levels are protective of human health," DoD said.

The Times additionally reported that during negotiations last year at the EPA that could lead to a federal standard, DoD pushed hard to get the levels loosened. The Environmental Working Group, which is working with scores of families who lived in the contaminated communities, told reporters 14 MAR the move by the Pentagon to get the standards increased to 380 ppt was likely driven by the lawsuits and unknown future costs. “It highlights the impact of not having an official [maximum contaminant level] and regulatory standard that the DoD must follow,” said David Andrews, a senior economist at the Environmental Working Group. “They feel that they have some leeway to argue their case, and I think that really highlights the regulatory failing at the federal level.” [Source: MilitaryTimes | Tara Copp | March 15, 2019 ++]

Air Force Fire Fighting Foam ► PFAS Replacement May Be More Harmful

The new firefighting foam (Phos-Chek 3% AFFF MilSpec) the Air Force began using in June 2018 to reduce toxic contamination of groundwater might actually be more harmful to the environment than the chemical agent it replaced, according to the Environmental Working Group (EWG), a nonpartisan, non-profit environmental advocate. The Air Force historically used firefighting foam containing the perfluoroalkyl substances (PFAS) perfluorooctane sulfonate (PFOS) and perfluorooctanoic acid (PFOA). But last June, USAF began using a new type of firefighting foam, which includes lower levels of PFOS and “only trace amounts of PFOA,” in order to reduce the risk of groundwater contamination.

Now EWG says the new foam may be more dangerous than the one it replaced. Its experts argue the chemical composition of the new foam is actually harder to remove from groundwater and potentially could spread more quickly into surface water. Arnie Leriche, a retired EPA environmental engineer who lives near the former Wurtsmith AFB, Mich., said the granular activated carbon (or GAC) units used to filter PFAS from groundwater are slightly less effective in removing the shorter-chain chemicals. EWG senior scientist David Andrews added the new chemistry requires more frequent filter changes. “We have significant concerns that the replacements are no safer and that we are repeating the same problem,” Andrews said. “The replacement chemicals are incredibly persistent, they do not break down in the environment, and the studies would seem to indicate the potential for significant health harm.”

But federal data suggests the shorter-chain chemicals in the Air Force’s new foam make it safer for humans, the Air Force Civil Engineering Center says. “The legacy AFFF formula contains long-chain fluorosurfactants, while the new formula contains shorter-chain molecules. Data reviewed by the EPA in 2009 suggests these shorter-chain formulas are less toxic because the chemicals are cleared from the body faster and are not considered bio-accumulative or bio-persistent,” according to the perfluorinated compounds FAQ page on AFCEC’s website.

EWG attorney Melanie Benesh said the solution lies in a change to DOD regulations, which dictate that firefighting foams contain “some type of perchlorinated chemical.” While chlorine-free alternatives exist, she added, using them first requires revisions to military standards. However, any change to military specifications for firefighting foam is up to the Navy, Air Force Installation and Mission Support spokesman Mark Kinkade told Air Force Magazine in a March 18 email. The Navy’s also in charge of picking which foam the military uses, he said.

In the meantime, Kinkade said, the new foam isn’t the only step the service is taking to increase safety. The service is also equipping its fire vehicles with a switch that lets it “test functionality without discharging AFFF into the environment,” standardizing and replacing hangar systems that contain the old PFOA/PFOS-containing foam, using “double-lined pits” as the setting for fire training exercises to keep soil and groundwater from being contaminated, and cleaning up “any uncontained releases” of the new foam as soon as they happen.

The New York Times reported 14 MAR that DOD is seeking permission to increase the acceptable threshold for PFAS contamination in groundwater and to change the way contamination levels are calculated by having separate limits for PFOS and PFOA. In 13 MAR testimony before the Senate Appropriations defense subcommittee, Air Force

Secretary Heather Wilson said the service has scoured its installations for potential contamination stemming from PFOS- and PFOA-containing firefighting foam, gauged “whether there was any impact to the water,” and taken “mitigating actions.” She called it, “the responsible thing to do.”

However, she told legislators, both the issue and its potential solution are bigger than the Air Force, noting that efforts will most likely be required not only by the EPA and DOD, but also by the Agriculture and Health and Human Services departments. “This is a major issue for the country of which the Air Force is just one small piece,” she said. [Source: Air Force Magazine | Jennifer-Leigh Oprihory| March 19, 2019 ++]

DoD Lawsuit ~ Chaplain Promotions ► Religious Discrimination Claimed

A 20-year-old lawsuit will soon take center stage inside Norfolk Federal Court. The suit was filed by 27 former U.S. Navy chaplains claiming they were discriminated against by the Navy based on religion. One of the plaintiffs is Suffolk's Allen Lancaster, who spent 44 years in the Navy.



"From my earliest years I wanted to be in the Navy," Lancaster said. Lancaster enlisted in September 1956. He loved every minute of it. In 1980, he had the chance to combine his love for the Navy and his love for God by becoming a Navy chaplain. "It was like a dream come true," he added. "It was very rewarding." But there is one part of his career he wishes he could forget. He feels as if the system failed him. "I think it did," Lancaster said. Lancaster's frustration stems from what he calls the Navy's "dirty little secret," the promotion process for chaplains. "From a justice standpoint, if the system is supposed to be right, I should have never been denied," he added.

The chaplain became stuck with a rank of commander. He was passed over several times for captain. He along with 26 other evangelical chaplains are suing the Navy, claiming religious discrimination. "The system isn't flawed, the system is corrupt," said the chaplains' attorney, Art Schulz. Schulz originally filed the lawsuit in 1999, but after years of setbacks he re-filed in Norfolk Federal Court. "I figured when I first took this case, I thought it would take 3 to 5 years," Schulz added. "When you show a denominational preference, the court is to show strict scrutiny."

Schulz believes something went wrong in the promotion process. He says chaplains up for promotions were chosen by a panel made up of other chaplains. They would go behind closed doors and use a device to vote. He says members of the panel would purposely not promote someone simply based on denominations. "When you are relying on someone to say I prefer Catholics, or prefer Baptist, that's forbidden," Schulz said. "We fought a war to get away from that type of thing." Navy promotions are generally based on yearly evaluation forms called "fitness report." The highest scoring candidate should be promoted. Lancaster's fitness reports were flawless, but at least five times one report went missing from his file, ruining his chances.

He believes someone who didn't want to see a Christian promoted might have sabotaged him. "It's hard for me to explain it otherwise, because of the efforts I made to get that fitness report in there," Lancaster added. The Navy along

with the Department of Justice, which is representing the Navy, both declined to comment on the lawsuit. "The record is supposed to determine whether or not you stack up with others," Schulz said. A trial date has not yet been determined. [Source: WAVY Norfolk VA | Jason Marks | March 21, 2019 1

DoD Fraud, Waste, & Abuse ► Reported 16 thru 31 Mar 2019

Langley AFB, VA -- A former secretary at Langley Air Force Base has been sentenced to four years in prison for bilking the government out of nearly \$1.5 million over 17 years. The Daily Press reports 52-year-old **Michelle M. Holt** was also ordered on 14 MAR to repay the money, which came mostly from faked overtime hours. The civilian worked in Air Combat Command's communications support squadron. According to documents submitted as part of a December plea agreement, she falsely claimed nearly 43,000 overtime hours between December 2001 and July 2018. The documents say Holt grew bolder over time, and by 2008, her overtime pay exceeded her regular pay. In 2017, she took home more than twice her \$51,324 salary in overtime pay alone. She faced up to 15 years. Prosecutors acknowledged Holt accepted responsibility. [Source: The Associated Press | March 14, 2019 ++]

-o-o-O-o-o-

Salt Lake City, UT -- A former Defense Intelligence Agency officer and U.S. Army veteran pleaded guilty 1 MAR to attempting to steal and deliver military secrets to the Chinese government, Department of Justice officials announced. **Ron Rockwell Hansen**, 59, was arrested by the FBI in June as he was trying to board a flight for China. The agency said he had been approached by Chinese intelligence agents in 2014, and received not less than \$800,000 in funds originating from China as compensation for transmitting U.S. national secrets. "This case drives home the troubling reality of insider threats and that current and former clearance holders will be targeted by our adversaries," Special Agent in Charge Barnhart said in a statement after the arrest.



Hansen pleaded guilty before U.S. District Court in Salt Lake City. He is a resident of Syracuse, Utah. The plea deal Hansen agreed to stipulated a 180-month sentence, pending court approval, DoJ officials said in their announcement. Sentencing is scheduled for 24 SEP. Hansen was indicted on 15 counts, including attempting to gather or deliver defense information, acting as an agent of a foreign government, bulk cash smuggling, structuring monetary transactions and smuggling goods from the U.S. Hansen had retired from the Army as a warrant officer, according to the DoJ. His background was in signals and human intelligence, officials said. He is fluent in Mandarin and Russian, according to court documents.

After leaving the Army, Hansen was hired by the DIA as a civilian intelligence case officer in 2006. In early 2014, Chinese intelligence agents targeted Hansen for recruitment and began meeting with him regularly in China, he admitted in his plea agreement. The Chinese agents told Hansen during the meetings what type of information they wanted him to bring to them. In exchange, the agents provided Hansen with "hundreds of thousands of dollars" as compensation, according to the DoJ. Between 2013 and 2017, Hansen would attend military and intelligence conferences in the U.S. and provide the information he learned at the conferences to contacts in China associated with the nation's intelligence agency.

Beginning in May 2016, Hansen attempted to solicit information from a current DIA intelligence officer. Hansen was no longer working for the DIA by this time. Hansen told the other officer how to record and transmit the classified information without raising agency alarms, as well as how to launder the money he received as payment from the Chinese. The other DIA officer was actually working as a confidential human source for the FBI, leading to Hansen's arrest. Hansen attempted to transfer the classified documents by memorization and taking written notes. He tried to conceal the notes in the text of an electronic document. Hansen was caught while attempting to board a connecting flight to China from Seattle-Tacoma International Airport in June. [Source: NavyTimes | Geoff Ziezulewicz | March 6, 2019 ++]

-o-o-O-o-o-

Baltimore, MD -- A former National Security Agency contractor accused in a massive theft of classified information was expected to plead guilty 28 MAR in what U.S. prosecutors had once portrayed as a "breathtaking" breach at the nation's biggest spy shop. Prosecutors announced 27 MAR that **Harold T. Martin III** would face arraignment in U.S. District Court in Baltimore, a proceeding typically signaling a change of plea. The former U.S. Navy lieutenant was charged with the willful retention of national defense information and was arrested by the FBI in August 2016.

One of Martin's lawyers, Deborah Boardman of the city's federal public defender's office, said a "arraignment is a guilty plea" when asked for confirmation about her client's Thursday hearing. She said they would issue a statement after Martin's court appearance, declining to provide further comment. An indictment accuses Martin, 54, who worked as a private contractor for the NSA and other government agencies, of stealing top secret and classified documents between 1996 and 2016 and stowing them in his car and Maryland home. The stolen documents included sensitive NSA briefings and reports, including a 2009 draft of a signals intelligence directive that outlined methods and procedures for protecting the U.S. and a 2014 report containing information on foreign cyber intrusion techniques. He's also accused of stealing a CIA document detailing foreign intelligence collection sources and methods, among other items.

One of his federal defenders has previously described Martin of Glen Burnie, Maryland, as a "compulsive hoarder" who never intended to harm his country and who took work documents home with him as he tried to be as committed to his job as possible. Martin, like famed NSA leaker Edward Snowden, worked as a contractor for Booz Allen Hamilton. When asked for comment about Martin's upcoming hearing, James Fisher, a company spokesman, said Booz Allen Hamilton has "closely cooperated with the federal government throughout the case."

The NSA has suffered a series of breaches in recent years. Most notably, Snowden disclosed a cache of classified material in 2013 exposing U.S. government surveillance programs. Last year, another Maryland man who had worked at NSA pleaded guilty to keeping numerous top secret U.S. defense materials at home. At his sentencing, Nghia Hoang Pho, 67, told a federal judge he took copies of U.S. government documents and writings containing national defense information so he could work from home and possibly earn a promotion. He got 5 ½ years in prison. Also last year, an NSA contractor named Reality Winner received a similar sentence after being charged with copying a classified U.S. report and mailing it to a news organization. The NSA is headquartered at a complex in Fort Meade, Maryland. [Source: Associated Press | Eric Tucker | March 7, 2019 ++]

-o-o-O-o-o-

Buckhannon, WV -- Two former U.S. Defense Department employees have been sentenced to four years' probation for stealing and selling property from a government warehouse. Prosecutors say 35-year-old **Shane Morgan** of Buckhannon and his father, 61-year-old **Russell Morgan** of Helvetia, were sentenced 28 MAR in federal court in Elkins. They also were ordered to pay more than \$11,600 in restitution. The pair admitted stealing at least 80 items valued at more than \$80,000 from 2010 through 2017. They had access to the items through their official positions at the U.S. Property and Fiscal Office warehouse in Buckhannon. Shane Morgan was a sergeant first class with the West Virginia Army National Guard and Russell Morgan is a retired master sergeant.

[Source: Associated Press | March 28, 2019 ++]

POW/MIA Recoveries & Burials ► Reported 16 thru 31 MAR 2019 | Nine

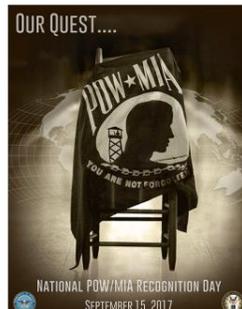
“Keeping the Promise“, “Fulfill their Trust” and “No one left behind” are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century as of FEB 2019 are: World War II 73,025 of which over 41,000 are presumed to be lost at sea, Korean War 7665, Vietnam War 1589 (i.e. VN-1,246, Laos-288, Cambodia-48, & Peoples Republic of China territorial waters-7), Cold War 111, 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 <https://www.dpaa.mil/News-Stories/Recent-News-Stories/Year/2019> for a listing and details of those accounted for in 2019. If you wish to provide information about an American missing in action from any conflict or have an inquiry about MIAs, contact:

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

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

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



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

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

LOOK FOR

-- **Army Cpl. Benjamin W. Scott** was a member of Company M, 3rd Battalion, 21st Infantry Regiment, 24th Infantry Division. In July 1950, his unit was engaged in combat actions against the North Korean forces in the vicinity of Choch'iwon, South Korea, when he was declared missing in action. Interment services are pending. [Read about Scott.](#)

-- **Army Pfc. Herschel M. Riggs** was an infantryman with Headquarters Company, 19th Infantry Regiment, 24th Infantry Division. In July 1950, his unit was involved in combat actions against North Korean forces near Taejon, South Korea. Riggs was declared missing in action on July 16, 1950, when he could not be accounted for by his unit. Interment services are pending. [Read about Riggs.](#)

-- **Army Pfc. William F. Delaney** was assigned to Company A, 1st Battalion, 22nd Infantry Regiment, 4th Infantry Division. On Nov. 22, 1944, when his battalion launched a massive firing demonstration against a large pocket of German defenders near the town of Grosshau, in the Hürtgen Forest in Germany. During the battle, an enemy artillery shell struck Delaney's foxhole, and he died before he could be medically evacuated. Due to ongoing combat operations, his remains were not recovered at that time. Interment services are pending. [Read about Delaney.](#)

-- **Navy Fireman 3rd Class Willard I. Lawson** 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, including Lawson. Interment services are pending. [Read about Lawson.](#)

-- **Navy Reserve Journalist 3rd Class Raul A. Guerra** was a passenger on board an E-1B Tracer when radar contact with the aircraft was lost just outside of Da Nang. Several days later, wreckage was spotted in the area where contact was lost, but because of the location and very steep terrain, a ground recovery could not be conducted. Guerra and the four other service members on board were declared killed in action. Interment services are pending. [Read about Guerra.](#)

-- **Navy Seaman 1st Class Joseph K. Maule** 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, including Maule. Interment services are pending. [Read about Maule.](#)

-- **Seaman 2nd Class Calvin H. Palmer and Seaman 2nd Class Wilferd D. Palmer** were 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 crewmembers, including Calvin and Wilferd Palmer. Interment services are pending. [Read about the Palmer brothers.](#)

-- **U.S. Army Air Forces 1st Lt. Howard T. Lurcott**, was a member of the 38th Bombardment Squadron, 30th Bombardment Group, stationed at Hawkins Field, Betio Island, Tarawa Atoll, Gilbert Islands. On Jan. 21, 1944, the B-24J bomber aircraft he was piloting crashed into Tarawa lagoon shortly after takeoff. Lurcott and the nine other service members aboard the aircraft were killed. Interment services are pending. [Read about Lurcott.](#)

-- **U.S. Army Air Forces Staff Sgt. Carl M. Shaffer**, was a member of the 38th Bombardment Squadron, 30th Bombardment Group, stationed at Hawkins Field, Betio Island, Tarawa Atoll, Gilbert Islands. On Jan. 21, 1944, the B-24J bomber aircraft he was aboard crashed into Tarawa lagoon shortly after takeoff. Shaffer and the nine other service member aboard the aircraft were killed. Interment services are pending. [Read about Shaffer.](#)

[Source: <http://www.dpaa.mil> | March 31, 2019 ++]

* VA *



Hidden VA Money: VA Programs You May Be eligible For

Below are some programs or rules within the VA that could pay you and your surviving spouse in all matters financial. As you explore these programs, keep in mind, it may be in your best interest to see an accredited VSO or a qualified attorney familiar with VA law should you elect in pursuing any of the programs:

- Any veteran who is a senior citizen or his/her surviving dependents may be eligible to receive over \$2,000 per month (\$24,000 per year) in tax free income. The payments include annual cost of living increases.
- A veteran can easily qualify for a VA Pension even if his annual income exceeds the limits set by the VA. For this program, a veteran may need a highly qualified VA attorney to help.
- Recurring, non-reimbursed medical expenses of a veteran and the surviving spouse are deductible from gross income.
- Veteran family members can be paid as caregivers, which is also a tax deductible expense.
- If a veteran resides in an Assisted Living Facility the entire amount paid for the service is a deductible expense.
- Veterans 65 years-old or older, are presumed to be disabled. It does not have to be proven.
- There are many federal VA nursing homes, and private nursing homes with a federal VA Contract who will admit veterans for care even if the veteran does not meet the service connected disability requirements.
- Veterans who are 100% service-connected IU may be eligible for an additional monthly entitlement of \$62.50/mo. for catastrophic injury.
- DMAVA and the department of education jointly launched a program on October 5, 2002 to honor world war two era veterans who left school to join the military and have never received a high school diploma.
- Veteran family members can be paid as caregivers, which is also a tax deductible expense.
- If a veteran resides in an Assisted Living Facility the entire amount paid for the service is a deductible expense.
- If the veteran is deceased and the surviving spouse is applying for low income pension, the spouse can be of ANY age and does NOT have to be disabled.
- Reports indicate that a pension with aid and attendance is easier to obtain then Household Benefits.
- A veteran who is healthy but has a spouse who is disabled, may be eligible for Improved Pension (Low Income Pension).
- In order to receive service-connected disability rating a veteran's disability does not have to be related to combat.
- A VA rating of 70% or higher will allow a veteran-claimant to reside in a federal VA nursing home, at no charge. Other stipulations may arise resulting in minimal fees.
- When a veteran is rated at 100% disability or if rated as Individual Unemployability (IU), the veteran will receive the highest rating and the highest pay. Additionally, if a veteran is in need of additional aid of another person to help with activities of daily living (walking, bathing, dressing, toileting, etc.) there is an added supplemental compensation called "aid and attendance".

[Source: <http://www.veteranprograms.com/resources7.html> | David Austin | September 19, 2018 ++]

VA Health Care Access Update 66 ► Wilkie on Privatization Concerns | Will Not Happen

Facing concerns over the implementation of the new Mission Act, which consolidates the Department of Veterans Affairs' seven private health care programs into a Community Care Network, VA Secretary Robert Wilkie on 26 MAR sought to reassure senators that the department is not looking to outsource most of its medical care. Testifying before the Senate Veterans Affairs Committee on Tuesday, Wilkie said the department's proposed access standards for private

care -- which will greatly increase the number of veterans eligible for outside medical services -- do not mean more veterans will seek that care.

About 19 percent of the VA's \$87 billion proposed fiscal 2020 medical budget is designated for the Community Care Network created by the VA Mission Act, while 81 percent is earmarked for VA medical care, he said. Wilkie stressed that the department is committed to providing quality in-house medical services, acknowledging that veterans -- and veterans groups -- say they prefer VA care. "The care in the private sector nine times out of 10 is probably not as good as the care you get in VA," he said. "Things are not always greener on the other side of the hill."

VA officials have sought to convince veterans, veterans service organizations and the public that it has no intention of privatizing its health care system. The public affairs blitz began shortly after President Donald Trump won on a platform that included allowing veterans to see any doctor they choose, and it has grown in recent weeks since the release of the proposed access standards, which include: eligibility for those who must drive an average 30 minutes to a primary or mental health appointment or 60 minutes for specialty care, or wait 20 days or more for primary care or 28 days for a specialty care appointment. "I argue it is the most transformative period in the history of this department. ... I don't believe we are on the cusp of transformation; we are in the middle of it," Wilkie said. He added that the medical care the VA gives is as "good or better than any medical care in any region of the country. We are proud of it."

But Sen. Joe Manchin (D-WV) said privatization can also occur by neglect. Describing medical facilities in his state that have not been maintained or expanded and a mobile unit that remains inoperable, he said veterans may choose to see a private physician even if they'd prefer to go to the VA. "Even though our intent and the verbal agreement is that we aren't going to privatize, because of starving [these facilities], there won't be these services ... you can see the concern," Manchin said. Wilkie said the VA has a \$60 billion facilities maintenance backlog and will need to "be creative" in continuing to provide health care to veterans, pointing to VA medical facilities being established across the country in leased buildings, allowing medical center staff to concentrate on medical care rather than infrastructure. He also suggested the department is considering a program similar to the Peace Corps or AmeriCorps to entice doctors and other medical health providers to move to rural areas to serve veterans.

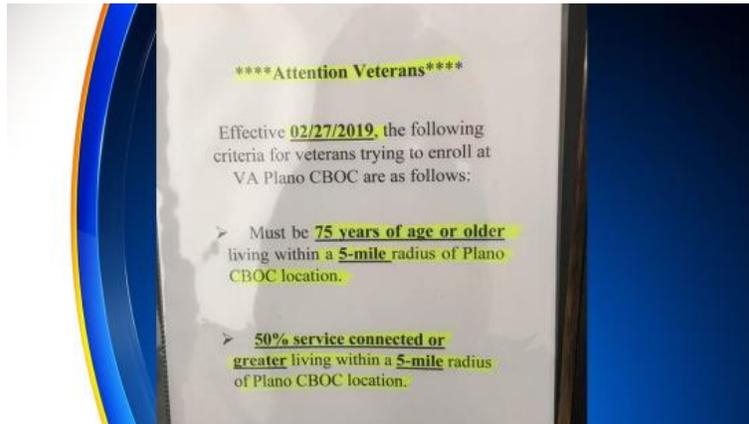
The VA is seeking to implement its access standards for the Community Care Network by June. It has awarded a \$55 billion contract for three regions in the network to Optum Public Service Solutions and plans to announce the contract award for the region that covers the western United States in April. Contracts for Alaska and the Pacific Territories will be awarded in the fall. The VA's proposed fiscal 2020 budget includes \$220 billion in total spending, up 9.5 percent from fiscal 2019. Senate Veterans Affairs Committee Chairman Sen. Johnny Isakson (R-GA) said he wants to lay to rest concerns that the VA plans to outsource its medical care. "We are not going to privatize," he said. "I have no interest in doing so. Let's concentrate on making the VA the best it can be." [Source: Military.com | Patricia Kime | March 29, 2019 ++]

VA Clinic Plano TX ► Near Capacity Enrollment Causing Vet Concerns

As the veteran population continues to grow in North Texas, there's concern the Plano VA Clinic is limiting who can visit. A sign on the door suggests a change in enrollment requirements, but a spokesperson for the VA described them as more of suggestions.

When the Plano clinic opened in 2016 it was estimated they could enroll around 6,000 veterans and now they're close to capacity. The VA spokesperson said in the last few years in Collin County, the veteran population has grown about 7 to 9 percent a year. Veterans enrolled at the clinic said originally, to enroll they had to be least 77 years old, 30 percent service-connected disabled and live within 15 miles of the clinic. A few weeks ago, a sign was posted on the door saying veterans need to be at least 75, living within a 5 mile radius or have a 50 percent disability rating

living within a 5-mile radius. There was a lot of confusion. Many veterans wondered would they have to drive to the next closest clinic around 20 miles away.



Sign on door at Plano VA Clinic

The VA spokesperson said they'll never turn anyone away. The hope is that those who do not meet the enrollment requirements will go to another clinic that doesn't see as much foot traffic, such as the Grand Prairie location. "It's becoming a struggle for those of us who served the country," veteran Bobby Sides said. "We have more and more veterans coming in. They do not have enough providers. They do not have enough space." Sides said the VA clinics can't keep up, many are coming close to capacity and the wait times getting out of control. He said more needs to be done and suggests the VA operates as a payment processor. "If a person or a provider was licensed in the state that we could select where to go and we could work with that professional and the VA would pay the bill," he said. The VA is trying to turn a closed hospital in Garland into a clinic. The hope is to secure it by the summer and then operations would be able to start in around 90 days after that. [Source: CBS 11 DFW News | Erin Jones | March 26, 2019 ++]

VA Incarcerated Vet Program Update 01 ► Michigan's Program

It can be difficult for veterans who end up in prison to receive the care and benefits that their counterparts on the outside get. That's less of an issue now for veteran prisoners in Michigan, who can take advantage of the state's Incarcerated Veterans Program to ensure they get the information and benefits they need. "We're just trying to show these men that no matter what they did, their service to their country has been appreciated," said Tom Winn, warden of the Saginaw Correctional Facility in Saginaw County, Mich.



Through the Incarcerated Veterans Program, veterans can connect with local VA centers in Ann Arbor and Saginaw to access their medical records, get the exam from a VA medical professional required for disability claims and get help applying for the disability benefits to which they are entitled. That's huge for these veterans, as the only

way for them to get their disability benefits is through the VA. The Incarcerated Veterans Program launched in 2014 and is a collaboration between the Michigan Veterans Affairs Agency, Michigan Department of Corrections, those two VA medical centers and the Veterans Benefits Administration office in Detroit. The MVAA recently won the federal VA's 2019 Abraham Lincoln Pillars of Excellence Award for this program.

Rob Price is the MVAA's director of targeted outreach. The former Army master sergeant and Gulf War veteran also used to work for the federal VA, processing disability claims and applications, including some from incarcerated veterans. He realized that it was almost impossible for him to process the claims of veterans in prison because he couldn't assess the severity of their disabilities while they were locked up, since the test that can only be performed by VA examiners. That's where the Incarcerated Veterans Program comes in handy, he said. Not only can the VA now determine veterans' levels of disability, but Department of Corrections employees will also usually drive them to VA centers for their exams. "That is a fine, fine example of cooperation between state departments," Price said.

The program also allows vets the opportunity to move into a newly opened veteran-specific unit at the Saginaw Correctional Facility. Veterans who were honorably discharged and follow a strict code of conduct are eligible for this unit, according to Winn. There are currently about 2,300 incarcerated veterans in Michigan, according to MVAA data. Winn said his prison's veterans-specific unit currently houses 240 vets from all branches of the military, including the Coast Guard.

Winn is a veteran himself, having served 28 years in the Army, including a stint in Afghanistan. One of the best things about this unit for the veterans, he said, is the "camaraderie of being around people who think like you." "They can always remember that they're a service member, and they positively impacted their community and lives at one point before whatever the circumstance was that landed them in prison," he said. The Incarcerated Veterans Program is also helping the handful of female veteran prisoners in Michigan by allowing them to go to the Ann Arbor VA, Winn said. There aren't enough of them to warrant their own unit, "but those female veterans have not been forgotten or slighted," he said.

Richard Thomas was a beneficiary of this program. He served in the Marines from 1970 to 1976 in mostly administrative roles and ended his military career as a sergeant. He entered prison in 1991 after being convicted of first-degree criminal sexual assault. He was a prisoner at Lakeland Correctional Facility in Coldwater, Mich., in 2013 when he first heard about the Incarcerated Veterans Program. He signed up, and his 20 percent disability rating made him an ideal candidate. Thomas was transferred to Saginaw in 2014, and at that point, he said, it only took him two weeks to get his medical records, after trying and failing to obtain them for 30 years. "It is a great benefit," he said. "Just go with them and listen to them. They will fight hard for your case."

Thomas was paroled in August 2016 and is now two semesters away from earning his divinity license from the Birmingham Bible Institute in Birmingham, Mich. He said that the Incarcerated Veterans Program helped prepare him for life after prison. "I didn't know what to do or how to do it myself," he said. "So when I came out, I came out with my feet on the ground like I was going to be somebody." He made it clear that starting over after years of incarceration is a challenge, but he also recommended that his fellow disabled veterans trust the MVAA and take advantage of this program. "I won't say it's real easy when you get out, but if you're transparent and honest, the MVAA is there for you," he said. "You can't get help if you don't ask." [Source: MilitaryTimes | Joshua Axelrod | March 25, 2019 ++]

VA Agent Orange Benefits Update 06 ► Hope For Blue Water Navy Vets

Three years after a scientific body recommended that the Department of Veterans Affairs consider adding three conditions -- bladder cancer, hypothyroidism and Parkinson's-like symptoms -- to the list of qualifying diseases tied to Agent Orange, affected veterans may soon find out whether they are eligible for disability compensation and VA health

care. During a Senate Veterans Affairs hearing 26 MAR on the VA budget, Dr. Richard Stone, the executive in charge of the Veterans Health Administration, said a decision on the three illnesses likely would come in the next 90 days.

Responding to a question from Sen. Sherrod Brown (D-OH) Stone said the VA is working "through this right now, and it would be my hope" to have a decision within three months. He added that the recommendation will go to VA Secretary Robert Wilkie for final approval. "It's took this country far too long to come to terms with Agent Orange," Brown said. In March 2016, the National Academy of Medicine found evidence that two conditions, bladder cancer and hypothyroidism, are likely linked to Agent Orange exposure and that a third condition, Parkinson-like symptoms, also should be included on the list of diseases presumed to be related to contact with the herbicide.

The announcement brought hope to thousands of veterans living with bladder cancer and thyroid problems, as well as those who have essential tremors and other symptoms similar to Parkinson's, but who haven't been diagnosed with the disease. In late 2017, former VA Secretary Dr. David Shulkin said he had made a decision on whether to add the three conditions to the list of 14 Agent Orange-related illnesses, but it was never announced. In November 2018, the National Academies of Sciences, Engineering and Medicine also released a report finding sufficient evidence to link high blood pressure with exposure to Agent Orange.

High blood pressure, or hypertension, previously had been designated as having limited or suggestive evidence that it is related to contact with Agent Orange. A National Academies committee, having reviewed new studies, upgraded the association to say there is "sufficient" evidence that ties the disease to exposure. But high blood pressure is so common among older Americans that it has never been added to the presumptive list, even though the suggested evidence shows it may be tied to exposure. Brown did not ask about hypertension, and Stone did not volunteer any information on whether the VA is reviewing the most recent National Academies report.

The U.S. military sprayed millions of gallons of herbicides, including Agent Orange, in Vietnam to clear the jungle of foliage that obscured enemy movements. More than 2.7 million veterans served in Vietnam. Veterans with health conditions connected to serving on the ground in Vietnam and inland waterways are eligible for health care and compensation from the VA. A legal decision announced in January by the U.S. Court of Appeals for the Federal Circuit may extend those benefits to sailors and Marines who have qualifying diseases and were assigned to ships offshore. The VA announced 21 MAR **it will not appeal the decision** by a federal judge to award benefits to the veterans, known as the Blue Water Navy. [Source: Military.com | Patricia Kime | 26 Mar 2019 ++]

VA Disability System Update 02 ► Proposed Reform to Reduce Medical Exams/Time/ Money

Administration officials this year are re-upping a series of reforms to the veterans disability system they estimate would cut down on tens of thousands of unneeded medical exams and save billions of dollars. The moves, part of President Donald Trump's fiscal 2020 budget unveiled earlier this month, call for revising rules regarding medical exams for veterans applying for benefits. The idea was discussed — though ultimately ignored — by Congress last year. But the new savings estimates around the plan could draw renewed interest this session. In last year's budget, VA officials estimated the moves would cut about \$80 million in spending annually, and nearly \$1.2 billion over the next decade. This budget cycle, they've raised that estimate to about \$250 million annually and nearly \$2.7 billion by fiscal 2029.

VA spokesman Curt Cashour said the change reflects a larger number of exams and rising health care costs. A steady increase in benefits claims combined with more complex and expensive exams translates into larger savings if the reforms are enacted. Those reforms amount to "establishing a more reasonable policy in determining when a VA examination is warranted in connection with a claim for compensation," according to the budget documents. Administration officials argue that court rulings on the veterans disability process have shown that current VA medical standards for benefits are excessive compared to the legal evidence needed to establish eligibility.

Many check-ups, reexaminations and VA appointments duplicating private-sector medical evaluations could be cut, saving veterans' time and the federal government money. VA estimates that more than 180,000 unnecessary medical appointments were conducted in 2016 and more than 210,000 in 2017, a small but significant portion of the department's workload. The reforms package also includes changing disability compensation benefits to remove annual income from the eligibility calculation, a move that could increase the number of eligible beneficiaries but also save time and staff in calculating those payouts. "This helps VA standardize the calculation and potentially automate payments, allowing veterans to get payments faster," the budget document stated.

Administration officials are also pushing a more controversial cost-savings plan of rounding down veterans' cost-of-living payouts to the nearest dollar, a plan that has sparked fierce opposition from veterans groups and some lawmakers in recent years. Whether the controversy surrounding that plan derails the other proposed reforms will be the focus of congressional debate in coming months. Trump has proposed a \$216 billion budget for fiscal 2020, an increase of more than 9 percent from this year's levels. The VA budget has grown steadily over the last 18 years, more than quadrupling from fiscal 2001. But Trump's overall budget plan faces significant opposition in Congress from Democrats, who have attacked his proposed large increases in defense spending and steep cuts in funding for the Departments of State, Education, and other domestic programs. [Source: MilitaryTimes | Leo Shane III | March 21, 2019 ++]

VA Blue Water Claims Update 67 ► Vets Should Receive Long-Sought VA Benefits

A recent court ruling paved the way for tens of thousands of Blue Water Navy veterans - those who served in the wartime waters off Vietnam - to receive long-sought VA benefits, but MOAA continues the fight to secure these benefits, on two fronts. First, MOAA joined nine other veterans service organizations in writing to President Donald Trump, asking him to allow the ruling in *Procopio vs. Wilkie* to stand. The Court of Appeals for the Federal Circuit ruled in the case that Blue Water Navy veterans can receive VA care for conditions linked to Agent Orange exposure, such as some types of cancer.

While VA officials have said there is no intent to request an appeal, the letter asks the president to direct the Justice Department not to appeal the ruling and to ask VA Secretary Robert Wilkie to "immediately begin implementing this decision so that justice is finally provided to the men and women who served in Vietnam, suffered from the devastating long-term health effects of Agent Orange exposure, but who today are denied the benefits and health care they have earned." You can read the letter [here](#).

A bill now gaining wide support in the House also intends to accomplish that goal - H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2019, would create the presumption of herbicide exposure for these veterans (about 52,000) as well as establish clear geographic boundaries for what "offshore" areas are considered. The bill text provides details. The House bill also provides relief to veterans exposed to Agent Orange on the Korean DMZ and expands benefits to the children of veterans who served in Thailand and suffer from spina bifida - benefits that the court's decision, even if it stands, would not convey.

For that reason, and to provide greater clarity on the benefits process for tens of thousands of veterans and their families, MOAA has backed H.R. 299 since its introduction, and continues to ask its members to do the same. Since MOAA's late-February appeal, another 50 House members have signed on as co-sponsors, bringing the total to 303. Has yours's signed on yet? If not you can ask him/her to do so by using MOAA's Legislative Action Center site at <http://takeaction.moaa.org/moaa/app/write-a-letter?0&engagementId=497234> to forward a preformatted editable letter asking the to do so. After all these years its about time that our government start caring for those exposed to Agent Orange and suffering its consequences while serving their country. [Source: The MOAA Newsletter | March 21, 2019 ++]

VA Community Living Centers ► Health Care Inspection Reports

On 15 MAR the U.S. Department of Veterans Affairs (VA) began publicly posting, for the first time, health care inspection reports and staffing data for its nursing home system. To date, VA has posted 101 health inspection reports of its 134 Community Living Centers (CLCs) with the remainder scheduled to be posted by October 2019. The health care inspection reports available at <https://www.va.gov/QUALITYOFCARE/apps/aspire/clcsurvey.aspx> cover April 2018 to present. In the future, VA will post the reports annually.

The reports show that, in comparison with non-VA facilities rated by the Centers for Medicare and Medicaid Services (CMS), VA has a lower number of low-performing facilities (VA: 17.2 percent, non-VA: 19.7 percent) and a higher number of higher-performing facilities (VA: 17.2 percent, non-VA: 10.8 percent). “Overall, VA’s nursing home system compares closely with private sector nursing homes, though the department on average cares for sicker and more complex patients in its nursing homes than do private facilities,” said VA Secretary Robert Wilkie. Many VA nursing home residents are being treated for conditions such as prostate obstruction, spinal cord injury, mental illness, homelessness, post-traumatic stress disorder, combat injury, terminal illness and other conditions rarely seen in private nursing homes. In fact, 42 percent of 41,076 VA CLC residents in fiscal 2018 had a service-connected disability rating of 50 percent or higher.

When comparing VA CLCs with private sector nursing homes, the VA CLCs care for more complex Veterans with Veteran-specific conditions such as post-traumatic stress disorder (11.6 percent vs. 0.5 percent) and traumatic brain injury (1.7 percent vs. 0.8 percent) in addition to the VA CLCs providing more hospice-related care to include hospice care (10.3 percent vs. 3.7 percent), chemotherapy (1.2 percent vs. 0.4 percent) and radiation therapy (1.4 percent vs. 0.1 percent). Further, the overall star rating for VA’s nursing homes compared with the 15,487 private sector nursing homes rated by the CMS shows that VA has a significantly lower percentage of one-star, or lowest rated, facilities than the rest of the nation. VA’s latest ratings show that only eight, roughly 6 percent, of VA’s nursing homes received an overall one-star rating.

The inspection reports are based on yearly, unannounced inspections conducted by an outside contracted agency. As part of the reports, survey teams look at many aspects of life at VA nursing homes, including:

- The care of residents and the processes used to give that care.
- How the staff and residents interact.
- The nursing home environment.

Surveyors also review residents’ clinical records, interview residents and family members, as well as caregivers and administrative staff. For more information about VA nursing homes see www.blogs.va.gov/VAntage/54191/truth-va-nursing-homes & www.va.gov/opa/pressrel/pressrelease.cfm?id=4072. [Source: VA News Release | March 15, 2019]

VA Disability Compensation System Update 05: Catastrophically Disabled Veterans

Based on a VA clinical decision, Veterans are considered to be Catastrophically Disabled when they have a severely disabling injury, disorder or disease that permanently compromises their ability to carry out the activities of daily living. The disability must be of such a degree that the Veteran requires personal or mechanical assistance to leave home or

bed, or require constant supervision to avoid physical harm to themselves or others. They may be eligible for an additional monthly entitlement of \$62.50/mo.

Public Law 111-163, the Caregiver and Veterans Omnibus Health Services Act of 2011 provides Veterans determined by VA to be Catastrophically Disabled an exemption from inpatient, outpatient and prescription copays. Veterans with catastrophic disabilities are also exempt from copayments applicable to the receipt of non-institutional respite care, non-institutional geriatric evaluation, non-institutional adult day health care, Homemaker/Home Health Aide, Purchased Skilled Home Care, Home Based Primary Care, and any other non-institutional alternative extended care services. Copayments for other extended care services (ex. Nursing Home Care) not mentioned still apply

Veterans determined Catastrophically Disabled are placed into Priority Group 4 unless eligible for a higher Priority Group placement based on other eligibility criteria such as being a compensable service-connected Veteran, a former Prisoner of War, or a Medal of Honor or Purple Heart recipient. A Catastrophically Disabled determination may be authorized when a VA clinician determines that there is sufficient medical documentation without further evaluation. Veterans may also request a Catastrophically Disabled evaluation by contacting the Enrollment Coordinator at their local VA health care facility. It is VA policy to provide a Catastrophically Disabled Veteran an evaluation within 30 days of the request. There is no charge for this examination. [Source: U.S. Veteran Compensation Programs | David Austin | September 19, 2018 ++]

National Women Vets Hotline Update 02 ► Providing Outreach to Female Vets

The Department of Veterans Affairs has called more than 1.2 million female veterans nationwide to explain their benefits and provide information on health services available at the department -- part of an effort to close the gap between male and female veterans who go to the VA for medical care. The little-known Women Veterans Call Center at 1-855-VA-WOMEN (1-855-829-6636) was established in 2013 to provide information to callers on services available to female veterans at the VA. In the past seven months, it has received 79,700 calls for information. But it also provides outreach, personally speaking to or leaving voicemail messages for 632,000 female veterans, helping drive an increase in enrollment from roughly 256,000 female vets in 2005 to nearly 500,000 in 2018.



Still, the VA must do more to bring female veterans through the door, said Dr. Patricia Hayes, the VA's chief consultant for women's health services, during a House Appropriations Subcommittee on Military Construction, Veterans Affairs and Related Agencies hearing Thursday. Female veterans continue to use VA health facilities at significantly lower rates than men, Hayes said, and while enrollment has risen, the gaps need to be addressed. "It's not just about more money. It's making sure we are getting the right folks in there so we have people in there, providers really taking care of the women," she said.

The reasons women don't go to the VA for health care are many, but VA research shows the primary explanations are that women don't know they are eligible and they also don't realize the department provides women's health

services. Some specialty services are not available at every VA medical facility nationwide, but every VA health system has two Women's Health Primary Care Providers, or WH-PCP, on site. And 90 percent of clinics have a WH-PCP, Hayes said. Nearly 140 VA medical centers have an on-site gynecologist, and every VA medical center provides mental and physical health treatment for conditions related to military sexual trauma.

Much of the increase in VA health care utilization among women has come in the mental health services, according to the VA. The department has seen a 154 percent increase in the past 10 years of women seeking behavioral health services, and more than 40 percent of women in the VA health care system have been diagnosed with a mental illness. To meet the medical and mental health care needs of female veterans, the VA has stepped up counseling and treatment programs, tapped into community care and expanded telehealth services, said Susan McCutcheon, in the VA's office of mental health services and suicide prevention. "Every VA medical center has a women's mental health champion ... it's their responsibility to do outreach into the community and find programming that is not available through the VA," McCutcheon said.

Still, there are gaps in care, Hayes said. The VA provides infertility services, but not in vitro fertilization, to veterans, with the exception of those who are married and have a service-connected disability that caused the infertility. Hayes also said the department is unable to keep up with demand for providers trained in women's conditions and "provider turnover continues to be an issue." Women living in remote areas or places lacking enough providers also face barriers to care, she added. Committee Chairwoman Rep. Debbie Wasserman Schultz (D-FL) told Hayes and McCutcheon that the VA should expect legislation to address some of the shortfalls. [Source: Military.com | Patricia Kime | 28 February 2019 ++]

VA Caregiver Program Update 53 ► Senators Concerned About VA Lack of Transparency

Sen. Patty Murray (D-WA) says she is grateful to VA Secretary Robert Wilkie on behalf of thousands of caregivers of veterans who suffered severe physical or mental injuries while in service since the terrorist attacks of 9/11. At Murray's request, Wilkie last December ordered suspension of further downgrades or stoppage of caregiver benefits to current recipients until VA can attest that its health care facilities nationwide are running and resourcing the caregiver program consistently and as Congress intended.

On the other hand, Murray says, she and Democratic colleagues in the Senate are alarmed by other VA actions related to expansion of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) to older generations of severely injured veterans as Congress directed under last year's VA Mission Act. "VA continues to miss deadlines and not get it right," Murray said in a phone interview 13 MAR. "And we have got to make them step up to the plate and make this work." In a 28 FEB letter to Wilkie, Murray and nine other Senate Democrats, including ranking members on veterans affairs and armed services, contend VA already is months behind in needed upgrades to information technology to begin to extend caregiver benefits to qualified veterans of the Vietnam and Korean War eras by Oct. 1, 2019, as Congress directed.

The letter also charges VA officials with a lack of transparency as they draft regulations to implement caregiver expansion, and criticizes some steps VA has said it wants to take to hold down future program costs, for example, by tightening access to caregiver benefits and changing methods for calculating caregiver stipends. The letter warns Wilkie that VA lacks authority to make some of the changes eyed without getting Congress to change in law.

A VA handout says more than 38,000 caregivers have been aided by program since it was established in 2011. The annual cost exceeds \$900 million and will rise sharply as the program expands to benefit family caregivers of surviving veterans who received severe line-of-duty injuries since World War II. VA says it wants to make eligibility determinations more transparent and consistent. As the Mission Act requires, eligibility will be based on a veteran

requiring assistance with at least one activity of daily living, or needing supervision or protection to remain in their community. But to ensure consistency, VA has signaled it will require a more rigid definition of serious injury and an explicit need for daily assistance with more monitoring visits and an annual reassessment.

Murray and colleagues want more details on what's planned. "At this point they **have not responded** to any of our inquiries," said Murray in our interview. "They are not answering our questions. They are not telling us what they have in mind. So, we are doing everything we can to make this visible so they, if we have to, are embarrassed into it."

Murray was the leading advocate in Congress for establishing and expanding family caregiver benefits to severely injured veterans since Congress first approved a comprehensive caregiver benefit package in 2010, initially only for veterans severely injured during the Afghanistan and Iraq Wars. In 2011, as then-new chairman of the Senate Veterans Affairs Committee, Murray lambasted the Obama administration over its draft rules to implement that benefit, criticizing missed deadlines and restrictive language to limit access. As caregivers and severely injured veterans of past war eras criticized the inequity of extending benefits only to the post-9/11 generation, Murray led a bipartisan fight to expand eligibility. With help of colleagues, she finally got it done under a phased schedule as part of the 2018 VA Mission Act.

Caregiver benefits includes a caregiver stipend, access to health care insurance, training and stress counseling and a period of paid respite away from caregiver responsibilities. Eligibility is to be phased in for persons caring for veterans catastrophically injured in past conflicts back to World War II. Expansion of benefits to veterans who received severe line-of-duty injuries after May 7, 1975, and before 9/11 would begin two years after earlier generations become eligible. While expansion is expected to add hundreds of millions of dollars to VA budgets, Murray and other advocates contend the program also saves federal dollars because families avoid having to institutionalize veterans to get proper care.

VA officials have contended they can't expand caregiver benefits without a significant upgrade in information technology. Congress funded that effort but VA missed an 1 OCT deadline last year to declare the new IT system operational. "We told them: Get it done," said Murray. "Behind their walls I don't know what they're doing to get it done. It's not done yet. And it needs to get fixed." For the past two years, Murray and staff contend, VA aggressively downgraded caregiver benefits or discharged veterans from the program. It was deemed a particular problem for veterans severely disabled from post-traumatic stress or traumatic brain injury as VA health care providers judged them capable of performing activities of daily living without aid of a caregiver.

To a rising clamor from families and from Murray, Wilkie agreed to impose a second VA moratorium on caregiver benefit downgrades and program discharges. Murray said she is worried they can begin again whenever Wilkie declares past inconsistencies in management and oversight to have been found and fixed. She wants VA to explain to Congress why so many families felt the program had been unevenly operated and under resourced. That's especially important with expansion planned for older generations of severely injured vets, Murray said. "Before restarting appropriate discharges and downgrades," senators told Wilkie in their recent letter, "we ask that you require training, leadership, and oversight improvements, and that you request an independent evaluation of the efficacy of those steps by the Office of Inspector General."

In the Mission Act, they added, "we structured a responsible, phased in approach to the expansion to allow VA to strengthen the program. VA cannot continue to squander this time. The program must be ready and meet the statutory deadlines, because veterans are urgently in need of this support." The senators noted that expansion to severely injured veterans of Vietnam and earlier wars can't begin until VA has a new IT system operating. The Oct. 1, 2018 deadline for that "has come and gone, and it is not clear if or how VA will ensure the certification deadline of the system, October 1, 2019, is met." The letter reminds Wilkie that government auditors first recommended that VA fix its caregiver IT system in September 2014, and VA "has repeatedly assured us it is working on this issue. We urge you to immediately expedite these efforts, including by examining whether commercial-off-the-shelf solutions can rapidly and effectively meet the Department's needs."

The letter further notes that for the past two years the Trump administration in its VA budget requests has shorted the caregiver program by several hundred million dollars, forcing Congress to add funds so all eligible post-9/11 caregivers continue to get promised benefits. It urges Wilkie not to short the program again. “The Department must also ensure sufficient staff are in place to handle the high workload and to prepare for the program's expansion,” the letter continues. “Caregiver Support Coordinators are already overwhelmed as are the administrative staff essential to running the program.”

VA had no immediate reaction to charges made in the letter, which also demanded that the department provide Congress with the most recent data and statistics available to give a fuller picture of how the caregiver program operates. [Source: The MOAA Newsletter | Tom Philpott | March 14, 2019 ++]

VA Heart Care Update 04 ► New Class of Biological Resilient Tissue Heart Valve in Use

Surgeons at the VA Medical Center in Washington, DC, have begun using a new class of biological resilient tissue valve. It's believed to be a dramatic improvement over traditional bioprosthetic (tissue) valves and mechanical valves for certain patients. The only follow-up medication needed is a baby aspirin taken daily. The other valve, Inspiris, can be suited for the more active and younger Veteran with aortic valve diseases. The DC VAMC was the first VA in the country to implant these valves. The new class of biological resilient tissue valve is for patients with heart failure and those suffering from fatigue or shortness of breath with exercise and who have passed out because the aortic valve is tight. Prior to treatment, the proper decision for any valve replacement therapy is always discussed with a heart valve team.

The new design treatment option has a preservation process that enhances the longevity and durability of the valve. It's especially promising for youthful energetic Veterans with aortic valve disorders. The current engineered bioprosthetic valve in a 50-60-year-old may last 20 years. According to Dr. Trachiotis: “The new class of resilient valve is especially beneficial to our younger patients who want to maintain an active lifestyle.” Trachiotis is Chief of the Cardiothoracic Surgery and Heart Center.

The new biological valve is longer lasting and resists calcium build-up, eliminating the need for blood thinners. For the younger patient, if the valve fails as they age, it is uniquely designed to facilitate a transcatheter valve in valve (TAVR) procedure, reducing the likelihood of a major cardiac operation. The only medication needed is a baby aspirin taken daily. Younger patients with the alternative mechanical valve are required to take blood-thinning medication for life to prevent thrombus or clot formation. Mechanical valves also are not suited for a (TAVR) procedure should the valves ever fail.

The new therapy has been used in more than 25 patients so far with excellent results. The DC VA is the first VA in the nation to use the valve and is an early adopter of a sutureless valve which reduces operation time. It also facilitates small incision surgery and is good for patients requiring other cardiac procedures at the same time. Employing the latest advancements in heart valve replacements demonstrates VA's commitment to continued innovation and providing the best possible care for Veterans. [Source: Vantage Point | Sarah H. Cox | March 5, 2019 ++]

VA Heart Care Update 05 ► Pacemaker Implants

Army veteran Michael Honer was having recurrent cardiac arrest, and doctors at the Charlie Norwood VA Medical Center advised him that implanting a pacemaker was his best option. He agreed, and on 11 FEB made history. A team

of doctors implanted the world's smallest pacemaker into Honer, making him the first veteran in Georgia to undergo this procedure at a VA hospital in the state, according to his cardiologist.



Dr. Mahendra Mandawat (second from left) led the team that performed the transplant surgery

Honer suffered from bradycardia, a condition that causes slow or irregular heart rhythm that can result in dizziness, fatigue and fainting spells. “This veteran’s heart stopped at least five times, probably more than that, so this is a life-saving thing for him. Without the pacemaker, he wouldn’t have survived,” said Dr. Mahendra Mandawat, a cardiologist and the lead physician for the surgery. Honer said he was feeling better since the surgery and is recovering in the VA hospital’s critical care unit. He has no discomfort and hasn’t had a problem since the surgery. “It was life-saving. I couldn’t have been at a better place to get it done than the VA down here,” Honer said.

His fiancée, Shirley Tindall, praised the work by the hospital and asked a lot of questions about the device, which she described as something to marvel. “I was just amazed that something so little was going to be so impressive,” Tindall said. They have been at the critical care unit for four months and will probably remain there for a while, since Honer also has kidney problems, Tindall said. They both feel the VA was able to provide the best treatment possible for the surgery. Mandawat, who is also a professor of cardiology at Augusta University, said the pacemaker “senses the electrical activity in the heart, and if the heart produces its own electrical signals, it just senses and keeps track of it. If it doesn’t, (the pacemaker) can deliver a small electric current and generate a heartbeat.” The device is small enough to be delivered through a catheter and be implanted directly into the heart in the right ventricle, according to a VA release. Being in the heart chamber also reduces the risk of infection.

The device was approved by the U.S. Food and Drug Administration in 2016 and provides patients with heart-pacing technology at one-tenth the size of a traditional pacemaker, according to the release. The pacemaker can last up to 12 years. The VA typically is not a leader in being the first to use new technology, but Mandawat is glad they were able to help Honer out. “Getting something so new to a patient in the VA, where it’s available now to all other veterans if they need it, it’s something very important to us,” Mandawat said. “We really want to provide veterans with not only the best care, but also the latest care available to them.” Dr. Mandawat trained to perform the surgery in January. [Source: The Augusta Chronical | Jozsef Papp | Match 5, 2019 ++]

VA Hepatitis C Care Update 19 ► 96,654 of nearly 116,000 Vets Cured

On 18 MAR the U.S. Department of Veterans Affairs (VA) announced it is on track to eliminate the hepatitis C virus (HCV) in as few as two months, in all Veterans willing and able to be treated. As of 3 MAR, nearly 116,000 Veterans started all-oral hepatitis C medications in VA, of which 96,654 Veterans completed treatment and have been cured. “As the largest single provider of HCV care in the U.S., this is terrific news because it means we are within striking range of eliminating hepatitis C among Veterans under the care of the Veterans Health Administration,” said VA Secretary Robert Wilkie. “Diagnosing, treating and curing hepatitis C virus infection among Veterans has been a significant priority for VA.”

HCV infection can lead to advanced liver disease (ALD), liver cancer and death. Treatment of HCV can prevent development or progression of ALD, greatly improving survival. However, before 2014, HCV treatment required weekly interferon injections for up to a year, with low cure rates (35-55 percent) among Veterans and significant physical and psychiatric side effects leading to frequent early discontinuation. Up to that time, of the approximately 180,000 Veterans in VA care who had been diagnosed with chronic HCV infection, only 12,000 had been treated and cured, while over 30,000 had developed ALD.

In early 2014, highly effective, less toxic, all-oral, direct-acting antivirals became available, revolutionizing the treatment of HCV. With the support of Congress and other stakeholders, VA implemented an aggressive program to find all undiagnosed Veterans in VA care with HCV — including those who did not know they carried the infection — link them to HCV care, and offer them treatment with these new medications. At the peak of this effort to rapidly deploy all-oral direct-acting antivirals, VA began treating close to 2,000 Veterans with HCV every week; nearly one treatment started every minute of every work day. As a result of this historic effort, the overall death rate one year after treatment reduced to 80 percent among Veterans in VA care with HCV. Veterans cured of HCV with these medications were also 84 percent less likely to develop liver cancer.

The announcement cements VA’s position as a national leader in diagnosis and treatment of HCV and marks a major milestone in the nation’s fight against viral hepatitis. VA is on track to treat more than 125,000 Veterans with these lifesaving medications by October. Currently, fewer than 27,000 Veterans in VA care remain to be treated. All marketed hepatitis C medications are on the VA National Formulary Hepatitis C medications used today have few side effects and can be administered as a once a day treatment for as little as eight weeks. For more information, visit <https://www.hepatitis.va.gov>. [Source: VA News Release| March 18, 2019 ++]

Depression Update 06 ► Spravato Nasal Spray VA Treatment Now Offered

On 19 MAR the U.S. Department of Veterans Affairs (VA) announced its health care providers will now be able to offer the newly approved Spravato nasal spray for treatment-resistant depression. The treatment will be made available to Veterans based on their individual medical needs combined with providers’ clinical assessments. The move follows the 5 MAR Food and Drug Administration (FDA) approval of Spravato (esketamine) nasal spray. Spravato was approved for use in conjunction with an oral antidepressant for the treatment of treatment-resistant depression in adults. “We’re pleased to be able to expand options for Veterans with depression who have not responded to other treatments,” said VA Secretary Robert Wilkie. “It reflects our commitment to seek new ways to provide the best health care available for our nation’s Veterans.”

Spravato will be available through a restricted distribution system under an FDA-approved Risk Evaluation and Mitigation Strategy (REMS). The purpose of the REMS is to mitigate the risks of serious adverse outcomes and the potential abuse and misuse of Spravato. VA health care providers will monitor Veterans for serious adverse outcomes, such as sedation and difficulty with attention, judgment and thinking (dissociation), abuse and misuse, worsening of depression and suicidal thoughts and behaviors. Veterans will self-administer Spravato nasal spray under the direct observation of a health care provider in a certified medical facility, and then must be monitored by a health care provider for at least two hours after receiving their dose. Spravato cannot be dispensed directly to Veterans for use at home.

For additional information on access to Mental Health Support for Veterans, visit <https://www.mentalhealth.va.gov>. Veterans in immediate crisis may call the Veterans Crisis Line at 800-273-8255 and press 1, text to 838255 or chat online at <https://www.veteranscrisisline.net/get-help/chat>. [Source: VA News Release | March 19, 2019 ++]

PTSD Treatment | Adrenaline ► Sports and Exercise Beats Than Self-Medicating



Brandon Webb was in a bad place in 2010. A severe case of back pain sent the former Navy SEAL to a VA hospital. After an MRI, he was told he should consider surgery and was prescribed what he felt were an excessive number of opioids. “They literally gave me a Costco-sized bottle of this s***,” Webb said. “I was like, ‘This is crazy.’ And that’s when I just flushed it down the toilet and was like, ‘There’s got to be a better way.’” That’s when a neurosurgeon friend recommended a workout regimen of yoga and swimming. It worked, and he never needed to get the surgery. Now Webb is a believer in the healing powers of exercise and regularly participates in adrenaline-inducing activities like skiing, skydiving and flying stunt planes.

This newfound passion led Webb to start the [Hurricane Group](#), a men’s lifestyle company made up of various brands including its own digital publishing arm. He wanted to spread the word about the physical and mental benefits of staying active, especially for veterans suffering from PTSD. “[It] is very much therapeutic,” Webb said. “It puts you in that meditative state. You’re just focused on that moment and ... you just have this peace of mind. That’s what it did for me, and I thought, ‘I have a lot of friends who do this too.’”

Webb isn’t the only believer in adrenaline as a method of combating the effects of PTSD. Other programs for thrill-seeking veterans include [Xsports4vets](#) in Missoula, Mont., and a now-defunct Army-run initiative called [Warrior Adventure Quest](#) was designed to help veterans simulate the feelings they experienced more regularly during their deployments. Both medical experts and those who have worked directly with veterans agree that the idea has some merit. “I believe there’s definitely something to that,” said Col. Wendi M. Waits, M.D., director for behavioral health at Walter Reed National Military Medical Center. “And I would strongly support a program that would encourage exercise for PTSD.”

One such program is [23rd Veteran](#), a 14-week retreat for veterans intended to slowly help them work through their combat-related trauma via adrenaline-heavy activities and other methods of turning their negative triggers into positive ones. Its CEO, Mike Waldron, is a former Marine infantryman who served during the initial invasion of Iraq in 2003. He had trouble adjusting to civilian life and found adrenaline to be helpful in that process. “It was tough for a while,” he said. “I had the social anxiety, triggers, panic attacks, and I had no idea it was related to combat. I just thought I was dying. So life became very difficult to live. About five years later, I stumbled on a way out of my combat stress, and it all started with adrenaline.”

PTSD comes from the part of our nervous system that regulates our fight-or-flight response, according to Waldron. A combat situation can activate that system and lead to the release of what Waldron called a “memory steroid” that tells the brain what to do when faced with a similar situation in the future. Waldron used the example of an IED explosion locking our brains into triggers like loud noises, a dirt road or even just the sensation of a hot, sunny day. The goal of 23rd Veteran is to retrain the veteran’s brain so that those prompts activate more positive responses. “If

we're facing one of those triggers and doing it in a fun way and having an awesome time, our brain can relate that to a new fun event and remember it for next time," he said.

Representatives with the U.S. Army Medical Research and Materiel Command also believe there might be value in this technique. "We do have a general encouragement for getting people into treatment or something, anything that will help them engage and acknowledge the problem," said Ronda Renosky, a command employee specializing in psychiatry and clinical psychology disorders. "So extreme sports or adrenaline-based activities, particularly when they're with their battle buddies, would probably be a good idea." Christopher Steele, director of the command's Military Operational Medicine Research Program, echoed his colleague's sentiments. "On some level, people are just trying to get back to normal," he said. "So anything that gives someone a connection to who they were is probably healthy."

There was widespread agreement that sports and exercise can give veterans the sense of camaraderie they may not have had since leaving the military. It also may stop them from separating themselves from society because of their mental distress. "Fighting the urge to be a recluse is really important," said Waits. For Webb, it's about showing his fellow veterans that there are more enjoyable, useful solutions to dealing with PTSD than self-medicating. "I wanted to show not only the veterans that there's a better way," he said, "but also civilians that there are veterans out there doing really good things." [Source: MilitaryTimes | Joshua Axelrod | March 21, 2019 ++]

VA Overpayment Recoupment Update 02 ► Veteran Rodger Zink Situation

Veteran Rodger Zink went three months without receiving benefits from the Department of Veterans Affairs in order to correct a nearly \$15,000 overpayment mistake he alerted the agency to and which the government caused in the first place. Zink, 36, of Fairborn, is one of around 200,000 U.S. veterans who are at risk of falling into debt due to mistakes by the VA, the agency designated to help them once they leave the armed forces. Zink, who retired from the National Guard for medical reasons, said he had his benefit payments withheld from around Nov. 28 to Feb. 28 so he could pay the VA for the \$15,000 overpayment. **"They don't care about the vet,"** Zink said. "They just care about the debt even though it's their screw up."

A new law proposed by U.S. Sen. Sherrod Brown (D-OH) would only allow the VA to collect debts accrued within the last five years and would prohibit the department from withholding more than 25 percent of benefit payments. Zink served in Iraq and Afghanistan and was discharged from the Air National Guard in 2011 for a brain injury and was later placed back on active duty to get treatment for a brain tumor. Despite Zink's concerned phone calls to the VA, the agency kept paying him around \$3,300 a month in disability. Thankfully, Zink said saved \$5,000 of the close to \$15,000 he had been overpaid. He paid that back immediately and then began making \$500-a-month payments. Then in December 2017, a payment didn't go through even though Zink said he had plenty of money in his bank account. The VA sent the remaining \$8,000 or so to collection, Zink said sunk his credit score.

Veterans often rely on their VA benefits to pay for daily needs such as health care and house payments, so a sudden change can throw their lives into chaos, Seth Gordon, director of the Veteran and Military Center at Wright State University has said. Though he had money saved, Zink needed assistance from the Air Force Aid Society to pay bills during the months when his VA benefits were withheld because of overpayments. "If another fella didn't have money put away, they would have been kind of screwed," Zink said. Zink is one of several Ohio vets who shared their stories with Sen. Brown to make sure others don't befall the same issues.

Last year, Brown and other senators crafted Veterans Benefits and Transition Act, which president Donald Trump signed into law in January. The law requires the VA to notify veterans electronically or by mail with a "straightforward" message about any debt they owed the department and steps they could take to dispute such claims. "Our veterans sacrifice so much already to serve our country," Brown said in a prepared statement. "They shouldn't

be paying for the mistakes of the agency that's supposed to serve them." Now, Brown is sponsoring a new bill to build on the progress made by that law.

The new law would require further updates to VA computer systems so veterans can update their own information regarding beneficiaries, according to a statement from Brown's office. Some of the provisions in the new bill were part of the previous one but didn't make it through in the final version. The latest bill also has the backing of Jon Tester (D-MT), John Boozman (R-AR) and democratic presidential candidates such as Sen. Kamala Harris of California and Sen. Elizabeth Warren of Massachusetts. Although Zink's debt to the VA is now paid off, he said he's "still bitter" about the overpayments. Brown's bill is needed, Zink said, to prevent other veterans from being unable to pay their bills or worse. "I hope it gets through," Zink said. "It's a good incentive for them not to screw up so they don't have to bleed it out of us." [Source: The Dayton Daily News | Max Filby| March 27, 2019 ++]

VAMC San Diego Update 02 ► Selected for HRO Program

The Veterans Health Administration selected San Diego for a new program to upgrade patient care. VA San Diego is one of 18 hospitals around the country which will pilot becoming a "high-reliability organization." VA San Diego Director Robert M. Smith said this new program will try to upgrade nearly every aspect of VA care. "A lot of this is about culture change and working across the board with all of our staff," Smith said. "And working with our staff to encourage them to have that zero harm stance front and center." The ideas are borrowed from industries like nuclear power and aviation, where a single mistake can have disastrous consequences. It means designing systems that work, even in the face of an error.

"The reality is humans make mistakes," Smith said. "Humans make errors, so what a high-reliability organization focus is about, is to prevent harm from occurring as a result of errors." As part of the announcement, the VA vowed to focus on listening more closely to patients, their families and front-line staff, moving away from a culture of blame to focus on reducing error. The Navy announced a similar plan in 2017. The VA is announcing the new program about the same time the General Accounting Office again listed the national VA as a high-risk agency for "fraud, waste, abuse and mismanagement." Among the issues being cited is the long wait times to see some specialists. The VA expects all of its 170 hospitals to move toward becoming high-reliability organizations, beginning next year. [Source: The Topeka Capital-Journal | Katie Moore | March 11, 2019 ++]

VAMC Las Vegas Update 04 ► Tele-ICU Program Goes Live



A female doctor (right) watching a monitor in an ICU treatment room (left)

Veterans receiving intensive inpatient care in southern Nevada now have access to expanded critical care capabilities thanks to a new telehealth initiative at the North Las Vegas VA Medical Center. On 26 FEB the VA Southern Nevada Healthcare System (VASNHS) went live with a Tele-ICU program in its intensive care unit (pictured above). Working in partnership with the VA Midwest Health Care Network's Regional Tele-ICU System in Minneapolis, this new capability provides local medical staff with around-the-clock bedside access to experts who are specially trained in the care of critically ill patients.

"This technology allows us to bring critical care nurses and intensivists (physicians who provide specialty care for critically ill patients) from all across the country to the bedside at the press of a button," said Dr. Matthew Goede, associate medical director for the VA Midwest Health Care Network's Regional Tele-ICU System, and a general surgeon on staff with the VA Nebraska Western Iowa Health Care System in Omaha, Neb. "It allows us to be a second level of support for the doctors and nurses at the bedside."

With the push of a special "eLert" button, a medical staff member at the North Las Vegas VA Medical Center contacts the Tele-ICU Support Center in Minneapolis, one of the two support centers serving VA hospitals throughout the country. An expert at the Tele-ICU Support Center will then connect into the room via a secure video link and offer assistance, making care recommendations based on a patient's condition.

"We can access the patients' records (to include labs and images), monitor vital signs, perform assessments, and provide on-site medical professionals with real-time critical care advice," said Dr. Robert Bonello, medical director for the Midwest Health Care Network's Regional Tele-ICU System and doctor of internal medicine at the Minneapolis VA Health Care System. "This allows both ICU teams to make more informed decisions regarding patient care." At the North Las Vegas VA Medical Center, 12 rooms are equipped with the Tele-ICU capability. As the VA continues to expand telehealth services, the technology could be used in other areas such as emergency departments and acute care rooms in the future. "This really opens up access for our Veterans," said Shari Kym, VASNHS' nurse manager for the ICU and Remote Telemetry. "As a specialty, ICU medicine is very limited in the number of intensivists, so this really provides a way for our ICU Veterans to have access to that type of specialty medicine."

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Filling critical care specialty positions is a struggle nationwide, and the VA and State of Nevada are not exceptions as the state currently ranks 47th nationally for physicians per capita and 48th for nurses. "Intensivists and experienced ICU nurses are at a premium across the country," said Goede. "Studies show that there is a shortage in many of those specialties. What Tele-ICU allows us to do is amplify the care that these intensivists can provide without having to physically be in every location. It allows for a second opinion, it allows for a second set of eyes, and it provides a good adjunct to the care patients are already getting bedside."

Nearly one in five VA ICU beds are equipped with Tele-ICU technology with the capability currently at 28 facilities in 15 states. In the future, the capability will expand to 40 medical centers in 25 states. The VA also recently launched a partnership to provide Tele-ICU support to the Department of Defense, with Nellis Air Force Base in Nevada becoming the first DoD facility with the technology. "This program started as a critical care collaborative just within our VA network," Goede said. "But as more and more sites began to get wind of it, we expanded it from there."

To meet its expansion goals, Bonello said VA network 23 has opened a new Tele-ICU sub-hub in conjunction with the activation of our virtual support program at the VA Southern Nevada Healthcare System. "This will allow VA intensivists to provide care to 20 additional VA medical centers around the country," he said. "We're excited to begin this partnership with the Minneapolis VA and have this added expertise available to our staff and Veteran patients," said Dr. Ramu Komanduri, VASNHS chief of staff. "By expanding our VA capabilities with a semi-virtual presence

such as Tele-ICU, we are able to ensure our Veterans have direct access to the same level of care and services, regardless of where they live.” [Source: Vantage Point | March 15, 2019 ++]

* Vets *



GI Bill Colleges Update 01 ► Testimony | \$101k In Debt with a Sketch Degree

DeVry University promised Navy veteran Eric Luongo an education that would land him a good job in graphic design — and cost him nothing out-of-pocket, he told lawmakers. Instead, he ended up with a degree that employers didn't respect and more than \$100,000 in student loan debt. “I never thought that I would be subject to the predatory acts that I experienced at DeVry,” he told a panel of House lawmakers. “I trusted that the people working within the educational system had my best interest in mind. No one ever thinks this will happen to them, but my story shows that it can happen to anyone.”



Luongo discussed his experiences with a subcommittee of the House Appropriations Committee, where he was joined by education advocates and a for-profit college president. In an emailed statement, DeVry declined to comment on Luongo's account. “While DeVry cannot comment on an individual student situation due to privacy concerns, we assure you the experience described by Mr. Luongo does not reflect DeVry's practices, nor our commitment to our students,” the statement read.

Luongo believes the school made him promises it couldn't keep and left him drowning in debt. He spent four years in the Navy as a LAN administrator and communications officer, and after being honorably discharged in 2003, he decided to pursue a degree in web graphic design. In 2007, he enrolled in DeVry, after the school assured him that its graduates were making \$80,000 or more a year in that field and that he could attend for free through his GI Bill and Pell Grants. Upon graduation, Luongo found himself unable to land a job in web graphic design with his DeVry degree. And in June 2011, he said, he began getting letters saying he owed student loan money that he thought had been covered by grants and the GI Bill.

He eventually racked up \$101,000 in student loan debt, which he now has very little hope of paying back. Also testifying before the panel were Sen. Richard Durbin (D-IL), Kevin Carey, New America’s vice president of education policy and knowledge management; Robert Shireman, a senior fellow at The Century Foundation; and Marc Jerome, president of for-profit Monroe College. Jerome objected to the use of the word “predatory” to describe how all for-profit colleges operate. He said he shares the concerns that others expressed about the way certain for-profit colleges market themselves, but he also expressed his belief that the problems brought up by the rest of the panel also extend to private nonprofit and public universities. “Accountability and consumer protection should be extended to all institutions and all students,” he said.

During his testimony, Durbin emphasized two statistics: Though only 9 percent of U.S. high school graduates go to for-profit colleges, 34 percent of the country’s student-loan defaults are from students who attend for-profit institutions. “Discouraged students leave schools with debt and not even a diploma,” he said. “Those that do end up with a diploma find that the inflated promises of eventual earnings don’t materialize. Then they default on their loans.” Noting the failure of prominent for-profit institutions, including ITT Tech in 2016 and the Education Corporation of America system in 2018, Durbin said that reforming how for-profit colleges operate has become a passion project for him. “If you have ever sat down with one of these students and got a feeling for where they are in life after being defrauded by one of these college and universities, I think you’d rise to the same level I am on this issue,” he said. **“It’s just not fair.”**

Rep. Rosa DeLauro (D-CT) blasted the entire for-profit college industry for “targeting those who they deem particularly vulnerable,” adding that “the Trump administration and [Education Secretary Betsy] DeVos have rushed to let these predatory programs off the hook.” She commended Jerome on his school but added that she believes Monroe College is an industry outlier. “You’re a drop of success and we applaud you for that,” she said. “But it’s in a bucket of failures of for-profit colleges that really hurt students.”

Rep. Tom Cole (R-OK) had a very different perspective, saying that for-profit schools can “serve populations that have barriers to higher education,” particularly minorities. “A four-year degree right after high school doesn’t fit every family or individual for a variety of reasons,” he said. As for Luongo, he said he is now attending Medaille College — a private liberal arts school in Buffalo, N.Y. — and working full-time for the Department of Homeland Security as an immigration services assistant. He said his experience with Medaille is “night and day” compared to what he went through at DeVry. Luongo said he hopes his story will provide a warning for his fellow veterans thinking about attending DeVry, especially concerning the professional clout of a degree from that particular school. “Unless the marketplace puts value on that degree from that university, the whole thing is a waste of time anyway,” he said. [Source: MilitaryTimes | Joshua Axelrod | March 14, 2019 ++]

GI Bill Update 282 ► Forever GI Bill Doomed From the Beginning

Too many IT updates and a lack of clear leadership doomed the Department of Veterans Affairs implementation of the new Forever GI bill from the beginning. The agency’s inspector general said VA either needed \$70 million or 1,000 new employees to make the necessary IT updates to comply with the new GI bill. Thirteen members of Congress asked the agency to review VA’s implementation of the new law. The IG said the agency didn’t have one person in charge of overseeing the project until 10 months into implementation. VA announced back in November it would delay distributing education benefits under the new law until the end of 2019 to give the agency more time to finish IT updates. [Source: Federal News Network | Eric White | March 25, 2019 ++]

Arthritis Update 02: Vet Advocates Pushing for More Research/Treatment/Prevention Money

As active-duty personnel and veterans feel the damaging effects of arthritis stemming from their service, advocates are pushing Congress to dedicate more money for research on potential ways to treat and prevent the disease. Veterans are more likely to develop arthritis than civilians, according to an October 2018 study. Other studies indicate that osteoarthritis is the second-leading cause of military discharge, behind combat wounds. “A lot of the progress to be made with arthritis is about prevention,” said Dr. Colin Edgerton, a former Army rheumatologist and current chair of the American College of Rheumatology’s Committee on Rheumatological Care.

“It’s about stopping those injuries before they occur so that that person is not looking at early joint replacement surgery and disability at a point in life where they otherwise would not have had that,” he said. During his time in the military, Edgerton was primarily responsible for treating soldiers with musculoskeletal disorders. As part of his job, he had to judge whether soldiers with arthritis or similar degenerative issues needed to be medically discharged or not. “I was acutely aware of the impact that had on readiness and on the individual’s lives,” he said.



One recent study found that one in five military members with a knee injury developed radiographic arthritis before age 30.

Arthritis encompasses over 100 diseases, including mechanical (or degenerative) and inflammatory ones, the latter of which involves immune-system disorders like lupus or rheumatoid arthritis, according to Edgerton. Service members who suffer knee injuries while deployed are at an increased risk of developing arthritis, he said. One recent study found that one in five military members with a knee injury developed radiographic arthritis before age 30. This can be “a real career-ender for a soldier” and lead to mobility issues earlier in their lives than expected, Edgerton said. “That veteran then will be looking at a knee replacement in their early 40s versus a peer in the civilian world that may not have been subjected to a mechanical injury getting a knee replacement in their 60s or 70s,” he said.

The Congressionally Directed Medical Research Programs budget for fiscal-year 2019 does not specifically identify arthritis as a subject area of concern. Edgerton and the ACR want arthritis to be listed as a “line item,” meaning it would be designated as a research subject worthy of increased focus and given more funding. “If there was a dedicated line in that research budget for arthritis, that would go a long way toward establishing kind of a sustainable focus on arthritis, since it is such a high-impact disease in the military population,” he said. For perspective, the CDMRP allocated \$130 million for breast cancer research in 2019.

Arthritis was listed in the Army’s 2018 Medical Research and Material Command medical research program as an area of interest. However, arthritis research only received slightly more than \$6 million in funding. The congressional Arthritis Caucus did issue a dear colleague letter asking that arthritis be made a line item in the 2019 CDMRP, but to no avail. Edgerton is hoping 2020 is finally the year Congress makes arthritis research the priority he and his organization believe it should be. “Just three years ago we kind of recognized that this is something that needed to be done and each year we ... get more support,” he said. “So we hope this is the year that we actually get it done.” [Source: MilitaryTimes | Joshua Axelrod | March 19, 2019 ++]

Tattoos That Tell A Story ► Turning Scars Into Tattoos

Cherissa Jackson is the chief medical executive for AMVETS and a 23-year Air Force combat nurse veteran. She is the author of “At Peace, Not in Pieces,” a memoir about her battle with post traumatic stress and prescription for healing. Following is what she has to say about her fear experiences while in service:

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I used to try hard to forget what it felt like to fear dying. The sounds of helicopters hovering above and “incoming fire” alarms wailing as our unit took cover. While routine, these sounds were never easy to get accustomed to no matter how many times we’d reacted to them. That was life on combat deployment though. Nowhere to hide from danger. Like trying to run from an earthquake or take cover in the path of a category F5 tornado. For those who’d never experienced combat, it’s like trying to explain color to someone who has never had the gift of sight. I’d completed two tours of duty in Iraq and one in Afghanistan. My chosen profession was “combat nurse” in a place where lives were changed forever by bullets and bombs in a matter of milliseconds. My duties entailed working 5 to 6 twelve-hour shifts while treating some of the most horrifying injuries one could imagine.

Those images would play back in my head during sleepless nights as I tried to crowd them out by thinking about loved ones back home. After several months, I had become numb to my everyday routine, perhaps out of a subconscious attempt to salvage my sanity, until the day that routine was interrupted by a mass casualty alarm indicating incoming wounded from the battlefield. I remember unzipping my first body bag. It’s impossible to analogize what charred human flesh smells like to any other odor I’d ever smelled, which makes it unforgettable for me to this day. I’d watch as many nurses exited the bay because it was too much to handle. Several doctors wept as they pronounced each person dead, as if it wasn’t already obvious.

For me, it was this confluence of events, sensations, thoughts, and experiences that had begun to alter my sense of humanity, and how this experience would disrupt my baseline for what I’d consider “normal” after experiencing this complete sensory overload. An overload that would aggravate the wounds from my earlier experiences. I will never forget days like those because it established the moment I’d never see life the same going forward. It was the moment I’d “felt” post-traumatic stress, a diagnosis that I didn’t welcome but had to accept, and how it would color my identity as a military officer, a healer, a mother, a sister, and a daughter.

Most people wouldn’t even know or think I’d served, much less served in combat. My scars were well hidden, and that suited me fine. I didn’t have to tolerate questions about my service, where I’d served, whether I’d ever killed anyone or been shot at, and suffer the dubious looks from men who still can’t fathom the notion that women serve in harm’s way. Being a “veteran” meant I had to bear my scars, so I chose not to, which had the opposite effect of reopening my wounds even deeper, in retrospect.

I’d eventually come to accept that the vestiges of those experiences were more like tattoos than scars, but only after admitting I needed help and seeking treatment. I’d come to see my invisible injuries as evidence of my patriotism and willingness to sacrifice, not imperfections to be suppressed and hidden for fear of being judged. Tattoos, with their bold, beautiful colors and deliberate outlines, tell a story whereas scars serve no purpose other than to remind one of past trauma. For me, and women like me, wearing the uniform and stepping up to do what 99 percent of today’s population wouldn’t should be heralded.

The problem is it needs to start from the inside, with the self-belief that we belong and don’t have to explain why. It starts with the belief that we are veterans and don’t have to prove it. It starts with the belief that we bear tattoos, not scars, that tell our stories. Our stories of valor, honor, and courage must be told and better understood. Our stories include coping with the cumulative effects of isolation in male-dominated units, post-traumatic stress, military sexual

trauma, domestic violence, homelessness, and infertility in disproportionate numbers, all while facing the rigors of transition, mental recovery, restoring interpersonal relationships, and in many cases raising children alone.

Whenever I think about woman veteran experience, a quote comes to mind: “I am proud of the woman I am today, because I went through one hell of a time becoming her.” Those words perfectly encapsulate my journey and that of many others whose struggles are the reason they should be admired, not marginalized, as veterans who embody perseverance. Once that becomes the norm, they would no longer be afraid to share their stories, ask for help, use resources, or be overtaken with sadness while walking a tight rope where suicide awaits at the bottom should they fall off.

If we can achieve that, our identities will be intact, our road to successful transition and recovery will be more certain, our stories will be told by the beautiful tattoos that replace our painful scars — and more of us will spend our lives living instead of trying not to die.

[Source: MilitaryTimes | Cherissa Jackson | March 14, 2019 ++]

Vet Unclaimed Remains | TX ► Unaccompanied Vet Program

Joseph Walker was a veteran who served in the U.S. Air Force during the Vietnam War. Although he served from September 1964 to September 1968, no family and no friends were able to claim his body, thus it appeared no one planned to attend his funeral on 28 JAN 2018. While his story has now been heard across the nation and is sure to bring in a large crowd Monday, many have begun to wonder what happens when no one is available to claim the body of a fallen veteran. The answer can be found within the Texas Veterans Land Board Cemetery Program.

During his first term in 2015, Texas Land Commissioner George P. Bush implemented the Unaccompanied Veteran program. Before the January 2015 implementation, the land office said:

- Veterans were brought into the cemetery and “direct no witness” burials took place. (remains brought to the cemetery and interred with no honors or recognition of their military service)
- Veterans were often buried in Paupers/County graves with no headstones.
- Counties and local funeral homes were burdened with the veteran's remains and how to properly seek honorable disposition.
- County judges were left to make decisions on accepting responsibility for disposition of the veteran's remains. (Many stepped up as it was the right thing to do)
- Many in the local and surrounding communities were not aware veterans were interred alone.
- Veterans were sometimes buried in heavy cardboard type containers, as VA would not fund a casket for homeless or indigent veterans unless they were interred at a national cemetery. After inquiries and requests from state programs, including the Texas State Veterans Cemeteries, VA agreed to fund caskets for indigent/homeless veterans interred at state and tribal cemeteries.
- Veterans are all afforded free headstones, but these would often end up stacked up at cemetery facilities, due to costs associated with installing the headstones and no family to complete.
- Care facilities, Nursing facilities, and Long-Term care facilities were not aware the Patriots could be handed off to the state veterans cemeteries for honorable and dignified services.

But now that the program is in place, the land office said the **following benefits are available** for unaccompanied veterans:

- All eligible veterans are now interred with honor and dignity, regardless of where they may have found themselves in life. The absence of next-of-kin may occur for a variety of reasons, such as:

- The aging veterans next-of-kin may have died off and survivors cannot be located.
- Veterans may have separated themselves from next-of-kin due to family discord.
- Veterans may suffer mental health issues or other ailments leading to societal isolation.
- Texas State Veterans Cemeteries has bolstered relationships with community stakeholders, such as local funeral homes, county services, and local judges, to ensure the veterans are given honorable and dignified services.
- Communities have provided significant and overwhelming support for the Unaccompanied Veterans Services, with considerable turnouts to support and honor the veteran during this right of passage.
- The term “Homeless Veteran” was dropped in lieu of “Unaccompanied Veteran” early during the implementation of these standard interments. The program felt the absence of next-of-kin should not factor into defining the veteran as homeless. When the representatives of the Texas Veterans Land Board accept the flag during the services, we do so as members of the military family. We accept the veteran's remains to be placed in hallowed grounds among other military family members.
- Children are often brought to the services by parents and educators to highlight the importance of service, sacrifice and honor.
- The Unaccompanied Veterans Services stand as testaments to the respect and understanding the communities have of the value of the military family. Although the veterans may not have families or next-of-kin present for their homegoing celebrations, they can rest peacefully knowing the military family never forget and never leaves a veteran behind.
- Unaccompanied Services have unintentionally led to reunification of families and next-of-kin.
- On several occasions, family and/or next-of-kin have shown up unexpectedly after picking up the news of a pending Unaccompanied Veterans services via social media, news, community notifications.
- Veterans Land Board Representatives accept the flag used during the services on behalf of the family and/or next-of-kin but hold the flag for 90 days if no next-of-kin is found or comes forward. After the 90-day period expires, the flag is flown on the cemetery main flag pole to honor the veteran's service and as a reminder that we never leave veterans behind.
- Several community members donate resources, time and effort to ensure an honorable and dignified service:
 - A local flower shop in the Killeen area donates free floral arrangements for each Unaccompanied Veteran service.
 - Members of the all-volunteer Memorial Service Detachments (MSD) provide military honors.
 - Patriot Guard Riders (motorcycle club of veterans) volunteer to lead procession into the cemeteries and assist with overseeing all aspects of the services.
- Our cemeteries have dedicated walls of honor, which began with the Coastal Bend State Veterans Cemetery in Corpus Christi, to honor interred Unaccompanied Veterans. Local veterans groups create and present small wooden placards to cemetery staff, consisting of the veteran's information, which proudly hang on the administrative building walls.

"VLB Texas State Veterans Cemeteries are special resting places, close to home, where friends, family and fellow Texans can honor Texas Veterans," said Karina Erickson, communications director for the Texas General Land Office. "The sacrifices they laid upon the altar of freedom will never be diminished nor forgotten. The staff at our Texas State Veterans Cemeteries are there to help each Texas veteran and their family at their time of need." She said burial benefits at Texas State Veterans Cemeteries are identical to those at federal VA cemeteries.

To access the program contact the Central Texas State Veterans Cemetery 11463 State Highway 195, Killeen, Texas 76542-4945 at (254) 616-1770 and ask for information on how to proceed.

[Source: ABC KUBV | Drew Knight | January 28, 2019 ++]

Iraq War Vets 02 ► Matthew Rittner | Killed in Milwaukee Feb. 6, 2019 in LOD

Marine Corps Veteran Matthew Rittner. Matthew served for eight years during the Iraq War and attained the rank of sergeant. He was an officer with the Milwaukee Police Department for 17 years. Matthew enlisted in 2003. He was as an infantry rifleman with the Marine Reserve Unit Fox Company, 2nd Battalion, 24th Marines out of Milwaukee, Wisconsin. He served two tours of duty in the Middle East, including one to Fallujah in support of Operation Phantom Fury, an area known as the Triangle of Death. During his first tour, the vehicles in Matthew's unit were hit by multiple improvised explosive devices and the unit was involved in a four-hour firefight.



Matthew was also an officer with the Milwaukee Police Department and was part of the department's tactical enforcement unit. He and other officers helped free hostages in two separate situations in 2015. For his actions during these incidents, Matthew received a Meritorious Service Award and the Public Safety Officer Medal of Valor, the highest award for law enforcement officers in the United States. Matthew was killed in the line of duty in Milwaukee on Feb. 6, 2019 while executing a search warrant. He was laid to rest on what would have been his 36th birthday. He leaves behind his wife and a young son. [Source: Vantage Point | Leah Comins | March 14, 2019 ++]

WWII Vets 186 ► Kirk Douglas | Navy Communications Officer

Kirk was born Issur Danielovitch Demsky in Amsterdam, New York to Jewish immigrant parents. As a child, Kirk sold snacks to mill workers in order to help supplement his family's income. After graduating high school, Kirk managed to negotiate himself to Saint Lawrence University on a loan which he paid off working several menial jobs. He graduated in 1938 and legally changed his name to Kirk Douglas. In 1941, following U.S. involvement in World War II, Kirk enlisted with the United States Navy.

Upon joining the Navy, Kirk received training as a communications officer in anti-submarine warfare. He was then assigned to PC-1139, a PC-461 class submarine chaser, and sent to the Pacific. There, Kirk served as both a gunnery and communication officer and was responsible for hunting down and destroying Japanese submarines. On Feb. 7, 1943, Kirk and his crew were alerted by sonar to the presence of a Japanese submarine. Upon confirming the location of the submarine, Kirk and his fellow sailors positioned themselves to drop depth charges and fired. As a fellow sailor went to launch a depth charge marker, he accidentally fired a live depth charge. Once the charge hit the water, it exploded, launching PC-1139 and its crew into the air. Kirk was thrown against the ship and suffered abdominal injuries.



After being sent to a hospital to recover from his injuries, it was found that Kirk was also suffering from chronic amoebic dysentery. As a result, Kirk was discharged in 1944 at the rank of lieutenant junior grade. After being discharged, Kirk returned to New York City and began work in radio, theater and commercials. In 1946, Kirk made his debut screen appearance in *The Strange Love of Martha Ivers*. He went on to have a wildly successful career in cinema, earning three Academy Award nominations, an Oscar for Lifetime Achievement, and the Presidential Medal of Freedom. He lives today with his wife in Los Angeles, California. Thank you for your service, Kirk! [Source: Vantage Point | Jenna Robles & LaVita McCray-Morris | March 22, 2019 ++]

WWII Vets 187 ► **Helen-Louise Brooks | Served In WWII, Korea, & Vietnam**

U.S. Navy veteran, Capt. Helen-Louise Brooks was born September 20, 1918 in Lowell, Massachusetts. She served during three wars, joining the Navy Nurse Corps in 1944, serving aboard the USS *Consolation* during the Korean War and serving as the Chief Nurse on board Naval Support Activity Da Nang, during the Vietnam War.

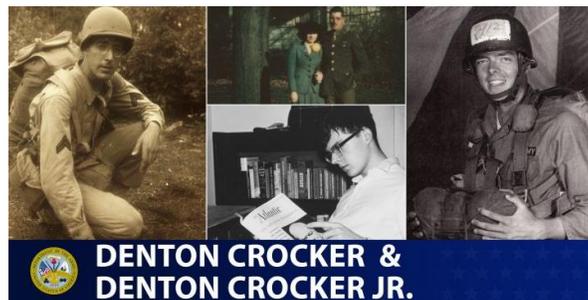


Brooks spent most of World War II working for \$42 a month for the National Health Service, until she reached the age of 22, and qualified to join the Navy Nurse Corps. After initial training she was sent to Camp Lejeune, North Carolina, providing medical support for a Netherlands' Marine Corps battalion. When the war ended she stayed in the Navy Reserve and used her G.I. Bill to earn her Bachelor's in Nursing Education from Boston University. She then spent a year teaching nursing at Yale. When the Korean War started, she volunteered to go back on active duty and was assigned to the USS *Consolation*, a hospital ship. After the Korean War Brooks earned her master's degree in Hospital Administration from Columbia University. In Vietnam she was served as the Chief Nurse at NSA Hospital Da Nang. She was there during its most active time, 1968-69, and endured repeated mortar attacks. She said, "There is nothing as satisfying as taking care of casualties ... [it's] the best kind of job a nurse can have." She earned a Legion of Merit with combat "V."

Capt., Brooks retired from the Navy in 1971, having served a total of 30 years in the Navy/Reserve. She then worked in the Panama Canal Zone before retiring in San Diego. Brooks died April 26, 2013. She is interred at the Miramar National Cemetery in Section 12, site 628. Her photo, along with 419 other items from her life, including 5 ½ hours of a 2005 interview, can be seen here: <https://vva.vietnam.ttu.edu/agents/people/368>. [Source: Vantage Point | Steve Ellmore | March 26, 2019 ++]

WWII Vets 188 ► Denton W. Crocker Jr & Sr | One Came Home, The Other Didn't

Actually two Army Veterans, Denton W. Crocker Sr. and Denton “Mogie” W. Crocker Jr. Denton served during World War II from 1942 to 1945, and Mogie served in Vietnam from 1964 to 1966. Denton Sr. was born in May 1919 in Salem, Massachusetts. As a child, Denton developed a passion for nature and the world around him as he went on hiking and backpacking trips with his family. His love of nature continued into his adult years as he pursued a degree in biology from Northeastern University. However, the outbreak of World War II would change his plans and infuse him with fond memories of his time as a soldier in the Pacific. Denton received his draft letter in January 1942. He was able to defer his enlistment until June of that year to allow him to graduate.



On June 29th, Denton arrived at Fort Devens in Massachusetts. His time at Fort Devens and Basic Training at Camp Pickett, Virginia was a pleasant experience for him, as he enjoyed the physical activities, meeting new people and the good southern cooking. Denton continued his training at various posts in the U.S., and it wasn't until January 1944 that he left the States for New Guinea. Denton was part of a Malaria Survey Unit whose job was to find where mosquitoes were breeding, the hours of the day they were biting and make recommendations for control. Since the Japanese had been driven out of New Guinea prior to his arrival, Denton and his team saw little to no combat. In addition to his time in New Guinea, Denton also traveled to the Philippines, the Dutch Indies, Okinawa and Japan.

Although Denton remembers his time in the Pacific fondly, there was one near-death experience that stood out in his mind. On a convoy heading to an island for invasion, he saw twenty-one planes shot down. As they came on to the beach, a Japanese plane was shooting at them while the door came down. Thankfully, the gunner was able to shoot the plane down, saving Denton's and many other men's lives. After the war, Denton kept in touch with all but one man from his thirteen-man unit. He then got married, attended graduate school and had four children. He credits the Army with helping him to grow from a young man to a self-reliant person.

Denton's son Mogie was born in June 1947. He was the oldest of Denton and Jean-Marie Crocker's children and was fondly remembered as a very bright young man. His enlistment in the U.S. Army came about in a rather unforeseen manner that left his family surprised and puzzled at his patriotism. On Sunday October 18, 1964, Mogie left his home in Saratoga Springs, New York without telling anyone in his family. He had run away to enlist in the Army and knew his parents would not approve. In a letter found in his desk drawer, Mogie stated that he had enlisted in the war for several reasons. One reason was that he “wanted to help the Vietnamese keep their freedom,” and he also wanted to earn his way in the world. With youth and idealistic views, Mogie got his wish when he became an infantryman.

During his time in Vietnam, Mogie wrote letters home to his family and told them about his experiences overseas. However, Mogie’s time and fascination with Vietnam was sadly cut short. In June 1966, his mother and father received notice that Mogie had passed away from injuries received from small arms fire. He died June 4, 1966, a day after his 19th birthday. You can learn more about Denton’s and Mogie’s experiences during WWII and the Vietnam War through the Veterans History Project, or by reading Denton’s memoir entitled, “My War on Mosquitos, 1942-1945” linked here: <https://memory.loc.gov/diglib/vhp/story/loc.natlib.afc2001001.00392/pageturner?ID=pm0001001&page=2> , and by reading Jean-Marie Crocker’s memoir about her son entitled “Son of the Cold War: A Personal History” linked at: <https://memory.loc.gov/diglib/vhp-stories/loc.natlib.afc2001001.11174/pageturner?ID=pm0001001&page=6>. [Source: Vantage Point | Melissa L. Ter Burgh | March 26, 2019 ++]

Vet Suicide Update 25 ► VA Report Touts ‘Positive Outcomes’ But Suicide Rates Haven’t Slowed

A Department of Veterans Affairs analysis of its suicide prevention programs touted mostly “positive outcomes” of the efforts even though they didn’t translate into fewer veterans dying by their own hand. Now, as the White House launches a new year-long effort to find solutions to the problem, outside advocates want to make sure that bureaucrats aren’t going to repeat the same mistakes in how they look for those answers. “We’ve already seen four years of wasted time,” said Joe Chenelly, executive director at AMVETS. “It’s not a partisan mistake or problem. We’ve see this across administrations. But we seem to be doing the same things over and over again.”

The analysis, completed late last year, was mandated by the 2015 Clay Hunt Suicide Prevention for American Veterans Act, named for a Marine Corps veteran activist who took his own life in March 2011. Under the measure, VA officials are required to provide annual reviews of mental health care and suicide prevention programs, with the first due last December. Department officials met that deadline, but the report has received little public attention since then, despite the fanfare that accompanied passage of the law four years ago. VA spokesman Curt Cashour said the report has not been posted publicly because “VA doesn’t typically release congressionally mandated reports outside of the committees that request them via law.”

The report gives generally high marks to the department for their mental health support, noting that “most of the mental health programs ... demonstrated a positive impact on the psychological well-being or functioning of the veterans who use them.” They cited low readmission rates for veterans using acute inpatient mental health services, lower relapse rates for veterans who used residential rehabilitation programs for post-traumatic stress treatment, increasing success with transition assistance support and high satisfaction rates for most veterans who used department mental health resources. But that did not translate into fewer suicides. In recent years, the number of veterans who take their own lives each day has hovered around 20. Of that group, 14 have little or no contact with VA support services. Efforts implemented just before and after the 2015 legislation made no significant change to the 2016 figures, the latest collected by the department.

Officials at AMVETS blasted the report — which has been viewed only by a handful of congressional staffers — as a missed opportunity. “More than 24,000 veterans have died by suicide since the passage of the Clay Hunt Act,” said group National Commander Rege Riley in a statement. “God willing, we won’t be stuck with the same system we have not in 2023, with a new report that highlights only that what (they) keep doing continues not to work.” VA officials also acknowledged the report’s shortcomings. In a letter to members of Congress, VA Secretary Robert Wilkie wrote that future reports will be “restructured to more directly look at the impact of our mental health and suicide prevention program on ... death by suicide.” Wilkie has repeatedly promised to keep suicide prevention as the department’s top clinical priority, and he was on hand earlier this month for President Donald Trump’s announcement of a new task force on the issue. That effort is designed to bring together leaders from various federal agencies to re-examine the issue and explore innovative new approaches.

On 13 MAR, Senate Veterans' Affairs Committee ranking member Jon Tester (D-MT) and fellow committee member Sen. Jerry Moran (R-KS) introduced **Commander John Scott Hannon Veterans Mental Health Care Improvement Act** which they hope will be Congress' first sweeping veterans suicide prevention legislation since the Clay Hunt Act. Along with more research and staffing for traditional VA support programs, the measure — named after Cmdr. Scott Hannon, a Navy veteran who took his own life in Feb. 2015 — would make huge investments in alternative treatments like yoga, sports therapy and acupuncture. It would also set new goals for evaluating “the effectiveness of the VA’s suicide prevention and mental health media outreach.” At a press conference on 13 MAR, Tester said the bill isn’t a criticism of VA’s efforts thus far “but it’s clear we’re not where we need to be.”

Given the “chipper” assessment from VA on their mental health report, AMVETS has called for redoing the suicide prevention analysis altogether. They’re backing both the new task force and the new legislation, hopeful that both will force new ideas and new leaders into the suicide prevention effort. “We’re not blaming anyone,” Chenelly said. “But instead of looking at ‘evidence-based’ approaches, we need to be making them results based. We can’t be wasting time.” Veterans experiencing a mental health emergency can contact the Veteran Crisis Line at 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 | March 14, 2019 ++]

Vet Suicide Update 27 ► One is too Many but 6,000+ A Year is a BIG Problem

Despite the public reverence our country displays for the military, a quiet crisis continues to linger that must be better addressed: Veterans continue to die by their own hand. Even a handful of suicides each year would be too many. The real figure — more than 6,000 annually — is a haunting realization this country must continue to address mental health issues that persist among our nation’s military personnel, regardless of the visibility of the wars they wage. A concerted public health approach developed and implemented through public and private partners at the national, state and community levels is needed to tackle this complex problem.

The Commander John Scott Hannon Veterans Mental Health Care Improvement Act would be one solution toward that goal. The legislation wending its way through Congress seeks to improve care by bolstering the Department of Veterans Affairs mental health workforce, increasing rural access to care and ensuring veterans have improved access to alternative treatment options such as animal therapy, outdoor sports, yoga and acupuncture. The bill has bipartisan support that includes Virginia’s Sens. Mark R. Warner and Tim Kaine as well as U.S. Sen. Jon Tester (D-MT) and U.S. Sen. Jerry Moran (R-KS) The legislation is named after Commander John Scott Hannon, a retired Navy SEAL from Montana who took his own life following a struggle with post-traumatic stress disorder (PTSD).

If approved, the bill would give the VA direct hiring authority over some mental health job categories and offer scholarships to mental health professionals as a way to entice them to work at veterans centers. At least one suicide prevention coordinator would be placed at every VA hospital nationwide. Veterans living in rural areas would be given greater access to telehealth services — where they can reach a medical professional over the phone or via a live chat — and provide grants to medical professionals to provide mental health services to veterans. Innovative and alternative treatment options — such as access to animal, outdoor, or agri-therapy, yoga, meditation and acupuncture — would all be funded. And ultimately, the VA would be held to greater account for the quality of services it provides, taking into account the wait times and red tape that can frustrate the people who seek care in such facilities. We must help reduce veterans’ risk for suicide before those men and women feel they have exhausted their options and reached a crisis point.

Expansive networks that can reach veterans where they are will help bring desperate service members back from the brink. These expanded programs will save lives if they are implemented correctly. That’s all we could ask for — services that are reliable and can address the individual needs of each veteran that has considered or attempted suicide. These service members have performed countless duties to save our lives, and now we must do everything we can to

save theirs. An estimated 20 veterans die by suicide every day, even though their population has steadily decreased throughout the past decade. Of those deaths, 14 have received no treatment or care from the VA. That needs to change.

If you are a veteran considering suicide, please make a free, anonymous call to any Veterans Crisis Line at 1-800-273-8255 and Press 1 to talk to someone. Or send a text message to 838255 to connect with a VA responder. Begin a confidential online chat session at www.VeteransCrisisLine.net/Chat or find a VA facility near you by visiting www.bit.ly/vafacilitiesnearby. A bounty of other resources can be found at www.veteranscrisisline.net. Consider visiting your local Affairs Medical Center which will most likely operate a walk-in mental health clinic for any veteran in need of immediate help. If not, they will get you to one.

Veterans have given their time and talents to protecting this country. This country must show them just how treasured they are by keeping mental health services at the forefront of our consciousness. This legislation will expand and bolster veterans services, but that does not mean veterans need to wait for it to pass before seeking help. Now is the best time to take that initial step to speak with a mental health professional. It's a path well worth the walk. [Source: Daily Press | March 25, 2019 ++]

Vet Hiring Fairs ► Scheduled As of 01 APR 2019

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 | March 31, 2019 ++]

Military Retirees & Veterans Events Schedule ► As of 01 APR 2019

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\vetterans related events to the Events Schedule Manager, Milton.Bell126@gmail.com

[Source: Retiree\Veterans Events Schedule Manager | Milton Bell | March 31, 2019 ++]

Vet State Benefits ► Kentucky 2019

The state of Kentucky 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 – KY** for an overview of the below benefits. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each of the following refer to <http://www.military.com/benefits/veteran-benefits/kentucky-state-veterans-benefits> and <http://veterans.ky.gov>.

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

[Source: <http://www.military.com/benefits/veteran-state-benefits> | March 2019 ++]

* Vet Legislation *



Note: To check status on any veteran related legislation go to <https://www.congress.gov/bill/116th-congress> for any House or Senate bill introduced in the 116th 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.

Base Housing Update 07 ► H.R. ___ /S.703 | Ensuring Safe Housing for our Military Act

Military families living in privatized housing would get more protections, under proposed legislation introduced in the House and Senate, following hearings exploring some families’ problems with persistent mold, rodent infestation,

water leaks and other problems, and their frustration in getting companies to address the issues. “Ensuring Safe Housing for our Military Act,” introduced in the House on 14 MAR and in the Senate on 7 MAR, would require installation commanders to withhold the service member’s rent from the landlord after officials have been notified of potential health, safety or environmental hazard, until steps are taken to remedy the problem — and the military housing official and the service member agree that it has been fixed.

The service secretaries have said they are finalizing a tenant’s bill of rights that would, among other things, provide that the rent be withheld from the landlord while the resident’s dispute is being heard. The tenant’s bill of rights, designed to address problems such as inadequate oversight, is expected to be finalized within several months. It also would require DoD to withhold incentive fees paid to the landlord for persistent failure to address a health, safety or environmental hazard.

The proposed legislation is an effort to increase accountability and oversight over privatized housing companies. “It is unacceptable that some military families around the country have little or no recourse when private contractors provide substandard housing,” said Rep. Mike Levin (D-CA) who introduced the bill in the House Thursday. “This bipartisan legislation is an important step in holding private housing companies accountable and empowering military families, and I will continue to work with members of both parties to support America’s service members,” Levin said in a statement. The proposed legislation would also:

- Require the company to pay relocation costs, including temporary lodging, for a service member and family who must leave their home because of the problems, and reimburse the family for any personal property damaged as a result of the problem.
- Ensure that service members don’t have to pay a deposit, and any fee or penalty related to ending a lease early because of health, safety and environmental hazards in their housing unit,, except for normal wear and tear.
- Create standard credentials for health, safety and environmental inspectors across the services, including contractors.
- Require DoD to maintain an electronic work order system so that service members can request work be done on their unit, and track the progress of the work. Military housing officials would also track the progress.
- Require the DoD Inspector General, as well as the military services’ IGs, to submit to Congress the results of any investigation into allegations of retaliation against a service member in connection with that service member reporting a problem with their housing unit.

Co-sponsors of the House bill are representatives Brian Fitzpatrick (R-PA) Katie Hill (D-CA), Elaine Luria (D-VA) and Abigail Spanberger (D-VA). The original Senate bill was introduced 7 MAR by senators Mark Warner (D-VA), Tim Kaine (D-VA), Dianne Feinstein (D-CA) and Kamala Harris (D-CA). “The military must act quickly to address these dangerous housing conditions, and Congress should pass legislation to protect military families from ever having to go through this again,” said Kaine, in a statement. “Our bill would help improve military oversight and increase accountability. This is about making sure service members can feel safe in their own homes, and I’ll be pushing for legislation like this to be included in this year’s national defense bill.” [Source: MilitaryTimes | Karen Jowers | March 14, 2019 ++]

Vet Newborn Care ► **S.835 | Newborn Care Improvement Act**

U.S. Sens. Thom Tillis (R-NC) and Amy Klobuchar (D-MN) have reintroduced the **Newborn Care Improvement Act**, bipartisan legislation that would double the number of days women veterans receive care for their newborns from 7 to 14. Currently, a veteran must find outside healthcare within one week of a child's birth or the baby will not have

health insurance, according to a news release from Tillis' office. "This bipartisan legislation justly increases the number of days veterans receive care for their newborns so families can have adequate time to find healthcare for their children," he said. [Source: The Sanford Herald, N.C. | March 23, 2019 ++]

VA Funding Needs Update 02 ► H.R.1721 | Veterans Healthcare Improvement Act

Congresswoman Julia Brownley (D-CA), Chairwoman of the House Veterans' Affairs Health Subcommittee, introduced on 13 MAR a bill to ensure that the U.S. Department of Veterans Affairs has the resources it needs to care for America's heroes. The "**Veterans Healthcare Improvement Act**" would require the Government Accountability Office (GAO) to conduct an independent audit of VA's medical care budget so that Congress can ensure there are enough resources for veterans to get the care they've earned and deserve.

"This week, President Trump released limited details on his proposal for next year's budget, and there are many unanswered questions about whether his VA healthcare budget is adequate to uphold the promises we have made to our nation's heroes," said Congresswoman Brownley. "It is imperative that VA's budget is sufficient to meet the healthcare needs of our veterans and that it provides sufficient funds to upgrade and replace outdated facilities. VA must also be nimble and have the legal authority necessary to open new community clinics in areas of greatest need. That's why I introduced legislation that will help us better ensure VA has the funds it needs to serve our veterans and to cut through bureaucracy that is making it harder to get care to some of our most vulnerable and underserved veterans. We have a responsibility to the men and women who served our nation, and these bills will help us uphold our commitments."

In 2006, 2007, and 2008, VA ran out of money, requiring emergency supplemental appropriations, because VA's budget underestimated the influx of new veterans needing care. To ensure this never happened again, Congress passed a law in 2009 requiring GAO to provide an independent analysis of the Department's healthcare funding needs. That requirement expired in 2013, and in the years since, VA has again run low on funds – threatening access to care for many veterans. The Veterans Healthcare Improvement Act would bring back this neutral GAO assessment so that Congress can better ensure VA has the resources necessary to support the care America's veterans have earned and deserve. [Source: Julia Brownley (D-CA) | Press Releases | March 14, 2019 ++]

VA Facility Funding Update 01 ► H.R.1722 | Build a Better VA Act

Congresswoman Julia Brownley (D-CA), Chairwoman of the House Veterans' Affairs Health Subcommittee, introduced on 13 MAR the "**Build a Better VA Act**" to fix a bureaucratic budgeting rule that is an unnecessary roadblock to quickly expanding veterans' access to VA care in underserved communities across the nation.

Every major VA medical facility lease — those with yearly rental costs over \$1 million — must be authorized by Congress, and for many years, this was done routinely. However, bureaucratic budget battles in Congress have prevented these routine authorizations from moving forward in recent years. The Build a Better VA Act would eliminate this roadblock, allowing major medical facility leases to be authorized by resolution rather than legislation – the same process currently used for other agency leases that are executed by the General Services Administration. By cutting through the bureaucracy that holds up new leases, this bill will help ensure that veterans can access the care they need, especially in underserved communities. [Source: Julia Brownley (D-CA) | Press Releases | March 14, 2019 ++]

VA Overpayment Recoupment Update 01 ► S.805 | Veterans Debt Fairness Act

A group of Senate lawmakers is again arguing that if veterans are overpaid on benefits because of accounting errors, they shouldn't be punished for the federal government's mistakes. Legislation introduced 20 MAR would require changes to how the Department of Veterans Affairs handles benefit corrections, including limiting the amount they can withhold from veterans' future payouts to cover the debt. "It's wrong to put the debt from the VA's accounting mistakes on the shoulders of men and women who have served their country," Sen. Jon Tester, ranking member of the Senate Veterans' Affairs Committee, said in a statement. "For some veterans, these benefits make the difference between paying monthly rent or missing payments. "We've got to stop the VA from pulling the rug out from under veterans and their families."

Under current law, VA officials can withhold 100 percent of a veteran's monthly benefits to cover past overpayments, even if those mistakes are the fault of federal officials. The new legislation would limit that withholding to no more than 25 percent of a monthly benefits check and put a five-year limit on the time where VA officials can recover overpayments. The measure would not wipe out all debts related to VA mistakes. The senators said up to 200,000 overpayment notifications are sent out to veterans and their families each year.

Bill co-sponsor Sen. John Boozman (R-AR) called the moves a common-sense step in providing better customer service to veterans. "Supporting veterans and their families by eliminating the potential for hardships caused by the VA's errors is important to honoring our commitment to their service and sacrifice," he said in a statement. Lawmakers proposed similar reforms last session but saw only parts of that legislation become law. Those changes included rewriting VA policy to allow veterans to update personal information in department systems, in an effort to cut down on potential mistakes in benefits payouts.

This measure goes further, requiring VA to update its computer systems to ease that process and mandating electronic notification of debt notices, including information on how to request hardship waivers. The legislation, called the Veterans Debt Fairness Act, has not yet been scheduled for a committee hearing. [Source: MilitaryTimes | Leo Shane III | March 20, 2019 ++]

DoD Fertility Services Update 01 ► S.319 | DoD Pay to Freeze Troops Sperm, Eggs

A new bill would give troops with infertility related to their military service greater access to advanced reproductive treatments, including up to three completed cycles of in vitro fertilization, or IVF, and cryopreservation of eggs and sperm for those heading to a combat zone. Having succeeded in passing legislation in 2016 that gave seriously wounded veterans access to advanced fertility services within the Department of Veterans Affairs, Sen. Patty Murray, (D-WA), introduced legislation last month that would require the Defense Department to provide similar treatments, such as IVF and access to egg and sperm donation services, as well as use of surrogates to wounded, ill or injured service members whose infertility is related to military service.

The proposed **Women Veterans and Families Health Services bill, S. 319**, would require the DoD to provide troops the option to freeze their eggs and sperm prior to deployment to a combat zone and store the specimens up to a year after leaving military service. It also would require the Pentagon to establish a policy for retrieving eggs or sperm from seriously injured service members whose fertility or lives are at risk as a result of a wound or illness. This would allow the gametes to be used later by the service member's family to have a child, if directed by the service member in advance. If approved, the legislation would revive an initiative announced in 2016 by former Defense Secretary Ash Carter, who included cryopreservation of gametes in a series of personnel initiatives known as the "Force of the Future."

Carter promised a pilot preservation program as well as a possible expansion of the DoD's provision and coverage of fertility services, arguing that the benefits would give deploying troops peace of mind and allow female service members greater flexibility in deciding when to have children. The policy could allow women in uniform to preserve their eggs in their younger years and use them later, when they are less likely to conceive naturally. While the Force of the Future fertility benefits were lauded by advocacy groups, troops and military spouses, the \$57 million proposal for a two-year pilot went unfunded and was placed on hold in July 2016. It was canceled in December 2017, never having gotten off the ground.

The Defense Department covers fertility services such as hormone treatments, diagnostic services, corrective surgery for infertility related to a physical condition and erectile dysfunction care. But it pays for IVF only under certain circumstances, providing it to service members who have experienced a urogenital trauma or had cancer treatments that can cause infertility, to include cryopreservation and storage until procedures can be undertaken. IVF also is available at six military treatment facilities at an average cost of \$5,000 per cycle for service members and their families whose infertility is not directly related to a combat injury. Military hospitals that offer IVF include Walter Reed National Military Medical Center, Maryland, Tripler Army Medical Center, Hawaii, Womack Army Medical Center, North Carolina, Madigan Army Medical Center, Washington, San Antonio Military Medical Center, Texas and Naval Medical Center San Diego.

For years, advocates have called for improved fertility benefits for troops as well as policies that would require military doctors to automatically retrieve sperm -- or eggs -- in troops that receive injuries to the groin if timing allows. Since 2010, the United Kingdom has had a policy that allows for doctors to harvest sperm in a seriously injured person and then gives the injured service member the option to keep or discard the sample once he is recovered. Under the UK policy, the sample is discarded if the patient doesn't survive their injury.

In March, parents of West Point Cadet Peter Zhu, 21, petitioned the court to have Zhu's sperm extracted while he was on life support following a ski injury. After ensuring that Zhu's organs had been donated, they requested the retrieval in order to "have a small piece of Peter that might live on to spread joy and happiness that Peter brought to all of our lives," according to court documents. The judge ordered the medical procedure; the sperm is being stored pending a court hearing 21 MAR.

If passed, Murray's bill would also make a number of other changes geared toward improving health services for women, primarily at VA. It would, among other things, make permanent the provision that allows VA to provide IVF and other advanced fertility treatments for seriously injured veterans. (The current law allowed VA to provide the services through Sept. 30, 2018, although VA has continued the program). The bill would also require VA to cover the cost of adoption services for veterans with injury-related infertility and expand retreat counseling centers for women veterans leaving military service from three to 14 locations. A similar measure was introduced in the House on Feb. 4 by Rep. Rick Larsen (D-WA)

The bills have nearly 20 co-sponsors. However, no Republicans have signed on to the legislation. The Congressional Budget Office has not yet provided a cost estimate for either bill. They remain in the Senate Veterans Affairs and House Veterans Affairs and Armed Services committees. "We promise to take care of veterans long after the war is over -- and allowing them to fulfill their dream of having a family is a big part of that promise," Murray said in a release. [Source: Military.com | Patricia Kime | March 19, 2019 ++]

VA Job Vacancies ► H.R 1271 | Vet HP Act Passed House and Sent to Senate

Imagine a world where more civilians knew about veterans' health issues and were trained early on to be doctors, health professionals, and even advocates for the wellbeing of military service members. That's what Rep. Marcy Kaptur (D-OH) hopes can happen if her new bill introduced 14 FEB 2019 becomes law. The Veterans-Specific

Education for Tomorrow's Health Professionals Act dubbed the "Vet HPP Act" aims to create a program for pre-med students to get clinical observation hours and other training at VA hospitals before medical school. She also sees it as a promising way to address the more than 40,000 job vacancies within the Veterans Health Administration. "I call it a ladder into the VA," Kaptur said in an interview.

The bill would establish a one-year pilot program in at least five VA hospitals, prioritizing students studying a health profession where there is an identified VA staffing shortage, as well as veterans. Students who are from medically underserved areas, the first in their families to go to college, or who attend schools with a large minority student population will also get priority.

"It addresses the fact that we are a very large country with many possibilities, but that if your family hasn't had an experience in the military or through the Department of Veterans Affairs, for example, you simply don't know that these jobs are available. It's a place you don't look. You don't even think about it," the congresswoman said. "Our bill is a way of creating a pipeline of future doctors, nurses, medical professionals who would serve in the Department of Veterans Affairs" — and, on a larger scale, alert people to the fact that the VA actually exists, she said.

The legislation recently passed the House of Representatives and is now being considered in the Senate, where Kaptur's office is confident the bill will get through. VA spokesman Randy Noller said the department has not taken a position on the bill and pointed out that the VA has actually seen a recent decrease in the number of vacant positions, hiring 1,045 additional mental health providers alone since 31 JAN. "The best indicators of adequate staffing levels are not vacancies, but veteran access to care and health care outcomes," he said in an email. "By those standards, VA is doing well." Still, according to employment figures Noller provided, about 11 percent of full-time equivalent positions in the Veterans Health Administration remain vacant — a total of 42,790 out of 374,956.

The idea for the Vet HP Act originated from Kaptur's own visits to VA health care centers, she said, as well as the advocacy efforts of undergraduate students who reached out to her office a few years ago. One of those students was Michael McNamara, then a pre-med major at Georgetown University who is now in his first year of medical school at Medical College of Wisconsin. "We kind of came at it from the student perspective," he said. "You need so many hours to get seriously looked at in terms of an application to medical school." But if you don't have any personal connections to physicians or hospitals or robust school alumni networks to help you make those connections, finding a place to get that type of exposure before medical school can be challenging, he said.

When the group was discussing ways to level the playing field, they thought about the VA, which had recently been in the news in McNamara's home state of Arizona after dozens of patients died while waiting for appointments. "It was just generally becoming more recognized that [vacancies are] a huge problem, and things were being done to ameliorate it. But from the student perspective, it seemed like an area where we could maybe help," McNamara said. He said the VA has a good reputation for training physicians, and a pilot program like the one Kaptur is proposing could help foster early loyalty to the system. "Maybe if from the very beginning they were exposed to VA as a tool for helping these specific veteran health issues, as well as educators, there might be some incentive ... to remain within the organization and help some of these vacancies," he said.

Andrew Frank, another Georgetown alumnus who worked on the idea with Kaptur's office, said such a partnership has the ability to have a far-reaching impact. "At the bare minimum, the result of a clinical shadowing program at the VA is a more conscientious and veteran-aware student," he said. "At its best, it's a future VA physician or other healthcare professional." Kaptur said the VA has a lot to teach the next generation — from studies being conducted in research labs to the use of new medical technologies addressing veterans' needs. And on the flip side, the young students poised to someday become health professionals would bring an infusion of "new energy and new intelligence" to the system.

The bill mandates that each training session provide a "diverse clinical observation experience"; while the majority of the time should be spent observing a health professional, students should also be exposed to a variety of aspects of medical care. If the legislation moves forward to become law, the pilot program would run for one year, starting no

later than August 2021, with five to 15 undergraduate students at each of the five VA health center sites per training period.

[Source: MilitaryTimes | Natalie Gross | March 14, 2019++]

Vet Suicide Update 26 ► S.785 | The John Scott Hannon Act

Legislation introduced in the Senate this week aims to tackle the nation’s veteran suicide epidemic by boosting funding, mental health staff, alternative therapies and research at the Department of Veterans Affairs. **The Commander John Scott Hannon Veterans Mental Health Care Improvement Act** introduced by Sens. Jon Tester (D-MT) and Jerry Moran (R-KS) has 18 parts that range from creating incentives to entice more mental health providers to work at the VA to researching the possibility that living at high altitudes increases suicide risk.

Commander Hannon was a retired Navy commander who died by suicide Feb. 25, 2018 at age 46. Hannon served in the Navy for 23 years and later settled in Helena, Montana. He was diagnosed with post-traumatic stress disorder, traumatic brain injury, severe depression and bipolar disorder. His family said he spoke candidly about his mental health struggles and advocated to improve veterans’ access to mental health care. “In the final chapter of his life, John Scott advocated for easier access and a broader approach to mental health care,” said Kim Parrott, Hannon’s sister. “Treatment was too fragmented and too late to save my brother’s life, but his experience enabled him to become an articulate champion for what could help other veterans facing similar mental health challenges in the future.”

In the legislation, senators attempt to address the issue of suicide risk for younger veterans by building into the law an initiative that Trump announced last year that would automatically enroll every servicemember into VA mental health care for one year when they transition from active duty. Trump signed an executive order last year to pave the way for automatic enrollment – an attempt to eliminate barriers to mental health care for veterans in the first year after their service. When asked about the progress of that effort recently, a senior administration official said only that it was “moving along. Sen. Moran said the bill also complements another executive order, signed by Trump last week. The order, titled the PREVENTS initiative, created a Cabinet-level task force that Trump promised would “mobilize every level of American society” to address veteran suicide.

One of the ideas offered by the White House was to provide grants to state and local governments, though officials didn’t have a budget or grant-size estimate or know the exact source of the funding. Rather, they said they would work with Congress to authorize the grants. This legislation sets up a grant program for local organizations, outside of the VA, to provide mental health care to veterans. The bill calls for \$5 million to be made available for the grants in 2021, followed by \$10 million in 2022 and \$15 million in 2023. Another measure in the bill would provide \$10 million to increase the availability of telehealth care to veterans in rural areas of the country.

Among its other initiatives, the legislation aims to expand alternative therapies, including yoga, meditation, acupuncture and chiropractic care, to more VA facilities, as well as invest in therapies involving animals, agriculture and outdoor sports. It would also offer more incentives for more mental health professionals to work at the VA, invests in women-specific specialists and requires all VA hospitals to employ a suicide prevention coordinator. Tester said the bill aims to “improve accountability and transparency” regarding the VA’s suicide prevention efforts. Part of that would be to set goals for the agency’s suicide prevention media outreach. The VA faced criticism in December when the Government Accountability Office revealed the agency used less than 1 percent of its budget for suicide prevention outreach in fiscal year 2018. Of the \$6.2 million obligated, the VA had spent only \$57,000 by September, the last month of the fiscal year.

[Source: Stars & Stripes | Nikki Wentling | March 14, 2019 ++]



USS Fort McHenry (LSD-43) ► Effectively Quarantined At Sea For Over Two Months

A US warship has essentially been quarantined at sea for over two months and has been unable to make a port call due to an outbreak of a viral infection similar to mumps. Twenty-five sailors and Marines aboard the USS Fort McHenry amphibious warship have been diagnosed with parotitis, which causes symptoms similar to mumps, according to US military officials. Until CNN asked about the incident, the US military had not disclosed it. The illness first broke out in December, with the most recent case being reported on 9 MAR. "None of the cases are life-threatening and all have either already made or are expected to make a full recovery," the Fifth Fleet said in a statement provided to CNN.

All seven hundred and three military personnel aboard the ship have received measles, mumps and rubella (MMR) booster vaccinations, according to the US Navy's Fifth Fleet headquartered in Bahrain. The ship is currently operating in the Persian Gulf region and military medical officials are assessing when it may be deemed medically safe to make a port call. A US military official tells CNN that when there are major disease outbreaks, a decision may be taken to halt port visits until 30 days after the last reported illness due to varying incubation periods. But the Fort McHenry did make a port call in early January in Romania when it was in the Black Sea before traveling back through the Mediterranean and into the Middle East.

The ship includes elements of the 22nd Marine Expeditionary Unit. Since the initial case was detected on 22 DEC, 24 of the 25 patients have returned to duty. After they became ill, the patients were quarantined and treated in the ship's medical facility. Living and work spaces were disinfected. None of the personnel had to be medevaced off the ship and all are expected to make a full recovery. However, a military medical team specializing in preventative medical care is expected to deploy in the coming days to make an assessment if further steps may be needed, according to the official. The ship, which carries Marines to perform amphibious warfare duties did have some of its scheduled training modified to deal with the outbreak's impact. [Source: CNN | Barbara Starr| March 13, 2019 ++]

Navy Uniform Changes Update 06 ► Gold Chevrons Plus 12 More

The Navy is doing away with "misconduct" red stripes for senior sailors, among other changes outlined in a new uniform policy released 25 MAR. The 13 changes are a result of feedback received from the fleet, according to the message signed by Chief of Naval Personnel Vice Adm. Robert Burke.

Starting 1 JUN, all sailors over the 12-year service mark will be authorized to wear gold chevrons on their dress and service uniforms, a stark contrast to the red stripe worn by some senior enlisted sailors as a visible sign of misconduct from some point in their careers. The current policy mandates that sailors who have received nonjudicial punishment or court-martials within the past 12 years wear red stripes. Sailors who already have reached the milestone had to restart the 12-year clock if they had further infractions. Each stripe represents four years of service, with the gold previously

indicating good conduct. While multiple enlisted sailors welcomed removal of the stigma associated with red stripes, others online cried foul on the CNP Facebook page, viewing their gold stripes as a badge of honor.

“Gold stripes mean something,” one user commented. “Some traditions are worth keeping, this was one of them,” another said. “It says you did the right things for over a decade and it was reflected on your uniform,” Chief Petty Officer Steve Owsley, who has gold stripes and has been in the Navy just shy of 20 years, told Stars and Stripes. “Many times, when servicemembers make a mistake in the Navy, the most important part is to own that mistake and accept responsibility for it.”

Another change is the authorization of the command patch to replace the left-shoulder “Don’t Tread On Me” patch, currently a standard across the fleet since the Navy transitioned to the Type III green digital camouflage uniform in 2016. Although the command patches will be considered optional, sailors have pushed for this change as a source of pride and distinction between commands. “I think the option for sailors to wear command or unit patches is a great, new change,” said Petty Officer 3rd Class Tristan Collop, currently serving in Bahrain. “It allows commands to wear their unit pride on their sleeves, literally.” The design of a command logo patch must be approved by the unit’s commanding officer, the message said.

Meanwhile, the all-too common occurrence of E-4 sailors receiving salutes now has a potential remedy. Navy captains will have the option to purchase silver-thread O-6 rank insignias for the Type III uniform to distinguish them from 3rd class crows, which have a strong resemblance to the black O-6 eagle when seen at a distance. Other items will affect female uniforms, including new slacks and skirts for chiefs and officers, flat shoes for dress uniforms and a clarification on the use of ponytails, previously ambiguous for both style and use in uniform. The message also introduced an optional-wear T-shirt for nursing sailors. Other updates include information on mandatory sea bag items. The full message can be found at <https://www.public.navy.mil>. [Source: Stars & Stripes | Joshua Karsten | March 26, 2019 ++]

USS Zumwalt Update 10 ► Delivery 5 Year Late and 10 Years After Construction Began

The first ship in the U.S. Navy’s \$23 billion program to build a new class of destroyers is scheduled for a September delivery -- more than five years later than originally scheduled and 10 years after construction began on the stealthy vessels built by General Dynamics Corp. Delivery plans for the Zumwalt-class guided missile destroyer have been a roller-coaster of changing milestones, most recently moved from May of this year to September, according to budget documents confirmed by a Navy spokeswoman. The ship isn’t expected to have an initial combat capability until September 2021, at least three years later than planned.

The latest delay for the first \$7.8 billion vessel, designated the DDG-1000, may add to doubts that the Navy can build, outfit and deliver vessels on time and within cost targets. The service is seeking public and congressional support for plans to reach a 355-ship fleet by 2034 from 289 today, a 20-year acceleration over last year’s plan to reach that goal. “The new information underscores the risks that we have reported on for many years: When the Navy pushes forward on lead ships without realistic cost, schedule and performance expectations, the result is ships that are late, over cost, and incomplete,” Shelby Oakley, the Government Accountability Office’s supervisor for naval systems reviews, said in an email.

General Dynamics’ Bath Iron Works in Maine began construction on the DDG-1000 in FEB 2009. The first ship in a class billed by the Navy as “the largest and most technologically advanced surface combatant in the world” arrived at its San Diego home port in December 2016. David Hench, a spokesman for Bath Iron Works, said the company “completed its scope of work” that successfully accomplished “acceptance trials and demonstrating” the vessel’s hull, mechanical and electrical systems. Bath “is not the prime contractor for the ongoing combat systems portion of the ship’s completion now occurring in San Diego,” he added. Colleen O’Rourke, a Navy spokeswoman, said the new

delivery delay “is driven by a combination of ‘first-of-class’ construction challenges, a limited capacity of labor in specialized fields and the unexpected complexity of completing industrial work” while not disturbing crew quarters.

The program’s procurement cost also keeps increasing -- by \$160 million in fiscal 2020, the 11th straight year of increases that cumulatively total more than \$4 billion since 2010. The basic cost for procuring the three ships now planned has risen to just over \$13.2 billion, according to newly filed budget documents and the Congressional Research Service. The \$23 billion program also includes about \$10 billion in research and development. The DDG-1000 has a radar-evading stealth design. Raytheon Co. provides the vessel’s combat electronics.

The Zumwalt class started out as a 32-ship program with the primary mission of providing gun support to troops and Marines ashore, much like battleships during World War II. The Navy assumed that it would buy 20,000 “Long-Range Land Attack Projectiles” over the program’s life that were to fire 62 nautical miles from its twin 155mm “Advanced Gun Systems” made by BAE Systems Plc. The program was reduced to just three vessels and the Navy planned to buy 2,400 projectiles -- raising the estimated cost for each munition to as much as \$566,000, according to the Naval Sea Systems Command. The price tag contributed to the Navy’s decision in December 2017 to change the destroyer’s mission from shore bombardment to surface warfare against other vessels, aimed with longer-range missiles. The Navy is still searching for options.

So the DDG-1000 will be delivered with its two guns “in an inactive state, pending selection of a suitable and affordable munition,” Navy spokesman William Couch said in an email. The Navy spent \$505 million on the weapons. With just three ships, the gun would require a “very expensive bullet” that doesn’t go as far as weapons now planned for a longer strike, Captain Kevin Smith, the destroyer’s program manager, said in an interview. But he said the destroyer can still be “a game-changing warship in the Pacific.”

James Geurts, the Navy’s assistant secretary for research, development and acquisition, said 27 MAR that completing activation of the vessel’s combat system integration with contractor BAE Systems Plc is ongoing. “It’s got a fairly integrated” information technology system “that runs through the entire ship and so the test methodology, the checkout methodology” is “also maturing,” he said in an interview. “We’ve had to work our way through those challenges” Geurts said.

Despite the latest delay in delivering the finished destroyer, the Navy let the DDG-1000 sail to British Columbia this month to link with the Royal Canadian Navy, according to a Navy press release. That allowed for the crew “to experience the hospitality of the Canadian port, as well as showcase the U.S. Navy’s newest class of destroyers.” [Source: Bloomberg | Anthony Capaccio | March 27, 2019 ++]

Feres Doctrine Update 11 ► Military Malpractice Policy May Be Closer to Overturn Than Ever

In March 2014, at Naval Hospital Bremerton, Washington, Navy Lt. Rebekah "Moani" Daniel was admitted to have her first child. A labor and delivery nurse who worked at the facility, she was surrounded by friends and co-workers when daughter Victoria entered the world. But four hours later, the 33-year-old was dead, having lost more than a third of her body's volume of blood to post-partum hemorrhaging. Her husband's attorney argues that the doctors failed to deploy treatments in time to halt the bleeding, leading to her death. Her baby, now 5, never felt her mom's embrace.



On 29 MAR, the U.S. Supreme Court will decide whether to hear a petition from Moani Daniel's husband, Walter Daniel, in his case against the Navy hospital where his wife died. Like every other service member, Daniel **was required to get medical care from the U.S. military, but her family is prohibited from suing for medical malpractice**, barred by a 69-year-old legal ruling known as Feres that precludes troops from suing the federal government for injuries deemed incidental to military service. "Suppose you had two sisters. One was on active duty and the other was a military dependent. Both of them give birth in adjoining rooms at the same military hospital [by the same doctor]. Both are victims of malpractice. One can sue and the other one can't. How can that make sense?" asked attorney Eugene Fidell, a former Coast Guard judge advocate general and military law expert who lectures at Yale Law School.

While the issue has come back before the Supreme Court in previous years, it could now have a stronger chance of being taken up by the justices, a first step in what Walter Daniel and others hope will be a major policy overturn. When Walter Daniel's case is distributed to the justices for conference, it will be the first Feres case before the court since 2016, when an Air Force captain settled with the federal government for an undisclosed amount in another malpractice case involving childbirth. Distribution of a case for conference means the justices may discuss it among the hundreds of petitions to be considered and will decide whether to hear oral arguments from the parties involved. The U.S. Supreme Court takes 70 to 80 cases a year.

Unlike many previous Feres cases, the court in the Daniel case ordered the U.S. government to file a response, an indication that at least one of the nine justices is interested in the case, explained Andrew Hoyal, Daniel's attorney. Meanwhile, another veteran is also working to end Feres. In March 2017, Army Sgt. First Class Richard Stayskal was training at the Army's Special Forces Underwater Operations School in Key West, Fla., when he noticed something amiss: In top shape, the Green Beret was having trouble with his health, unable to catch his breath. Once Stayskal arrived home at Fort Bragg, North Carolina, the symptoms continued, including wheezing, numbness and blurry vision. To find the cause, he went to several doctors, including one in the emergency room at Womack Army Medical Center, where he'd undergone his pre-dive training physical four months before.

Sent home repeatedly with diagnoses of asthma and pneumonia, Stayskal began coughing blood. On 22 JUN, when he went to a civilian pulmonologist for answers, the doctor found a large tumor in his lungs. Stayskal later learned it was lung cancer -- and apparently, the suspicious nodule was clearly visible in his January pre-dive CT scan, a nearly 3-centimeter node that should have prompted follow-up care and more tests. Military doctors also had noticed it in May and recommended follow-up, but never told Stayskal. Instead, the Army Green Beret and former Marine is dying of Stage IV lung cancer, the disease having spread to his spleen, liver, spine, hip joints and lymph nodes. His attorney says if he'd received proper care in January, he may have had a chance at defeating the deadly non-small cell adenocarcinoma.

If the Supreme Court justices decline to accept the Daniel case, Stayskal's attorney, Natalie Khawam of Whistleblower Law Firm in Tampa, has set the wheels in motion in Congress to change the law that many say is patently unfair. "I could not imagine if this happened to my son. So, I took it on, saying that I'm just going to focus on fixing and changing this law, even if that's the last thing I do in law," Khawam said.

In 2017, the military health system experienced 112 "sentinel events" across 78 medical facilities, according to the Defense Health Agency. A sentinel event is an unexpected occurrence involving serious injury or death as defined by the Joint Commission, a not-for-profit group that accredits U.S. hospitals. The data appears not to be comprehensive, however: according to the 2017 figures, Womack Army Medical Center experienced zero "delays in treatment: Lab, pathology, radiology, referral." Stayskal's case apparently didn't count.

Between 2016 and 2018, 196 administrative claims for malpractice were filed against the Air Force. The service did not say how many resulted in medical malpractice suits or settlements. During the same timeframe, the Navy had at least 48 cases of malpractice settled. (The exact number is not known because the Navy declined, for privacy reasons, to detail cases at facilities that had three or fewer claims filed against them). The Navy did not provide the total number

of administrative claims filed. The Army, which provided the information on request in 2016, referred a 2019 query for the same information to its Freedom of Information Act offices. Military.com has not yet received a response.

Hoyal, Daniel's attorney, remains hopeful the Supreme Court will hear the case. Before becoming justices, both Clarence Thomas and Ruth Bader Ginsburg expressed interest in reviewing Feres. Plus, there are several new additions to the court -- Justices Neil Gorsuch and Brett Kavanaugh -- who weren't present the last time a Feres case was petitioned and may have an interest in the legality of Feres for medical malpractice. "Our petition presents the U.S. Supreme Court with legal and factual arguments not previously made or considered in prior cases challenging the Feres doctrine," said Hoyal, who practices law with Luvera Law Firm in Seattle. "In our view, the government's response simply fails to come to grips with these arguments."

But, Attorney Fidell explained, the request for the solicitor general to respond simply means one or more justices wanted to see the government's position "spelled out," Fidell said. "That's all you can really infer from it. Is it better than nothing? Yes. Is it much better than nothing? We won't know until the orders list comes out," he said. Attorney Khawam, on the other hand, is tackling Feres from the legislative side. She has spent months walking the halls of Congress with Stayskal to meet lawmakers and push for a bill, either a single piece of legislation or one that will be included into the fiscal 2020 defense authorization bill. Her and Stayskal's goal is to ensure that military patients have the right to sue, and that doctors in the military health system -- who are both uniformed and civilian employees -- can be held accountable for egregious mistakes.

Besides drafting bill proposals and making the rounds on Capitol Hill, Stayskal and Khawam are planning a march 12 JUN in Washington, D.C. to call attention to the Feres doctrine and what Khawam calls its' unfairness. She said she is lining up celebrities and lawmakers to speak and has galvanized bipartisan support to change the law. If successful, she and Stayskal would achieve what many have not been able to -- people like the families of Air Force Staff Sgt. Dean Witt, who died in 2003 from complications of irreversible brain damage during a routine appendectomy; of Army Maj. Chad Wriglesworth, who died when his melanoma was diagnosed as an ingrown toenail; and of Air Force Capt. Heather Ortiz, whose baby suffered injuries during childbirth as the result of Ortiz receiving the wrong medication.

Stayskal isn't the first service member to convince lawmakers to introduce a bill overturning Feres in cases of medical malpractice. But Khawam says her client's story simply can't be ignored. "He is a superstar and it's not from being a celebrity ... it's from being such a great guy, from his work to just being a good kid," she said. "It speaks volumes when people you know from grade school are calling your lawyer and saying 'I want to help.'" Stayskal is on palliative care, meaning he is receiving treatment to keep him comfortable, but no longer fighting the cancer. While he has been in and out of hospitals, he remains strong and is trying to see every congressional representative and senator who will meet with him.

"People tell me that [Feres] is the law, but you know what? Separate-but-equal was the law and people had to ride in the back of buses. Gay people couldn't get married -- that was the law. Here's the thing: the law changes, and it only gets fixed when it's brought to the attention of everyone else," Khawam said. [Source: Military.com | Patricia Kime | March 24, 2019 ++]

Army Artillery ► Upgrades | M109A6 Paladin Self-Propelled 155 mm Artillery Cannon

The Army is about a third of the way toward its goal to acquire an upgraded fleet of nearly 700 tracked, mobile artillery cannons but will nearly double its inventory over the next five years if a recent budget request is approved. More than six years ago, the Army began a program to improve the M109A6 Paladin self-propelled 155 mm artillery cannon, which was fielded in 1994. Since the improvement program began then, they've been able to put more than 200 of the weapons into their arsenal and more than 200 more are on the way over the next five years, with an ultimate goal of having 689 Paladins in stock over the next decade, according to recently released Army budget request documents.

When the program started, initial goals were for 580 upgraded Paladins. Strategic concerns about Russian and Chinese fires modernization has pushed that number up by more than 100 in recent years.



The M109A6 Paladin 155 mm Self-Propelled Howitzer

Those improvements and procurement will keep the currently quarter-century-old mobile cannon blasting away until 2050. Last year soldiers with the 1st Battalion, 5th Field Artillery Regiment, 1st Armored Brigade Combat Team, 1st Infantry Division out of Fort Riley, Kansas, did first-stage test fires of the M109A7 Paladin. Soldiers with the unit’s “Bone crusher” Battery fired hundreds of artillery rounds each day for two straight weeks to test the durability, reliability and ease of use of the advanced system. The variant being tested included interior upgrades to accommodate the crew and hold more rounds. Developers also increased armor protection, which one soldier said dampened the noise and reduced blast over pressure — the shock wave produced by firing the 155 mm round.

Key upgrades from the previous version are digital displays and a 70-kilowatt, 600-volt on-board power system. Improvements allow a crew of four soldiers — driver, gunner, commander and loader — to operate the vehicle to fire a round in under 60 seconds. But other than comforts and soldier protection, the operationally significant upgrade comes in allowing the Paladin to shoot farther with more accurate and deadly rounds being developed, tested and fielded. One such round is the XM1113, which could be available to units within the next two and a half years, Brig. Gen. Stephen Maranian told Defense News, an Army Times sister publication, in March.

The Extended Cannon Range Artillery round would push fires out to the 24-mile range, be safer for soldiers and more precise for targeting. The specific descriptors are XM1113 Insensitive Munition High Explosive Rocket Assisted Projectile, or XM1113 Rocket Assisted Projectile, according to Army officials. That’s designed to be compatible with the existing Precision Guidance Kit, or PGK, which lets soldiers turn traditionally “dumb” artillery rounds into “smart” precision rounds. The additional distance happens through a rocket assist inherent in the design of the XM1113. Limited production of the round is scheduled for late 2021. [Source: ArmyTimes | Todd South | March 22, 2019 ++]

USS Fitzgerald (DDG-62) Update 21 ► Navy Enacts 91 of 103 Recommendations

The Navy has enacted nearly all the changes recommended in two 2017 reports it ordered after two fatal collisions at sea involving U.S. warships, the vice chief of naval operations recently told Congress. Of the 117 changes the reports recommended — later trimmed to 103 — 91 were put in place, according to a Feb. 25 memorandum to Congress by Adm. William Moran. Those changes were meant to address years of underfunded operations, an increased pace of operations and an erosion of safety standards, according to the reports.

Navy Secretary Richard Spencer ordered the reports to identify problems that led to the separate tragedies involving ships of the Japan-based 7th Fleet. He tasked the Navy with conducting a comprehensive review in August 2017 and the following month asked an independent team of subject matter experts to conduct a separate strategic readiness review. The USS Fitzgerald collided with a Philippine container ship in June 2017, killing seven sailors. Two months

later, the USS John S. McCain ran into a Liberian merchant vessel, resulting in the deaths of 10 sailors. Both destroyers sustained millions of dollars in damages.

A little more than year after the reports came out, Moran in his memo declared the service “currently safe to operate and a more effective Navy than we were a year ago.” While the memorandum provides the most detail yet on the changes made after the tragic collisions, some in Congress are pushing for more information to ensure safety standards are being met. In a heated exchange last month, Sen. Angus King (I-ME) challenged Adm. Philip Davidson, commander of the U.S. Indo-Pacific Command, for more detail about the progress of the implementation of the recommendations. “I would like to see specific data on where we stand with issues like certification of sailors and personnel on the ships, training rules, staffing levels — and I want real numbers,” King told Davidson at an Armed Services Committee hearing 12 FEB. “I don’t want general, ‘we’re working on staffing or we’re working on more training’ because these were avoidable tragedies.”

Davidson directed King to Moran’s report and said those numbers “were all readily available.” The report highlighted several recommendations that have been implemented and offered some numbers, but Moran did not list all changes in his memo. Moran broke down the recommendations into three tiers of importance: safety, followed by operations effectiveness and, finally, “strengthening the culture of operational excellence.”

Safety issues

At the time of the collisions, ships were sent to sea to keep up with a fast pace of operations despite having fallen behind on required maintenance and mandatory training for their crews. The practice of waiving those requirements — called Risk Assessment and Mitigation Plans — was eliminated in October 2017 while the reviews were underway. In their place, the Navy conducted Ready-for-Sea Assessments to evaluate the manning levels, training certifications and equipment status on operational vessels. In Japan, 15 of 18 ships passed these assessments, while three were “sidelined for additional training and maintenance prior to getting underway.”

The report did not identify the sidelined ships, and 7th Fleet officials declined to release their names for security reasons. The November 2017 comprehensive review also recommended changing crew sleep schedules to better accommodate circadian rhythms and reduce fatigue, which Navy reports identified as a contributing factor in both collisions. Moran in his memo said all ships reported implementing the suggested sleep schedules since the policy was rolled out in November 2017, but “anecdotal feedback indicates uneven compliance during manpower-intensive operation scenarios.”

Effectiveness and culture

To reduce workloads, the Navy last year put the need for manpower on ships and on shore in overseas locations ahead of the need at U.S. bases, Moran’s memo states. That meant assigning some personnel to temporary duty overseas and putting some operations on hold to make sure forward-deployed ships “went to sea with the manpower they needed,” he wrote. Moran said that on average, 100 percent of overseas billets are filled, compared to the Navy-wide 95 percent. However, a Government Accountability Office official told Congress in December that ship manning still needed improvement.

GAO Defense Capabilities and Management director John Pendleton said many sailors on two Yokosuka-based ships he visited on a research trip last fall reported heavy workloads and 100-hour workweeks. “I’m concerned that this reveals an underlying problem still facing the Navy — that it simply is not putting enough sailors on the ships to cover the workload,” Pendleton said at a 12 DEC congressional hearing. Meanwhile, the Navy increased incentives for sailors to remain overseas longer to boost stability, and in May 2018 increased the standard tour length by one year for Japan, Guam and Spain. Incoming sailors at those locations are now serving up to four years. When Vice Adm. Robert Burke, chief of naval personnel and deputy chief of naval operations, announced the change last year at a town hall meeting in Yokosuka, he said the intent was to avoid having commands “in a state of continuously having to train up their people and not having a seasoned, experienced crew that can train up the new junior folks.”

In the past year, the Navy has also issued several assessments of leadership, including fleet-wide officer-of-the-deck competency checks. Results revealed “deficiencies in practical applications of the Maritime Rules of the Road,” but 91 percent of test takers passed the assessments, according to the memorandum. As a result, the Navy developed two new junior officer-of-the-deck courses for training. Another assessment of surface warfare officers was improved to better gauge the proficiency of prospective commanding officers. Of the 103 officers who were assessed, five were removed from the command pipeline, according to the memorandum.

More information wanted

King, after reviewing the report, continues to seek out more data related to the Navy’s changes. In a 10 MAR interview with Defense News Weekly, he said the Navy has “made a good-faith effort to respond” to him and that officials had met with him at the Pentagon. He also commended the service for being “responsive to this tragedy.” Still, King wants more specific data instead of “general reassurances.” “My age-old question is ‘does it work and how do you know?’ And until I see ship specific data, I’m not going to be satisfied that we’re really making the progress that we should be,” he told Defense News Weekly.

[Source: Stars & Stripes | Caitlin Doornbos | March 20, 2019 ++]

PFAS Toxic Exposure Update 06 ► Army Wants ~\$300K to Release Water Test Results

The U.S. Army has put a price tag on releasing the results of water tests for a dangerous contaminant at military installations: nearly \$300,000. In a 12 MAR letter, the Army told the Environmental Working Group (EWG), an advocacy group, that the military would charge the group \$290,400 to provide records of water tests at 154 installations for a family of compounds known as PFAS, which federal authorities say appear linked to certain cancers and other health and developmental problems. Formally called perfluoroalkyl and polyfluoroalkyl substances, PFAS are found in firefighting foam used at military bases and are in a wide range of nonstick and stain-resistant consumer products. First made after World War II, the tough compounds have been dubbed “forever chemicals” because they are expected to take hundreds or thousands of years to break up.

A deputy assistant defense secretary, Maureen Sullivan, told a House panel this month that the Defense Department has identified 401 military sites where it believes PFAS were used and has found 24 U.S. military drinking water systems around the world with PFAS levels above the current U.S. advisory level. Environmental attorneys asked for the water test records under the federal Freedom of Information Act. “We are really trying to get the full scope of the problem, and it seems like the Pentagon has that data,” said Melanie Benesh, one of the attorneys who made the request. The results also would be of interest to ordinary people and communities that are worried about water contamination but may not have lawyers able to wrangle with the Pentagon “and certainly don’t have the money to pay for this kind of information,” Benesh said.

The Army declined to comment. In the Army’s letter, attorney Paul DeAgostino said the environmental group’s request was too broad and asked the group to narrow it. Complying with the request would take an estimated 6,400 work hours, he wrote. The environmental group said it submitted an appeal on 20 MAR. Federal toxicologists in a draft study last year cited the compounds’ links to cancer and other health problems and said the substances are dangerous in drinking water at levels far below the current Environmental Protection Agency advisory level. An email first obtained by Politico showed officials in President Donald Trump’s administration calling the draft study a “potential public relations nightmare.”

Many lawmakers, public health officials and others increasingly are urging the EPA to regulate PFAS, which local officials are finding in many public water systems around the country. The EPA held a series of national hearings on the substances last year. Federal agencies typically waive fees for processing open-records requests for journalists, nonprofit advocacy or education groups or others seeking release of public records for the purposes of public education.

Three Navy and Marine offices that the group also asked for the results of the water tests waived the processing fees, Benesh said. [Source: The Associated Press | Ellen Knickmeyer | March 20, 2019 ++]

Air Force AGR ► Full-Time Reservist Program to Grow

Air Force reservists are about to get a lot more opportunities to go full time — and get the chance to receive the same pay, benefits and retirement as active-duty airmen. The Air Force Reserve last month said the Active Guard and Reserve (AGR) program is projected to grow from 20 percent of the Reserve’s full-time support to 26 percent over the next three fiscal years. To support that growth, the Reserves’ human capital management leadership team reviewed the laws, policies and processes now in place for managing the AGR program. The release said four main changes were proposed by the team and approved by Lt. Gen. Richard Scobee, chief of the Air Force Reserve, though they have not yet been announced.

But the growth of the AGR program — which had more than 3,600 positions spread across every wing in Air Force Reserve Command as of last November — will mean more opportunities for reservists. A Nov. 28 release from the Reserve at Robins Air Force Base said the program gives reservists the chance to receive the same pay and benefits as active-duty airmen. “For both Reserve and regular Air Force members, it is an opportunity to continue their career and combine years of active service with an AGR tour to be one step closer to earning active duty retirement,” said Capt. Matthew Harding, AGR assignments branch chief at the Air Reserve Personnel Center at Buckley Air Force Base in Colorado, in the November release. “Additionally, each year a member is on AGR orders is 365 points towards Reserve retirement. If a member is pursuing a Reserve retirement, it is a huge boost for them.”

An initial AGR tour is three years, and participants can then continue in that position for up to two more years, Robins said. The reservist can then try for another tour in a new position. Once they have served six years in the program, they are no longer considered probationary members and can enter the career program. The Reserve said in a 12 FEB release that the changes to the AGR program would likely be put into place with the publication of a new Air Force instruction. “The changes are not drastic, but rather intended to streamline decision making and processes, have flexibility for different career field needs, attract and retain talent while developing those future senior leaders, both officer and enlisted,” Lt. Col. Karen Coltrin of the Reserves said in the release. [Source: AirForceTimes | Stephen Losey | March 19, 2019 ++]

Navy Cruisers Update 02 ► Plan Proposed to Decommission 6 to Save Money

The U.S. Navy is considering canceling six planned service-life extensions on its oldest cruisers, meaning the service will be short six of its current 22 largest surface combatants by 2022, according to defense officials who spoke to Defense News on background. The plan, as it will be proposed to Congress, is to decommission the cruisers Bunker Hill, Mobile Bay, Antietam, Leyte Gulf, San Jacinto and Lake Champlain in 2021 and 2022, foregoing plans for service-life extensions that have previously seen support in Congress.

All the ships will be at or near the end of their 35-year service lives when they are decommissioned, but the Navy has yet to decide on a replacement for the cruisers, which are the largest combatants in the fleet with 122 vertical launch systems cells. This comes at a time when the Navy needs as many missiles downrange as it can field as it squares off with the threat of Chinese and Russian anti-ship missiles. Cruisers have 26 more vertical launch system, or VLS, cells per hull than their Arleigh Burke Flight IIA destroyer counterparts, and 32 more than the Flight I Burkes. But the cruisers, which act as the lead air defense ship in a carrier strike group, have been notoriously difficult to maintain. The

fleet has managed everything from cracking hulls to aging pipes and mechanical systems. The ships' SPY-1 radars have also been difficult to maintain, as components age and need constant attention from technicians.



The cruiser San Jacinto is one of the six cruisers the Navy plans to decommission by 2022

In the past, Congress outright rejected plans to decommission the cruisers without a replacement program lined up. But the tone on the House Armed Services Committee's sea power subpanel has begun to shift on the issue. When asked about his position on the Navy's plan to decommission the six oldest cruisers beginning in 2021, Seapower and Projection Forces Subcommittee Chairman Joe Courtney, D-Conn., did not dismiss the idea outright. "The Seapower and Projection Forces Subcommittee has engaged in robust debate over the years on the best path to maintain our fleet of cruisers," Courtney said in a statement. "In previous years, we have put significant restrictions on the retirement and life-extensions to ensure that the fleet maintains a capable cruiser fleet. I fully anticipate that the subcommittee will again review tradeoffs as it relates to the cruiser fleet as we begin our work on the FY20 NDAA."

Courtney's Republican counterpart on the committee, ranking member Rep. Rob Wittman (R-VA) also sounded a cautious note when asked about the decision. "I believe we should be looking holistically as to options to meet the 355-ship Navy requirement," Wittman said. "I think that we need to carefully review Navy's recommendation that reverses their service-life extension recommendation of last year. These cruisers are integral to the carrier battle group and in the end, we need to ensure that the Navy has the right force structure to meet combatant commander requirements."

The shift in Congress is likely because lawmakers are coming to terms with the deteriorating condition of the ships, said Jerry Hendrix, a retired Navy captain with the Telemus Group. "I think there is a growing recognition that the material condition of the ships is going to limit most of them to their rated service life," Hendrix said. "But I think there will be an effort to see if some number of the cruisers can be saved. I think with the announcement of the follow-on large surface combatant that it's clear that the Navy is ready to move on and identify a successor for the Ticonderoga class." The Navy has announced plans to buy a replacement large surface combatant but recently delayed the first buy from 2023 to 2025, according to a report from USNI News.

The Navy's top officer told reporters in a roundtable 14 MAR that the service was working through the requirements process. "We're early in the discussion of requirements on the large surface combatant. I've got to tell you, given kind of the discussion that's happened already, the first question that we have to do is prove to ourselves that we need a large surface combatant," Chief of Naval Operations Adm. John Richardson said. "What is the unique contribution of something like that in the face of all of these emerging technologies?" Richardson said that early analysis showed the service's large sensor and missile capacity were a pressing need, but added that discussions were ongoing.

The fate of the cruisers has been a nearly annual fight on Capitol Hill, as the Navy has tried desperately to divest themselves of the troublesome class. The service repeatedly drew the ire of former HASC sea power subcommittee Chairman Randy Forbes, R-Va., who didn't trust the Navy to keep the ships in service and therefore wrote clear language into several National Defense Authorization Act bills prohibiting the move. The Navy ultimately agreed to the so-called 2-4-6 plan in 2015, which allowed the service to lay up to two cruisers a year, for no more than four years

and allow no more than six of the ships to undergo modernization at any one time. The Navy began modernizing the cruisers Cowpens and Gettysburg last year in accordance with the plan. Both were put into phased modernization in 2015, meaning they'll need to come out in 2019.

The Navy's cruiser modernization efforts will likely continue in 2019. The cruisers Vicksburg and Chosin were inducted into phased modernization in 2016, meaning they will be within their year window come next year. Furthermore, the Navy asked for funding for six cruiser service-life extensions in 2019, according to its most recent 30-year shipbuilding plan. The Navy plans to release an updated 30-year shipbuilding plan in the coming days and declined to comment on the plan for the cruisers until the plan is made public.

The Navy has been making the most of the ships while they have them, however. The cruiser Mobile Bay in 2017 became the first ship in the fleet to have the latest and greatest version of the combat system Aegis, Baseline 9, installed on its older open-architecture Baseline 8 system, an experiment to prove that new installations on older ships can be done in a matter of weeks rather than months or years — a system the Navy wants to employ on all ships going forward.

[Source: DefenseNews | David B. Larer | March 18, 2019 ++]

SCRA Update 11 ► Improper Servicemember Evictions Cost Virginia Company \$1.6M

A property management company in Virginia must pay nearly \$1.5 million to 127 servicemembers who were wrongfully evicted, the Justice Department announced Monday. The Justice Department discovered **PRG Real Estate Management** had evicted tenants from 2006 to 2017 without disclosing to state courts that they were active-duty servicemembers, a violation of the Servicemembers Civil Relief Act (SCRA). The federal law protects servicemembers from getting evicted while on active duty and allows them to break rental contracts when they deploy or are relocated.

Under a settlement reached with the Justice Department, the property management company must also pay \$35,000 to 10 servicemembers who were charged termination fees for breaking their leases early after they were given military orders. An additional \$62,000 will go to the federal government as a civil penalty, bringing the total to about \$1.6 million. The settlement is the largest that a property management company has had to pay for breaking the Servicemembers Civil Relief Act, the Justice Department said.

“The incredible sacrifices our servicemembers make when they deploy and move frequently should never create financial or legal hardships for them,” G. Zachary Terwilliger, U.S. Attorney for the Eastern District of Virginia, said in a statement. “This settlement helps ensure that these men and women are honored for, not disadvantaged by, their military service, and that servicemembers’ rights are protected going forward.” The servicemembers were tenants at Linkhorn Bay Apartments and The Courtyards of Chanticleer in Virginia Beach, the Hilton Village Townhomes and Heritage Trace Apartments in Newport News and Hyde Park Apartments and Ashton Creek Apartments in Chester.

An independent administrator will be tasked with locating the servicemembers who are eligible to receive portions of the settlement. The Justice Department said that since 2011, it's obtained more than \$470 million for about 119,000 servicemembers through the Servicemembers Civil Relief Act. In 2016, then-Attorney General Loretta Lynch added more resources to investigate and prosecute such cases. “This substantial settlement clearly sends the message that the Department of Justice is committed to the vigorous enforcement of federal laws that protect servicemembers,” Assistant Attorney General Eric Dreiband said in a statement. “When landlords violate the SCRA, it causes disruption in the lives of servicemembers and their families.”

[Source: Stars & Stripes | Nikki Wentling | March 18, 2019 ++]

U.S. Submarine Capabilities ► Present and Projected

The United States submarine force consists of four operational boat classes, all of which are nuclear-powered. Operational vessels are divided into these classes as follows:

- 14 *Ohio*-class [SSBNs](#) (as well as an additional four *Ohio*-class [SSGNs](#));
- 9 *Virginia*-class SSNs (with an additional nine on order);
- 3 *Seawolf* SSNs; and
- 42 *Los Angeles*-class SSNs.

Sea-based deterrence is performed by 14 *Ohio*-class SSBNs that serve as the third leg of the U.S. strategic triad. An additional four *Ohio*-class submarines are configured as SSGNs that possess both strike and Special Forces insertion capabilities. The other three classes of U.S. attack submarines — *Virginia*, *Seawolf* and *Los Angeles* - are tasked with engaging and destroying enemy vessels; supporting on-shore operations and carrier groups; and carrying out surveillance.

Ohio-class

The sea-based leg of the U.S. strategic deterrent is performed by 14 *Ohio*-class SSBNs armed with the Trident II D5 submarine launched ballistic missile (SLBM). Four of the vessels that previously carried the Trident C-4 missiles have been retrofitted with the longer-range and more accurate D5. Assuming an average of twelve operational submarines with 24 launch tubes each and four warheads per missile, it is estimated that together these boats carry around 1,152 warheads. However, normally only eight to ten of the submarines are operationally deployed at one time, and the launch tubes of the *Ohio*-class submarines will be reduced from 24 to 20 in order to meet the requirements of the New START treaty with Russia.

Construction on the first *Ohio*-class SSBN, SSBN-726 *Ohio*, began in 1976, and the final boat of this class, SSBN-743 *Louisiana*, was commissioned in 1997. Since the end of the Cold War there has been a strategic shift in deterrence patrols, with 60% now taking place in the Pacific — due primarily to changes in U.S. threat perception. Today, six SSBNs are based in the Atlantic at King's Bay, Georgia, and eight in the Pacific at Bangor, Washington State. The Navy is beginning to plan a follow-up strategic missile submarine, given that the *Ohio*-class submarines will begin retiring in 2027.

U.S. at-sea deterrence was previously performed by 18 *Ohio*-class SSBNs. However, the Clinton Administration's 1994 Nuclear Posture Review determined that 14 would be adequate to meet the country's strategic requirements. As a result, four vessels were reconfigured into SSGNs that carry up to 154 Tomahawk, or tactical Tomahawk, land-attack cruise missiles. The four oldest *Ohio*-class SSBNs — *Ohio*, *Michigan*, *Florida* and *Georgia* — were selected for conversion, and the process was carried out over a five year period between November 2002 and March 2008. Today, two of these vessels are based at King's Bay and two at Bangor. For a pictorial review of *Ohio* Class subs refer to the attachment to this Bulletin titled, "U.S. Nuclear Submarine Capabilities".

Los Angeles-class

The nuclear-powered *Los Angeles*-class SSN is armed with Tomahawk land-attack cruise missiles (LACMs) and MK-48 torpedoes. The boat was primarily developed for anti-submarine warfare, but is also capable of inserting Special Forces and laying mines. Today, 42 vessels are in operation, built between 1971 and 1996, and located at six different bases. Eighteen vessels are located at three bases in the Atlantic (Norfolk, Groton, and Portsmouth), and 24 vessels are located at three bases in the Pacific (Pearl Harbor, San Diego and Guam).

These deployments are further evidence of the increased emphasis that has been placed on the Pacific. As a result of technical improvements over time, there are now three different variants of the *Los Angeles*-class. Beginning with the USS *Providence* in 1977, the vessels were equipped with 12 vertical launch tubes for Tomahawk missiles. The USS

San Juan, commissioned in 1988, was the first of the "improved" quieter Los Angeles-class submarines, fitted with an advanced BSY-1 sonar system, and capable of operating under ice.

Seawolf-class

The U.S. Navy also possesses three Seawolf-class vessels that are based at Bangor. This class of attack submarine is significantly faster and quieter than the Los Angeles-class and was originally developed to hunt Soviet SSBNs. The Boat's stealthy capabilities make it well suited for the insertion of Special Forces. Although it does not possess a vertical launch capability, it can fire Tomahawk missiles through its torpedo tubes. While the original plan was to produce as many as 29 submarines, the cost of constructing the Seawolf proved high and the end of the cold war meant that their primary function was no longer applicable. As a result, in 1995 Congress decided to terminate the program at three boats.

Virginia-class

The Virginia-class, designed by the Electric Boat Corporation of Connecticut, represents the next generation of U.S. nuclear attack submarines and a more cost-effective alternative to the Seawolf. With a number of vessels already in service, the Virginia-class will fulfill the same operational tasks currently carried out by Los Angeles-class boats. An added strength is the Virginia-class's ability to operate effectively in littoral waters, primarily due to its "fly-by-wire" control system, making it suitable for intelligence gathering and special operation forces missions. Furthermore, unlike the Seawolf, the Virginia-class possesses vertical launch tubes for firing its land-attack Tomahawk missiles, and carries Unmanned Undersea Vehicles (UUV) and special force delivery vehicles.

There are presently nine Virginia-class submarines in service, and an additional six under construction. Five of the operational vessels are based at Groton, Connecticut, three at Pearl Harbor, and one at Portsmouth, New Hampshire. They are currently being built at an approximate rate of one per year, but it remains unclear at this stage what the eventual force level will be. It is likely to be partly dependent on the retirement rates of the older Los Angeles-class vessels.

Modernization

Current priorities for modernizing the submarine fleet include the construction of additional Virginia-class vessels and the undertaking of concept development studies for an eventual replacement for the Ohio-class, which will begin to retire at a rate of roughly one per year in 2027. The 12 replacement boats will be equipped with 16 Trident II D5 SLBM launch tubes instead of the current Ohio-class design's 24. In 2013, the Navy deferred the procurement of the first Ohio replacement boat by two years, meaning that it will enter service in 2031 instead of 2029. As a result, the SSBN force will drop to a size of 10 or 11 vessels between 2029 and 2041. The Navy has stated that this reduced force will still be able to meet its strategic mission requirements, as none of the boats during that time will need to undergo lengthy overhaul.

[Source: <https://www.nti.org/analysis/articles/united-states-submarine-capabilities> | November 22, 2017 ++]

Drones | Aerial Update 06 ► Russian CUAS Variant

Small drones are a thorny problem for militaries looking to secure their airspace. Cheap costs, small radar profiles, and the high price of existing anti-aircraft missiles mean irregular forces can harass uniformed military from the sky, without a ready countermeasure on hand. Russia, whose forces have faced attacks from irregular groups using drones in Ukraine and Syria, is experimenting with a range of approaches. On 12 MAR, Russia's Federal Service for Intellectual Property posted the registration of a novel counter-drone drone, an unmanned aerial interceptor vehicle built around a rifle.



This still-unmanned interceptor is a tail-sitting drone. With two rotors, it can take off and land vertically, and then level off to fly horizontally, the lifting rotors now working as propellers. It has a wingspan of nearly 10 feet, a total weight of around 51 lbs, and a total flight time of 40 minutes. The flight time is short for vehicles of its size but longer than that of the cheaper commercial quadcopters that are its likely targets. Once it gets close to those targeted drones, the interceptor is built to fire shells from the Vepr 12 shotgun (a variant of the AK rifle series) built into its fuselage.

If the design seems like something dreamed up in a dorm room, that's not entirely far off. The origins of this interceptor date back to the work of a student design bureau in 2016, which created at least one prototype of the vehicle. The interceptor patent was granted to the Almaz-Antey defense corporation, which has been pursuing the design ever since. "This CUAS (Counter Unmanned Aircraft System) drone is in line with in increasing number of technologies and designs created to combat hostile drones," says Samuel Bendett, an adviser at the Center for Naval Analyses. "Russians think that it's important to fight adversary drones not just from the ground via a number of electronic and kinetic countermeasures, but in the air itself. Hence this rifle drone joining the Carnivora cUAS drone."

The interceptor joins a whole range of new Russian counter-drone tools. The aforementioned Carnivora drone is built to launch nets and explosives at hostile drones from the sky. Other designs, like an anti-air gun turret on the back of a technical-inspired ATV, are about brute forcing a way through a complex program with rapid firepower. All three of these solutions are likely appropriate on a battlefield, where the rules of engagement permit expenditure of ammunition, but are somewhat limited to operating in areas where civilians are present. Every round fired that fails to hit a drone is a potential tragedy. [Source: C4ISRNET | Kelsey D. Atherton | March 18, 2019 ++]

Military Lodging Update 05 ► Navy Moving to Privatize All Lodging by DEC 2020

The Navy is moving toward privatizing all lodging in the Navy and Marine Corps, with the Secretary of the Navy citing the successes of the military housing privatization program in his reasoning. This affects all lodging on Navy and Marine Corps installations, both taxpayer-funded and lodging using non-appropriated funding. The current timeline would start the first phase of lodging privatization by December, 2020. This is lodging for official travel for temporary duty as well as those on permanent change of station moves, and for others, when space is available.

In a 6 FEB memo to the chief of naval operations and the Marine Corps commandant, Secretary of the Navy Richard Spencer cited the Navy's savings of more than \$8 billion in construction costs and another \$5 billion over the 50-year life of the housing privatization effort. "I am committed to realize similar successes by privatizing our lodging portfolio, both appropriated and non-appropriated, using competitive processes to create sustainable financial operations and improve the quality of these facilities," Spencer wrote. But some are questioning why the Navy is moving so quickly on this effort, especially given the recent concerns with privatized housing. "Why would we use that model to privatize lodging?" said one source who is familiar with lodging in the Defense Department, who asked not to be named.

There's at least one other option to be considered, which is a combination of partial privatization, with the government still maintaining oversight, he said. "Then you don't fall into the privatized housing trap. The government still maintains control." Recent reports and testimony before Congress detailed military families' problems with their housing and their frustrations in getting them fixed, partly because of lack of adequate government oversight. "But the Secretary of the Navy is pushing this lodging privatization extremely hard," the source said.

Spencer explained his intentions in the 6 FEB memorandum to the chief of naval operations and the Marine Corps commandant. "Reforming the department's business practices and shedding non-core functions to focus resources on warfighting readiness is among my highest priorities," Spencer wrote. He cited housing privatization as a "best practice toward this end." Spencer signed the memo a week before a 13 FEB Senate hearing where military spouses testified about mold and other problems in their military housing, and their frustration in trying to get their privatized housing company to address the problems, as well as difficulties getting assistance from installation officials. In addition, preliminary results of an online survey conducted by the Military Family Advisory Network, also released 13 FEB, showed that more than half of military families who responded to a survey about their privatized housing reported having a negative experience.

Since that hearing, the service secretaries and service chiefs have acknowledged there have been problems with privatized housing, including lack of adequate government oversight, and they have been fully engaged in finding out the scope of the problem, getting the issues addressed, and coming up with long-term solutions. Spencer ordered that Navy and Marine Corps to press forward with the first step in privatizing lodging – identifying their lodging requirements by 15 MAR. Navy officials will publish a Request for Interest by 1 APR. An industry forum is reportedly scheduled for 25 APR.

This Navy lodging privatization effort follows a move by DoD officials which put the services on notice that they must stop using taxpayer dollars for anything related to lodging facilities by 1 OCT. This includes everything from maintenance and other operation support requirements, to repair and construction. Since they will rely on money generated by their nightly room fees to sustain these lodging operations, some of the service branches have been increasing their room fees. The full concept for privatizing the lodges is scheduled to be approved by Spencer by June, and will then go to Defense Department officials, Office of Management and Budget, and to Congress.

The Army has privatized virtually all its lodging facilities in the continental U.S., Alaska, Hawaii and Puerto Rico, an effort that began in 2009. During a recent hearing before the Senate Armed Services Committee, Spencer also brought up that the Army has a "best practice with its outsourced lodging." However, when the Army began its lodging privatization, its facilities were in "really bad shape," the source said. "The Navy's lodging is in great shape." The Air Force is reportedly not considering privatizing its lodging. Through competition, the private company would be selected for taking over Navy lodging by February, 2020, and the first phase of lodging privatization would start in December 2020. [Source: MilitaryTimes | Karen Jowers | March 15, 2019 ++]

Base Housing Update 08 ► Officials Now Looking for Evidence of Fraud

Military families went years with no one in leadership paying attention to their complaints of unhealthy and dangerous living conditions in on-base housing. The top brass is listening now. In the past several weeks, the secretaries of the Army, Navy and Air Force have visited military bases, viewing substandard homes and speaking with families. Lawmakers have traveled to installations in their districts for a first-hand look at living conditions. Staff members of influential congressional committees have flown far and wide to understand the scope of the issue. And in these visits, they may be building cases against the eight major companies that hold the contracts to manage base housing.

According to Sen. Mark Warner (D-VA), lawmakers and Pentagon leaders have seen evidence shared by families - photos, videos and more -- of conditions that are not only "disgraceful," but may also show criminal fraud. "One spouse sneaked into her house -- because families don't have access to their own homes [during repairs] -- and has documentary evidence that the workforce in her home wasn't fixing, but cosmetically patching," Warner said during a visit 14 MAR at Fort Belvoir, Virginia. "In terms of mold issues, that's not fixing, that's trying to cover it up. That's fraud. That's a criminal offense." Added Army Secretary Mark Esper, "In a couple of cases, where it looks like, sounds like, smells like fraud, I want to investigate these and, if there is real evidence here, we want to pursue it."

During the past two years, multiple reports -- including years-long investigations by Reuters -- have surfaced regarding squalid conditions at military houses run by private management companies, including faulty wiring and exposed plumbing, poor water quality, vermin infestations, mold and lead contamination. One military spouse, Warner said, nearly died from carbon monoxide poisoning from a faulty HVAC unit, and the housing management company tried to force the family back into the home. "The companies have this mindset that if they can keep punting on the problem, ultimately the families will redeploy or move on," Warner said.

Concerns and complaints went either ignored or haphazardly addressed by the housing companies, which hold 50-year contracts on the properties. In addition, military commanders responsible for managing the federal housing staff that is supposed to represent the troops, "over time stepped away," Esper said. "When I was in the Army in the early 1980s, our responsibility was to take care of soldiers wherever they lived -- in the barracks, off-base housing, on-base housing. We have to get back to that," Esper said.

To address the problems, the Army, Navy and Air Force launched inspections of on-base housing and have held town hall meetings at every installation, according to officials. They have drafted a tenant bill of rights that will allow troops to withhold rent payments if their homes are not in working order or repairs haven't been properly made. The Army last week suspended its utility billing program, ensuring that families don't have to pay for using extra utilities. Esper said the Army is educating base commanders on improving their oversight of the housing companies that manage programs on their installations. And the services secretaries are examining whether they can break the 50-year contracts and replace them with agreements that could be renegotiated every few years.

Noting that the Navy had problems with mold in contractor-owned housing in 2012 and the problem was "fixed for a year or two," Warner suggested the services go further to hold base commanders responsible. "There has to be a relentless focus by management. This has to be part of their [military] evaluation -- the satisfaction of the families on their bases," he said. Warner and Sen. Tim Kaine (D-VA), who also visited Virginia military installations this week, have introduced legislation that would allow the military to withhold payments to contractors until problems are resolved and allow installation commanders to retain a service member's basic allowance for housing payment to companies until a reported problem is fixed. Their bill also would allow the Defense Department to retain incentive fees it now pays to some companies if performance is unsatisfactory.

"The real problem is families don't feel like they can get an answer. We have to turn it around for them. The housing companies have to improve, but the military has to fix [the problems]," Kaine said. Allegations of criminal fraud were first raised 7 MAR during a Senate Armed Services Committee hearing on the problems in military housing. Sen. Richard Blumenthal (D-CT) suggested that the services ask the Justice Department to investigate, while Sen. Elizabeth Warren (D-MA) and Sen. Mike Rounds (R-SD) asked the service secretaries to consider potential malfeasance and fraud. [Source: Military.com | Patricia Kime | March 15, 2019 ++]

M17/M18 Sidearm Update 01 ► Air Force Deploys New Handgun As It Modernizes Weapons

The Air Force has started deployment of its new M18 Modular Handgun System. The Air Force Security Forces Center and the Air Force Small Arms Program Office is fielding the gun to Security Forces units, according to a statement. The move is part of the Reconstitute Defender, which aims to modernize the service's weapons. The M18 replaces the M9 pistol, which has been used by the Air Force for more than 30 years. The handgun will also replace the Air Force Office of Special Investigations' M11 handgun and the M15 revolver, which is used for Military Working Dog training and dates back to the Cold War.



Air Force officials note that the M18 can be customized with different size handgrips, so can be tailored to the needs of individual shooters. “This is going to help shooters with smaller hands. It also has a much smoother trigger pull, leading to a more accurate, lethal shooter,” Staff Sgt. Richard Maner, Non-Commissioned Officer in Charge of the Armory at the 37th Training Support Squadron at Joint Base San Antonio-Lackland, who has tested the pistol. “The M18 is a smaller platform weapon, but it gives the shooter more capabilities over the bulkier, larger M9 pistol,” he added, in the statement. Like the M9, the M18 is a 9mm pistol, although it offers a 17 and 21-round capacity compared to its 15-round predecessor. Unlike its predecessor, the M18 offers an accessory mounting rail/mounting point for a Reflex Sight. The Air Force says that its Security Forces units will receive their M18s by 2020, with the rest of the Air Force to follow. [Source: New York Post | James Rogers | March 7, 2019 ++]

Navy Terminology, Jargon & Slang ► Bloggins thru Bogey

Every profession has its own jargon and the Navy is no exception. Since days of yore the military in general, and sailors in particular, have often had a rather pithy (dare say ‘tasteless’?) manner of speech. That may be changing somewhat in these politically correct times, but to Bowdlerize the sailor’s language represented here would be to deny its rich history. The traditions and origins remain. While it attempted to present things with a bit of humor, if you are easily offended this may not be for you. You have been warned.

Note: 'RN' denotes Royal Navy usage. Similarly, RCN = Royal Canadian Navy, RAN = Royal Australian Navy, RM = Royal Marines, RNZN = Royal New Zealand Navy, UK = general usage in militaries of the former British Empire

Bloggins - (RN) The catch-all name. "Ordinary Seaman Bloggins screwed up again." Similar to the USN's "Joe Shit the Ragman" (q.v.), or "Seaman Jones".

Blonde and Bitter – Coffee with cream.

Blonde and Sweet – Coffee with cream and sugar.

Bloodhound – Radio codeword for Mark 46 ASW torpedo.

Blowdown - A generic engineering term which can be used as noun or verb. A cleaning and/or venting process. Some specific applications: (1) A process for cleaning water-sides of a boiler. A top blow removes scum and floating contaminants, a bottom blow removes sludge. (2) To backflush and clean a SEACHEST. (3) The process of removing excess pressure from a system, or venting it completely.

Blue Force - Friendly forces in a wargame exercise.

Bluejacket – See BLUE-SHIRT.

Blue on Blue - A friendly-fire kill. UK term is 'own-goal.'

Bluenose – See ORDER OF THE BLUENOSE.

Blue-Shirt – (1) (aviation) Aviation Boatswain's Mate. During flight deck ops, wears a jersey color-coded blue. Responsible for positioning and chaining down aircraft. Aka 'Chock and Chain boys.' A type of KNUCKLEDRAGGER. Often a non-rated person. (2) Anyone E-6 or below wearing the dungaree uniform, similar to the traditional term "Bluejacket," due to the Navy blue jacket issued with the dungaree uniform.

Blue Water - Literally, 'deep water,' or 'deep draft,' but more traditionally, 'away from land.' The opposite of BROWN WATER. A 'blue water navy' is capable of prosecuting battle away from shore-based support in vessels of sufficient size and endurance to do so safely.

Blue Water Ops - Flight operations conducted when beyond range of a BINGO or divert field. At this point it is literally sink or swim for the aircrew--if a successful trap cannot be made, the aircrew will have to eject or bail out.

Boarding Rate - The percentage of carrier approaches that result in successful arrestments. May be counted for a pilot, a squadron, or an airwing.

Boards – (1) (Aviation) Speed Brakes. (2) Shoulder boards (rank markings).

Boat - (1) Traditional term of reference for a submarine. (2) Traditional aviation term used to refer to an aircraft carrier. (3) Any small vessel incapable of making regular independent voyages on the high seas. The traditional differentiator is that "ships carry boats."

Boats – Boatswain's Mate.

Bogey - Unidentified air contact. May turn out to be friendly, neutral, or hostile.

[Source: <http://hazegray.org/faq/slang1.htm> | March 31, 2019 ++]

Warships That Will Change The Future ► USS Lassen (DDG-82)



The USS Lassen is a United States Navy destroyer which was named after Commander Clyde Everett Lassen. Being the 14th ship in the Arleigh Burke-class destroyer fleet built to be built by Ingalls Shipbuilding at Pascagoula, Mississippi,

The Arleigh Burke class of guided missile destroyers (DDGs) is the United States Navy's first class of destroyer built around the Aegis Combat System and the SPY-1D multifunction passive electronically scanned array radar. The class is named for Admiral Arleigh Burke, an American destroyer officer in World War II, and later Chief of Naval Operations. The class leader, USS Arleigh Burke, was commissioned during Admiral Burke's lifetime.

These warships were designed as multimission destroyers, able to fulfill the strategic land strike role with Tomahawk missiles; antiaircraft warfare (AAW) role with powerful Aegis radar and surface-to-air missiles; antisubmarine warfare (ASW), with towed sonar array, anti-submarine rockets, and ASW helicopter; and antisurface warfare (ASuW) with

Harpoon missile launcher. With upgrades to their AN/SPY-1 phased radar systems and their associated missile payloads as part of the Aegis Ballistic Missile Defense System, the ships of this class have also begun to demonstrate some promise as mobile antiballistic missile and anti-satellite weaponry platforms. Some versions of the class no longer have the towed sonar, or Harpoon missile launcher. Their hull and superstructure were designed to have a reduced radar cross-section.

The first ship of the class was commissioned on 4 July 1991. With the decommissioning of the last Spruance-class destroyer, USS Cushing, on 21 September 2005, the Arleigh Burke-class ships became the U.S. Navy's only active destroyers, until the Zumwalt class became active in 2016. The Arleigh Burke class has the longest production run for any post-World War II U.S. Navy surface combatant. Besides the 62 vessels of this class (comprising 21 of Flight I, 7 of Flight II and 34 of Flight IIA) in service by 2016, up to a further 42 (of Flight III) have been envisioned.

With an overall length of 505 to 509 feet (154 to 155 m), displacement ranging from 8,315 to 9,200 tons, and weaponry including over 90 missiles, the Arleigh Burke class are larger and more heavily armed than most previous ships classified as guided missile cruisers. [Source: https://wikivisually.com/wiki/Arleigh_Burke-class_destroyer | March 2019 ++]

[Source: <https://www.militaryfactory.com/ships> | March 2, 2019 ++]

*** Military History ***



Army Air Corps ► WWII Statistics

Almost 1,000 Army planes disappeared en route from the US to foreign locations. But an eye-watering 43,581 aircraft were lost overseas including 22,948 on combat missions (18,418 against the Western Axis) and 20,633 attributed to non-combat causes overseas.

- In a single 376 plane raid in August 1943, 60 B-17s were shot down. That was a 16 percent loss rate and meant 600 empty bunks in England. In 1942-43 it was statistically impossible for bomber crews to complete a 25-mission tour in Europe.
- Pacific theatre losses were far less (4,530 in combat) owing to smaller forces committed.. The worst B-29 mission, against Tokyo on May 25, 1945, cost 26 Superfortresses, 5.6 percent of the 464 dispatched from the Marianas.
- On average, 6,600 American servicemen died per month during WWII, about 220 a day. By the end of the war, over 40,000 airmen were killed in combat theatres and another 18,000 wounded. Some 12,000 missing men were declared dead, including a number "liberated" by the Soviets but never returned. More than 41,000 were captured, half of the 5,400 held by the Japanese died in captivity, compared with one-tenth in German hands. Total combat casualties were pegged at 121,867. US manpower made up the deficit. The AAF's peak strength was reached in 1944 with 2,372,000 personnel, nearly twice the previous year's figure.

The losses were huge---but so were production totals. From 1941 through 1945, American industry delivered more than 276,000 military aircraft. That number was enough not only for US Army, Navy and Marine Corps, but for allies as diverse as Britain, Australia, China and Russia. In fact, from 1943 onward, America produced more planes than Britain and Russia combined. And more than Germany and Japan together 1941-45. However, our enemies took massive losses. Through much of 1944, the Luftwaffe sustained uncontrolled hemorrhaging, reaching 25 percent of aircrews and 40 planes a month. And in late 1944 into 1945, nearly half the pilots in Japanese squadrons had flown fewer than 200 hours. The disparity of two years before had been completely reversed.

Experience Level:

Uncle Sam sent many of his sons to war with absolute minimums of training. Some fighter pilots entered combat in 1942 with less than one hour in their assigned aircraft.

- The 357th Fighter Group (often known as The Yoxford Boys) went to England in late 1943 having trained on P-39s. The group never saw a Mustang until shortly before its first combat mission. A high-time P-51 pilot had 30 hours in type. Many had fewer than five hours. Some had one hour.
- With arrival of new aircraft, many combat units transitioned in combat. The attitude was, "They all have a stick and a throttle. Go fly 'em." When the famed 4th Fighter Group converted from P-47s to P-51s in February 1944, there was no time to stand down for an orderly transition. The Group commander, Col. Donald Blakeslee, said, "You can learn to fly `51s on the way to the target. A future P-47 ace said, "I was sent to England to die." He was not alone.
- Some fighter pilots tucked their wheels in the well on their first combat mission with one previous flight in the aircraft. Meanwhile, many bomber crews were still learning their trade: of Jimmy Doolittle's 15 pilots on the April 1942 Tokyo raid, only five had won their wings before 1941. All but one of the 16 copilots were less than a year out of flight school.
- In WWII flying safety took a back seat to combat. The AAF's worst accident rate was recorded by the A-36 Invader version of the P-51: a staggering 274 accidents per 100,000 flying hours. Next worst were the P-39 at 245, the P-40 at 188, and the P-38 at 139. All were Allison powered.
- Bomber wrecks were fewer but more expensive. The B-17 and B-24 averaged 30 and 35 accidents per 100,000 flight hours, respectively-- a horrific figure considering that from 1980 to 2000 the Air Force's major mishap rate was less than 2.
- The B-29 was even worse at 40; the world's most sophisticated, most capable and most expensive bomber was too urgently needed to stand down for mere safety reasons. The AAF set a reasonably high standard for B-29 pilots, but the desired figures were seldom attained. The original cadre of the 58th Bomb Wing was to have 400 hours of multi-engine time, but there were not enough experienced pilots to meet the criterion. Only ten percent had overseas experience. Conversely, when a \$2.1 billion B-2 crashed in 2008, the Air Force initiated a two-month "safety pause" rather than declare a "stand down", let alone grounding.
- The B-29 was no better for maintenance. Though the R3350 was known as a complicated, troublesome power-plant, no more than half the mechanics had previous experience with the Duplex Cyclone. But they made it work.



Bell P-39 Airacobra



P-51D Mustang Fighter plane



R3350 Engine



B-29 Bomber

Navigators:

Perhaps the greatest unsung success story of AAF training was Navigators. The Army graduated some 50,000 during the War. And many had never flown out of sight of land before leaving "Uncle Sugar" for a war zone. Yet the huge majority found their way across oceans and continents without getting lost or running out of fuel --- a stirring tribute to the AAF's educational establishments

Cadet To Colonel:

It was possible for a flying cadet at the time of Pearl Harbor to finish the war with eagles on his shoulders. That was the record of John D Landers, a 21-year-old Texan, who was commissioned a second lieutenant on December 12, 1941. He joined his combat squadron with 209 hours total flight time, including 2 in P-40s. He finished the war as a full colonel, commanding an 8th Air Force Group --- at age 24. As the training pipeline filled up, however those low figures became exceptions. By early 1944, the average AAF fighter pilot entering combat had logged at least 450 hours, usually including 250 hours in training. At the same time, many captains and first lieutenants claimed over 600 hours.

FACT:

At its height in mid-1944, the Army Air Forces had 2.6 million people and nearly 80,000 aircraft of all types. Today the US Air Force employs 327,000 active personnel (plus 170,000 civilians) with 5,500+ manned and perhaps 200 unmanned aircraft. The 2009 figures represent about 12 percent of the manpower and 7 percent of the airplanes of the WWII peak

IN SUMMATION:

Whether there will ever be another war like that experienced in 1940-45 is doubtful, as fighters and bombers have given way to helicopters and remotely-controlled drones over Afghanistan and Iraq. But within living memory, men left the earth in 1,000-plane formations and fought major battles five miles high, leaving a legacy that remains timeless.

[Source: <https://naplesmuseummilitaryhistory.org/army-air-corps> | March 19, 2019 ++]

Battle for Hue Citadel ► TWS Battlefield Chronicles

A U.S. Marine, blood flowing from wounds in his chest and both legs, recited the Lord's Prayer as a Navy corpsman fired bullets into the platoon's radio so that counterattacking enemy soldiers could not use it. Another Leatherneck, a black-bearded machine gunner, led a charge up a mountain of rubble that had once been a stately tower, shouting: "We're Marines, let's go!" These episodes illustrate the battle of the Hue Citadel - a grim, struggle through the courtyards and battlements of the old imperial fort. The fight pitted U.S. and Vietnamese Marines, determined to take the Citadel, against North Vietnamese soldiers equally determined to hold it.



John Olson, a photographer with the Pacific edition of "Stars and Stripes," spent three days with the 3rd Platoon of Delta Company, 1st Bn, 5th Marines. Thursday morning, Olson said, the platoon moved forward through the narrow alleys and tree-lined streets of a housing area to attack the tower over the east gate. They dashed at a half-crouch into a courtyard but didn't make it across. Three Communist rockets crashed into the yard. The radio operator was blown nearly in half. Several other Marines were wounded. Eight men in the squad retreated to a vacant villa and fired back.

A medic ran out to help the wounded and was hit in the legs and fell. A Marine scrambled into the courtyard, but an enemy sniper hit him in the neck as he cried for help.

An hour later, as the battle still raged, there were nine men in the villa and three were wounded. They did not know where the other units were. They were down to several hundred rounds of ammunition, and the radio was lying in the courtyard on the pack of the dead radioman. The machine gunner, a Lance Corporal, borrowed a knife, crawled forward, cut the radio free, and crawled back. But the radio wouldn't work. The small band of Leathernecks could hear the other platoons report to the company, but they couldn't transmit. "They're coming around us, on both sides," riflemen at the windows shouted as they saw North Vietnamese soldiers circling the house.

One badly wounded man began to recite the Lord's Prayer. Another Marine, the one who had been hit in the neck, tried to comfort him. "Save your ammunition until they charge," the Corpsman, a Navy man, advised the Marines. Then he smashed the radio headset against the cement floor, turned the dial so that enemy soldiers couldn't trace the frequency, and fired a round into the transmitter. When the enemy didn't attack, the Corpsman told the others he was going for help. He disappeared through the rear door and was back in 15 minutes to say help was on the way. A half hour later, Marines of Bravo Company arrived and laid down a curtain of fire as the Marines in the villa ripped off doors to serve as stretchers and carried their wounded out. The platoon hadn't made it to the east gate tower, but other Marines had.

They blasted their way along the wall and seized the massive stone structure. But the North Vietnamese counterattacked and drove them back. The Marines attacked again and held until 4 a.m. Friday. Then the North Vietnamese unleashed a thunderous barrage of rockets and recoilless fire and charged. The enemy took the tower again, but now it was reduced to only a torn finger of stone protruding from a mountain of rubble that the Marines labeled "The Hill." At daybreak, the Marines regrouped for another assault on "The Hill." At 9:30 they began scrambling up the shattered wall. The first five men to reach the top fell back wounded. The others stopped, crouching behind chunks of masonry. The black-bearded machine-gunner, cradling his weapon in his arms, stood up and shouted: "We're Marines, let's go!"

They reached the top - the tower - climbing over the bodies of Marines and North Vietnamese soldiers. They fought two hours to hold it. At noon, a Marine sniper cried out, "they're running, put out some fire." Other Marines jumped up and began shooting at the North Vietnamese soldiers darting back through the ruins to another tower farther south. UPI correspondent Alvin Webb Jr., who has been covering the battle from the start, sent out the following dispatch: It is nine blocks from where I am sitting on the south gate of the wall around the Citadel. It may become the bloodiest nine blocks for the men of the United States Marine Corps since that other war in Korea when they fought and died in the streets of Seoul.

"Seoul was tough," an old top sergeant who was there told me a few minutes ago. "But this - well, it's something else." "Five snipers," Capt. Scott Nelson of Florida said. "That's all it takes to tie us down completely." You can hear the whine of the snipers' bullets and the eerie whoosh of B40 rockets and feel the thunder of mortar rounds chewing up houses. I can catch glimpses from time to time of the walls of the imperial city which protect the Palace of Perfect Peace. The North Vietnamese are using it as a fortress. We move forward. We sweep into a building facing Nguyen Dieu Street behind a blistering blast of M16 fire and thunderous belches from tanks. We took the building and found a body inside. The man was wearing a khaki North Vietnamese Army uniform and carried two hand grenades made in Communist China.

He lay face down in a pool of darkening red. I looked at him. A Marine interrupted my thoughts. "You remember where you were sitting five minutes ago?" he asked me. "Absolutely." "Well, they just put four mortar rounds in on us - right where you were sitting." [Source: Stars & Stripes | John Olson | FEB 1968 ++]

Korean War Remembrances Update 04 ► Interesting Facts About the War

Korea has been much in the news lately, from North Korea's efforts to gain nuclear weapons technology to rapidly mounting those weapons on intercontinental ballistic missiles. There were also threats of war at President Donald Trump's meeting with the North Korean leader supreme leader Kim Jong-un. More meetings will be conducted between the two leaders. Sixty-eight years ago, the Korean War began and threatened to turn into WW III. Here are five basic facts, some small, some large about that War.

Prisoners of War

Tens of thousands of South Korean troops were taken prisoner by the North during the war. Many never returned south. Most are presumed dead, though word has gotten through that a large number still live as senior citizens in North Korea to this day. Likewise, many North Korean and Chinese were taken prisoner by American, South Korean, and United Nations troops. Unlike the unfortunate South Koreans, many of these captured men survived the war. Surprisingly, most (not all) wanted to return to their native countries when the war ended. One reason was patriotism, but another reason was the fear of what would happen to their families should they decide to stay in the South.

Almost ten thousand U.S. and Allied troops were taken prisoner during the war. It was not an easy captivity. They were given bare rations and sometimes tortured both physically and psychologically. The men who came home from the North Korean POW camps were never the same. It is estimated that close to 900 U.S. servicemen listed as "Missing in Action" during the war were taken prisoner and never returned home. According to a 1996 NY Times article, several of them were still alive at the end of the 20th century.

Half a Million KIA in Korea

The Korean War lasted three years. It was a bloody, miserable conflict. Though every war has its share of misery, it should be remembered that in that three-year span, the United States lost over 40,000 men, its UN allies close to 5,000, while the Chinese and North Koreans lost close to half a million. Korea saw tactics both old and new. Initially, the war was fought in a very fast, mobile style. North Korean troops drove down the length of the peninsula. In the Allied counter-attack that followed, U.S. and UN troops moved northward rapidly.

Visions of WWI Past

Shortly after the intervention of China in late 1950, the war settled down into what many compared to the trench warfare of WWI. Many troops hunkered down in thousands of trenches, dugouts, and other fortifications. From 1951 onwards, the Korean War was fought along a line that barely moved in two years.

Jet Fighters & New Tactics

That doesn't mean that there wasn't innovation. During the war, the jet fighter came of age. This changed both the nature of air combat and how ground troops interacted with air support. A new tactic was employed for the 1950 invasion of Inchon. General MacArthur led an amphibious invasion, miles behind enemy lines to cut off lines of supply and troops in the South. This maneuver had recently been perfected in the American campaigns in the Pacific and Italy in WWII. With WWII only some five years in the past, paratroops were an innovation too. The United States employed brigade-sized paratroops during the conflict, each of the six major drops supplying knowledge to be used in the future.

Atomic Option

One of the major questions looming over the Korean conflict was whether nuclear weapons would be used. The war took place at the beginning of the Atomic Age, just five years after Hiroshima and Nagasaki. Although people knew the weapons were terrible, the complete ramifications of atomic bombs had not quite sunk in. The United States was prepared to use nuclear weapons during the conflict, at least at the beginning. This was a time when the Soviet Union had only just exploded its first A-bomb a year or so previously, when inter-continental missiles did not exist and when the US bomber force dwarfed that of the USSR. Doctrine in the US at the time included the use of nukes in any major conflict - especially ones they were losing, and the first phase of the Korean War did not go well for America and its allies.

The decision not to drop the bomb was influenced by a lot of factors. Primary among them was the fear of a war-torn Europe that any use of nukes would result in a Soviet invasion of Western Europe, which in turn would result in more nukes. Of course, the massive loss of life which would follow any nuclear strike was a factor, as was setting a nuclear precedent. The war ended essentially where it began: along the 38th parallel that had divided North and South Korea in 1950. Peace talks went on for almost two years, marked by bizarre negotiating tactics from the North Koreans and Chinese. When the war finally ended, it was due to a "truce," rather than a treaty.

[Source: Together We Served | March 2019 ++]

Night Fighter Team "George" ► Korea - Winter War.

On the night of 21 JAN 1953 Night fighter team "George" of composite squadron three (VC-3) operating from U.S.S. Oriskany (CVA-34) in the Sea of Japan was cruising off the coast of Korea. An excerpt from one of the fighter team pilot's combat report read: Saw 75-100 trucks on G-3, 7 trucks seen damaged. Meager to intense AA, much rifle fire was seen. The plane hit by 30 cal. Item - Lt. James L. Brown, USNR assigned F4U-5N #124713. One-night landing aboard without incident. 2.6 combat hours.

Combat strike report comments, like that above, were distilled from the intelligence officers debriefing of pilots from returning strikes and later filed with higher command. They in turn used these reports from the pilots who flew the combat missions, and reported what happened, to plan later strikes, select subsequent targets, and subject to political considerations, the overall conduct of the war. Seldom did they tell what happened. It was just as well. Here is what really happened that night.

Two-night fighters of team "George" were on the catapult and already connected. Two others were waiting behind them. They would be launched as the fleet had completed turning into the wind and attained sufficient speed to launch planes. On one of the other carriers, its night fighters were going to be on a similar night mission and awaited their launch as well. The third aircraft carrier was at "flight quarters" and available to land planes should there be an emergency. Behind and to the right of each carrier was a "plane guard" destroyer and an airborne helicopter whose jobs were for rescue should a catapult fail, and one of the catapulted planes crash into the icy water.

The flight leader and his wingman were each given the signal for maximum power. They would be catapulted close together, one from each side of the flight deck, to immediately join in formation after becoming airborne and continue towards North Korea. It would still be daylight when they reached Korea. They planned to stay out of anti-aircraft range until it was dark on the ground and would fly in a loose two-plane section at low altitude down the valleys between the surrounding peaks to look for any North Korean trucks, tanks, troops, or other enemy traffic that might be on the roads. Then, kill them.



Suddenly, as both of the two remaining planes were at full power ready to be catapulted, smoke billowed from one of their engine cowlings and exhaust stacks. Thick black oil blown back from the propeller blast streamed down the

side of the fuselage. The pilot immediately shut down his engine unlocked his safety belt and shoulder harness as he hurriedly exited the cockpit. Abandoning his plane, he ran behind it across the flight deck to the safety of the catwalk at its edge to the steel walkway a few feet below. The propeller had hardly stopped turning before plane handlers hurriedly disconnected the plane from the catapult and pushed it to the flight deck elevator. It would be repaired later the hangar deck.

In the meantime, Grumman F9F-5 Panther jets were returning early from late afternoon missions. They had made repeated attacks on a difficult and heavily defended target. Low on fuel, they needed to land immediately. Because the two other scheduled night pilots had already been catapulted and departed on their mission, it was quickly decided to send the remaining pilot on a single plane mission into North Korea. Had he not been immediately catapulted, Oriskany's plane handlers would have been required to detach his plane from it. Then, rapidly clear the deck to take jets aboard by taking his plane down to the hangar deck, land the jets, rearrange or re-spot other planes on the deck and later send the originally scheduled two planes out late on their mission. That is if the damaged plane could be repaired on time and became flyable.



KA-WHOOM! He was immediately catapulted alone into the late afternoon sky. Because the jets returned before their scheduled recovery time that forced the night fighter's early launch, it meant they would arrive on target earlier than planned. Night fighters were forbidden to arrive over the target area during daylight hours because enemy gunners on the ground readily recognized the special random configuration built into the right wing of the F4U-5N Corsair. After Lt. Brown had been hit by anti-aircraft fire on a volunteer, day spotting mission for the USS Los Angeles, night fighters flew only at night. With their hatred of the night pilots who strafed, burned, and bombed after dark, every enemy gun available was trained on them anytime one of those planes were recognized.

Because of this, should a night heckler arrive early or during daylight hours, the pilot was ordered to remain at sea and out of anti-aircraft range until it became dark on the ground. Only then was he to continue and conduct his assigned mission. That misguided operational instruction caused fatalities that Brown did not accept. He knew from experience that he would be seen by enemy radar and plotted on their communication grid. This would have alerted them to his exact track and arrival time. Every anti-aircraft gun in the area would have been ready and pointing right at him as soon as he crossed the coast. Like many pilots, he ignored this direct order, drastically changed course, and entered North Korean airspace far from his briefed target.

The late afternoon sun was brilliant and the sky without any clouds when he reached Korea. Although very cold that time of year, with the normal bad weather regularly experienced at sea, this was a welcome change. The temptation was just too much for him. Korea was going to be seen personally, low, and up close. During daylight. Out of radar range from both the American Navy, the Korean enemy, and while still out at sea, he dropped down low over the waves to cross the coast a few feet over the sand. He was in North Korean airspace. No anti-aircraft fire found him. "Hot damn!"

North Korea in the back country looks much like Scotland because of its low mountains, deep valleys, and sparse trees. Patches of snow remained in the low spots and gullies. With no haze, or the smoke and fire of war, it looked like the scene on a picture postcard. Low, blue tinted mountains in the distance, slightly rolling hills where he flew, and

sunlight reflecting off the remaining snow with the promise of peace and better days, war seemed far away. In the distance, a road beckoned to be explored just for the fun of it. He flew lower below treetop level and maneuvered the heavy bomb-laden fighter plane over the roadway. Experiencing the sheer pleasure of flight without trying to kill someone or fly into an antiaircraft nest or mountain in the dark, he began to relax for the first time in months.

If this was against orders to not "hedge hop," who was to know? No one knew where he was anyway. For that matter, neither did he. As his plane continued a few feet above the roadway, over the crest of a low hill, then down and up the other side, he was startled to see a company of troops walking in the middle of the road. As he roared past a few feet over their heads, some who had heard him coming dived into the ditches. Then, rolling on their backs began firing their weapons at him as he passed. Later, he would remember clearly seeing their muzzle flashes. All the enemy soldiers dived for the ditches except one. He simply stood where he was in the middle of the road, put his rifle to his shoulder and commenced firing. He continued to stand alone in the road, firing repeatedly at the oncoming plane that was flying towards him at eye level. Brown could clearly see the muzzle flashes.

As the aircraft passed a few feet over the soldier's head, he could not believe what he had just seen. He commenced a gentle left turn back to the road, reduced power and lowered his flaps to fly as slowly as his ordnance load would allow looking at this man again. Then, following the same flight path he made a second approach on the lone soldier standing in the middle of the road. He found himself fascinated, counting the enemy soldier's muzzle flashes. They were eye level as the airplane again flew up the slight hill at 180 knots towards the soldier who stood erect in the road and continued measured fire, one shot at a time. Just like the story of a snake hypnotizing a bird, Jim could not take his eyes off the soldier. Firing at him! Unbelievable! Flash! Thunk. Flash! Flash! Thunk. Ping. Flash!

With all the firepower available at his command, it was sufficient to destroy a good size town. Much less one man. This was truly incredible. Amazed by what had just happened, "Goliath" continued to his night mission without firing a single shot at that lone "David". Brown's plane carried a full belly tank with 200 gallons of high-octane aviation gasoline that had he dropped it would have engulfed the entire company of soldiers in flames. His wing cannons housed 800 rounds of high explosive incendiary 20-mm shells that upon impact explode with a green flash and are as destructive as hand grenades. In addition, he carried six 260-pound fragmentation bombs with devices on the fuses that make them explode three feet above ground, and a 500-pound general-purpose bomb that was sufficient to take out a sizeable bridge or blow over a locomotive. One burst from his cannon could have killed the entire company.

The man must have been insane, or infuriated. He simply stood erect in the middle of the road and continuously fired his rifle at the plane. The remaining mission was as recorded in the combat report given to Navy debriefing officers. Jim did later damage or destroy seven trucks with bombs and cannon fire, probably killed upwards of 100 or more troops in them (if trucks did not explode they were likely carrying troops as well as supplies because they were never empty). He dodged in and out of anti-aircraft fire as reported, and still wondered about that North Korean soldier who was the bravest man he ever saw. Maybe that lone North Korean soldier was just fed up with war, or just like Jim, fed up with war too.

The following morning, after landing back aboard Oriskany late that night he personally inspected his airplane for combat damage as he did after every mission. However, this time he found "George" team mechanics looking at bullet holes and commencing to remove the engine cowling. The left-wing flap had already been removed for repair. There were holes in the engine cowling that appeared to be from a 30-caliber rifle bullet. These were straight from and level with the nose of the aircraft, which indicated he was hit when he was flying below the level of the soldier on the road. Some bullets had gone between the blades of the four-bladed propeller, entered the cowling just below eye level, bent a cylinder fin, and then bounced off the carburetor. An inch, either way, would have brought the plane down.

As he had passed overhead, the soldier, or another in the ditches put a bullet through the left flap. Had it been twelve inches to the right would have put it in his body. The Corsair was designed for air combat with other planes. It carried no armor plate under the pilot. Armor plate was only at the pilot's back. Jim no doubt had a guardian angel. Maybe the Korean soldier did too. [Source: Together We Served | James Brown, USNR (Ret) | March 2019 ++]

War Memorials ► World War II Valor in the Pacific National Monument, Hawaii



On December 7, 1941, Japanese forces bombed Pearl Harbor Naval Base in Hawaii, sinking four out of eight U.S. battleships stationed in the harbor, killing 2,402 Americans, and wounding 1,282. The surprise attack led the United States to declare war on Japan the following day. The USS Arizona was one of the four battleships sunk during the bombing of Pearl Harbor. [The World War II Valor in the Pacific National Monument](#), also known as the USS Arizona Memorial, is built atop the wreckage of the USS Arizona in commemoration of the site as a war grave. More than 70 years later, oil continues to leak out of the ship's watery hull.

Post WWII Photos ► G.I. Fraternization



An American G.I. places his arm around a Japanese girl as they view the surroundings of Hibiya Park, near the Tokyo palace of the emperor, on January 21, 1946. (AP Photo/Charles Gorry)

Every Picture Tells A Story ► Stall



There were many ways to die flying from aircraft carriers during or, as in this case, after the Second World War—on operations, running out of fuel, getting lost out on the ocean or just getting back on board after a dangerous mission. Here a Curtiss SB2C-5 Helldiver of US Navy Squadron VB-92, *The Battling Beasts*, stalls and rolls inverted after having missed the wire aboard USS *Lexington* (CV-16). The fates of the pilot and his gunner are sealed. The squadron took their nickname from the nickname of the Helldiver—The “*Beast*”. The Helldiver that replaced this particular Number 208 airframe was on display at the National Air and Space Museum’s Udvar-Hazy Center.

WWII Bomber Nose Art [27] ► The Ink Squirts



Military History Anniversaries ► 01 thru 15 APR

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 APR**. [Source: This Day in History www.history.com/this-day-in-history | April 2019 ++]

Medal of Honor Citations ► Mikio Hasemoto | WWII



*The President of the United States takes pride in presenting the
MEDAL OF HONOR posthumously
To*

MIKIO HASEMOTO

Rank and organization: Private, 100th Infantry Battalion

Place and date: November 29, 1943, Cerasuolo, Italy

Entered service: Schofield Barrack in June 1941

Born: July 13, 1916 in Honolulu, HI

Citation

Private Mikio Hasemoto distinguished himself by extraordinary heroism in action on 29 November 1943, in the vicinity of Cerasuolo, Italy. A force of approximately 40 enemy soldiers, armed with machine guns, machine pistols, rifles, and grenades, attacked the left flank of his platoon. Two enemy soldiers with machine guns advanced forward, firing their weapons. Private Hasemoto, an automatic rifleman, challenged these two machine gunners. After firing four magazines at the approaching enemy, his weapon was shot and damaged. Unhesitatingly, he ran 10 yards to the rear, secured another automatic rifle and continued to fire until his weapon jammed. At this point, Private Hasemoto and his squad leader had killed approximately 20 enemy soldiers. Again, Private Hasemoto ran through a barrage of enemy machine gun fire to pick up an M-1 rifle. Continuing their fire, Private Hasemoto and his squad leader killed 10 more enemy soldiers. With only three enemy soldiers left, he and his squad leader charged courageously forward, killing one, wounding one, and capturing another. The following day, Private Hasemoto continued to repel enemy attacks until he was killed by enemy fire. Private Hasemoto's extraordinary heroism and devotion to duty are in keeping with the highest traditions of military service and reflect great credit on him, his unit, and the United States Army.



Milio Hasemoto was born at Honolulu, Hawaii. He was the son of immigrants who were born in Japan making him a Nisei, which means that he was a second-generation Japanese American. Hasemoto joined the Army from Schofield Barracks, Hawaii in June 1941. He volunteered to be part of the all-Nisei 100th Infantry Battalion. This army unit was mostly made up of Japanese Americans from Hawaii and the mainland. For his actions in November 1944, he was initially awarded the Distinguished Service Cross. This was eventually upgraded to the Medal of Honor upon military review on June 21, 2000. He is buried in the National Cemetery of the Pacific, Hawaii

Only one Medal of Honor was presented to a Japanese-American soldier during World War II, despite the fact that these soldiers, who suffered intense prejudice at home in the USA, were among the most decorated soldiers of the war.

[Source: <https://history.army.mil/moh/wwII-g-l.html> | March 2019 ++]

*** Health Care ***



Aging Update 02 ► 5 Ways to Keep Your Brain Sharp

When people talk about “aging gracefully,” they’re usually referring to physical appearance. But you can also have a gracefully aging mind. Recent scientific research has delved into the secrets of people in their 80s and 90s whose brains function well — by some measures, as well as the minds of people decades younger. Researchers have started calling these high-functioning older people “super-agers,” and we’re learning more about what sets them apart. While some factors are genetic, many are things within our control. Following are five things you can do to keep your aging brain sharp.

1. Stay positive -- If you don’t think you can have any impact on your mental age, you aren’t going to take steps to try to impact the health of your mind. Although it sounds like a cliché, staying positive is important. “We hold these tremendously negative stereotypes about aging, and these start from when we’re really young. By the time we’re older, these are actually having a negative effect on our health,” says Elissa Epel, co-director of the Aging, Metabolism, and Emotions Center at the University of California San Francisco (UCSF), in a university blog post. In addition, stress associated with a negative outlook seems to trigger real changes in our bodies that can accelerate aging by causing

cell damage. “What’s emerged is how much our mental filter — how we see the world — determines our reality and how much we will suffer when we find ourselves in difficult situations in life,” Epel says.

2. Keep good company -- Loneliness and isolation cause a lot of physically damaging stress. So, make it a priority to keep in touch with friends, whether you prefer a wide circle of acquaintances or a few intimate relationships. Emily Rogalski, an associate professor in the Department of Psychiatry and Behavioral Sciences at Northwestern University doing research on super-agers, says in a Northwestern blog post that one of the distinctive things about “individuals who are free of dementia, and really thriving in their community” is their endorsement of “stronger positive relationships with others.”

3. Stay in shape -- One of the better-understood aspects of aging well is the importance of sleep, exercise and diet. Epel and fellow UCSF researchers Saul Villeda and Joel Kramer have seen physical evidence in the brain that higher levels of exercise and a Mediterranean-style diet make us more resilient to aging and keep us thinking faster and more clearly. “As we get older, when we see declines in memory and other skills, people tend to think that’s part of normal aging,” Kramer says in the UCSF blog post. “It’s not. It doesn’t have to be that way.” That’s backed up by research [previously reported](#) by Money Talks News showing that aerobic exercise and resistance training both improve cognitive abilities regardless of frequency and that obesity has the opposite effect. Certain foods are also better for your brain health as you age, including whole berries and fresh vegetables. And studies have also shown that high blood pressure can contribute to memory loss and that smokers have a greater risk of cognitive decline. Mind and body are clearly linked.

4. Meditate -- Epel and her fellow researchers conducted an experiment in which they placed more than two dozen people in a month long intensive meditation retreat. They tracked personality traits, anxiety, depression and some microscopic physical markers tied to mental and physical age called “telomeres.” Telomeres — caps at the end of chromosomes — naturally shorten as we age. Shorter telomeres in midlife can predict an early onset of heart disease, dementia, some cancers and other age-related illnesses. According to the UCSF blog post:

“At the end of the retreat, the participants’ telomere length had increased significantly, and participants with the highest initial levels of anxiety and depression showed the most dramatic changes over the course of the study.”

That tracks with a 2010 Harvard study that linked mindfulness meditation with increased concentrations of gray matter in certain parts of the brain.

5. Learn something new -- Whether it’s finding a new hobby, working through a daily crossword puzzle or reading a good book, there are clear cognitive benefits to exploring new things. Research even shows that video games don’t actually rot your brain — they preserve it. A 2013 study by researchers at two London universities found playing the sci-fi war strategy game StarCraft helped players process ideas faster and boosted “cognitive flexibility,” which is essentially the ability to multitask. Another 2013 study published in the scientific journal Neurology found that activities such as reading and writing had an association with memory preservation. And another study in the same journal found being bilingual could delay the onset of dementia by 4 ½ years. Research has also suggested solving word and number puzzles can delay the loss of memory associated with dementia by more than 2 ½ years, and can even preserve memory and cognitive function better than some medications. Never stop learning — or playing!

[Source: MoneyTalksNews | Brandon Ballenger | March 14, 2019++]

Aging Update 03 ► Female Physical Activity

Light physical activity such as gardening, strolling through a park, and folding clothes might be enough to significantly lower the risk of cardiovascular disease among women 63 and older, a new study has found. This kind of activity,

researchers said, appears to reduce the risk of cardiovascular disease events such as stroke or heart failure by up to 22 percent, and the risk of heart attack or coronary death, by as much as 42 percent.

The results of the study, which was funded by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health (NIH), appear 15 MAR in the journal JAMA Network Open. “When we tell people to move with heart, we mean it, and the supporting evidence keeps growing,” said David Goff, M.D., Ph.D., director of the Division of Cardiovascular Sciences at NHLBI. “This study suggests that for older women, any and all movement counts towards better cardiovascular health.” Goff added that the findings are consistent with the federal government’s most recent physical activity guidelines, which encourage replacing sedentary behavior with light physical activity as much as possible.

In the five-year prospective study, researchers followed more than 5,800 women ages 63 to 97 to find out if higher amounts of light physical activity were associated with reduced risks of coronary heart disease or cardiovascular disease. Across all racial and ethnic groups, the link was clear, said study author Andrea LaCroix, Ph.D., chair of the Division of Epidemiology and director of the Women’s Health Center of Excellence at the University of California, San Diego. “The higher the amount of activity, the lower the risk,” she said. “And the risk reduction showed regardless of the women’s overall health status, functional ability or even age. In other words, the association with light physical activity was apparent regardless of these other factors.”

Heart disease is the leading cause of death among American women, and older women suffer profoundly: nearly 68 percent of those between 60 and 79 have it, as do older Americans overall. Of the estimated 85.6 million adults with at least one type of cardiovascular disease, more than half are age 60 or older.

The current study involved a racially and ethnically diverse group of 5,861 women who were enrolled between 2012 and 2014. None had a history of myocardial infarction or stroke. The women were part of the NHLBI-funded Objective Physical Activity and Cardiovascular Health (OPACH), a sub-cohort of the Women’s Health Initiative. Participants wore hip-mounted accelerometers, a device like a fitness tracker, that measured their movement 24 hours a day for seven consecutive days. The accelerometers were also calibrated by age to distinguish between light, and moderate-to-vigorous physical activity—a monitoring detail considered a major strength of the study. The researchers then followed the participants for almost five years, tracking cardiovascular disease events such as heart attacks and strokes.

“To our knowledge, this is the first study to investigate light physical activity measured by accelerometer in relation to fatal and non-fatal coronary heart disease in older women,” said LaCroix, who led the OPACH study. Previous studies have largely relied on self-reporting questionnaires, but most people, the researchers said, do not think of folding clothes or walking to the mailbox as physical activity of any kind. “Those questionnaires do not capture the low intensity movements accrued in activities of daily living,” LaCroix said. Even in her own OPACH findings, she noted, “there was no correlation between the amount of self-reported light physical activity and the amount we measured with the accelerometers. Without accurate reporting, we run the risk of discounting low intensity activity associated with important heart health benefits,” she said.

Researchers need to conduct large randomized trials to determine if particular interventions might increase light physical activity in older women, and what effect that would have on cardiovascular disease rates. But the OPACH authors said they encourage this group to increase their light physical activity immediately.

About the National Heart, Lung, and Blood Institute (NHLBI): NHLBI is the global leader in conducting and supporting research in heart, lung, and blood diseases and sleep disorders that advances scientific knowledge, improves public health, and saves lives. For more information, visit <https://www.nhlbi.nih.gov>.

[Source: NIH News Release | March 15, 2019 ++]

Insulin ► Seven Million Americans Need It to Live But Many Can no Longer Afford it

Meaghan Carter died alone on the sofa of her suburban Dayton, Ohio, apartment last Christmas. Like most people with Type 1 diabetes, the 47-year-old nurse had a kit of essential supplies within reach. It contained two empty vials of her preferred insulin, a partial vial of inexpensive Walmart insulin and a half-filled container of testing strips to measure blood glucose levels. Uninsured, between jobs and with \$50 in a bank account, Carter probably had attempted to stretch a limited supply of insulin until she got a final paycheck from her last job, family members say. She was scheduled to begin a new nursing job the following week that offered health insurance. “There was no insulin at all in the refrigerator,” says Mindi Patterson, Carter’s sister-in-law. “She had gauze, bandages and all her nursing supplies. She had plenty to take care of others but not enough to take care of herself.”

The cost of insulin for diabetics such as Carter has drawn national scrutiny as Congress examines factors contributing to the nation’s escalating prescription drug prices. All people with Type 1 and some with Type 2 diabetes need the drug, but regular price hikes make insulin difficult to afford for the uninsured and those whose coverage requires significant cost sharing. Patient advocates are becoming increasingly vocal about the affordability of a drug invented nearly a century ago by scientists who took steps to make the medicine inexpensive. One group staged protests outside the offices of the nation’s three dominant insulin makers.

Canadian scientists discovered insulin in 1921, treated the first diabetic patient in 1922 and sold the patent to the University of Toronto for 3 Canadian dollars. The university administered the patent and received royalty payments from drug companies that sold human insulin. The price of modern versions of a drug that more than 7 million Americans need to live nearly tripled from 2002 to 2013, according to one study. Type 1 diabetics paid an average of \$5,705 for insulin in 2016 – nearly double what they paid in 2012, according to the Health Care Cost Institute. Patient advocates say people have resorted to extreme measures such as taking less than the doctor prescribed to make it last longer, acquiring the drug from friends or getting it from less expensive pharmacies in Canada or Mexico.

Last month, the powerful Senate Finance Committee asked the three dominant insulin makers detailed questions about the drugs’ price increases. The price for one vial of Eli Lilly’s Humalog surged from \$35 in 2001 to \$234 in 2015. From 2013 to this year, Novo Nordisk’s Novolog jumped from \$289 to \$540 and Sanofi’s Lantus from \$244 to \$431, according to a committee letter. A vial of insulin loses potency after being opened for 28 days. The amount of insulin a patient needs varies depending on such factors as age, weight, diet and overall health. Among things senators want to know: How do drugmakers set insulin prices, and what’s the role of rebates and discounts to middlemen pharmacy benefit managers? Senators are not limiting questions to Big Pharma. The nation’s largest pharmacy benefit managers, who drew scrutiny for their increasingly powerful role as middlemen in the drug supply chain, will appear before the committee 3 APR.

Drugmakers say they’ve taken steps to address prices, offered co-pay cards to limit out-of-pocket expenses and funded patient-assistance programs that provide free medication to thousands of vulnerable Americans. Sanofi pledged to limit annual price increases to less than the average health spending rate. This month, Eli Lilly unveiled a half-price version of Humalog called insulin lispro for \$137.50 for a single vial. It’s the same drug as Humalog, only with a different label. In a statement, Eli Lilly CEO David Ricks said the lower-cost insulin is a “bridge that addresses gaps in the system until a more sustainable model is achieved.”

Simeon Taylor, a University of Maryland School of Medicine diabetes researcher, says Type 1 diabetics without adequate insurance coverage are vulnerable to price increases because they can’t live without the drug. **“Insulin is not an optional medication,”** says Taylor, who formerly worked for Eli Lilly and the National Institutes of Health. “People have to buy insulin no matter what the cost is. That gives a lot of strength to the people selling insulin.” ‘Whole system needs to be evaluated’ Some suggest that a simple across-the-board price cut might not work for all patients under the system.

The American Diabetes Association (ADA) convened an Insulin Access and Affordability Working Group to study rising insulin prices and affordability of the life-sustaining medicine. The group's study concluded that a complex supply chain from the drug factory to the pharmacy might promote higher prices. Pharmacy benefit managers, which negotiate drug prices on behalf of health insurers, demand rebates from drug manufacturers. Their leverage: placing the drug on an insurer's formulary – the list of drugs that the insurance company will cover for insured consumers. A drugmaker that offers a lower rebate might be excluded from a prescription drug plan or be placed on a less favorable tier that requires consumers to pay a larger portion on the tab. The ADA's working group's report found that even though drugmakers' "list prices" for insulin have surged, their "net prices" have grown at a more modest rate. The list price is how much the drugmaker charges. The net price is money the drugmaker gets after fees, discounts and rebates to wholesalers or pharmacy benefit managers.

Consumers are not privy to these behind-the-scenes negotiations between pharmacy benefit managers and drug manufacturers. All of this is done outside the public's view. "A lot of attention has focused on the manufacturers and less on the other players in the supply chain," says Karen Van Nuys, a research professor at USC's Schaeffer Center for Health Policy and Economics and member of the ADA's working group. "We think those players also share responsibility for what happens to prices and access." Van Nuys says that if one drugmaker lowers insulin prices, that could put it at a competitive disadvantage compared with peers. That is because pharmacy benefit managers might still require a significant rebate. Novo Nordisk says its insulin net prices declined at double-digit rates in 2017 and 2018 because of rebate demands. "The whole system needs to be evaluated," Van Nuys says.

Some say government needs to step in because the private sector has failed to check price increases. Taylor, a member of the ADA working group, says insulin pricing is emblematic of the nation's health system flaws. Pharmacy benefit managers started to counter pharmaceutical industry's pricing power. As these middlemen gained more clout, they began to demand higher rebates. Drug companies raised prices by amounts that are slightly less than what pharmacy benefit managers demanded. "This is a symptom of a dysfunctional health care system in the United States," Taylor says. "I don't want to put all the blame on the companies. From my point of view, the responsibility is in how our health care system is designed."

Carter, the Dayton-area resident, was hospitalized twice for complications this decade and struggled to afford insulin months before she died, Patterson says. She spent \$25 to buy Novolin NPH insulin from Walmart on 20 DEC, according to a receipt the family retrieved from her apartment after her death. Novolin is an older version of human insulin that must be adjusted based on regular blood and glucose testing. "I told her it was pretty unpredictable," Patterson says of Novolin. "You only use it if you have no other option." Carter was struggling on Christmas Day, feeling nauseous and slurring her words, a roommate told Huber Heights police. The roommate told police she thought Carter's blood-sugar levels were off and urged her to call a doctor or a paramedic. Carter refused, and the roommate left for work. When the roommate returned from work that night, she noticed Carter appeared to be sleeping on the sofa. The following morning, the roommate checked on Carter and realized she had died.

The Montgomery County Coroner determined Carter died on Christmas night, but the agency did not consider the death suspicious and did not perform an autopsy. Carter often did not take her insulin as directed, the roommate told police. A family doctor signed her death certificate, listing the cause of death as cardiopulmonary arrest. Patterson, whose husband and two sons have Type 1 diabetes, is convinced her sister-in-law experienced a type of complication called diabetic ketoacidosis before she died. She says she desperately wants to see a reformed system so patients can afford the medication they need to live. "The system is broken," Patterson says. "Let's start with transparency, so we can see exactly where it's broken. Then we can see where to fix it."

[Source: USA TODAY | Ken Alltucker | March 22, 2019 ++]

Prescription Drug Costs Update 26 ► 1 in 10 U.S. Adults Ration Medicine To Lower Costs

New survey data shows that 11.4 percent of U.S. adults did not take their medication as prescribed in an effort to reduce costs. The survey from the Centers for Disease Control and Prevention finds that those adults, aged 18 to 64, either skipped doses, took less medicine than prescribed or delayed filling a prescription because of the cost of the drugs in the past 12 months. In addition, the data, from 2017, show that 19.5 percent of adults asked their doctor for a lower-cost medication than the one initially prescribed. The data comes as attention is intensifying on high drug prices and members of both parties call for action. The AARP highlighted the data on Tuesday. “This is unacceptable. No one should have to ration their treatment or skip medication,” the group wrote on Twitter. The situation is worse for people who are uninsured. Among the uninsured, 33.6 percent did not take their medication as prescribed in an effort to lower costs. The percentage of adults not taking their medication as prescribed remained steady from 2015 to 2017, the survey found, after dropping somewhat from 2013 to 2015. [Source: The Hill | Peter Sullivan | March 19, 2019 ++]

Prescription Drug Costs Update 27 ► Specialty Drugs | The Next Front In Cost War

Did you hear the prices of most common prescription drugs have been flat or falling for years? Probably not — and you can blame the exploding cost of a gathering wave of specialty drugs. The amount of money spent on specialty drugs in the government’s Medicare’s Part D prescription plan soared to nearly \$33 billion in 2015 from \$8.7 billion in 2010, the Congressional Budget Office reported. Spending doubled to almost \$10 billion under the Medicaid program during the same span. These drugs accounted for 30% of all Part D and Medicaid spending in 2015 even though they represented just 1% of all prescriptions.

What’s worse, the costs are only going to grow, the CBO and independent experts warn. That could put further financial stress on elderly Americans, not to mention the federal budget. The CBO said the vast majority of drugs recently approved or under development — 80% in 2017 for example — could be classified as specialty drugs. They are typically very expensive and are used to treat chronic, complex or rare diseases such as cancer, HIV and Hepatitis C. After adjusting for inflation, the cost of specialty drugs covered by Medicare Part D jumped 20% a year from 2010 to 2015 on a per-person basis.

“Increases in spending for those drugs could have important implications for the federal budget,” the CBO said. So far the soaring costs of specialty drugs haven’t reached crisis levels for the government’s drug-benefits programs. The reason: Prices for many routine prescription drugs have declined. The CBO found that spending on common drugs fell about 4% a year from 2010 to 2015. What’s going on? The decline in many drug prices stems in part from expiring patents on older medicines and a spurt of cheaper generic alternatives, analysts say. Political pressure to keep a lid on costs is another factor. The Trump White House and Democrats in Congress have been hammering drugmakers over high prices and threatening action.

As a result, the cost of prescription drugs in the 12 months ended in February fell by 1.2%, marking the biggest decline since 1972, according to the consumer price index. (One caveat: The CPI does not include new drugs that start out at high prices.) That’s great for Americans who suffer common ailments, but not for the growing number of people who require specialty drugs. These patent-protected drugs are very expensive to start and face little or no competition. The average out-of-pocket cost for Medicare D patients who used brand-name specialty drugs, for instance, doubled to \$3,540 in 2015 from \$1,750 five years earlier, the CBO said. That’s much faster than the increase in inflation. Costs ran into the tens of thousands of dollars a year for those who lacked a company health-care plan or did not receive government subsidies. [Source: WSJ Market Watch | Jeffrey Bartash | March 18, 2019 ++]

TRICARE Use While Traveling Update 05 ► TRICARE Goes with you

If you're planning a trip this spring, remember that TRICARE travels with you. Whether [traveling stateside or overseas](#), make sure you know what to do in case you or your loved ones become sick or injured on vacation. Learn the rules for getting care and costs associated with your [TRICARE health plan](#), so you can make informed decisions while traveling.

Get Prepared

A few weeks [before you pack](#) your bags, prepare.

- Take care of any routine, specialty, or preventive health care appointments you may need before you travel.
- Check your information in the [Defense Enrollment Eligibility Reporting System](#) and update it, if needed.
- [Fill your prescriptions](#) if you don't have enough to cover your trip. When it's time to pack, put prescription medications in your carry-on luggage.
- Bring important pharmacy, dental, and medical [phone numbers](#) with you. If traveling overseas, [select your destination](#) to find phone numbers. You can also download the [TRICARE Contact Information Wallet Card](#) and take it with you.

Urgent and Emergency Care during Your Trip

To get help or to find an urgent care provider when traveling, you can always contact your [TRICARE regional contractor](#). When [overseas](#), you can also call the TRICARE Overseas Program (TOP) Regional Call Center's [Medical Assistance number](#) for your location. Most TRICARE beneficiaries can get [urgent care](#) without a referral. When possible, visit a [TRICARE network provider](#) or a TRICARE-authorized (network or non-network) urgent care center to avoid additional out-of-pocket costs. See more rules for getting [stateside or overseas urgent care](#) based on your TRICARE health plan. You may find that the rules are different. For example, if you're a retiree enrolled in TRICARE Prime traveling overseas, you're expected to pay up front for care and file a claim later.

In an emergency, call 911 or go to the nearest emergency care facility. If overseas, you can call the [Medical Assistance number](#). If you're admitted to a hospital, call your TRICARE regional contractor or primary care manager within 24 hours or on the next business day after receiving emergency care. You may need to pay up front for services and [file a claim](#) to get money back. Keep your health care receipts in case you need to file a claim. If you're a stateside beneficiary and you receive care overseas, file claims with the [TOP claims processor](#), not with your regional contractor in the U.S.

While overseas, if air evacuation is determined to be medically necessary. To be medically necessary means it is appropriate, reasonable, and adequate for your condition, your costs for [covered air evacuation services](#) are based on your health plan. You may want to look at travel insurance that may cover unexpected costs, such as air evacuation.

Maybe you don't need urgent or emergency care, but do need health advice during your travels. Use the [Military Health System \(MHS\) Nurse Advice Line](#). It's available in the U.S. and countries with an established military hospital or clinic. Visit the [MHS Nurse Advice Line website](#) to chat with a nurse online or to find your location-specific number. If you travel anywhere in the U.S., Guam, or Puerto Rico, you can call 1-800-TRICARE (1-800-874-2273).

Before you travel this spring, make sure you're prepared to handle any health issues that may arise. Keep in mind that your rules for getting care depend on your health plan and travel destination. Learn more about [how to get care when traveling](#) stateside or overseas.

[Source: TRICARE Communications | March 22, 2019 ++]

TRICARE User Fees Update 105 ► Proposed 2020 DoD Budget Impact

In addition to including the largest proposed pay raise for active-duty troops in 11 years -- 3.1 percent -- President Donald Trump's fiscal 2020 Defense Department budget contains no increases in health care fees for troops, retirees and family members. In the past several years, TRICARE beneficiaries have seen significant increases to their health programs, including co-pay increases for beneficiaries who use TRICARE Select and retirees on TRICARE Prime, as

well as pharmacy co-payments across the board. But this year's budget proposal contains no additional health care fee increases for users of TRICARE Prime, TRICARE Select and TRICARE for Life, meaning that if the budget passes as written and Congress does not include additional fees, beneficiaries can expect their health care costs to be stable next year.

"Due to the substantial reforms to the health benefit enacted in fiscal 2017 and fiscal 2018 and the slowing growth of the unified medical budget, the Department is not pursuing any further cost share reforms in fiscal 2020," the budget documents note. Each year, the Congressional Budget Office (CBO) drafts a report that includes options for reducing the federal budget deficit, which last year totaled \$779 billion. In "Options for Reducing the Deficit: 2019 to 2028," the CBO noted that requiring retirees on TRICARE for Life to pay annual fees ranging from \$485 for an individual and \$970 for a family would save the federal government \$12 billion. The CBO also stated that increasing TRICARE cost-shares and fees for military retirees still in the workforce could save the government \$12.6 billion. In the end, the administration did not include those options in its budget proposal, although Congress has the final say in determining the exact size and scope of the fiscal 2020 budget.

TRICARE cost shares are adjusted slightly each year, but do not require congressional approval. In addition, premium-based plans such as TRICARE Young Adult and TRICARE Reserve Select do not fall under the same guidelines as basic TRICARE programs, so their premiums remain subject to change. And annual fees for retirees on TRICARE Prime also can increase, as stipulated in previous legislation. Payments are tied to the annual cost-of-living adjustment retirees receive for retirement pay.

Military service organizations praised the personnel initiatives included in the budget when details were released 12 MAR. Retired Air Force Lt. Gen. Dana Atkins, president of the Military Officers Association of America, said his organization would work to ensure that items such as the pay raise make it into the final version of the 2020 funding. "We are encouraged by the president's budget and the expressed commitment to our currently serving members of the uniformed services," Atkins wrote in a statement on Twitter. [Source: The MOAA Newsletter | March 13, 2019 ++]

TRICARE Prime Update 39 ► Know Your Prime Plan

[TRICARE Prime](#) is similar to a health maintenance organization, or HMO, plan. This means you get most of your care from an assigned or selected [primary care manager](#) (PCM). This PCM refers you to specialists for care that he or she can't provide and works with your [TRICARE regional contractor](#) for [referrals and authorizations](#). Depending on where you live and your sponsor's status, other TRICARE Prime options include:

- [TRICARE Prime Remote](#)
- [TRICARE Overseas Program \(TOP\) Prime](#)
- [TOP Prime Remote](#)
- [US Family Health Plan](#)

TRICARE Prime differs from [TRICARE Select](#), the other TRICARE enrollment health plan. In general, TRICARE Prime offers lower out-of-pocket costs than TRICARE Select, but fewer personal choices for providers.

Who can enroll in TRICARE Prime?

If you're on active duty, you're automatically enrolled in TRICARE Prime. Active duty family members (ADFM), retirees, and retiree family members may also enroll in TRICARE Prime. In overseas locations, [TOP Prime](#) is available to active duty service members (ADSMs) and their command-sponsored family members.

How do you get care with TRICARE Prime?

Under a TRICARE Prime option, you'll get most of your routine care from your [PCM](#). If you need specialty care, you'll generally need to coordinate this with your PCM. Certain services require a [referral and prior authorization](#).

If you see a specialist without a referral from your PCM, you're using the [point-of-service option](#). With the point-of-service option, non-ADSMs can see any TRICARE-authorized provider. (There are two types of TRICARE-authorized providers: Network and Non-Network. without a referral.) This means that you'll pay more money to get

non-emergency health care from any TRICARE-authorized provider without a referral. ADSMs can't use the point-of-service option.

What are the costs with TRICARE Prime?

TRICARE Prime generally has the lowest out-of-pocket costs of all the TRICARE health plans. ADSMs and ADFMs pay no deductible and generally have no costs for [TRICARE covered services](#).

Enrollment Costs -- ADSMs, ADFMs, and transitional survivors have no [enrollment fees](#). Retirees, their families, and others pay annual enrollment fees.

Costs for Covered Care

- ADSMs pay no out-of-pocket costs for [covered health care services](#) from a PCM, or with the appropriate referral and prior authorization.
- ADFMs pay no out-of-pocket costs for covered health care services from a [TRICARE network provider](#) in their enrolled TRICARE region, or with the appropriate referral and prior authorization.
- Retirees pay copayments or cost-shares for covered health care services from network providers in their enrolled TRICARE region. Out-of-pocket costs are limited to the catastrophic cap amount for that calendar year. For more cost details, check out the [TRICARE Costs and Fees Sheet](#) and [TRICARE Prime costs](#). You can also use the [TRICARE Compare Cost Tool](#) to compare current plan costs.

Getting to know your TRICARE Prime plan will help you make informed choices and take command of your health this year. To learn more about your health plan and key features, visit [TRICARE Prime](#) and download the [TRICARE Plans Overview](#). [Source: TRICARE Communications | March 20, 2020 ++]

Arterial Fibrillation ► Catheter ablation (Surgery) vs. Drug Therapy

Catheter ablation, a common cardiovascular procedure, appears no more effective than drug therapies in preventing strokes, deaths, and other complications in patients with atrial fibrillation (AFib). However, patients who get the procedure experience much greater symptom relief and long-term improvements in the quality of life, including fewer recurrences of the condition and fewer hospitalizations, than those who get only drugs. The findings are from two new studies published in the 15 MAR issue of the Journal of the American Medical Association.

The papers report the outcomes of the Catheter Ablation versus Antiarrhythmic Drug Therapy for Atrial Fibrillation (CABANA) trial, funded in part by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health. It was a randomized trial that compared state-of-the-art drug therapies for atrial fibrillation — an irregular heartbeat — to ablation, a procedure in which a doctor inserts a catheter through a patient's blood vessels to scar or destroy heart tissue causing the irregularities. "Since current drug therapies often have limited effectiveness in controlling atrial fibrillation, it is very important to understand whether ablation, an invasive procedure, yields better outcomes," said David Goff, M.D., Ph.D., director of the Division of Cardiovascular Sciences at NHLBI. "As these two papers show, CABANA provided a wealth of information that doctors can use to manage patients better and improve their quality of life."

AFib, the most common cardiac arrhythmia, affects at least 2.7 million Americans, and is a major contributor to stroke, congestive heart failure, and even late cognitive impairment. Symptoms include rapid palpitations, in which the heart flip-flops or skips; fatigue; shortness of breath; and difficulty with physical exertion. While some patients have no symptoms, others suffer a severely-diminished quality of life. Some become extremely distressed and even disabled by both the actual symptoms and the unpredictability of them.

Researchers with the CABANA trial wanted to know what course of action—ablation or drug therapy—would be better at reducing these patients' rates of death, disabling strokes, serious bleeding or cardiac arrest. From November 2009 when it was launched to April 2016, CABANA enrolled more than 2,200 patients at 126 sites in the United States, Canada, Europe, and Asia. About half the patients were randomly assigned to the ablation procedure. The other

half was assigned to drug therapy; but they could choose to undergo ablation if their symptoms could not be controlled. Approximately 27 percent of patients in the drug therapy arm ended up also receiving ablation. The median follow-up period for the trial was 48.5 months.

“While data from the trial did not show that ablation was superior to drug therapy in reducing rates of deaths and strokes, it showed reduced recurrence of atrial fibrillation, as well as reductions in hospitalizations,” said Yves Rosenberg, M.D., the program officer for the study, and chief of the NHLBI’s Atherothrombosis and Coronary Artery Disease Branch. The overall rate of deaths and strokes was lower than expected; and about 9 percent of those assigned to ablation were not able to undergo the procedure. This could have affected the study’s results, according to Douglas L. Packer, M.D., a cardiologist and professor of medicine at Mayo Clinic, in Rochester, Minn. and the study’s principal investigator.

“Most commonly, we look at clinical trial data by comparing the results according to which group a patient is randomly assigned, but patients and physicians do not always follow the assigned treatment. When we examined the data according to the treatment actually received, the ablation group had significantly lower rates of death as well as the combination of death, disabling stroke, serious bleeding, or cardiac arrest compared with patients who only received drug therapy,” said Packer.

The data also showed a **significant long-term improvement in quality of life**, as well as a reduction of the symptoms of atrial fibrillation, among the patients in the catheter ablation treatment group. This was a key secondary objective of the CABANA research program. Ablation for atrial fibrillation had previously been shown to improve quality of life over drug therapy, but those early studies had limited sample sizes and short follow-ups of one year or less.

“CABANA, because of its size and duration, provides extraordinary new data regarding the patient’s perspective,” said Rosenberg. Just 12 months after the start of treatment, the quality of life of patients in both groups improved substantially. However, those treated with ablation saw greater decrease in symptoms of atrial fibrillation, such as fatigue and shortness of breath, and these quality of life improvements were sustained over the five-years of follow-up.

At baseline, 86 percent of patients in the ablation group and 84 percent on drug therapy reported atrial fibrillation symptoms during the previous month. By the end of the study, however, there had been a significant decrease in symptoms – with only 25 percent of patients in the ablation arm reporting symptoms compared to 35 percent in patients treated with drug therapy alone. The researchers also noted that patients with the most severe quality of life impairments at the time of enrollment in the study showed significantly greater improvement after catheter ablation than patients with initially mild symptoms. [Source: NIH News Release | March 15, 2019 ++]

COPD ► **Causes Permanent Damage to the Lungs and Narrows the Airways**

Chronic obstructive pulmonary disease (COPD) causes permanent damage to the lungs and narrows the airways (bronchi). This makes breathing difficult once the disease has reached an advanced stage. At that point, even everyday activities such as climbing stairs, gardening, or taking a walk can leave you out of breath. COPD doesn’t arise overnight. Instead, it develops gradually over the course of many years. Symptoms like a persistent cough are often initially mistaken for a "normal" smoker's cough or asthma. People often first find out that they have COPD when their symptoms get worse. By that time, many of them are already over 60.

COPD treatments aim to stop or at least slow down the progression of the disease. The most important thing to do is quit smoking. Medicine can relieve symptoms and prevent shortness of breath. Education programs designed for COPD patients can help them cope with the disease.

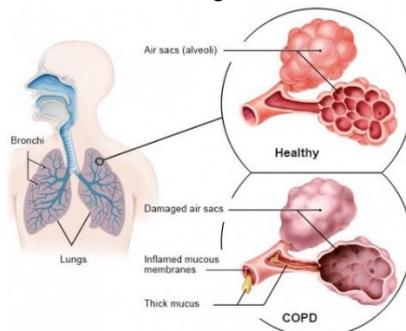
Symptoms -- The potential capacity of your lungs is very large. When relaxed, your body only needs less than a tenth of the amount of air your lungs can handle during strenuous exercise. This flexibility is the reason why lung function can gradually worsen over many years without noticeably affecting your day-to-day life. Shortness of breath caused by COPD only becomes apparent once the capacity of your lungs has already decreased a lot. The typical symptoms of COPD include the following:

- Breathing difficulties during physical exercise – and while at rest in advanced COPD
- Daily cough over a long period of time
- Sputum (coughed-up phlegm)
- Breathing sounds such as wheezing
- Symptoms that get worse when you have a cold or flu

Phases in which the disease suddenly gets much worse, known as flare-ups or exacerbations, are also typical. They are usually characterized by acute episodes of shortness of breath and more coughing with sputum.

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Causes -- Several factors play a role in the development of COPD. One is persistent inflammation of the bronchi. Also, the air sacs (alveoli) in the lungs may become over-inflated. This condition is called pulmonary emphysema. A type of long-term cough called chronic bronchitis may develop if the airways are frequently exposed to harmful substances such as tobacco smoke, dust, or gases. This inflammation destroys the cilia (tiny hairs that line the inside of the bronchi like a carpet). The cilia are normally able to move and are covered by a thin layer of mucus. Dust and germs from the outside air usually become trapped in this mucus layer, which prevents them from reaching the lungs. The cilia then transport the mucus out of the bronchi. This self-cleaning function is very important for healthy lungs. If the cilia are damaged, they aren't able to move the mucus out of the lungs, and the bronchi become clogged.



Damaged air sacs (alveoli)

In pulmonary emphysema, the walls of the air sacs are damaged. Instead of there being many small air sacs, large air sacs develop. This decreases the surface area of the lungs, and less oxygen can enter the bloodstream. If someone has both inflamed, narrow bronchi and pulmonary emphysema at the same time, each can make the other worse.

Risk factors -- There is a strong link between smoking and COPD. Although not all smokers develop COPD, most people who have it do smoke or used to smoke. Other kinds of regular lung irritation, such as exposure to particular types of dust particles in the workplace, can also increase your risk of developing the disease. It is thought that certain factors already present at birth may make some people more likely to develop COPD later on. Examples include problems with lung development in the womb and the rare “alpha-1 antitrypsin deficiency (AATD),” which affects about 1 to 2 out of 100 people who have COPD. It is estimated that between 5 and 10 out of 100 people over the age of 40 have COPD, making it more common than asthma. Men are affected much more often than women.

Outlook -- The symptoms aren't obvious at first, but even people with mild COPD often have a cough with sputum. Their airways are only slightly constricted in the early stages of the disease, so they hardly notice the gradual loss in lung function. Over time, though, they start having more problems breathing during physical exercise. They also start coughing more, with more sputum. Advanced COPD greatly affects your quality of life. Your airways become so

narrow that you get out of breath during everyday activities like washing yourself or getting dressed, or even while resting.

At advanced stages of COPD, the lungs can no longer provide the body with enough oxygen. This also affects other organs such as the heart, which now has to pump more blood through the lungs. The increased workload causes part of the muscle on the right side of the heart to grow. The medical term for this is pulmonary heart disease or “cor pulmonale.” The heart becomes weaker as a result, which can lead to things like water retention in the legs and the rest of the body. Because of the problems caused by physical exertion, people with COPD exercise less. This means that they lose muscle mass, which makes them even less physically fit. In people with COPD, respiratory infections that would otherwise be harmless can cause their lung function to suddenly decline and make their symptoms a lot worse. These attacks, called flare-ups or exacerbations, often need to be treated in the hospital. Flare-ups may also be caused by smoke, exhaust fumes or certain weather-related conditions such as heat, cold or high humidity. The following are typical signs of a flare-up:

- More sputum (coughed-up phlegm)
- Colored sputum, sputum with pus, or sputum that is thicker and stickier than usual
- More shortness of breath than usual
- More coughing than usual
- Increased need for medication
- Fever, decreased physical fitness, feeling more tired or other nonspecific symptoms

Suddenly finding it harder to breathe usually makes people feel anxious, which can lead to even more trouble breathing. It is helpful to know how to react in these kinds of situations. An emergency plan of action can be useful here: It describes the typical symptoms and provides information on things like when it might be a good idea to change your medication schedule or dose, and when to see a doctor or go to hospital.

Diagnosis -- COPD often goes undetected at first. Smokers in particular often think it is simply a harmless “smoker’s cough.” But symptoms like a persistent cough and frequent shortness of breath can be signs of COPD. Initial tests can often be done by a family doctor. Any additional examinations need to be done by a lung specialist (a pulmonologist). Your doctor will first do a physical examination, ask about any other conditions you have, and take a blood sample. This is followed by tests that measure the performance of your lungs (lung function tests, spirometry). Depending on the results, further tests may be done to rule out other conditions such as asthma, heart failure, or lung cancer. These tests can also be used to find out how advanced COPD is and determine the risk of complications. This is important when it comes to planning your treatment.

Pulmonary rehabilitation helps people with COPD to better cope with their disease and to live as normal a life as possible. To help reach this goal, a treatment plan based on individual needs is created. The treatment plan includes a combination of physical exercise, an educational program on dealing with the disease and the treatment, and social and emotional support.

[Source: www.informedhealth.org/chronic-obstructive-pulmonary-disease-copd.2481.en.html | March 2019 ++]

Postpartum Depression ► **Bench-To-Bedside Journey For Treatment Drug**

The birth of a baby can trigger a jumble of powerful emotions, from excitement and joy to fear and anxiety. But it can also result in something you might not expect — depression. Most new moms experience postpartum “baby blues” after childbirth, which commonly include mood swings, crying spells, anxiety and difficulty sleeping. Baby blues typically begin within the first two to three days after delivery, and may last for up to two weeks. But some new moms experience a more severe, long-lasting form of depression known as postpartum depression. Rarely, an extreme mood disorder called postpartum psychosis also may develop after childbirth.

New fathers can experience postpartum depression, too. They may feel sad or fatigued, be overwhelmed, experience anxiety, or have changes in their usual eating and sleeping patterns — the same symptoms mothers with postpartum depression experience. Postpartum depression isn't a character flaw or a weakness. Sometimes it's simply a complication of giving birth. If you have postpartum depression, prompt treatment can help you manage your symptoms and help you bond with your baby. Postpartum depression may be mistaken for baby blues at first — but the signs and symptoms are more intense and last longer, and may eventually interfere with your ability to care for your baby and handle other daily tasks. Symptoms usually develop within the first few weeks after giving birth, but may begin earlier — during pregnancy — or later — up to a year after birth. Postpartum depression signs and symptoms may include:

- Depressed mood or severe mood swings
- Excessive crying
- Difficulty bonding with your baby
- Withdrawing from family and friends
- Loss of appetite or eating much more than usual
- Inability to sleep (insomnia) or sleeping too much
- Overwhelming fatigue or loss of energy
- Reduced interest and pleasure in activities you used to enjoy
- Intense irritability and anger
- Fear that you're not a good mother/father
- Hopelessness
- Feelings of worthlessness, shame, guilt or inadequacy
- Diminished ability to think clearly, concentrate or make decisions
- Restlessness
- Severe anxiety and panic attacks
- Thoughts of harming yourself or your baby
- Recurrent thoughts of death or suicide

Approximately 1 in 9 women in the United States experiences symptoms of postpartum depression, according to the Centers for Disease Control and Prevention. Untreated, postpartum depression may last for many months or longer. Now, the Food and Drug Administration (FDA) has approved brexanolone, an analog of the endogenous human hormone allopregnanolone and the first drug specifically designed to treat postpartum depression.

Some psychiatric drugs owe their discovery to chance — serendipitous observations of clinical benefit — or a process of incremental improvement based on drugs previously discovered by chance. Not so with brexanolone, which has a truly novel mechanism of action and was developed by design, thanks to a series of basic and translational neuroscience studies. FDA approval represents the final phase of a bench-to-bedside journey for this drug — a journey that began in the NIMH Intramural Research Program (IRP).

In the 1980s, NIMH IRP researchers discovered that metabolites (products formed when the body breaks down or “metabolizes” other substances) of the steroid hormones progesterone and deoxycorticosterone bound to and acted upon receptors for gamma-aminobutyric acid (GABA) — a major inhibitory neurotransmitter in the brain. These steroids were found to amplify GABA-activated chloride ion currents, thereby impacting the excitability of neurons. This finding led to a series of studies, completed by researchers in the NIMH IRP and by researchers at institutions funded by NIMH that clarified how these metabolites fluctuate during times of stress and during the estrous cycle in rats and the menstrual cycle in humans. Research indicated that the concentration of one of these metabolites (allopregnanolone) increases during pregnancy, but then drops after birth. In some women, this drop triggers the development of depression and anxiety.

A biopharmaceutical company utilized these basic research findings to develop **brexanolone**, a drug that can be used to treat postpartum depression by restoring levels of this metabolite. Successful clinical trials have led to FDA

approval of an injectable version of this drug. [Source: <https://www.mayoclinic.org> & National Institute of Mental Health & | Press Release | March 19, 2019 ++]

Fatty Liver Disease ► Estimated 100 Million People in the U.S. Are Impacted by the Disease.

When Navy submarine veteran Patrick Peck discovered that he was at risk of severe liver damage due to fat around the organ, he was surprised. “I assumed that cirrhosis of the liver just meant that you were a drunk,” he said. While many believe heavy alcohol consumption to be the sole cause of cirrhosis of the liver, at least 40 percent of the general population is suffering from what is known medically as non-alcoholic fatty liver disease. Left unchecked, it could progress to things like severe scarring of the liver, which will lead to cirrhosis, liver cancer, liver failure or even death.

The American Liver Foundation estimates that around 100 million people in the U.S. are impacted by the disease. Aging and health issues such as obesity, Type 2 diabetes, high blood pressure and cholesterol are some of the primary risk factors for people getting it. Outside of these risk factors, patients rarely show symptoms and there is no way to identify the disease in a primary care setting. It requires highly specialized screening to find it. Since no such treatment exists, there is a worldwide study of a new drug treatment for the disease called **ela fibranor**. The medication will be a pill that treats the disease through improving glucose and fat metabolism in the liver. The hope is that the treatment will halt the progression of the disease and, ideally, reverse any scarring or damage that came as a result of it.

For the past few years, Dr. Wing-Kin Syn and his colleagues in gastroenterology at the Ralph H. Johnson VA Medical Center have been part of that study. Now in phase three of that study, which is right before they apply for Food and Drug Administration approval, they are running a clinical trial to test the overall effectiveness of the drug and any potential side effects that may come from taking it. Peck is one of the patients involved in the trial. “I feel blessed that all of the things that fell into place to bring me here all came together,” he said.

Since he didn’t consider himself to be a heavy drinker, Peck didn’t suspect that his liver was the cause of his worrisome blood tests results during an annual physical in 2017, although he knew he had Type 2 diabetes. He was drinking three to four drinks a month, at most, he said. His mother, who struggled with alcoholism, died from cirrhosis of the liver, so to him, his lack of an intense drinking habit kept his liver safe. After several tests came back inconclusive as far the cause of his blood test results, his primary care physician, Dr. Robert Glass, eventually recommended that he consult Dr. Syn at the VA. “He was key to me getting to Dr. Syn,” Peck said.

The importance of this connection is that the VA Medical Center is one of the few locations in South Carolina with highly specialized equipment and experts to screen for and treat this specific type of liver disease. They are also one of less than five medical facilities nationally with a new non-invasive ultrasound-based sonar elastography device that can give a detailed examination of liver stiffness to determine if someone has fatty liver disease and the severity of it. “It reduces your need for a liver biopsy,” Syn said. When Peck was screened by Syn in August 2017, his results weren’t good. “He said you have a lot of liver stiffness,” Peck said. For Peck, Syn believes it was his Type 2 diabetes that put him at risk. In addition to the misconception about alcoholism, Syn and many specialists consistently highlight that fatty liver disease is a pressing public health matter along with diabetes and obesity.

According to the S.C. Department of Health and Environmental Control, one in eight adults have diabetes. In a 2018 report by the United Health Foundation, it found that in the past six years, obesity in South Carolina increased by 11 percent. With Type 2 diabetes and obesity as key factors in causing fatty liver disease, Syn argues that prevalence of the disease is increasing in tandem with the increased rates of obesity and diabetes. Since it is also a silent disease, meaning the majority of patients will have no symptoms, Syn estimates that there are potentially way more people living with the silent liver disease. In the past where they have seen patients in their 60s with the disease, he said they now have seen patients with it as young as their late 30s. “Of the 40 percent prevalence in the country, it’s the tip of the iceberg that’s been diagnosed,” he said.

Though it is possible for someone to live with the disease without it progressing to cirrhosis, it's still vital for a person to consult with a specialist to confirm that they are one of those lucky individuals, Syn said. Also, since experts have determined that the liver can regenerate, early detection and less damage can make that regeneration a lot easier. After Peck got confirmation that he had the disease, he was immediately presented with the option to be a part of the clinical trial with elafibranor. After an intense application process and signing a more than 20-page contract, Peck committed to a six-year trial with the drug.

Today, though his stiffness in his liver has reduced, his results look promising, and his diabetes is looking better, neither Syn nor Peck can be certain that he is even getting the drug. While some trial participants were given the actual medication, some were given a placebo. But because the results have been noticeable, they are hopeful. "Everything's been better since I met Dr. Syn," Peck said. Syn is even more hopeful that the treatment will be effective and available to the public in the future. "The bottom line is that the results are promising," he said. [Source: The Post and Courier | Jerrel Floyd |Mar 19, 2019 ++]

Macular Degeneration Update 03: Calcium-Rich Diets Do Not Appear to Increase AMD Risk

Eating a calcium-rich diet or taking calcium supplements does not appear to increase the risk of age-related macular degeneration (AMD), according to the findings of a study by scientists at the National Eye Institute (NEI). AMD is a leading cause of vision loss and blindness among people age 65 and older in the United States. The study findings are published in JAMA Ophthalmology.

The findings contradict an earlier study indicating that high levels of calcium were associated with increased prevalence of AMD, but they are consistent with another suggesting that calcium has a protective role in AMD. "Although the findings suggest that high calcium intake may be protective, the jury is still out on whether people should alter their calcium intake to prevent the onset or progression of AMD," said the study's lead investigator, Emily Chew, M.D., director of the Division of Epidemiology and Clinical Applications and the deputy clinical director at NEI, which is part of the National Institutes of Health.

"These latest findings provide no evidence that there is a need to change the management of calcium intake for individuals who are already taking calcium for other medical indications," Chew said. An estimated 50 percent of men and 65 percent of women in the United States regularly use calcium supplements, which in addition to building strong bones and teeth, are commonly used to prevent and treat osteoporosis. Recommended daily amounts of calcium are 1,000 mg for adults 50 and younger and 1,200 mg for those older than 50.

Chew and colleagues investigated the relationship between calcium intake, by diet and/or supplements, and AMD onset, or its progression. They analyzed data from a previous investigation known as the Age-Related Eye Disease Study (AREDS). That landmark multicenter trial funded by the NEI assessed a range of nutrients and their effects on onset and progression of AMD and cataract. Focusing specifically on calcium, these latest findings looked retrospectively at 4,751 AREDS participants who had been followed for an average of 10 years. Self-reports of calcium intake were collected using a questionnaire asking about the frequency with which people ate calcium-rich foods and whether they regularly used calcium supplements in the past year. At baseline, participants had no AMD, intermediate AMD (large deposits known as drusen in the retina of both eyes), or late-stage AMD in one eye.

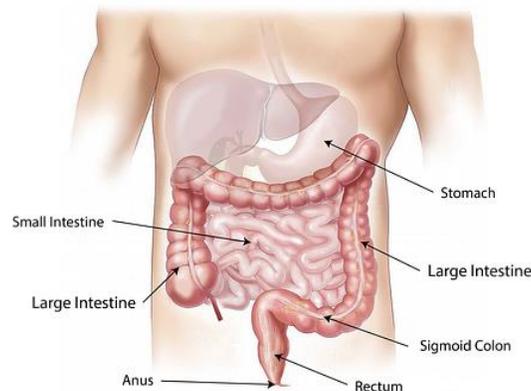
As participants got older, an association between calcium intake and AMD risk reduction emerged. People with the highest intake of calcium from dietary or supplement sources had a lower risk of developing late-stage AMD compared with those in the lowest calcium intake groups. Chew emphasized that this suggestion of a benefit from calcium could be due to confounding factors. For example, people who are mindful to maximize their calcium intake may be more likely to also eat a healthy diet, exercise and take prescribed medications – all of which could also lower AMD risk.

Most importantly, the findings underscore the need for prospective investigations to resolve the issue of whether calcium is protective against AMD, and whether calcium intake impacts the development of drusen or the different subtypes of AMD, Chew said. This study is supported by the intramural program funds and contracts AREDS (Contract NOI-EY-0-2127) from the NEI. Visit <https://nei.nih.gov/health/maculardegen> for more information about AMD. [Source: National Institute of Health Knight | March 19, 2019 ++]

Colon Cancer Update 06 ► Annual Deaths Exceed Total Vietnam War U.S. Combat Deaths

Colorectal cancer is the third most common cancer in the U.S. It is also the second leading cause of cancer deaths, behind lung cancer. The yearly death toll from colorectal cancer in America exceeds the total number of American combat deaths during the entire Vietnam War. The Veterans Health Administration recommends screening for colorectal cancer in adults age 50 through 75. The decision to screen for colorectal cancer in adults age 76 through 85 should be an individual one, taking into account the patient's overall health and prior screening history.

In the past decade, colorectal cancer has emerged as one of the most preventable common cancers. If all men and women age 50 and older were screened regularly, **six out of ten deaths from colorectal cancer could be prevented.** Screening is typically recommended for all between the ages of 50 and 75 years. VA diagnoses some 4,000 new cases of the disease each year in Veterans.



Anatomical graphic of the human digestive system

Colorectal cancer is cancer of the colon or rectum. It's as common in women as it is in men. Most colorectal cancers start as a growth called a polyp. If polyps are found and removed before they turn into cancer, many colorectal cancers can be prevented. Following are answers to 5 common questions regarding symptoms and how to prevent colon cancer.

1. What is colorectal cancer? Colorectal cancer is a cancer that starts in the colon (bowel) or rectum. Most colorectal cancers start with a polyp.

2. What is a polyp? A polyp is a fleshy growth of tissue. Polyps are found in many different parts of the body, including the colon. Most polyps are harmless, but some can turn into cancer.

3. What are the symptoms of colorectal cancer?

In many cases, colorectal cancer may not have any symptoms. It is often found by using a screening test. But you should tell your doctor if you have any of the following symptoms:

- Changes in your bowel patterns. These can include diarrhea, constipation or a narrowing of the stool (feces) for more than a few days.
- Bleeding from your rectum or blood in your stool.

- Feeling that your bowel does not empty completely.
- Cramping, frequent gas, bloating, a feeling of fullness, or vomiting.
- Weight loss when you are not trying to lose weight.

Having these symptoms does not mean that you definitely have cancer. Many of these symptoms can be caused by other problems. You may need tests to know for sure what is causing your symptoms.

4. Should I be screened for colorectal cancer?

Most adults aged 50 through 75 years who are at average risk should be screened for colorectal cancer. Adults at very high risk for colorectal cancer should begin screening earlier than age 50. Several effective screening tests are available including the cards that test for blood in the stool (a "fecal occult blood test" or FOBT and "fecal immunochemical test" or FIT), sigmoidoscopy, and colonoscopy. Ask your doctor when you should start screening and which test is right for you. People between the ages of 76-85 should talk to their doctor to see if screening is still needed. People over 85 do not need to continue screening.

5. How can I prevent colorectal cancer?

- Get Screened. This is one of the best ways to prevent colorectal cancer. Screening can find early cancers that can be treated. Screening also finds polyps that can be removed before they turn into cancer.
 - If you are doing a fecal test at home, be sure to complete the test and return it to your clinic or lab.
 - If you are having sigmoidoscopy or colonoscopy, follow your clinic's instructions for preparation. And be sure to keep your appointment.
- Eat a Healthy Diet. Limit the amount of red meat and processed meats (such as cold cuts) you eat. Diets high in fat can increase your risk of colorectal cancer. To lower your risk, eat more fruits, vegetables, and whole grains (often found in breads and cereals).
- Exercise. Increase your physical activity. Try to be moderately active for 150 minutes or more each week.
- Manage your Weight. Being overweight can increase your risk of colorectal cancer. Visit the MOVE! for information about the VA's Weight Management Program for Veterans.
- Stop Smoking. If you quit smoking, it can decrease your risk of colorectal cancer and other diseases too.
- Limit Alcohol Use. Heavy alcohol drinking can increase your risk. Men should have no more than 2 drinks a day. Women should have no more than 1 drink a day.

[Source: VAntage Point Blog | March 21, 2019 ++]

TRICARE Podcast 493 ► Coverage After Divorce – MilConnect site – Emergency/Urgent Care

Tricare Coverage After Divorce -- Divorce, annulment, or dissolution of a marriage is a TRICARE Qualifying Life Event, or QLE. A QLE allows you and family members to make changes to your TRICARE Prime or TRICARE Select health plan outside of TRICARE Open Season. To help you and your loved ones understand your TRICARE health care options after getting divorced, here are some things to know.

After a divorce, the sponsor remains eligible for TRICARE. This is the same for the sponsor's biological and adopted children. If the sponsor didn't adopt his or her stepchildren, they lose eligibility once the divorce is final. The former spouse only remains eligible for TRICARE if he or she meets certain criteria. If not, the former spouse stays eligible up until the day the divorce is final.

As a former spouse, you may be eligible for TRICARE coverage if you fit into one of two scenarios. Scenario one is the "20-20-20" rule. Under the "20-20-20" rule, you keep TRICARE health care benefits after divorce. Scenario two is the "20-20-15" rule. Under the "20-20-15" rule, former spouses keep all TRICARE health care benefits for one year. Visit www.TRICARE.mil/formerspouses to learn more.

When you qualify for TRICARE as a former spouse, you have the same benefits as a retired family member, and your health plan options depend on where you live. You'll lose TRICARE benefits if you remarry or enroll in an employer-sponsored health plan.

Going through a divorce is difficult. Learn more about how divorce affects TRICARE benefits for spouses and children. Read the TRICARE article, "How Does Divorce Affect Your TRICARE Benefit?" at TRICARE.mil/news.

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MilConnect Website -- MilConnect is a convenient self-service portal that allows you to manage your TRICARE benefits and records. After you register on the milConnect website, you can update your information in the Defense Enrollment Eligibility Reporting System. You can also view or change TRICARE enrollment information, sign up for email notifications, and much more.

If you already have an account, log in to milConnect at www.milconnect.dmdc.osd.mil to verify that your information is correct. Also, turn on email notifications for important updates, including notifications regarding your TRICARE coverage.

Don't have a milConnect account? Register today for one at www.dmdc.osd.mil/identitymanagement.

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Emergency Care and Urgent Care -- Sometimes it's difficult to know what level of care you need. Especially when you're hurt or sick. Learning the difference between emergency and urgent care now, and the rules for your TRICARE plan will help you later.

An emergency threatens life, limb, or eyesight. Examples include severe bleeding, spinal cord or back injury, chest pain, or difficulty breathing. If you have an emergency, go to the nearest emergency room immediately or call 911. If overseas, call the emergency medical service for your area. You want to get in touch with your primary care manager or regional contractor within 24 hours or the next business day after you receive care. Find more information at TRICARE.mil/emergency.

Urgent care is care you need within 24 hours for a non-emergency illness or injury that requires treatment. Examples may include a high fever or sprained ankle. If you go to an urgent care clinic, make sure you follow your health plan's rules for getting urgent care. When possible, visit a TRICARE network provider or a TRICARE-authorized urgent care center to avoid additional out-of-pocket costs. For more information, visit www.TRICARE.mil/urgent.

If it's after hours or you're not sure if you need to see a doctor, you can call the Military Health System Nurse Advice Line. The Nurse Advice Line is available to TRICARE beneficiaries in the U.S. and countries with an established military hospital or clinic. You can call, chat online, or video chat with a registered nurse 24/7. Visit www.TRICARE.mil/nal to learn more.

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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> |March 15, 2019 ++]

TRICARE Podcast 494 ► TRICARE Prime – EOB – Getting Care When Traveling

TRICARE Prime -- TRICARE Prime is similar to a health maintenance organization, or HMO, plan. This means you get most of your care from an assigned or selected primary care manager or PCM. This PCM refers you to

specialists for care that he or she can't provide and works with your TRICARE regional contractor for referrals and authorizations. Depending on where you live and your sponsor's status, other TRICARE Prime options include:

- TRICARE Prime Remote
- TRICARE Overseas Program Prime
- TOP Prime Remote; and the
- US Family Health Plan

TRICARE Prime differs from TRICARE Select, the other TRICARE enrollment health plan. In general, TRICARE Prime offers lower out-of-pocket costs than TRICARE Select, but fewer personal choices for providers. If you're on active duty, you're automatically enrolled in TRICARE Prime. Active duty family members, retirees, and retiree family members may also enroll in TRICARE Prime. In overseas locations, TOP Prime is available to active duty service members and their command-sponsored family members. Under a TRICARE Prime option, you'll get most of your routine care from your PCM. If you need specialty care, you'll generally need to coordinate this with your PCM. Certain services require a referral and prior authorization.

TRICARE Prime generally has the lowest out-of-pocket costs of all the TRICARE health plans. Active duty service members and active duty family members pay no deductible and generally have no costs for TRICARE covered services. To learn more about TRICARE Prime, read "Get to Know Your TRICARE Prime Plan" at www.TRICARE.mil/news.

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Extended Care Health Option -- Do you need help understanding your Explanation of benefits, or EOB? Once your medical claim is processed, both you and your provider will receive an itemized statement with a breakdown of cost-shares and deductibles. This is an EOB. A TRICARE EOB is not a bill. It's only an itemized statement that shows what action TRICARE has taken on your claims. Your EOB will include the date you received the medical service, along with the amount billed, covered, and paid. It will show any balance you owe your provider. It will also tell you how much has been credited toward your annual deductible and catastrophic cap. You should carefully review your EOB to make sure the information is correct. After reviewing your EOB, you can appeal certain decisions about your claim within 90 days of the EOB notice. Visit www.TRICARE.mil/EOB to learn more

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Getting Care When Traveling -- If you're planning a trip this spring, remember that TRICARE travels with you. Whether traveling stateside or overseas, make sure you know what to do in case you or your loved ones become sick or injured on vacation. Learn the rules for getting care and costs associated with your TRICARE health plan, so you can make informed decisions while traveling.

- A few weeks before you pack your bags, prepare by scheduling routine care appointments and filling prescriptions.
- To get help or to find an urgent care provider when traveling, you can always contact your TRICARE regional contractor. When overseas, you can also call the TRICARE Overseas Program Regional Call Center's Medical Assistance number for your location. Most TRICARE beneficiaries can get urgent care without a referral. When possible, visit a TRICARE network provider or a TRICARE-authorized urgent care center to avoid additional out-of-pocket costs.
- In an emergency, call 911 or go to the nearest emergency care facility. If overseas, you can call the Medical Assistance number. If you're admitted to a hospital, call your TRICARE regional contractor or primary care manager within 24 hours or on the next business day after receiving emergency care. You may need to pay upfront for services and file a claim to get money back.

- Maybe you don't need urgent or emergency care, but do need health advice during your travels. Use the Military Health System Nurse Advice Line. It's available in the U.S. and countries with an established military hospital or clinic. Visit the MHS Nurse Advice Line website to chat with a nurse online or to find your location-specific number. If you travel anywhere in the U.S., Guam, or Puerto Rico, you can call 1-800-TRICARE.

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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> | March 21, 2019 ++]

TRICARE Podcast 495 ► TRICARE Webinar - Brain Injury Awareness Month - Provider Types

TRICARE Webinar -- Do you have questions about your TRICARE benefit? Join the "Ask TRICARE" webinar on April 4, from 1 to 2 p.m. Eastern Time. The Q&A webinar will include a panel of subject matter experts to answer your questions about TRICARE health care, pharmacy, and dental programs. Our panelists include representatives from major TRICARE offices and programs, including:

- TRICARE Health Plans
- TRICARE Dental Plans, and the
- TRICARE Pharmacy Program

The "Ask TRICARE" webinar is one of many TRICARE resources to help you get answers to your questions about your TRICARE benefits. You can also visit TRICARE Publications at www.TRICARE.mil/publications for a look at more resources. For example, handbooks, brochures, fact sheets, and newsletters are available. You must register for the webinar and be in the webinar platform to submit a question electronically. Don't miss this unique opportunity to ask questions directly to TRICARE experts. Register to join the "Ask TRICARE" webinar at www.militaryonesource.mil/training-resources/webinars Or, learn more at www.TRICARE.mil/news.

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Brain Injury Awareness Month -- The Department of Defense and Military Health System recognize March as Brain Injury Awareness Month. Before March ends, here are some key things to remember to help you and loved ones prevent and recover from a traumatic brain injury, or TBI.

- You can prevent a mild TBI, also known as a concussion, by making smart decisions in your day-to-day life. Remember to wear a helmet when riding a bicycle or motorcycle, to be safe when playing sports, and drive responsibly.
- Traumatic brain injuries are treatable and recovery is expected. Most people who sustain a mild TBI recover completely.
- Service members returning to duty after any brain injury, even a mild TBI, should take a progressive, stepped approach. Symptoms from the injury may reappear or worsen if a person resumes military training and sports or recreational activities too quickly.
- The first step in recovery from a TBI is recognizing the causes and the symptoms, and seeking medical advice as soon as possible after a head injury. You can download fact sheets and other resources at dvbic.dcoe.mil.

For beneficiaries with TBI, TRICARE offers a comprehensive rehabilitation benefit. It includes occupational therapy, physical therapy, and speech-language pathology services when ordered by a physician as part of a comprehensive individual rehabilitation treatment plan. Learn more at www.TRICARE.mil/CRT.

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Provider Types -- When you need care, you can visit several types of providers. Depending on where your provider is located, you may seek care at a military hospital or clinic or from your TRICARE-authorized provider.

When seeking care outside a military hospital or clinic, your ability to choose a provider may depend on your TRICARE plan, whether you need a referral, and the type of care you need. Seeing TRICARE-authorized providers saves you money and ensures quality treatment. There are different types of TRICARE-authorized providers. The type you see can affect how much you pay and how you file claims. Remember, a provider must be TRICARE-authorized for TRICARE to pay any part of your claim. If you see a provider who isn't TRICARE-authorized, you're responsible for the full cost of care. There are two types of TRICARE-authorized providers. They include network and non-network.

- Network providers have signed an agreement with your regional contractor to provide you care. They file claims for you and accept TRICARE payment as the full payment for covered health care services.
- Non-network providers don't have a signed agreement with your regional contractor. This makes them out of network, also known as non-network. There are two types of non-network providers. They are participating and nonparticipating. Among non-network providers, using a participating provider is your best option.

To learn more about your provider options outside of your military hospital or clinic, read the article "Who You See For Care Matters: TRICARE Provider Types," at www.TRICARE.mil/news.

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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> | March 29, 2019 ++]

* Finances *



VA Loan Refinancing Update 03 ► New Regulations

In a move designed to protect veterans from unscrupulous lenders, the Department of Veterans Affairs is announcing changes to a popular type of VA home loan. There are three major types of VA home loans:

- Home purchase loan
- Cash-out refinance loan
- Interest-rate reduction refinance loan

The new regulations affect cash-out refinance loans and apply to loans issued on or after Feb. 15, 2019.

Basically, a VA cash-out refinance loan allows you to get a new mortgage on your house and take the equity (the difference between what your house is worth and how much you owe on it) as cash. With a cash-out refinance loan, the equity you take out is yours to use for whatever you want: paying bills, home improvements or repairs, college costs, medical bills, etc. The problem is that many unscrupulous lenders will try to sell veterans these types of loans by playing up the fact that the homeowner walks away with a big chunk of cash. The lenders fail to explain that "oh,

yeah, you now owe us more money than before, and you will be paying us back that money for the next 30 years." Many cash-out refinance loans also have higher fees than a normal mortgage, so veterans end up paying a lot more in the long run. The cash-out refinance option can be a good deal if you do your homework and have no other way to get a loan. The problem is that most people don't do their homework; they see only dollar signs.

When Jim Absher, the author of this article, got his VA home loan and moved into his new house, the first five pieces of mail that showed up in his shiny new mailbox were letters from finance companies to refinance my VA loan. After signing about 75 pieces of paper and 50 different checks to finalize my mortgage, the last thing he wanted to do was get a new loan. But apparently he wasn't the only one getting spammed. Regulators realized this was a big enough problem to make a law about it.

The process is called "**churning**" because shady lenders get as many new loans (and the associated closing costs) as possible from unsuspecting veterans by turning around loans really fast. The benefit of these loans to the veteran may be small. In fact, it may even be a worse deal than the existing loan when all the costs are figured in. If you multiply the closing costs, inspection costs, appraisal costs etc. by 1,000 or even 20,000 veterans, we are talking serious money to be made by shady lenders. As a result of complaints against several lenders, Congress realized that regulations were necessary to keep this from happening. So they passed a new law does four main things:

- Most veterans won't be able to get a VA cash-out refinance loan until either 210 days after their first loan payment or after they've made six monthly payments, whichever takes longer.
- Lenders will now be required to give veterans documents that explain all the details of the refinanced loan, so borrowers have a complete picture of what they're paying and saving over time. These documents must be provided when the loan is offered and again at closing.
- Any new fees associated with the refinanced loan must be paid off within 36 months.
- All refinanced loans must have an interest rate at least ½ of 1 percent lower than the original loan.

Hopefully, these new regulations will prevent a few of the scammers out there from ripping off unsuspecting veterans.

[Source: MOAA Newsletter | Jim Absher | March 21, 2019 ++]

Pensions ► **Buyout Policy Change**

The Treasury Department implemented a new policy, reversing a 2015 guideline that effectively prevented employers from offering lump-sum payments in lieu of pensions to individuals or their survivors who are already receiving a monthly pension. The Obama Administration banned the practice, which shortchanges retirees and threatens retirement security for workers and their spouses. The number of Americans with a pension has been shrinking even before this change. According to the Center for Retirement Research at Boston College, in the 1980s, 62 percent of workers had a traditional defined benefit pension. By 2017, that figure had dropped to 17% of workers.

Many people with defined benefit pensions are also at risk of losing them, including public employees, workers whose companies have filed for bankruptcy, and workers in multiemployer pension plans that face the possibility of becoming insolvent. "These companies are offering what may seem like large amounts of money as a one-time payment, but it is actually far less income for the average retiree compared to a traditional pension," said Robert Roach, Jr., President of the Alliance. "Employers are manipulating Americans out of their earned benefits, leaving them financially unprepared for retirement. The continued war on pensions must end."

[Source: Alliance for Retired Americans | March 22, 2018 ++]

Job Scam ► Voicemail from an 'Old Friend'?

Get a voicemail from an "old friend," but the name and voice don't sound familiar? That's because it's really a scam. This crafty voicemail con pretends to be a message from a friend, but it's actually a way to push a phony job opportunity. Employment scams were the riskiest in 2018, according to the BBB Scam Tracker Risk Report. This is just one of many approaches, but it's a clever one.

How the Scam Works

- You receive a voicemail that sounds casual, yet professional. (Listen to the message on BBB.org) The person claims to have spoken with you some time ago. Now they want to "catch up" by discussing your desire to work online. They tell you they've already earned thousands working from home and you can, too. All you have to do is visit their website.
- The truth is, you've never spoken to this person before. From this point, there are a variety of ways the scam can play out. If you visit the website, you may unwittingly download malware onto your computer, giving scammers access to sensitive information. In another version of the scam, con artists may offer you the job through their website and then ask you to give them your personal information for a "background check," or so they can set up direct deposit. In another version, scammers ask you to pay for training before you begin your new job.
- No matter what scam tactics they use, one thing is certain. Scammers will disappear once they have your information or money and you won't receive the job you were promised.

How to Protect Yourself from Job Scams

- Be wary of unusual procedures. An on-the-spot job offer is a red flag. Legitimate companies will want to talk to you before they hire. In addition, be very cautious if an employer asks you to pay them for some kind of service before you begin your job with them.
- Watch out for unsolicited phone calls. If you can't remember talking to a person who claims to know you in a voice message – be careful.
- Double check job positions before applying. Before offering up your personal information in a job application, make sure the open position is legitimate. Visit the company's official website and look for information about the job in question. If necessary, call the office to make sure the job offer is real. If a Google search reveals the same open position on multiple websites or in multiple cities, it's most likely a scam.

For More Information

For more ways to protect yourself against job scams, see BBB.org/EmploymentScams and BBB.org/RiskReport. If you've fallen victim to an employment scam, help others protect themselves by reporting your experience on the BBB.org/ScamTracker.

[Source: BBB Scam Alert | March 15, 2019 ++]

Tech Support Scam 2 ► Compromised IP Address Alleged

Scammers have been duping consumers with a tech support scam that claims your IP address has been compromised. BBB is seeing an increasing number of these cons reported to BBB.org/ScamTracker. There are two versions of this scam you should be ready to spot.

How the Scam Works

- In one version of the scam, a pop-up suddenly appears on your computer screen with an ominous warning from a well-known tech support company. The pop-up will ask you to call a number to resolve the issue. When you call, a "technician" will tell you your IP address is being used by shady individuals. In some reports, scammers claim child pornography websites are using your IP address, and you could be held responsible for their actions. In a second version of the scam, you simply receive a call out of the blue from someone making similar claims.
- In both cases, scammers say they work for a reputable company and can fix the problem, but you'll need to pay a fee and give them remote access to your computer first. Of course, the claims are false! If you believe them, scammers will make off with your money and gain access to any personal information stored on your computer.

How to Protect Yourself from Computer Scams

- Never open attachments or links in emails from unknown senders. These can generate the fake warning pop-ups that prompt you to make a call to scammers. If you do get a suspicious pop-up alert, don't click on anything and restart your computer.
- Be wary of unsolicited calls. A common scam tactic is to make cold calls. Scammers then try to scare you into giving them access to your machine. Don't fold under pressure, simply hang up the phone and block the number.
- Never give strangers remote access to your computer. You should only allow remote access to technicians of trustworthy companies that you contacted through a legitimate customer service number or chat.

For More Information

For more information on computer tech support scams, check out www.BBB.org/TechSupportScam, as well as these videos and tips from the Federal Trade Commission. If you've been the victim of a tech support scam, report it on the BBB Scam Tracker. By reporting your experience, you can help others avoid falling for the same scam.

[Source: BBB Scam Alert | March 22, 2019 ++]

Political Robocall Scam ► Hotly Debated Issue Use To Request Donations

You've likely received a robocall before. A recorded voice offers you an unbeatable deal or claims to be someone they are not. In a new twist, scammers are using hotly debated political issues to grab your attention. These con artists take advantage of buzzy, emotionally-charged news stories to trick unsuspecting consumers into falling for a scam.

How the Scam Works

- You receive a robocall and answer the phone. A recorded voice – perhaps even one that sounds just like President Trump, Speaker Nancy Pelosi, or other prominent politician – explains the purpose of the call. According to one local news story, the border wall is currently a popular topic for these calls. As the 2020 election campaign heats up, other topics will undoubtedly be used as "bait" to grab your interest.
- If you offer to donate, your money won't go to support the political cause. Instead, the phony caller will make off with your money... and your personal information that can be used for identity theft.

How to Avoid Robocall Scams

- *Screen your calls.* If a call comes in from a number you don't recognize, don't answer. Even if the number looks familiar, be wary. Check the number on WhitePages.com (a BBB Accredited Business) to see if it's been flagged with a fraud alert.
- *Don't respond to unsolicited calls.* If you receive an unsolicited call that seems to come from a legitimate business, be cautious. Scammers can fake caller ID, and businesses are only allowed to call you if you give them permission. If someone is calling you out of the blue, it's most likely a scam. Best practice is to hang up the phone without interacting with the caller. Don't "press 1 to be removed from our list;" that just confirms to the scammer that your number is good.

- *Register with the Do Not Call Registry.* This step won't prevent scammers from calling you, but it will reduce the number of legitimate marketing calls you receive, which will make it easier to identify the fraudulent ones. If you live in the US, call 888-382-1222 or register online at donotcall.gov. If you live in Canada, visit the National Do Not Call List here.

For More Information

To learn more about how to avoid robocall scams, read BBB.org/RoboCall. If you've been the victim of a robocall scam, report it on the BBB.org/ScamTracker. By doing so, you can help others protect themselves from falling prey to similar scams. Learn more about scams at BBB.org/ScamTips and learn how to avoid them at BBB.org/AvoidScams.

[Source: BBB Scam Alert | March 29, 2019 ++]

State Taxation of Retirement Income ► SSA & Pension | 2018

Unless you're one of the fortunate few, you've probably squandered money from time to time throughout your life. But if you're hitting your older years, preserving your savings and your income is paramount. So, if you're thinking of making a move to another state, it makes sense to see how much that state is going to squeeze from your retirement income. To take a look at how each state taxes your hard-earned retirement income go to th attachment to this Bullein titled, "**State Taxation of Retirement Income 2018**".

[Source: MoneyTalksNews | Alex Valdes | March 21, 2019 ++]

Tax Burden for North Carolina Retired Vets ► As of MAR 2019

Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. States raise revenue in many ways including sales taxes, excise taxes, license taxes, income taxes, intangible taxes, property taxes, estate taxes and inheritance taxes. Depending on where you live, you may end up paying all of them or just a few. Following are the taxes you can expect to pay if you retired in **North Carolina** in 2019. Note - This state has a statutory provision for automatic adjustment of tax brackets, personal exemptions or standard deductions to the rate of inflation.

Sales Taxes

State Sales Tax: 4.75% - Prescription drugs and medical equipment exempt, and food is subject to 2% county tax. Counties may add up to an additional 2.75% tax.

Gasoline Tax: 52.5 cents/gallon (Includes all taxes)

Diesel Fuel Tax: 58.95 cents/gallon (Includes all taxes)

Cigarette Tax: 45 cents/pack of 20

Personal Income Taxes

Tax Rate: Flat 5.499%

Personal Exemptions: None

Standard Deduction: Single – \$8,750; Married filing jointly – \$16,500.

Medical/Dental Deduction: Federal amount. Income tax credit for premiums paid on long-term care insurance that covers the individual, a spouse or dependent. Credit is equal to 15% of premium cost but may not exceed \$350.

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security is exempt. All other forms of retirement income are taxed at the North Carolina flat income tax rate of 5.499%. The deductions for certain taxpayers of up to \$4,000 for federal, state or local government retirement benefits or up to \$2,000 for private retirement benefits are no longer available as of 2014. For more details on retirement income deductions, [click here](#).

Retired Military Pay: If an individual had five years of creditable service as of August 12, 1989, all military retired pay is exempt from taxes. Otherwise, a deduction of up to \$4,000 is allowed for military pay or survivor's benefits.

Military Disability Retired Pay: Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.

VA Disability Dependency and Indemnity Compensation: VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.

Military SBP/SSBP/RCSBP/RSFPP: Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

Property Taxes

All property, real and personal, is subject to taxation and is assessed based on 100% of appraised value. Taxes are collected by cities and counties. For tax rates refer to <https://www.ncdor.gov/reports-and-statistics/county-and-municipal-effective-tax-rates>

There is an elderly or disabled exclusion which excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of the qualifying owner. A qualifying owner must be at least 65 years old or be totally and permanently disabled. The owner cannot have an income amount from the previous year that exceeds the income eligibility limit for the current year. Refer to <https://www.ncdor.gov/taxes-forms/individual-income-tax> for information about what's new for 2018

The state also has a circuit breaker property tax deferral program. Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. The qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous years does not exceed the income eligibility limit for the current year, which for tax year 2017 is \$29,800, the owner's taxes will be limited to 4% of the owner's income. For an owner whose income exceeds the income eligibility limit, which for tax year 2010 is \$44,400, the owner's taxes will be limited to 5% of the owner's income.

Inheritance and Estate Taxes

On June 27, 2011, a bill was signed into law by North Carolina governor Beverly Perdue. This law clarifies that the North Carolina estate tax does not apply to the estates of decedents who died in 2010 but will apply to the estates of decedents dying on or after January 1, 2011 with a \$5,000,000 exemption, which is indexed for inflation in 2012 so that the 2018 exemption is \$5,450,000.

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 visit the North Carolina Department of Revenue site <https://www.ncdor.gov>. [Source: <https://www.retirementliving.com/taxes-new-york-wyoming#NORTHCAROLINA> | March 2019 ++]



Notes of Interest ► 16 thru 31 MAR 2019

- **Legislators.** Contact info for all legislators is available at <https://www.house.gov/representatives/find-your-representative> & https://www.senate.gov/general/contact_information/senators_cfm.cfm.
- **Tires.** A wealth of information can be found at <https://www.discounttire.com/learn> on tire basics, construction, replacing, and the wheels they are mounted on.
- **Specialty Drugs.** Click on [Prices for and Spending on Specialty Drugs in Medicare Part D and Medicaid](#) for CBO's latest report. They are defined as:
 - Cost at least \$6,000 a year in 2015
 - Is initiated or maintained by a specialist
 - Is administered by a health care specialist
 - Requires special handling in the supply chain
 - Is associated with a patient payment-assistance program
 - Is distributed through nontraditional channels (such as a specialty pharmacy), or
 - Requires monitoring or counseling
- **Ageing.** If you are feeling old perhaps you can find some inspiration in this music video with Clint Eastwood at <https://newsletter.biggeekdad.com/t/i-l-nurkug-bhukrhuhd-r>. And then there is the gentleman who just can't believe how old he is at <https://youtu.be/McRNSFGwqtY>.
- **Iran.** Iranian leaders announced on 18 MAR the construction of two new nuclear plants which are being built in conjunction with Russia. On the same day Iran announced it would be filing papers accusing the United States of "crimes against humanity."
- **Climate Change.** Facts matter. Listen to the founder of the weather channel talk about climate change at <https://www.facebook.com/watch/?v=550767082090547>.
- **Suicide.** National Suicide Prevention Month is in September, but with statistics showing incidents of self-inflicted death on the rise, there's no better time than the present to highlight measures to prevent suicide. In the United States, 47,173 people reportedly died by suicide, making it the 10th leading cause of death in 2017.
- **VA.** Nearly half of World War II veterans took advantage of VA education programs. Since 1944, VA has paid about \$400 billion in education benefits to 25 million beneficiaries. Also, nearly 24 million home loans have been guaranteed by VA since 1944. In Fiscal 2018, VA guaranteed more than 610,000 loans totaling more than \$161 billion
- **Cars.** At https://www.youtube.com/watch?v=FSvSPJ_Hfpg Red Green shows us how to upgrade the engine on a 1968 Camaro by increasing the capacity of the carburetor. Don't be intimidated by the complexity of this engine upgrade as the parts are readily available and it's not as difficult as it looks.
- **Food Stamps.** Check out <https://youtu.be/23mfSLFklrM>. Politics aside, 3½ million fewer users says something must be working right.
- **Goin Home.** At <https://youtu.be/jpt6Bvr2L-s> watch the at sea burial of Navy Gunner Loyce Deen Edward who was Killed In Action by anti-aircraft fire over Manila in WWII,
- **Vet Disability Rates.** Post-9/11 active-duty veterans have disability rates significantly higher than those of previous generations, according to a government report. About 41% of those who served after 9/11 in Afghanistan, Iraq and other war zones have disability ratings from the Department of Veterans Affairs,

compared to 25% of veterans of other eras, according to the annual survey of veterans employment and status by the Department of Labor's Bureau of Labor Statistics.

- **The Good, The Bad, and the Ugly.** At <https://youtu.be/enuOArEfqGo> the Danish National Symphony Orchestra does a great listen. If you like that one you will most likely enjoy the James Bond Medley at <https://youtu.be/J4jdUhxOz0M>
- **Bob Dole.** Former U.S. Sen. of Kansas has been promoted from captain to colonel for his service in the Army during World War II. Both chambers of the U.S. Congress have unanimously passed a bill promoting the 95-year-old Dole. He earned two Purple Hearts and two Bronze Stars for valor for his service in the war. Dole was an infantry lieutenant in 1945 when he was wounded by German machine gun fire, which left him with limited use of his right arm. Dole represented Kansas in the U.S. House and Senate for a total of 35 years and ran unsuccessfully for president in 1996.
- **The Wall.** The Democratic-controlled House fell short 26 MAR in its effort to override President Donald Trump's first veto, handing him a victory in his drive to spend billions more for constructing barriers along the Southwest border than Congress has approved.
- **Mortgage Rates.** Rates posted their biggest weekly drop in more than a decade amid concerns about a slowing economy According to Freddie Mac's Primary Mortgage Market Survey. The average 30-year fixed-rate mortgage dropped by 22 basis points, down to 4.06 percent with an average 0.5 point from 4.28 percent, for the week ending on 28 MAR, according to the survey's results. The average 15-year fixed-rate mortgage dropped to 3.57 percent from 3.71 percent.

[Source: Various | March 31, 2018 ++]

USS Cole Lawsuit ► Invalid | Supreme Court Rules Sudan Misnotification

The Supreme Court on 26 MAR threw out a nearly \$315 million judgment against Sudan stemming from the bombing of the guided-missile destroyer Cole, saying Sudan hadn't properly been notified of the lawsuit. The justices ruled 8-1 that notice of the lawsuit should have been mailed to Sudan's foreign ministry in the country's capital, Khartoum. The notice was instead mailed to Sudan's embassy in Washington. The lawsuit the justices ruled in involves sailors who were injured in the 2000 bombing of the Cole in Yemen. Sailors and their spouses sued Sudan in a U.S. court, arguing that Sudan had provided support to al-Qaida, which claimed responsibility for the Cole attack. A total of 17 sailors died when the ship was struck by a bomb-laden boat. Dozens of others were injured.

In order to alert Sudan to the lawsuit, the group mailed the required notice to Sudan's embassy in Washington. Sudan didn't initially respond to the lawsuit in court, and a judge entered an approximately \$315 million judgment against the country. Sudan then tried to get the judgment thrown out. Sudan and the sailors who were suing disagreed about the requirements of a 1976 law, the Foreign Sovereign Immunities Act. The statute lays out how to properly notify another country of a lawsuit filed in a U.S. court. If other agreements between the countries don't exist, the law says that notice should be "addressed and dispatched ... to the head of the ministry of foreign affairs of the foreign state concerned."

Lawyers for Sudan and for the U.S. government had argued that the best reading of that phrase is that it requires the notice to be sent to the foreign minister in the foreign country. The Supreme Court agreed. Justice Samuel Alito, writing for the majority, noted that the ruling is "not the end of the road" for the injured sailors and their spouses who sued. They can try re-sending notice of the lawsuit, this time to Sudan's foreign ministry in Khartoum. If that fails, they have yet another option, sending it through diplomatic channels. Justice Clarence Thomas dissented, saying he believed the sailors complied with the Foreign Sovereign Immunities Act by sending notice of the lawsuit to the embassy.

The court's decision is also relevant to a second case filed over the Cole bombing, one filed by family members of the 17 sailors who died in the attack. In that case, notice of the lawsuit was also sent to Sudan's embassy. An appeals court threw out a \$34 million judgment as a result. Beyond the current case, the high court's decision will most directly impact victims of terrorist attacks abroad who want to use U.S. courts to sue foreign countries that allegedly provided support for those attacks. The case is 16-1094, Republic of Sudan v. Harrison. [Source: The Associated Press | Jessica Gresko | March 27, 2019 ++]

Nuclear Weapons Arsenal Update 05 ► Modernization Need Fight Heats Up in Congress

U.S. lawmakers have drawn battle lines over whether full nuclear modernization is worth the cost, and now they're gathering ammunition. As the Republican-led Senate and Democratic-led House prepare competing versions of the annual defense policy bill, they've been soliciting expert testimony to build their arguments on one of the key defense budget fights to come: How much nuclear modernization does America need?



An unarmored Minuteman III ICBM launches during an operational test on Nov. 6, 2018, at Vandenberg Air Force Base, Calif.

Citing a \$1.2 trillion Congressional Budget Office estimate, House Armed Services Committee Chairman Adam Smith (D-WA) supports nuclear modernization but argues that America can spend less and still deter its foes. He's called for America to adopt a no-first-use policy for nuclear arms and opposed both the Obama-era Long-Range Standoff Weapon and the Trump administration's low-yield W76-2 warhead. Smith hosted a 6 MAR hearing with outside experts at which Bruce Blair, a former U.S. missile-launch officer and now a nuclear security expert at Princeton University, said the nation could maintain "a fully adequate deterrent threat" with a monad of five Ohio-class nuclear-powered submarines — rather than the established triad of submarines, bombers and intercontinental ballistic missiles.

The focus, Blair said, should be on repairing dangerous vulnerabilities in nuclear command-and-control infrastructure. "There's concern that the president who has only about five minutes under current strategy to make a decision on whether and how to retaliate to an attack — five minutes [in which he] may have to rely on information that has been corrupted," Blair said. But the hearing also highlighted intra-party divisions Smith may have to confront as his committee drafts its version of the fiscal 2020 National Defense Authorization Act.

During the hearing, Virginia Democratic Rep. Elaine Luria, who served as a nuclear-trained Navy surface warfare officer and represents defense industry-heavy Hampton Roads, said the panel needs to be "steadfast in its support for maintaining and modernizing the [entire] nuclear triad." She called it "dangerous to allow someone to come before this committee and suggest the United States should reduce or completely eliminate its stockpile." "To suggest that other countries will follow suit out of the goodness of their heart — in fact, I think we've seen the opposite in the last 10 years," Luria said.

In recent weeks, Senate Armed Services Committee Chairman Jim Inhofe (R-OK) and other nuclear modernization advocates have diligently elicited public support from at least four flag officers to modernize the nuclear triad. Inhofe spelled out his game plan at a 28 FEB hearing on nuclear policy. “We’re going to be doing our defense authorization bill, and we’re going to try to get everything on schedule, as we did last year, but we’re going to have to resolve these things,” Inhofe said. “We want to get the best experts around, and that’s why we’re doing it with the uniforms and with those outside [of government].” In multiple hearings so far this year, Inhofe has pointed to Russian and Chinese efforts to develop their own nuclear triads, and suggested the U.S. has neglected its own aging arsenal. How right he is depends on who you ask.

The U.S. isn’t on track to begin fielding replacements for its Cold War-era triad until the mid- to late 2020s, while Russia will have modernized nearly all of its bombers, land-based missiles and submarines by 2021, according to Peter Huessy, a defense consultant and nuclear expert with the Mitchell Institute for Aerospace Studies. China is expected to have a fully modernized and expanded nuclear deterrent with mobile ICBMs, a new missile-armed submarine and long-range cruise missiles by the end of the next decade.

Kingston Reif, a nuclear policy expert with the Arms Control Association, acknowledged that other nuclear-armed states, notably Russia and China, are upgrading their arsenals and have tested, produced and deployed more brand-new weapons than the United States over the past decade or so. However, he added, the American nuclear arsenal remains unrivaled. “The U.S. military has refurbished and improved nearly all of its existing strategic and tactical delivery systems and many of the warheads they carry to last well beyond their planned service life,” Reif said in an email to Defense News. “Though decades old, these forces are more capable than the originals.”

In an exchange with Inhofe at a 5 MAR SASC hearing, U.S. Strategic Command chief Gen. John Hyten called the nuclear triad “the most important element of our national defense,” adding that, “because of the capabilities of each leg of the triad, I have the ability to respond to any threat.” Hyten called the modernization program “minimum essential capabilities required to defend this nation” from Russia and China, whose capabilities pose “the most existential threat.”

At a separate hearing, Inhofe asked the chief of U.S. European Command to respond to the idea that “we’ve been guilty, I think, for a long period of time in not addressing our nuclear modernization,” while Russia and China were developing their own triads. The commander, Army Gen. Curtis Scaparrotti, agreed the strategic nuclear force was “critical” and that the triad is necessary “to make it complex for our adversaries to determine or believe that they have the opportunity to strike and gain dominance. With the triad, I’m certain that they can’t. I would note that they also have a triad as well.”

The chairman of the SASC Strategic Forces Subcommittee, Nebraska Republican Sen. Deb. Fischer, has been vocal in and outside of hearings. Fischer, whose state is home to Strategic Command, has challenged Smith by name in multiple news releases — one claiming the no-first-use policy Smith advocates, “erodes deterrence,” and also that his skepticism about ICBMs “ignores reality.” Both Fischer and Inhofe had U.S. Cyber Command chief Gen. Paul Nakasone during a 14 FEB hearing affirm that cyber capabilities are no substitute for a nuclear arsenal.

Then a month later, Fischer also asked Gen. Joseph Dunford, the Joint Chiefs chairman and top uniformed officer under President Donald Trump and President Barack Obama, whether he found “this idea of direct substitution unwise.” That, in turn, elicited a reply in full support of nuclear modernization and the triad. “We, as you know, have looked at this through more than three or four administrations in a row,” Dunford said, “and we concluded that the current construct of the triad with a robust nuclear command-and-control capability is the most effective way to raise the threshold for the use of nuclear weapons by any potential adversary.” [Source: DefenseNews | Joe Gould | March 22, 2019 ++]

Russia Missile Program Update 01 ► Burevestnik & Avangard Status

Russian President Vladimir Putin bragged a year ago that his country had a new nuclear-powered missile with unlimited range. But the Kremlin will only produce a few of them because the weapon has yet to complete a successful test and is too expensive to develop, according to sources with direct knowledge of a U.S. intelligence report on the weapons program. Russia's cruise missile Burevestnik, referred to as "Skyfall" in American intelligence reports, was tested once earlier this year. Prior to that, the weapon was tested four times between November and February in 2018, each resulting in a crash, according to sources who spoke to CNBC on the condition of anonymity.

The U.S. assessed that the longest test flight lasted just more than two minutes, with the missile flying 22 miles before losing control and crashing. The shortest test lasted four seconds and flew for five miles. The tests showed that the nuclear-powered heart of the cruise missile failed to initiate and, therefore, the weapon was unable to achieve the indefinite flight Putin had boasted about. The weapon, which has been in development since the early 2000s, is believed to use a gasoline-powered engine for takeoff before switching to a nuclear-powered one for flight, sources explained. One U.S. intelligence report assesses that the Burevestnik will not be combat-ready for another decade, despite Putin's claim that the "invincible" weapon has a proven capability.



Putin's push to develop weapons of this caliber has sparked concerns of a budding arms race among China, the U.S. and Russia. What's more, the latest revelations come a little more than a year after the Russian leader touted his nation's growing hypersonic arsenal. Of the six new weapons Putin unveiled last March, CNBC learned that two of them, a hypersonic glide vehicle and air-launched cruise missile, will be ready for war by 2020. The hypersonic glide vehicle, dubbed Avangard, is designed to sit atop an intercontinental ballistic missile. Once launched, it uses aerodynamic forces to sail on top of the atmosphere. One U.S. intelligence report, according to a source, noted that the hypersonic glide vehicles were mounted to Russian-made SS-19 intercontinental ballistic missiles — and one test featured a mock warhead. Previous intelligence reports, which were curated last spring, calculate that Avangard is likely to achieve initial operational capability by 2020, a significant step that would enable the Kremlin to surpass the U.S. and China in this regard. Additionally, work is underway to mount the weapon on a strategic bomber.

On 21 MAR, CNBC reported that nearly 20 of these Russian missiles were recently moved to a military testing site, signaling another milestone for the Kremlin's hypersonic weapons program. Currently, the United States does not have a defense against hypersonic weapons, which can travel at least five times the speed of sound, or about one mile per second. [Source: CNBC | Amanda Macias | March 22, 2019 ++]

EMP Threat Update 01 ► Trump Signs Executive Order to Guard U.S. Infrastructure Weaknesses

President Trump on 26 MAR signed an executive order directing federal agencies to identify the threats posed by potential electromagnetic pulses (EMP), which are believed to be potentially dangerous to critical infrastructure like the electric grid, and find ways to guard against them. Senior administration officials told reporters during a call Tuesday that the order will direct federal agencies to coordinate in assessing the threats that EMPs pose, and find ways to prevent their impact. An EMP is a burst of electromagnetic energy that can be caused by a nuclear weapon or solar storms.

White House press secretary Sarah Huckabee Sanders said in a statement that the order will create an environment that promotes private-sector innovation to strengthen our critical infrastructure. "Today's executive order – the first ever to establish a comprehensive policy to improve resilience to EMPs – is one more example of how the administration is keeping its promise to always be vigilant against present dangers and future threats," she said. The officials noted during the call with reporters that the national security strategy released in 2017 was the first to identify EMPs as a threat, and that the executive order will build off that work. "We are taking concrete steps to address this threat," one senior administration official said. "The steps that we are taking are designed to protect key systems, networks and assets that are most at risk from EMP events."

The order signed by Trump directs agencies to identify pieces of critical infrastructure, like the electric grid, that could potentially be impacted by an EMP. It tasks national security adviser John Bolton with overseeing the order's implementation. Under the directive, Homeland Security Secretary Kirstjen Nielsen has 90 days to create a list of national critical systems that, if disrupted, would cause harm to public safety or national security, and then a year to identify critical infrastructure that could be impacted by EMPs. Other parts of the order require the Homeland Security chief to later review data on the potential impact of EMPs, and for the Energy Secretary to create benchmarks laying out the effects of different kinds of EMPs. The secretaries of Homeland Security, Defense and Energy are also required to submit an annual report to the president on how to best make critical infrastructure resilient to EMP attacks.

The Departments of Homeland Security, Defense, Energy, Commerce and the Office of the Director of National Intelligence are among the agencies involved in the executive order. Senior administration officials told reporters that the executive order was not in response to new intelligence showing that the U.S. could soon experience an EMP attack, but is rather "driven more on overall risk than just threat." "We're taking action on longstanding recommendations from the scientific community," one senior administration official said, "and recognizing that we have to work with our partners across the board to make sure that we've got a risk-based approach here that balances threat but also looks at the vulnerabilities and potential consequences associated with EMP events." [Source: The Hill | Jacqueline Thomsen | March 26, 2019 ++]

Iran's American Prisoners ► Navy Vet Sentenced to 10 Years

A thirteen year U.S. Navy veteran from California has been sentenced to 10 years in prison in Iran, his lawyer said 17 MAR, becoming the first American known to be imprisoned there since President Donald Trump took office. **Michael R. White**, 46, was convicted of two charges, insulting the country's top leader and posting a private photograph publicly, in separate hearings on 6 & 9 MAR, according to the lawyer, Mark Zaid. The basis for the first charge is not yet clear. Iranian authorities have not released details of the charges. Though the case against remains unclear, it comes as Trump has taken a hard-line approach to Iran by pulling the U.S. out of Tehran's nuclear deal with world powers.

Iran, which in the past has used its detention of Westerners and dual nationals as leverage in negotiations, has yet to report on White's sentence in state-controlled media. Its mission to the United Nations did not immediately respond to a request for comment. "Obviously the concern is that the Iranians are using this as a tool against the United States, given the other individuals who are in custody," Washington-based lawyer Mark Zaid told The Associated Press. White's arrest was first reported by IranWire, an online news service run by Iranian expatriates, which interviewed a former Iranian prisoner who said he met White at Vakilabad Prison in the northeastern city of Mashhad in October. Since January, when Iran first confirmed White's arrest, he has not been permitted to contact his family, Zaid said. His court-appointed lawyer for the two hearings did not speak English, Zaid said, adding that the family is working on hiring an Iranian lawyer to handle White's appeal.



In this 2018 photograph released by lawyer Mark Zaid, Michael R. White, right, is seen with his mother, Joanne White

Zaid said the information surrounding the case remained vague. He learned of the sentence from the U.S. State Department, which in turn learned of it from the Swiss government, which looks after American interests in Iran. The State Department said late 16 MAR that it was "aware of the detention of a U.S. citizen in Iran." "We have no higher priority than the safety and security of U.S. citizens abroad," it said, without elaborating on the case.

The New York Times first reported White's 10-year sentence. White's mother, Joanne White, had told the Times that her son, who lives in Imperial Beach, California, went to Iran to see a woman she described as his girlfriend and had booked a July 27 flight back home to San Diego via the United Arab Emirates. She filed a missing person report with the State Department after he did not board the flight. She added that he had been undergoing treatment for a neck tumor and has asthma White worked as a cook in the U.S. Navy and left the service about a decade ago. Zaid said Saturday that White apparently traveled to Mashhad without informing the woman in advance. It remains difficult for Americans to get visas to Iran, 40 years after the Islamic Revolution and the U.S. Embassy hostage crisis. "That's certainly our concern, that's he's being used as a pawn," Zaid said. "But we're more in a confused state than an aware state."

Iranian-American **Siamak Namazi** and his octogenarian father **Baquer**, a former UNICEF representative who served as governor of Iran's oil-rich Khuzestan province under the U.S.-backed shah, are both serving 10-year sentences on espionage charges. Iranian-American art dealer **Karan Vafadari** and his Iranian wife, **Afarin Neysari**, received 27-year and 16-year prison sentences, respectively. Chinese-American graduate student Xiyue Wang was sentenced to 10 years in prison for allegedly "infiltrating" the country while doing doctoral research on Iran's Qajar dynasty.

Iranian-American Robin Shahini was released on bail in 2017 after staging a hunger strike while serving an 18-year prison sentence for "collaboration with a hostile government." Shahini has since return to America and is now suing Iran in U.S. federal court. Also in an Iranian prison is Nizar Zakka, a U.S. permanent resident from Lebanon who advocated for internet freedom and has done work for the U.S. government. He was sentenced to 10 years on espionage-related charges. Former FBI agent Robert Levinson, who vanished in Iran in 2007 while on an unauthorized CIA mission, remains missing. Iran says that Levinson is not in the country and that it has no further information about him, though his family holds Tehran responsible for his disappearance. [Source: The Associated Press | Jon Gambrell | March 17, 2019 ++]

International Criminal Court ► Philippines Withdraws

The Philippines has officially withdrawn from the International Criminal Court (ICC), though the beleaguered tribunal has pledged to pursue its examination of alleged illegal killings in the government's drug war. Manila's withdrawal on Sunday came a year after it told the United Nations it was quitting the world's only permanent war crimes tribunal,

becoming the second nation to do so after Burundi. "The secretary-general ... informed all concerned states that the withdrawal will take effect for the Philippines on 17 MAR," UN spokesperson Eri Kaneko told the AFP news agency on 15 MAR.



Under court rules, any matter under consideration before a nation leaves the court is still under its jurisdiction

Under the treaty, withdrawal is only effective one year after a country gives written notice of its decision to the UN secretary-general. A signatory country also can "not be discharged" of any cases already pending in the court before the withdrawal. That means the probe into possible crimes against humanity in the president's drug war launched by ICC prosecutor Fatou Bensouda in February 2018 would continue. "The suspension of the withdrawal for a period of 12 months ... is to prevent situations just like this where a state is accused of war crimes, crimes against humanity and they withdraw to shield themselves from prosecution," Toby Cadman, an international human rights lawyer, told Al Jazeera. "The whole point is that you cannot be permitted to do that. So the ICC will continue and will have jurisdiction over prosecuting the president and senior officials who are considered to be responsible." 'Never part of the ICC'

The departure of the Philippines follows the court being hit in recent years by high-profile acquittals and moves by several nations to drop out. Manila moved to quit after the body launched a preliminary examination in 2018 into President Rodrigo Duterte's drug crackdown that has killed thousands and drawn international censure. However, the president's spokesman said Sunday the nation never legally joined the treaty that underpins the court, a reference to an argument that the Philippines did not complete all the steps to formalize its adoption. "Our position on the matter remains clear, unequivocal and inflexible: The Philippines never became a state party to the Rome Statute which created the ICC," spokesman Salvador Panelo said in a statement. "As far as we are concerned, this tribunal is non-existent and its actions a futile exercise," he added.

Duterte's drug war is his signature policy initiative and he defends it fiercely, especially from international critics like Western leaders and institutions which he says do not care about his country. Controversial war on drugs Duterte has made it clear his government will not cooperate with the ICC in any way. The court "can never acquire jurisdiction over my person, not in a million years," he said in a speech on 13 MAR. Rights group Amnesty International said on 17 MAR the withdrawal should prompt the UN Human Rights Council to probe the killings. "Filipinos bravely challenging the 'war on drugs' or seeking justice for their loved ones need international support to help them end this climate of fear, violence and impunity," said Amnesty International regional director Nicholas Bequelin.

The ICC examination, which is one step before a full-blown probe, zeroes in on allegations that the government has been involved in illegal killings as part of the crackdown Duterte launched in mid-2016. Police say they have killed 5,176 users or pushers who resisted arrest, but rights groups say the actual number of dead is at least triple that. Critics have alleged the crackdown amounts to a war on the poor that feeds an undercurrent of impunity and lawlessness in the nation of 106 million.

The Philippines's move to exit follows a string of setbacks for the ICC, including the January acquittal of former Ivory Coast leader Laurent Gbagbo and the June 2018 not guilty verdict for former DR Congo Vice President Jean-Pierre Bemba. In a wave of unprecedented defections, other African nations - Zambia, South Africa, Kenya and

Gambia - have also made moves to quit or expressed interest in withdrawing as they accused the court of being biased against Africans. US Secretary of State Mike Pompeo announced on 17 MAR the United States will revoke or deny visas to ICC personnel seeking to investigate possible war crimes by US forces or allies in Afghanistan. However, the court this month got a boost when Malaysia officially joined, making it one of just a handful of Asian members. [Source: Al Jazeera and news agencies | March 17, 2019 ++]

International Criminal Court Update 01 ► **Inquiry | Alleged Afghan U.S. War Crimes**

Secretary of State Mike Pompeo announced 15 MAR that the United States would restrict visas of any International Criminal Court (ICC) staffers who investigate actions by U.S. military personnel. The move signifies an effort by the Trump administration to increase pressure on the ICC over its proposed inquiry into alleged U.S. war crimes in Afghanistan. “I am announcing a policy of U.S. visa restrictions on those individuals directly responsible for any ICC investigation of U.S. personnel,” Pompeo said in remarks at the State Department Friday morning. “This includes persons who take or have taken action to request or further such an investigation. These visa restrictions may also be used to deter ICC efforts to pursue allied personnel, including Israelis, without allies' consent.”

Pompeo declined to provide details on the number of visas that could be affected but said the administration had already begun implementing the policy. He described the restrictions as “part of a continued effort to convince the ICC to change course with its potential investigation and potential prosecution of Americans.” “If you’re responsible for the proposed ICC investigation of U.S. personnel in connection with the situation in Afghanistan, you should not assume that you will still have or will get a visa or that you will be permitted to enter the United States,” Pompeo said.

The Trump administration had already threatened stern action against the court. John Bolton, President Trump’s national security adviser and a longtime critic of the ICC, said in September that the administration was prepared to impose sanctions on the court if it continues with the Afghanistan probe — something Pompeo reiterated on Friday. ICC prosecutor Fatou Bensouda announced in November 2017 that she would seek permission from the court to pursue a formal investigation into the Afghan conflict, citing a “reasonable basis to believe” war crimes had been committed in connection with the years-long war. A decision on whether the court will allow the investigation could come at any time.

The ICC was established in 2002 to prosecute genocide, war crimes and crimes against humanity after human rights groups and other nongovernment organizations pushed for its creation. The court boasts 123 member states, including the European Union, **but the United States is not a party to it.** Groups that support the international tribunal panned Pompeo's announcement. Jamil Dakwar, director of the Human Rights Program at the American Civil Liberties Union, described the policy as a “blatant effort to intimidate and retaliate against judges, prosecutors, and advocates seeking justice for victims of serious human rights abuses.” Pompeo on 15 MAR suggested the court was pursuing “politically motivated prosecutions” and accused the ICC of “attacking” American rule of law. “It’s not too late for the court to change course, and we urge that it do so immediately,” Pompeo said. [Source: Morgan Chalfant March 15, 2019

U.S. Troop Host Charge Update 01 ► **Cost + 50 Reporting by Bloomberg Erroneous**

Acting Defense Secretary Patrick Shanahan said 14 MAR that the Trump administration is not looking to impose a new structure on allied nations that would charge those countries the cost of housing U.S. troops inside their borders,

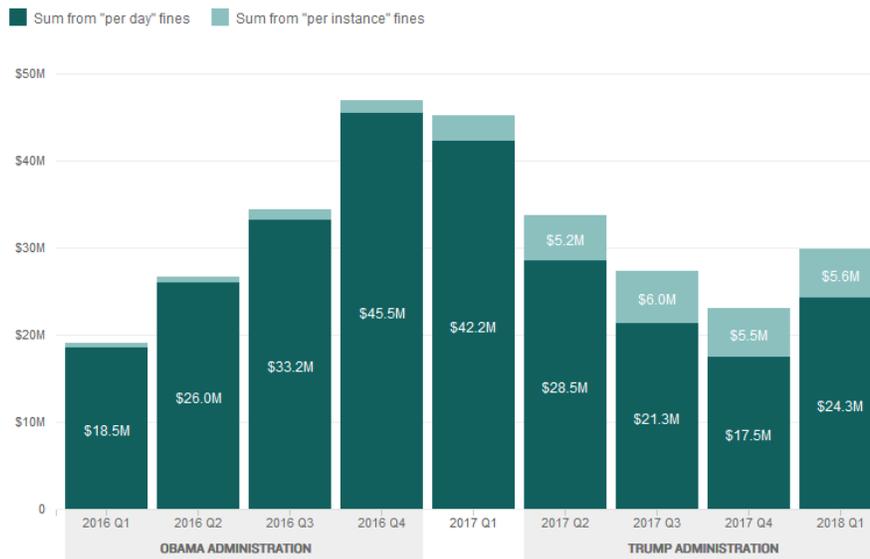
plus an extra 50 percent surcharge. Asked by Sen. Dan Sullivan (R-AK) about whether the plan, first reported as under consideration by Bloomberg, would risk “driving our allies away from us,” Shanahan insisted that the reporting was “erroneous.” “Senator, we won’t do cost-plus 50 percent,” Shanahan said, in what was his most energized comment of the hearing up to that point. He then outlined his view on getting allies to contribute more to defense.

“We’re not going to run a business, and we’re not going to run a charity. The important part is that people pay their fair share — and payment comes in lots of different forms. It can be contributions, like in Afghanistan,” Shanahan said. “But at the end of the day, people need to carry their fair share, and not everyone can contribute, but it is not about cost-plus 50 percent.” Shanahan’s comments come as he has been in daily contact with NATO members to try to bolster alliance numbers in Afghanistan and Syria, per an administration official. The news will likely come as a relief to allied nations, particularly South Korea, Japan and Germany, which reportedly were the big three targets for such a policy.

However, Shanahan’s comments do not seem to rule out some sort of new cost-sharing demands from the administration to countries that host American forces, and the Bloomberg report did say the cost-plus 50 percent plan was only one of several options that was under consideration. Since the early days of his election campaign, President Donald Trump has made it a major issue to get other nations to pay more for defense. [Source: DefenseNews | Aaron Mehta | March 14, 2019 ++]

Nursing Homes Update 16 ► HHS Violation Fine Changes

The Department of Health and Human Services (HHS) recently changed how it punishes nursing homes that have endangered or injured residents. Federal records show that the average fine dropped to \$28,405 under the current administration, down from \$41,260 in 2016. The average fine for such violations [dropped by over \\$10,000](#), not including discounts for immediate payment, since 2016.



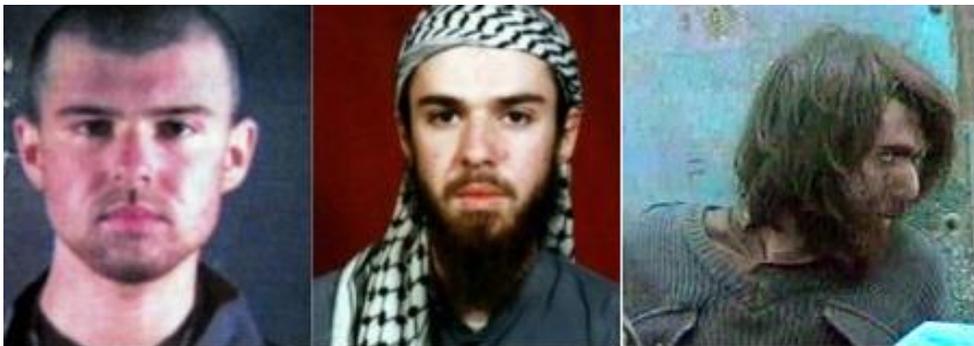
Collections from federal fines assessed on nursing homes that violate health and safety rules have dropped under the Trump administration — even though the government is issuing more penalties. Officials now are more often assessing one-time “per instance” fines, while the Obama administration relied more heavily on fines that were calculated based on the number of days the home was out of compliance. Those “per day” fines tend to be bigger because they compound.

HHS also implemented an eighteen-month grace period from fines for violating any of the eight recently implemented health and safety rules. Experts say the changes followed lobbying from the nursing home industry. “People turn to nursing homes for critical long term care,” said Executive Director Fiesta. “The federal government should hold nursing home operators accountable for putting patients at risk, not protect the industry’s profits.” Earlier this month, Massachusetts Attorney General Maura Healey announced settlements with seven nursing homes facing allegations of systemic failures leading to five residents’ deaths and several injuries. The settlement included fines ranging from \$30,000 to \$200,000 and required the owners to improve their training and policies. One company was banned from operating any taxpayer-funded nursing homes in the state. Consumer advocates say penalties have reverted to levels too low to be effective. [Source: NPR & Alliance for Retired Americans | Jordan Rau | March 15, 2019 ++]

Baby Powder ► Johnson & Johnson Lawsuit | 13,000 plaintiffs

Johnson & Johnson has been in the spotlight after a Reuters report stated the company failed to disclose critical test information on its products from regulators and the public. Officials are now seeking answers. On 20 FEB, the company confirmed it received subpoenas from the Department of Justice and Securities and Exchange Commission. This comes after the Reuters investigation, released in December, found that Johnson & Johnson knew for decades that its talc and powder products sometimes contained traces of asbestos. The report also revealed the company failed to share the results to regulators and the public. Johnson & Johnson chairman and CEO Alex Gorsky responded to the report’s findings and defended the company. “For over 100 years, Johnson & Johnson has known that the talc in our baby powder is the purest, safest, pharmaceutical grade talc on Earth,” he stated. “Very importantly, if we believe our products are unsafe they would be off the shelves and out of the markets immediately.” Johnson & Johnson said that the federal inquiries "are related to news reports that included inaccurate statements and also withheld crucial information" that had already been made public. The company added that "decades of independent tests by regulators and the world’s leading labs prove Johnson & Johnson’s baby powder is safe and asbestos-free, and does not cause cancer." Johnson & Johnson is facing lawsuits from some 13,000 plaintiffs, who allege the talc in its products caused cancer. This includes thousands of women with ovarian cancer. The company said it plans to fully cooperate with the latest inquiries, while defending its products. [Source: Reuters | February 21, 2019 ++]

Afghan Taliban Update 03 ► American Taliban Militant John Walker Lindh to be Freed in May



John Walker Lindh, a former American Taliban militant convicted in 2002 for supporting the terrorist organization, is due to be freed in May. The former Islamist fighter, dubbed “Detainee 001 in the war on terror,” was arrested just

months after the Sept. 11 attacks and the start of the war in Afghanistan. Then just 20 years old, he was among a group of Taliban fighters who were captured by U.S. forces. Lindh fought with the Taliban against the Northern Alliance – a militia network with which the U.S. partnered in the early days of the war – until his capture by American forces in November 2001. He also took part in a violent uprising by Taliban detainees at the Qala-i-Jangi fortress, which at the time was being used as a prison.

Lindh was charged in July 2002 with supporting the Taliban and carrying weapons while committing a crime. More serious charges of supporting terrorism and conspiracy to kill Americans were dropped. Some hardliners urged authorities to consider treason charges that could have resulted in the death penalty. He was sentenced to 20 years in prison the following October but given credit for time served. After factoring in credit for good behavior, he will have served 17 years in prison. At his sentencing he made the following statement:

Since returning to the United States, I have learned more about the Taliban, such as reports of the Taliban's repression of women, which I did not see or hear of while I was in Afghanistan, and which I believe is strongly condemned by Islam. I have also become aware of the relationship between the leaders of the Taliban and Osama bin Laden's organization. Bin Laden's terrorist attacks are completely against Islam, completely contrary to the conventions of jihad and without any justification whatsoever. His grievances, whatever they may be, cannot be addressed by acts of injustice and violence against innocent people in America. Terrorism is never justified and has proved extremely damaging to Muslims around the world. I have never supported terrorism in any form and never would. I went to Afghanistan with the intention of fighting against terrorism and oppression, not to support it. Although I thought I knew a good deal about the Taliban when I went to the front line, it's clear to me now that there were many things of which I was not aware. I made a mistake by joining the Taliban. I want the court to know, and I want the American people to know that had I realized then what I know now about the Taliban, I would never have joined them.

It is debatable whether or not Walker Lindh's release later this year will create headaches for security services across the globe, especially since he has since acquired Irish citizenship and plans to move there. He gained Irish citizenship during his incarceration through his paternal grandmother. The Times of London reports Ireland cannot block him from entering the country. Even though he hasn't denounced radical Islamic ideology and has made pro-ISIS comments to the media. The years in prison apparently have not mellowed Lindh's opinions per the following:

- In 2016, the National Counterterrorism Center found that Lindh was continuing to 'advocate for global jihad', according to documents obtained by Foreign Policy. He was also continuing to 'write and translate violent extremist texts', it added.
- The document also claims that in 2015 Lindh told a television news producer 'that he would continue to spread violent extremist Islam upon his release'.
- During his sentence, Lindh filed two suits against the Bureau of Prisons so that he could continue practicing the tenets of Islam.
- In 2013, Lindh won the right for communal prayer. The following year, he argued that he should be allowed to wear his pants above the ankle.

Writing about Lindh's release, J.J. Carafano with the conservative Heritage Foundation noted he will have fulfilled his judicial punishment and the prospective threat he poses remains low. "That Lindh might someday decide to go back to the battlefield as an illegal combatant really doesn't enter the calculus of the law. The U.S. doesn't pre-detain people because they might be a future national security threat. We leave that to paranoid tyrants," Carafano wrote. Carafano added that the Lindh case should serve as a case study for how the U.S. responds to incidents of terrorism. Pending Trump's decision on withdrawing from Afghanistan, that response remains an open question. [Source: US News & World Report | Paul D. Shinkman | March 21, 2019 ++]

Interesting Ideas ▶ **More Ketchup**



One Word Essays ▶ **Contentment**



Not All Thieves Are Stupid ▶ **Readers Take Heed**

1. LONG-TERM PARKING

Some people left their car in the long-term parking at San Jose while away, and someone broke into the car. Using the information on the car's registration in the glove compartment, they drove the car to the people's home in Pebble Beach and robbed it. So, I guess if we are going to leave the car in long-term parking, we should NOT leave the

registration/insurance cards in it, nor your remote garage door opener. This gives us something to think about with all our new electronic technology.

2. GPS:

Someone had their car broken into while they were at a football game. Their car was parked on the green that was adjacent to the football stadium and specially allotted to football fans. Things stolen from the car included a garage door remote control, some money and a GPS that had been prominently mounted on the dashboard. When the victims got home, they found that their house had been ransacked and just about everything worth anything had been stolen. The thieves had used the GPS to guide them to the house. They then used the garage remote control to open the garage door and gain entry to the house. The thieves knew the owners were at the football game, they knew what time the game was scheduled to finish and so they knew how much time they had to clean out the house. It would appear that they had brought a truck to empty the house of its contents. Something to consider if you have a GPS - don't put your home address in it. Put a nearby address (like a store or gas station) so you can still find your way home if you need to, but no one else would know where you live if your GPS were stolen.

3. CELL PHONES:

This lady has now changed her habit of how she lists her names on her cell phone after her handbag was stolen. Her handbag, which contained her cell phone, credit card, wallet, etc., was stolen. Twenty minutes later when she called her hubby, from a pay phone telling him what had happened, hubby says, "I received your text asking about our PIN number and I've replied a little while ago." When they rushed down to the bank, the bank staff told them all the money was already withdrawn. The thief had actually used the stolen cell phone to text "hubby" in the contact list and got hold of the pin number. Within 20 minutes he had withdrawn all the money from their bank account.

4. PURSE IN THE GROCERY CART SCAM:

A lady went grocery shopping at a local mall and left her purse sitting in the children's seat of the cart while she reached for something off a shelf. Her wallet was stolen, and she reported it to the store personnel. After returning home, she received a phone call from the Mall Security to say that they had her wallet and that although there was no money in it, it did still hold her personal papers. She immediately went to pick up her wallet, only to be told by Mall Security that they had not called her. By the time she returned home again, her house had been broken into and burglarized. The thieves knew that by calling and saying they were Mall Security, they could lure her out of her house long enough for them to burglarize it.

[Source: Frontlines of Freedom Newsletter | March 22, 2019 ++]

Have You Heard? ► Seven Days | Potato Family | Pun-ography

Seven Days

MONDAY

The mother of a 17-year-old girl was concerned that her daughter was having sex... Worried the girl might become pregnant and adversely impact the family's status, she consulted the family doctor. The doctor told her that teenagers today were very willful and any attempt to stop the girl would probably result in rebellion. He then told her to arrange for her daughter to be put on birth control and until then, talk to her and give her a box of condoms. Later that evening, as her daughter was preparing for a date, the mother told her about the situation and handed her a box of condoms. The girl burst out laughing and reached over to hug her mother, saying, 'Oh Mom! You don't have to worry about that! I'm dating Susan!'

TUESDAY

Groups of Americans were traveling by tour bus through Holland. As they stopped at a cheese farm, a young guide led them through the process of cheese making, explaining that goat's milk was used. She showed the group a lovely hillside where many goats were grazing. 'These' she explained, 'Are the older goats put out to pasture when they no longer produce.' She then asked, 'What do you do in America with your old goats?' A spry old gentleman answered, 'They send us on bus tours!'

WEDNESDAY

Brenda and Steve took their six-year-old son to the doctor. With some hesitation, they explained that although their little angel appeared to be in good health, they were concerned about his rather small penis. After examining the child, the doctor confidently declared, 'Just feed him pancakes. That should solve the problem.' The next morning when the boy arrived at breakfast, there was a large stack of warm pancakes in the middle of the table. 'Gee, Mom,' he exclaimed 'For me?' 'Just take two,' Brenda replied. 'The rest are for your father.'

THURSDAY

One night, an 87-year-old woman came home from Bingo to find her 92-year-old husband in bed with another woman.. She became violent and ended up pushing him off the balcony of their 20th floor apartment, killing him instantly. Brought before the court, on the charge of murder, she was asked if she had anything to say in her own defense. 'Your Honour,' she began coolly, 'I figured that at 92, if he could screw, he could fly.'

FRIDAY

A Doctor was addressing a large audience in Tampa . 'The material we put into our stomachs is enough to have killed most of us sitting here, years ago... Red meat is awful. Soft drinks corrode your stomach lining. Chinese food is loaded with MSG. High fat diets can be disastrous, and none of us realizes the long-term harm caused by the germs in our drinking water. However, there is one thing that is the most dangerous of all and we all have eaten, or will eat it. Can anyone here tell me what food it is that causes the most grief and suffering for years after eating it?' After several seconds of quiet, a 75-year-old man in the front row raised his hand, and softly said, 'Wedding Cake.'

SATURDAY

Bob, a 70-year-old, extremely wealthy widower, shows up at the Country Club with a breathtakingly beautiful and very sexy 25-year-old blonde-haired woman who knocks everyone's socks off with her youthful sex appeal and charm and who hangs over Bob's arm and listens intently to his every word. His buddies at the club are all aghast. At the very first chance, they corner him and ask, 'Bob, how'd you get the trophy girlfriend?' Bob replies, 'Girlfriend? She's my wife!' They are knocked over, but continue to ask. 'So, how'd you persuade her to marry you?' 'I lied about my age', Bob replies. 'What, did you tell her you were only 50?' Bob smiles and says, 'No, I told her I was 90.'

SUNDAY

A man went to church one day and afterward he stopped to shake the preacher's hand. He said, 'Preacher, I'll tell you, that was a damned fine sermon. Damned good!' The preacher said, 'Thank you sir, but I'd rather you didn't use profanity.' The man said, 'I was so damned impressed with that sermon I put five thousand dollars in the offering plate!' The preacher said, 'No shit?'

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Potato Family

A girl Potato and boy Potato had eyes for each other, and finally they got married and had a little sweet potato which they called 'Yam,'

Of course, they wanted the best for Yam, and when it was time, they told her about the facts of life. They warned her about going out and getting half-baked, so she wouldn't get accidentally mashed, and get a bad name for herself like 'Hot Potato,' and end up with a bunch of tater tots.

Yam said not to worry, no spud would get her into the sack and make a rotten potato out of her, but on the other hand she wouldn't stay home and become a couch potato either. She would get plenty of exercise so as not to be skinny like her shoestring cousins.

When she went off to Europe, Mr. and Mrs. Potato told Yam to watch out for the hard-boiled guys from Ireland and the greasy guys from France--called the French fries. Yam said she would stay on the straight and narrow and wouldn't associate with those high-class Yukon Golds, or the ones from the other side of the tracks who advertise their trade on all the trucks that say, 'Frito Lay.'

Mr. and Mrs. Potato sent Yam to Idaho P.U. (that's Potato University) so that when she graduated she'd really be in the chips. But, in spite of all they did for her, one-day Yam came home and announced she was going to marry Tom Brokaw.

Tom Brokaw! Mr. and Mrs. Potato were very upset. They told Yam she couldn't possibly marry Tom Brokaw because he's just.....

Are you ready for this? Are you sure?

OK!

Here it is! **A Commentater**

-o-o-O-o-o-

Pun-ography

- When radiologists die, they barium.
- Jokes about German sausage are the wurst.
- A soldier who survived mustard gas and pepper spray is now a seasoned veteran.
- I know a guy who's addicted to brake fluid. He says he can stop any time.
- How does Moses make his tea? Hebrews it.
- I stayed up all night to see where the sun went. Than it dawned on me.
- This girl said she recognized me from the vegetarian club, but I'd never met herbivore.
- I'm reading a book about anti-gravity. I can't put it down.
- I did a theatrical performance about puns. It was a play on words.
- They told me I had type A blood, but it was a Type-O.
- PMS jokes aren't funny, period.
- Why were the Indians here first? They had reservations.
- Class trip to the Coca-Cola factory. I hope there's no pop quiz.
- Energizer bunny arrested. Charged with battery.
- I didn't like my beard at first. Then it grew on me.
- Did you hear about the cross eyed teacher who lost her job because she couldn't control her pupils?
- What does a clock do when it's hungry? It goes back four seconds.
- I wondered why the baseball was getting bigger. Then it hit me !
- Broken pencils are pointless.
- I tried to catch some fog. I mist.
- What do you call a dinosaur with a extensive vocabulary? A thesaurus.
- England has no kidney bank, but it does have a Liverpool.
- I used to be a banker, but then I lost interest.
- I dropped out of communism class because of lousy Marx.
- All the toilets in New York's police stations have been stolen. Police have nothing to go on.

- I got a job at a bakery because I kneaded dough.
- Haunted French pancakes give me the crepes.
- Velcro - what a rip off !
- Cartoonist found dead in home. Details are sketchy.
- Venison for dinner? Oh deer !
- Earthquake in Washington obviously government's fault.
- I used to think I was indecisive, but now I'm not so sure.
- Be kind to your dentist. He has fillings, too.
- Never fall in love with a tennis player because to a tennis player, love means nothing.

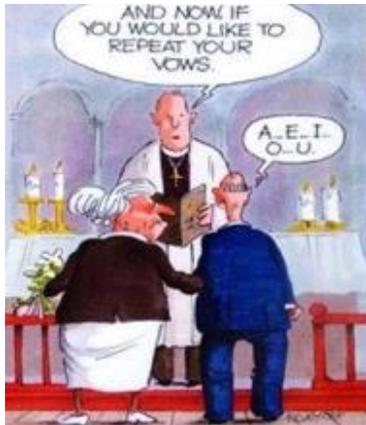
Thought of the Week

Life is short so Live, Love, Laugh and enjoy every moment you have. Sometimes things don't always go as planned so when life serves you lemons try to make lemonade. This is exemplified in a touching short film about a man who has retired and had ordered a new hot tub to enjoy with his wife who was also retiring which can be viewed at <https://biggeekdad.com/2018/12/the-new-hot-tub>.



Paris ... Is America Next?

People who confuse the words "burro" and "burrow" don't know their ass from a hole in the ground.



I am starting
to think
I will never
be old enough
to know better.



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