

RAO

BULLETIN

15 June 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 raoemo@sbcglobal.net.
3. Recipients of the Bulletin are authorized and encouraged to forward the Bulletin to other vets or veteran organizations.

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*** DoD ***



NDAA 2020 Update 01 ► HASC Draft | Pay Raise, More Troops, & Medical Job Cuts

House lawmakers unveiled plans for a 3.1 percent pay raise and a host of other personnel changes in their draft defense authorization bill language released 3 JUN. House lawmakers would back White House plans for a 3.1 percent military pay raise and a boost of nearly more 1,500 active-duty troops but also block Defense Department plans to cut about 18,000 uniformed medical jobs under draft language in their annual defense authorization bill released Monday. The plan, which House Armed Services Committee staffers dubbed “a focus on taking care of servicemembers and their families,” follow draft legislation released last month from Senate defense lawmakers. The full House committee is expected to vote on the proposals in mid-JUN, and both sides are expected to take most of the summer to negotiate a compromise bill.

Unlike recent years, when the personnel section of the annual budget policy bill has included sweeping changes to retirement and promotions policies, this year’s draft largely builds on those actions with smaller moves. If approved, the 3.1 percent pay raise would be the largest for troops in a decade. It matches the figure proposed by the administration and the one mandated by law, although military officials have pushed for reducing that federal calculation in past years to save money for other force priorities. For junior enlisted troops, a 3.1 percent pay raise would to about \$815 more a year in pay. For senior enlisted and junior officers, the hike equals about \$1,500 more. An O-4 with 12 years service would see more than \$2,800 extra next year under the increase.

Already officials from the Senate Armed Services Committee and the House Appropriations Committee have backed that salary hike, making the pay raise a point of agreement in an otherwise contentious military budget plan. House lawmakers are also proposing the same end strengths for the active-duty forces that the White House has requested: 480,000 personnel for the Army, 340,500 for the Navy, 186,200 for the Marine Corps and 332,800 for the Air Force. Sign up for the Early Bird Brief But they did break with military and administration plans to shift nearly 18,000 uniformed medical billets — doctors, nurses, dentists and other specialists — into civilian jobs to increase the number of warfighting positions within the armed forces.

DoD already started its cut of the medical billets and as of April had 2,000 vacancies it purposely did not fill. “For the billets that are coming offline in FY 20, those positions are not being filled now as they become vacant,” Vice Adm. Forrest Faison, the Navy’s surgeon general, said. “We’re working with our personnel command to identify those that have got critical impact to the fleet and to remote areas and put personnel in those locations as we work through this. But there are billets that are not being filled now because people cannot complete a full three year tour, because the position is coming out of the [health] budget.” The military services plan to move the remaining roughly 16,000 into other non-medical areas over the next three-to-four years, mostly through attrition. DoD’s 2020 budget request did not allocate extra funds to hire civilian medical employees to fill the vacant positions.

The draft bill would prohibit the Defense Department from making any such moves until medical end strength until analyses are conducted and officials have reported back on the availability of health care services around stateside military bases. It would also reverse a decision made several years ago to do away with more junior troops’ eligibility for the Supplemental Nutrition Assistance Program, replacing it with a new basic needs allowance that will be automatic for qualified troops. Officials said the goal is to make sure military families have enough support to avoid serious financial problems.

The bill also includes several provisions to strengthen prosecution of sexual assault and other related crimes in the ranks, but the House version does not include language to make sexual harassment a military crime. Acting Defense Secretary Patrick Shanahan last month said he wants to criminalize the activity, and the Senate draft bill includes language to do so. The measure also includes several provisions to deal with military spouse unemployment issues, including raising the reimbursement amount for state licensure and certifications from \$500 to \$1,000. The House Armed Services Committee’s personnel panel was expected to approve the draft language on 4 JUN, and debate additional personnel provisions at the full committee mark-up on 12 JUN. [Source: MilitaryTimes | Leo Shane III | June 3, 2019 ++]

NDA 2020 Update 02 ► HASC Draft | Carrier Fleet Reduction & New Ships

The White House has already canceled its politically unpopular plans to decommission the aircraft carrier Harry S. Truman 25 years early as a cost-savings measure — and now House lawmakers are spiking the football. Draft legislative language would bar the reduction of the carrier fleet below 11, a number of carriers required by a prior statute. It also adds back \$17 million in funding associated with the carrier’s refueling and complex overhaul, and the bill expresses support to grow the carrier fleet to 12.

The bill comes a month after Vice President Mike Pence announced, and President Donald Trump affirmed, that the administration would abandon the plans. After they were proposed in the administration's fiscal 2020 budget, they sparked powerful bipartisan opposition and a debate over the utility and survivability in the face of China's emerging long-range precision weapons. The House Armed Services Committee released portions of its draft 2020 National Defense Authorization Act on Monday. Broadly speaking, the draft language is influential, but it is subject to change as it's considered by the committee and by the full Democrat-controlled House, and as it's reconciled with the GOP-controlled Senate's version of the bill.

"The committee continues to believe that the nation's preeminent power projection capability is embodied with the aircraft carrier strike group," the bill text reads. "The ability to rapidly relocate a strategic asset and launch long-range, deep penetrating strike from a location that is not hampered by sovereign limitations represents the linchpin in our nation's national security. The committee concurs with the Navy's assessment that the aircraft carrier is more survivable today than at any point in the last 75 years." Navy officials previously argued that the savings of retiring the Truman early — an estimated \$4 billion over time — would drive investments in yet-to-be fully developed long-range fires and unmanned technologies. But staff for the committee told reporters Monday that they saw this as a false choice.

Separately, the bill nearly matched the president's request for 11 battle force ships, but authorized one less oiler, or T-AO 205, and one more amphibious transport dock. In total, the bill ordered three Virginia-class submarines, three DDG 51 Arleigh Burke-class destroyers, one guided-missile frigate, one amphibious transport dock ship, one T-AO 205 oiler, and two T-ATS towing, salvage and rescue ships. The bill would also authorize a tanker security fleet, which is akin to the existing Maritime Security Program but involves a stipend for the Navy to use 10 U.S.-flagged commercial petroleum tankers. The idea is to augment the number of U.S.-flagged vessels for use during an emergency and to add to America's pool of qualified mariners.

The bill proposes a prohibition on the Army deactivating its watercraft unit until the defense secretary has completed a review of the Army's plans, and until the findings are validated by a federally funded research and development corporation. [Source: Defense News | Joe Gould | June 3, 2019 ++]

NDA 2020 Update 03 ► HASC Draft | U.S. Air Force's B-1B Lancer fleet

The state of the U.S. Air Force's B-1B Lancer fleet is bad — really bad — and lawmakers on the House Armed Services seapower and projection forces subcommittee want the service to come up with a plan to fix the problem. The United States' long-range strike capabilities "may be placed at increased risk by aging structural problems with the B-1," according to the panel's markup of H.R.2500, the House's version of the fiscal 2020 defense policy bill, released 3 JUN. The Lancer isn't getting the resources and attention necessary to improve its mission-capable rates. The situation has gotten so bad, according to the subcommittee, that the number of B-1 aircraft that are fully mission-capable is now only in the single digits. What's more, B-1 aircrew are being rerouted from flying the bomber to other aircraft, because there aren't enough Lancers for their necessary training.



The proposed authorization bill would require the Air Force to brief the House Armed Services Committee by March 1, 2020, on its plan to improve B-1 readiness. That plan should address: how the Air Force expects to fix the bomber's structural issues; its plans to continue analyzing and testing structural deficiency data; repair timelines, and strategies to mitigate these problems in the future. The subcommittee also wants the Air Force to produce a training plan for pilots and maintainers, and a recovery timeline to meet the B-1's future deployment requirements. The subcommittee's requirements must still be approved by the full House and Senate.

The B-1 fleet has been grounded twice in the past year over concerns with its ejection seats. In late March, Air Force Global Strike Command grounded the bombers for nearly a month due to problems with its drogue chute system, which corrects the seat's angle to allow an airman to safely eject from the bomber. In May 2018, a B-1B from Dyess Air Force Base in Texas was forced to conduct an emergency landing at a Texas airport when a fire broke out in its wing at the end of a training run. The crew blew the ejection hatch to try to bail out, but an armed but malfunctioning ejection seat refused to eject. The crew stuck together and safely landed the plane together, rather than abandon the airman with the malfunctioning seat. That emergency landing led to a fleet-wide grounding last June.

The Air Force has 62 B-1 bombers. In fiscal 2017, the most recent year for which aircraft readiness data is available, the Air Force said that the Lancer's mission-capable rate was 52.8 percent, meaning about 32 or 33 bombers were ready to fly at any given time. [Source: AirForceTimes | Stephen Losey | June 4, 2019 ++]

NDAA 2020 Update 04 ► HASC Draft [Troop Eggs/Sperm Freezing & Postpartum Deployments

The House's version of the fiscal 2020 defense policy bill would establish a pilot program to allow active-duty service members to freeze their sperm or eggs before deploying to a combat zone. An amendment offered 12 JUN during a marathon markup of the House's fiscal 2020 National Defense Authorization Act would revisit an Obama-era proposal to require the Defense Department to cover the cost of **gamete cryopreservation** and storage for troops who requested the service before a deployment.

Under the amendment offered by Rep. Rick Larsen (D-WA) 1,000 service members would be provided the benefit at no cost to them. The Pentagon, or a contracted facility, would preserve and store the gametes for up to a year after the member separated or retired from service. After that, the member would have the option to pay for storage themselves. Gamete preservation and storage for troops was first introduced in 2016 by Defense Secretary Ash Carter as part of the Pentagon's "Force of the Future" initiatives. Some of the sweeping personnel policy changes that occurred that year included lifting the ban on women in operational combat jobs and allowing transgender personnel to serve openly. But the cryopreservation pilot never got underway and was dropped completely after the 2016 election.

More than 1,300 veterans of Iraq and Afghanistan suffered groin or genitalia injuries that would have required advanced reproductive treatment or surgery if they wanted to start a family. Advocacy groups have pressed Congress to improve fertility services for service members, saying the Defense and Veterans Affairs departments should cover advanced reproductive technologies to ensure that personnel can start families if they choose to.

Another provision in the proposed bill, also aimed at providing service members more options in balancing careers and families, is a measure that would allow active-duty moms to remain shoreside for a year after having a baby. The Navy, Air Force and Coast Guard currently offer deployment deferrals of up to a year after childbirth; the Army and Marine Corps allow for a six-month deferral. The bill would standardize the benefit across the military services. The Coast Guard instituted the one-year deployment deferral option earlier this year as part of ongoing efforts to attract and retain women to the service.

Other personnel initiatives in the proposed \$725 billion bill include a 3.1% pay raise for active duty service members; measures that would extend casualty assistance and compensation to families of ROTC students who die while serving as cadets or midshipmen; and initiatives designed to encourage reporting and prosecution of sexual assaults at military service academies and across the Defense Department. The proposed bill must clear the House, be reconciled with the Senate and be signed by President Donald Trump before it could become law. [Source: Military.com | Patricia Kime | 12 Jun 2019 ++]

NDAA 2020 Update 05 ► HASC Draft | Defense Contracting Abuses/MarkUps

Defense contracting abuses the Pentagon says are “gouging” U.S. taxpayers are being targeted in proposed amendments to the \$733 billion defense bill working its way through Congress. The amendments, sponsored by Representatives Ro Khanna and Jackie Speier of California, would give military and civilian contracting officers more authority to demand disclosure of pricing data from sole-source parts providers. That would help them determine if markups are reasonable or inflated. The amendments will be introduced by the two Democrats during consideration starting 12 JUN of the House Armed Services committee’s fiscal 2020 defense policy bill.

The move comes in response to markups of as much as 4,451% for 46 parts sold from 2015 through 2017 by Cleveland-based TransDigm Group Inc. and disclosed in a February report by the Pentagon’s inspector general. That report and a subsequent congressional hearing highlighted that the Pentagon could end up paying TransDigm \$91 million in coming years for parts valued at \$28 million. “Getting contracting officers more discretion to get certified costs” and putting “a cap on some percentage” of allowable price increases are key principles of the amendments, Khanna said in an interview.

Kevin Fahey, assistant defense secretary for acquisition, described TransDigm’s policies as “gouging” and “immoral and unconscionable” in a statement last month to the House Committee on Oversight and Reform. He said a lack of historical cost data left contracting officers with little to go on in determining whether the Pentagon was being fairly charged. Liza Sabol, a spokeswoman for TransDigm, said last month that the company “has been and remains committed to conducting business within the framework of applicable laws and regulations.” The company emerged in recent years as a key sole-source provider of spare parts for airplanes and helicopters, including the AH-64 Apache, F-16 Fighting Falcon and the CH-47 Chinook. From Oct. 1, 2014 through April 11, 2019, the Pentagon executed 4,697 contract actions with TransDigm and its subsidiaries valued at \$634.7 million.

After a congressional uproar over the pricing revelations, TransDigm management agreed 24 MAY to provide a \$16 million refund for overcharges linked to 2015-2017 purchases. Pentagon officials say they are increasing oversight on a current \$59 million contract that has the potential for more overcharges, including payments of \$4,361 for a half-inch “drive pin” that should cost \$46, or a markup of about 9,400%.

Khanna’s amendment targets a shortfall identified in the Pentagon inspector general’s report. It found that “statutory and regulatory requirements discourage contracting officers from asking for uncertified cost and pricing data.” When a contractor refuses to provide more information, “there is no specific requirement” to compel disclosure of the data, according to the report. Khanna said Deputy Defense Secretary David Norquist “encouraged giving contracting officers more flexibility” as a means of countering abuses. “This amendment does so by empowering contracting officers to obtain information needed to ensure the Defense Department is paying a fair price,” Speier said in a statement.

Another proposed amendment to the defense bill would reduce the threshold for requiring cost and pricing data to \$750,000 from the current \$2 million threshold established in the fiscal 2018 defense bill raised the threshold to \$2 million. Representative Mac Thornberry, the top Republican on the House panel, told reporters 11 JUN that he would review any TransDigm-related amendments without committing to support them. “In general the IG did a pretty good

job of looking at this and in making recommendations, but it's also true that contracting officers have the authority now to get that contract and pricing data," he said, referring to the inspector general's report. He said he was wary of proposing a fix that addresses one "bad actor" but then results in "a new law, a new regulation that puts additional requirements on everybody."

"That's part of what's gummed up the acquisition process and made it harder to have competition," Thornberry said. "The key is you need the tools to go after those bad actors without punishing everybody and making it harder for people to do business with the Department of Defense." [Source: Bloomberg | Anthony Capaccio | June 12, 2019 ++]

NDA 2020 Update 06 ► HASC Draft | Space Force Approved

The House Armed Services Committee approved a new military branch for space early 13 JUN. The panel unanimously adopted the measure by a voice vote after debating for less than an hour. It was offered by Strategic Forces Subcommittee chairman Jim Cooper (D-TN) and Rep. Mike Rogers (R-AL) who first offered the idea of a sixth branch two years ago. "So the Space Corps is as close as we could make it to the proposal that passed this committee overwhelmingly," Cooper said. "It is not a \$13 billion expenditure, a gold-plated plan like had been proposed to us by the secretary of the Air Force. It is instead a reorganization so that space professionals can be properly recognized for their skill and ability and promoted."

Rogers said the amendment is "almost identical to what passed out of this committee nearly unanimously — and it was essential do be done." A one-time skeptic of a new space branch, the Strategic Forces Subcommittee's ranking member, Rep. Mike Turner, endorsed the proposal, which he said was in line with "Donald Trump's vision." The language aims to establish a Space Corps within the Department of the Air Force, with its own streamlined acquisition system, a four-star commandant on the Joint Chiefs, and a civilian secretary. It would not fold in the National Reconnaissance Office. The defense secretary would be required to provide a report on its structure and personnel needs by 2021. Rogers called it "an evolving product over the next four or five years."

The Trump administration and Space Force proponents have argued a dedicated service is needed to counter Chinese and Russian threats to America's space-based assets for satellite communications; intelligence, surveillance and reconnaissance capabilities, as well as GPS. The committee's approach differs from Senate authorizers, whose bill backs the formation of a new service, fully funded at \$72.4 billion. Still, its proposed structure differs from the White House's legislative proposal. The House and Senate are expected to reconcile their competing versions of the bill before it can pass Congress. [Source: DefenseNews | Joe Gould | June 13, 2019 ++]

NDA 2020 Update 07 ► House and Senate (S.1790) Versions Compared

Hours before members of the House Armed Services Committee began a marathon 12 JUN session debating and voting on additions to the annual defense authorization bill, text of the Senate version of the legislation went online for the first time at <https://www.congress.gov/bill/116th-congress/senate-bill/1790/text>.

Deliberations in both chambers are far from over, and that doesn't even factor in the process of aligning the House and Senate version into a compromise bill that can pass both chambers and reach the president's desk. But the initial wording gives a look at lawmaker priorities and shows where MOAA's influence, and that of similar advocacy organizations, on behalf of servicemembers and veterans, and their families, has been heard ... and where more work may be needed. Here are 6 things to monitor as the process continues:

1. A pay raise win. Summaries from leaders of both the House and Senate Armed Services Committees pledge that

their final legislation will include a 3.1% military pay raise, which would align with the administration’s FY 2010 budget request and with MOAA efforts to sustain pay comparability with the private sector. While nothing’s settled until passage, this appears to be one of few issues that won’t be affected by ongoing debate – a key House member [said as much](#) at a recent news event.

2. Halfway on health care? While House Armed Services Committee (HASC) members included language that would put a stop to a proposal to cut up to 18,000 medical billets, the Senate Armed Services Committee (SASC) has not. House committee members shared MOAA’s concerns about the potential consequences of cutting roughly 20 percent of the military’s medical force. They included language requiring DoD to study the issue further and report back to Congress.

3. TRICARE: No news might be good news. Neither piece of legislation includes discussions on raising TRICARE fees or creating new ones. Last year, the authorization act did include such language until late in the process, when [it was removed after a campaign by MOAA](#) and other veteran and military advocacy groups.

4. Help for military families in privatized housing. Both bills contain provisions to establish a “Tenant Bill of Rights” to ensure military families living in privatized military housing have a safe, maintained home. The wording differs, but both chambers include a provision backed by MOAA and other military advocates that would allow for the withholding of rent payments in a dispute between tenant and property manager. Learn more about MOAA’s work on this issue [here](#).

5. More help for families. MOAA has monitored discussions about water-safety efforts on military installations, and both chambers address one of the key contributors to the problem – firefighting foam that can have lasting effects on an area’s water supply. Again, the focus differs: Senate leaders said in [an executive summary](#) that their bill will prevent DoD from buying foam that includes some of the more dangerous substances after Oct. 1, 2022, while the House bill will limit the release of fluorinated firefighting foam “except in cases of emergency response” or limited training efforts, [per a summary](#). MOAA has been monitoring these measures [as part of the military construction budgeting process](#).

6. The bottom line. The Senate version includes \$750 billion for defense, in line with the administration’s request. The House version includes \$733 billion, a number that Rep. Adam Smith (D-WA), HASC committee chairman, [has pledged will stay put](#). That \$17 billion gap may become the focus of compromise negotiations; MOAA will work to ensure programs that benefit servicemembers and retirees, and their families, won’t be put at risk as part of negotiations surrounding those figures.

[Source: MOAA News | June 12, 2019 ++]

U.S. Space Command Update 02 ► Nominee Says Space No Longer A 'Peaceful, Benign Domain'

The Air Force general nominated to lead the Pentagon’s newest combatant command that would direct the U.S. military’s space operations told lawmakers on 4 JUN that any future conflicts with major powers such as Russia or China would be partially fought in space. “We no longer have the luxury of operating in a peaceful, benign domain. And we no longer have the luxury of treating space superiority as a given,” Gen. Jay Raymond told the Senate Armed Services Committee during a hearing to consider his nomination to lead U.S. Space Command.



Raymond has spent the vast majority of his 35 years in the Air Force working in space operations. He now leads the organization responsible for training and equipping the Air Force’s roughly 15,000 space operators while also leading space forces assigned to U.S. Strategic Command. Pentagon officials have said once Raymond is confirmed, the Defense Department will begin establishing U.S. Space Command as its 11th unified combatant command, which are joint forces that command and control operations within a certain geographic region or functional area such as cyber operations or special operations. Space operations have been commanded by STRATCOM, which is primarily responsible for America’s nuclear capabilities, since 2002 when the former U.S. Space Command was scuttled during a post-9/11 reorganization.

In recent years, the Pentagon has pushed for Space Command to return as a full combatant command because of elevated tensions within the space domain, especially with the increase in recent years of Chinese capabilities, which include the demonstration of China’s ability to target and destroy orbiting satellites with ground-launched missiles. The Senate Armed Services Committee has backed the Pentagon proposal. Separately, it appears poised to approve the Defense Department’s request to build a new uniformed service focused on the space domain, which would be known as the U.S. Space Force.

Raymond endorsed all of the proposed shifts in the Pentagon space enterprises, telling senators if the United States does not react quickly to advancing Chinese and Russian space capabilities, those nations would surpass American capabilities, a common refrain in recent years from Pentagon leaders. “It’s really important that we make some changes to stay ahead of that growing threat,” he said. “I am comfortable today. I am comfortable we are the best in the world [at space operations]. But we need to move fast, and with your support we are going to get there.”

China and Russia have advanced their space capabilities in recent years primarily by watching how the United States has integrated its capacities into its military operations, Raymond said. The U.S. military relies on space operations in some capacity for nearly everything it does, from GPS navigation to communications to guiding weapons to specific targets, he said. In addition to demonstrating their ability to use anti-satellite missiles, China also has the ability to jam critical GPS and communications satellites, Raymond said. He told SASC members that China also has a directed energy – or laser – threat in space and they are involved in “concerning activities in orbit,” but he declined to elaborate on those actions for security reasons. Sen. Tom Cotton (R-AR) responded to Raymond’s explanation of Chinese space capabilities, calling them “a pretty dire threat.”

If confirmed to lead U.S. Space Command, Raymond’s focus would be on the warfighting mission in space – that is coordinating the use of the individual military services’ space troops and assets and providing key functions including controlling space-based missile warning, communications, navigation, weather and imagery. His role would also focus on deterring the potential for a fight to extend into space and defending the myriad U.S. satellite constellations.

In the SASC-approved version of the 2020 National Defense Authorization Act, legislation that provides policy direction to the Pentagon, the new Space Force would be built within the Air Force Department – similar to how the Marines are within the Navy Department – and would be led by the commander of U.S. Space Command, who would serve in two roles. Asked about the proposal, Raymond declined to endorse or renounce leading Space Force and Space Command, telling senators that he had not seen the proposed legislation. “I fully am supportive of a space force,” the general said. “If confirmed, I look forward to working very closely with this committee and our leadership to get this right for the nation.” [Source: Stars & Stripes | Corey Dickstein | June 4, 2019 ++]

SGLI/VGLI Update 18 ► Premiums Decreasing

The costs of Servicemembers' Group Life Insurance (SGLI) and Family Servicemembers' Group Life Insurance (FSGLI) will be decreasing on July 1, 2019. SGLI is a Department of Veterans Affairs life insurance program that all

military members are eligible for, while FSGLI is a life insurance program for their dependents. The new monthly SGLI cost will be 6 cents per \$1,000 of coverage, or \$24 monthly for the maximum coverage of \$400,000. Previously, it cost 7 cents per \$1,000 of coverage, or \$29 per month for full coverage.

These amounts include a mandatory \$1 monthly charge for Traumatic Injury Servicemembers' Group Life Insurance (TSGLI), which is a special program that provides short-term financial assistance to severely injured members who have traumatic injuries. FSGLI includes an automatic free \$10,000 of life insurance for dependent children; the monthly premium for a spouse is based on their age. Previously, the monthly premium ranged from \$0.50 per \$1,000 coverage for a spouse under 35 to \$5.00 per \$1,000 coverage for a spouse over 65. Those rates will drop to \$0.45 and \$4.50 respectively.

You can buy SGLI in increments of \$50,000 up to a maximum coverage of \$400,000. FSGLI coverage amounts range from \$10,000 to \$100,000 but cannot exceed the SGLI coverage amount. No action is necessary to take advantage of the new lower rates. Adjustments will be automatic and reflected on your leave and earnings statement. To make changes to your SGLI or FSGLI coverage, contact your personnel office or update your selection in the SGLI Online Enrollment System (SOES). Refer to <https://www.benefits.va.gov/INSURANCE/SOES.asp> for information on the SOES system. [Source: The MOAA Newsletter | June 13, 2019 ++]

DoD Fraud, Waste, & Abuse ► Reported 01 thru 15 JUN 2019

So. California – Separate trials are being sought by a Tennessee couple accused of defrauding the U.S. military out of \$65 million in a scheme involving prescriptions for pain and scar cream. The Tennessean reports a recently filed court motion says Jimmy Collins and Ashley Collins each plan to claim the other was the leader of a conspiracy to sell expensive pain and scar cream to Marines in California. The couple is accused of managing a network of recruiters to convince Marines to sign up for prescriptions for the cream, which was priced at about \$14,000 per prescription. A Marine veteran who was the lead recruiter pleaded guilty last year. Doctors who never examined the Marines wrote the prescriptions that were then filled by a Utah pharmacy that billed military insurance. [Source: NavyTimes | Geoff Ziezulewicz | May 15, 2019 ++]

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NEX -- A Long Island man pleaded guilty Friday to paying nearly \$100,000 in bribes to a Navy Exchange employee in order to get the hook up on tax-free booze. **Edwin D. Fragoso**, 45, copped to a conspiracy charge in U.S. District Court, Eastern District of New York for his role in the scheme, which lasted for more than a year, according to a U.S. Justice Department release. As any active-duty sailor, veteran or family member knows, customers trying to enjoy the taste of cheaper alcohol at the NEX must flash their military ID card. But in Fragoso's case, between November 2015 and December 2016 he instead paid more than \$95,000 in cash bribes to Eric J. Jex, a "supervisory sales associate" at the NEX, to buy booze, according to the release and his indictment paperwork. Fragoso then turned around and resold the hooch for a profit, according to the feds.

It all went down at the NEX on Mitchel Field, a small installation in Garden City, New York. Fragoso's indictment suggests that the illicit purchases goosed the alcohol sales tallies for the obscure NEX, numbers that plummeted when the scheme unraveled in late 2016. "The Mitchel Field NEX was the third-largest volume seller of NEX liquor in the world out of 226 total retail stores...in or about calendar year 2016," the indictment states. "In 2017, the Mitchel Field NEX ranked twentieth in the world in sales of liquor." Fragoso is scheduled to be sentenced in December.

All told, Jex sold Fragoso about \$1.3 million worth of booze, which cost about \$870,000 at the NEX. And that saved Fragoso roughly \$426,000, according to the indictment. NEX's Jex would either collect and prepare Fragoso's orders through the outlet's available stock or email a special delivery request to a NEXCOM facility in Virginia Beach: "Fragoso paid for his liquor purchases in person, in cash at the NEX, and provided cash bribes to Jex at or around the

NEX,” the indictment states. NEX cameras recorded several of the purchases, plus footage of the pair loading the ill-gotten goods into Fragoso’s van, according to the indictment.

In mid-December 2016, “Jex sold Fragoso 100 cases of Hennessy for \$40,190 in cash,” the indictment states. “Fragoso provided Jex with a cash bribe in the amount of \$1,850 for this purchase.” Jex had worked at the NEX for nearly a decade before the scheme ended in 2016. He pleaded guilty in August 2017 to accepting more than \$250,000 in boozy bribes from Fragoso and two other individuals, Adam Agaev and David Manasherov, according to the statement. [Source: NavyTimes | Geoff Ziezulewicz | June 10 2019 ++]

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Providence, R.I. -- A New York City man pleaded guilty 13 JUN to his role in a scheme that sold \$20 million worth of counterfeit Chinese-made clothing and uniforms to the U.S. military and government in violation of federal law. **Ramin Kohanbash**, 49, pleaded guilty to conspiracy to commit wire fraud and trafficking in counterfeit goods, the U.S. attorney for Rhode Island, Aaron Weisman, announced. Kohanbash and others had phony reproductions made in China that were then distributed to suppliers that sold them to the U.S. government as American-made products, authorities say.

The clothing included phony brand name labels and tags that falsely represented the clothing’s abilities in a way that could have harmed the users. That included hoods intended for military and law enforcement personnel labeled as "permanently flame resistant" when they were not flame resistant, and military parkas falsely represented as being made of a fabric that made them difficult to detect with night vision goggles. The parkas are worn by Air Force personnel stationed in Afghanistan, Weisman said. "The uniforms they wear and the gear they carry are meant to protect them as they carry out their mission, not to put them in harm's way," Weisman said in a statement. "This case should serve notice that suppliers who do business with the military must comply with the law, or they will be held to account."

The Berry Amendment requires that uniforms and gear sold to the Defense Department must be produced in the United States. The goods were shipped from China to Kohanbash and then sold to other wholesalers who ultimately marketed and sold them to military and government buyers as genuine, American-made products, Weisman added. Kohanbash faces 15 years at prison at sentencing 17 JAN. His attorneys did not immediately return messages seeking comment. [Source: Associated Press | May 22, 2019 ++]

POW/MIA Recoveries & Burials ► **Reported 01 thru 15 JUN 2019 | Thirteen**

“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 Air Forces Tech. Sgt. Charles G. Ruble** was a member of the 99th Troup Carrier Squadron, 441st Troup Carrier Group, serving as an aerial engineer aboard a C-47A aircraft. On Sept. 17, 1944, his aircraft was carrying a crew of five and transporting 10 paratroopers, approaching a drop-zone near Groesbeek, Netherlands. The plane was seen taking direct anti-aircraft fire to the wing. The paratroopers successfully exited the plane; however, only three crewmembers survived. The remaining two, including Ruble, could not be accounted for. Interment services are pending. [Read about Ruble.](#)

-- **Army Cpl. Earl H. Markle** was a member of Company M, 3rd Battalion, 8th Cavalry Regiment, 1st Cavalry Division, engaged against enemy forces near Unsan, North Korea. He was reported missing in action on Nov. 2, 1950, when he could not be accounted for by his unit following the attack. Interment services are pending. [Read about Markle.](#)

-- **Army Cpl. William S. Smith** was a member of Company E, 2nd Battalion, 9th Infantry Regiment, 2nd Infantry Division, when he was reported missing in action after an enemy assault on his unit's position along the Naktong River, near Yongsan, South Korea. Interment services are pending. [Read about Smith.](#)

-- **Army Master Sgt. James G. Cates** was a member of Company I, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 3, 1950, following combat actions against enemy forces in the vicinity of the Chosin Reservoir, North Korea. Interment services are pending. [Read about Cates.](#)

-- **Army Pfc. Hulett A. Thompson** was a member of the 2nd Battalion, 5307th Combat Unit (Provisional), also referred to as Task Force Galahad, or Merrill's Marauders, in the China-Burma-India region. On June 30, 1944, Thompson's unit fought in the siege of Myitkyina, Burma. He was reportedly killed in action and his remains could not be recovered. Interment services are pending. [Read about Thompson.](#)

-- **Army Pvt. Edward M. Morrison** was a member of 1st Platoon, Company B, 1st Battalion, 34th Infantry Regiment, 24th Infantry Division. His unit was holding a defensive position north of P'yongt'aek, South Korea, when he was

killed by small arms fire on July 6, 1950. Morrison was the first casualty of his company during its second engagement in the war. Interment services are pending. [Read about Morrison.](#)

-- **Marine Corps Reserve Pfc. John T. Burke** was a member of Company B, 1st Battalion, 8th Marine Regiment, 2nd Marine Division. In November 1943, his unit landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands, in an attempt to secure the island. Burke died on Nov. 20, 1943. Interment services are pending. [Read about Burke.](#)

-- **Navy Gunner's Mate 2nd Class Harold L. Dick** was stationed aboard the USS Colorado, which was moored approximately 3,200 yards from the shore of Tinian Island. Early in the morning, the USS Colorado came under attack by a concealed Japanese shore battery. From the attack, four crewmen were declared missing in action, and 39 personnel were killed, including Dick. Interment services are pending. [Read about Dick.](#)

-- **Navy Seaman 1st Class Edward Wasielewski** was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmembers, including Wasielewski. Interment services are pending. [Read about Wasi](#)

-- **Navy Seaman 1st Class Ralph H. Keil** was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmembers, including Keil. Interment services are pending. [Read about Keil.](#)

-- **Navy Signalman 3rd Class William J. Shanahan** was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmembers, including Shanahan. Interment services are pending. [Read about Shanahan.](#)

-- **U.S. Navy Fireman 1st Class Rudolph Blitz** was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmembers, including Rudolph and his twin brother Leo. Interment services are pending. [Read about Blitz.](#)

-- **U.S. Navy Machinist's Mate 2nd Class Leo Blitz** was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmembers, including Leo and his twin Rudolph brother. Interment services are pending. [Read about Blitz.](#)

[Source: <http://www.dpaa.mil> | June 15, 2019 ++]

* VA *



VA Secretary Update 87 ► Fact Check Inaccuracies in a Recent News Article

I want to call attention to several inaccuracies in a recent media “fact check” article that claimed the Trump administration is taking credit for progress made under the Obama administration. This unfortunate piece went out of its way to misinterpret President Trump and my own words. Worse, it gets basic facts wrong in a way that could create a disincentive for Veterans to seek care at the Department of Veterans Affairs. We should all be encouraging our Veterans to use our hospitals and clinics, but pieces such as these paint an incorrect picture of the VA that runs the risk of discouraging Veterans from using the benefits they have earned.

For example:

1. *The piece criticized President Trump for saying, “we passed VA choice and VA accountability,” and for saying people have been “trying to pass these things for 45 years.” AP concluded Trump was “wrong” because “Trump is not the first president in 45 years to get Congress to pass Veterans Choice.”*

The President knows what he was talking about, even if the AP doesn't. In 2018, President Trump signed into law the MISSION Act, which gives VA the ability to implement the best practices we've learned in our nearly 75 years of experience offering community care. It consolidates VA's community care efforts into a single, simple-to-use program that puts Veterans at the center of their VA health care decisions. He wasn't referring to the Veterans Choice Act, which became law under the Obama administration and created a narrow, temporary choice program that wasn't seen by anyone as a final answer. Either through neglect or willful ignorance, the AP quoted the President as referring to “VA Choice,” with a capital C, as if he meant that Obama-era bill, but he was referring to the concept of choice as defined in the MISSION Act. Also, the piece conveniently leaves out the fact that President Trump signed the VA Accountability and Whistleblower Protection Act of 2017, one of the most significant changes to civil service laws since the Civil Service Reform Act of 1978 was passed more than four decades ago.

2. *Along the way to making that flawed argument, the AP misinterpreted a statement made by the VA's top health official, Dr. Richard Stone, who said implementation of the MISSION Act should “almost be a non-event.” The AP took that line out of context and imagined it to mean that few Veterans will choose care outside the VA because wait times are longer in the private sector, in an apparent effort to dismiss the value of the law the President signed.*

That's news to Dr. Stone. We checked with him, and he said his “non-event” comment referred to the idea that implementation of the MISSION Act would not create any technical problems that would interrupt Veterans' efforts to seek care at the VA. He made the comment in Senate testimony in March, after being asked whether the MISSION Act would create any drastic changes to how Veterans interact with their VA providers.

3. *The piece said the “key to the Choice program's success is an overhaul of the VA's electronic medical records,” which will take up to 10 years. It also said I have estimated that full implementation of the “expanded Choice program” is still years away.*

This is pure conjecture on the part of AP, plus it's wrong. The Choice program will actually cease to exist on June 6, as the MISSION Act will create a new program that consolidates all of VA's community care programs, including Choice. The AP's “fact checkers” seem unaware of this crucial fact. Also, while electronic health records modernization is an important improvement, it's not central to the success of the MISSION Act. No one from the VA has ever said implementation of the new private care option Veterans will have under the MISSION Act is “years” away because of our effort to modernize health records.

4. *The AP quoted me saying I took steps to make sure Veterans are at the center of their health care decisions, and connected that quote to another one in which I said, “One of the things that we're doing at VA is that we have same-day mental health service.”*

But in the Fox News interview, those two comments happened about six minutes apart from each other. The AP ignored the back and forth of the interview for that long and misleadingly made it appear as if this was a single, related thought.

5. Finally, the piece quoted me saying that my effort to put dedicated leaders in our VA hospitals and clinics helped reduce VA wait times, as seen in a Journal of the American Medical Association study.

The AP is correct: that study measured wait times up until 2017, before my tenure. VA is seeing enough signs of improvement that it's easy to confuse data sources under the hot lights of a TV set. What I should have said was, we have our own internal data showing that wait times are continuing to improve since President Trump took office. Our own data show the VA has completed more than 1.2 million more appointments through May 21 in FY 2019 compared to the same period the prior year, a sign our success in hiring more medical staff is bearing fruit for our Veterans. Wait times for new primary and mental health care appointments have also fallen since President Trump took office.

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Any one of us, including me, is capable of speaking imprecisely at times. But it's another thing entirely when "fact checkers" do it themselves. [Source: VA News Release | Robert Wilkie| May 31, 2019 ++]

VA Mission Act Update 08 ► New Health Care Options Launched

The U.S. Department of Veterans Affairs (VA) launched its new and improved Veterans Community Care Program on June 6, 2019, implementing portions of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act), which both ends the Veterans Choice Program and establishes a new Veterans Community Care Program.

The MISSION Act will strengthen the nationwide VA Health Care System by empowering Veterans with more health care options. "The changes not only improve our ability to provide the health care Veterans need, but also when and where they need it," said VA Secretary Robert Wilkie. "It will also put Veterans at the center of their care and offer options, including expanded telehealth and urgent care, so they can find the balance in the system that is right for them."

Under the new Veterans Community Care Program, Veterans can work with their VA health care provider or other VA staff to see if they are eligible to receive community care based on new criteria. Eligibility for community care does not require a Veteran to receive that care in the community; Veterans can still choose to have VA provide their care. Veterans may elect to receive care in the community if they meet any of the following six eligibility criteria:

1. A Veteran needs a service not available at any VA medical facility.
2. A Veteran lives in a U.S. state or territory without a full-service VA medical facility. Specifically, this would apply to Veterans living in Alaska, Hawaii, New Hampshire and the U.S. territories of Guam, American Samoa, the Northern Mariana Islands and the U.S. Virgin Islands.
3. A Veteran qualifies under the "grandfather" provision related to distance eligibility under the Veterans Choice Program.
4. VA cannot furnish care within certain designated access standards. The specific access standards are described below:
 - Drive time to a specific VA medical facility
 - Thirty-minute average drive time for primary care, mental health and noninstitutional extended care services.
 - Sixty-minute average drive time for specialty care.
 - Note: Drive times are calculated using geomapping software.
 - Appointment wait time at a specific VA medical facility

- Twenty days from the date of request for primary care, mental health care and noninstitutional extended care services, unless the Veteran agrees to a later date in consultation with his or her VA health care provider.
 - Twenty-eight days for specialty care from the date of request, unless the Veteran agrees to a later date in consultation with his or her VA health care provider.
5. The Veteran and the referring clinician agree it is in the best medical interest of the Veteran to receive community care based on defined factors.
 6. VA has determined that a VA medical service line is not providing care in a manner that complies with VA's standards for quality based on specific conditions.

In preparation for this landmark initiative, senior VA leaders will visit more than 30 VA hospitals across the country to provide in-person support for the rollout. The VA MISSION Act:

- Strengthens VA's ability to recruit and retain clinicians.
- Authorizes "Anywhere to Anywhere" telehealth across state lines.
- Empowers Veterans with increased access to community care.
- Establishes a new urgent care benefit that eligible Veterans can access through VA's network of urgent care providers in the community.

For more information, visit www.missionact.va.gov or view the VA's Health are Options through VA booklet at https://www.missionact.va.gov/library/files/MISSION_ACT_Community_Care_Booklet.pdf. [Source: VA News Releases | June 6, 2019 ++]

VA Mission Act Update 09 ► Finding a Provider | Making Appointments | Getting Care

Under the VA MISSION Act, it will be easier for eligible Veterans to find a community provider in VA's network, make an appointment, and get timely, high-quality care. Veterans may have experienced issues with scheduling appointments and receiving care in the past. These problems are being addressed by making it easier for Veterans to schedule community care appointments themselves, with the help of a VA staff member, or with the help of a third-party administrator (TPA). VA is also rolling out new technology that improves communication and coordination between Veterans, community providers, and VA employees. While accessing community care will become easier in the future, it's important to know that Veterans eligible for community care will generally still have the option to choose to receive care from a VA medical facility or community provider. After a Veteran is determined to need treatment and found eligible for community care, he or she will generally have the option of choosing to receive care from a VA medical facility or community provider.

Finding a Community Provider

Community care is available from a broad range of community providers in VA's network. VA's network includes providers that participate in regional community care networks that are managed for VA by Third Party Administrators under contract with VA, as well as other community providers with whom VA contracts directly. A VA staff member will discuss with an eligible Veteran who chooses to receive community care his or her preferences for getting care. For example, a Veteran may want to find a community provider that can see them sooner and is located near his or her home. Based on the discussion between the Veteran and the care team, VA will work with the Veteran to accommodate his or her preferences and select a community provider in VA's network that's currently available to provide that care.

Community providers in VA's network can be found using VA's Provider Locator, available from the following web address: <https://www.va.gov/find-locations>. Note: Not all community providers in VA's network and listed in VA's Provider Locator will be available to provide community care, and VA might not be able to accommodate a Veteran's preferences. If a Veteran expresses a preference for a specific community care provider in VA's network,

VA will determine if that provider is currently available to provide that care, and, if not, inform the Veteran and work with the Veteran to identify alternatives.

If none of the community providers in VA's network are feasibly available, VA will work to add a provider to the network. If there is a specific community provider the Veteran would like to see that is not in VA's network, VA may be able to add the provider to its network. However, this may take some time, and not all providers may want to be part of VA's network. To see if it would be possible to add the provider to VA's network, a VA staff member will work with the Veteran to find out more information about the specific community provider and determine next steps.

Referrals

VA will send a referral to the Veteran and to the selected community provider. VA will also send any pertinent medical documentation to the community provider to ensure proper care coordination. The VA referral is important because it authorizes the Veteran to receive care from the community provider. Without the referral, VA has not authorized and cannot pay for the care in most circumstances. Once a referral is sent to the Veteran and the selected community provider, an appointment can be scheduled.

Scheduling Appointments

Veterans have several options when it comes to scheduling an appointment with a community provider. Depending on the type of care a Veteran needs, a VA staff member will work with the Veteran to determine which options are available.

- *Veteran Directly Schedules Appointment* – After a community care consult has been approved and a referral is sent to the selected provider, Veterans can directly contact the community provider in VA's network to schedule an appointment. Afterwards, the Veteran provides the appointment information to a VA staff member as soon as possible in order to ensure tracking and continuity of care.
- *Veteran Uses VA Online Scheduling to Schedule Appointment* – Veterans may be able to request an appointment online using VA Online Scheduling for routine exams for Primary Care, Nutrition, Podiatry, Optometry, Audiology and Hearing Aid Support. VA Online Scheduling is accessible through MyHealthVet (<https://www.myhealth.va.gov/mhv-portal-web/keeping-up-with-your-va-appointments>).
- *VA Staff Member Schedules Appointment* – Veterans can provide their appointment preferences (such as the specific provider, location, date, and time of day) to a VA staff member. Based on the Veteran's preferences and the community provider's availability, a VA staff member will work to schedule the appointment.
- *VA TPA* – In some cases for specific VA medical facilities, Veterans can provide their appointment preferences (such as the specific provider, location, date, and time of day) to a TPA. Based on the Veteran's preferences and the community provider's availability, the TPA will work to schedule the appointment.

Getting Care

When the Veteran arrives for the appointment, the community provider should have the appointment, VA referral, and pertinent medical documentation on file and be ready to see the Veteran.

Prescription Medication

VA will pay for or fill prescriptions written by community providers. For prescription medication longer than a 14-day supply, the prescription must be submitted to VA to be filled. *Note:* As applicable, VA copayments apply for medication prescribed by a community provider.

Going Forward

The process and information above represents improvements to current practices rather than any major changes to how Veterans currently find a community provider, make an appointment, or receive community care. As VA continues to implement improvements to community care, Veterans can expect overall customer service to improve. Resources

- [Fact Sheet – Veteran Community Care – Appointments and Getting Care \(VA MISSION Act\)](#)
- [Fact Sheet – Veteran Community Care – Eligibility \(VA MISSION Act\)](#)
- [Fact Sheet – Veteran Community Care – General Information \(VA MISSION Act\)](#)

VA Mission Act Update 10 ► Veteran Community Care – Urgent Care Fact Sheet

As part of implementing the VA MISSION Act of 2018, VA will offer an urgent care benefit that provides eligible Veterans with greater choice and access to timely, high-quality care. With urgent care, Veterans have a new option for care for the treatment of minor injuries and illnesses, such as colds, sore throats, and minor skin infections. The benefit is offered in addition to the opportunity to receive care from a VA provider, as VA also offers same-day services.

Eligible Veterans will be able to receive urgent care from an urgent care provider that is part of VA's contracted network of community providers without prior authorization from VA. VA can pay for an urgent care claim only if:

- The Veteran is eligible for the benefit;
- The urgent care provider is part of VA's contracted network of community providers; and
- The services are not excluded under the benefit (excluded services include preventive services and dental services).

This benefit is expected to be available when final Federal regulations are published and effective, expected June 6, 2019. Note that details about urgent care are not yet final.

Process Overview

1. *Find Provider* -- Eligible Veteran finds and travels to in-network urgent care provider.
2. *Confirm Eligibility* -- Veteran states they are using VA benefit and urgent care provider confirms Veteran eligibility.
3. *Receive Care* -- Veteran receives covered urgent care services and medication is prescribed if needed.
4. *Billing* -- Urgent care provider bills VA Third Party Administrator (TPA), and VA may bill the Veteran the applicable copayment

Eligibility

Veterans will be eligible for the urgent care benefit if they are enrolled in VA health care and have received care through VA (from either a VA or community provider) within 24 months prior to receiving this care. Veterans can go to an urgent care provider in VA's contracted network of community providers and receive covered services without prior authorization from VA. To check their eligibility once the urgent care benefit has started, Veterans should contact their local VA medical facility

Finding an Urgent Care Provider

To find an available urgent care provider in VA's contracted network of community providers, Veterans will be able to use VA's provider locator on VA.gov (<https://www.va.gov/find-locations>) or contact their local VA medical facility. VA staff can inform the Veteran of available in-network locations and offer to find the closest locations

Important: VA can only pay for care under this benefit if the veteran is eligible, the services are not excluded under the benefit, and the provider is part of VA's contracted network of community providers and is identified as an urgent care provider. If an eligible Veteran goes to an out-of-network urgent care provider, they may be required to pay the full cost of care. By law, VA cannot pay claims for urgent care rendered to a Veteran from providers that are not part of VA's network

Getting Urgent Care

When arriving at an in-network urgent care provider, eligible Veterans must:

- Ask and verify that the urgent care provider is part of VA's contracted network of community providers. The urgent care provider may have a sign posted that indicates they are part of VA's contracted network of community providers.
- Inform the provider that they would like to use their VA urgent care benefit to receive care.

Note: The urgent care provider will confirm the Veteran's eligibility prior to furnishing care.

If the provider is not part of VA’s network, eligible Veterans have several options:

- Agree to pay potentially the full cost of care and receive care immediately
- Go to a different urgent care provider that is part of VA’s contracted network of community providers
- Go to the nearest VA medical facility
- Go to the nearest emergency department if Veteran reasonably believes that delay in seeking immediate medical attention would be hazardous to their life or health.

Covered Services

The urgent care benefit covers treatment of non-emergent symptoms such as flu -like symptoms (coughs and colds), wheezing, sprains, sore throats, painful urination, bumps and bruises, ear pain, and mild skin irritations, which are typically addressed by urgent care facilities and walk-in retail health clinics. Excluded from the benefit are preventive and dental services.

Important: While urgent care is a convenient benefit for treatment of non-emergent symptoms, Veterans should always consider talking with or seeing their primary care provider if they are concerned that the community provider will not understand the complexities of their medical history or medications. Veterans should remember the following when considering urgent care:

- If Veterans have a medical emergency, they should immediately seek care at the nearest emergency room. A medical emergency is an injury, illness, or symptom so severe that a prudent layperson reasonably believes that delay in seeking immediate medical attention would be hazardous to life or health.

- If you believe your life or health is in danger, call 911 or go to the nearest emergency department right away. Important: VA can only pay for care an eligible Veteran receives from a community emergency department in certain circumstances and under specific conditions. Visit the following link for more information: https://www.va.gov/COMMUNITYCARE/programs/veterans/Emergency_Care.as.

Differences Between Urgent Care and Emergency Care	
Urgent Care	Emergency Care
Urgent care consists of medical services provided for minor illnesses or injuries that are not life-threatening such as strep throat, pink eye, or influenza.	Emergency care consists of hospital care or medical services that a prudent layperson reasonably believes are necessary without delay to avoid hazards to life or health. Examples of conditions or symptoms that justify emergency care include severe chest pain; seizures or loss of awareness; severe headache; heavy uncontrollable bleeding; poisoning; moderate to severe burns, and large broken bones.

The urgent care benefit also covers diagnostic services like X-Rays, some lab testing, and some medications (with limitations). However, not all facilities in VA’s network will be able to offer these services. Therapeutic vaccines are covered when these are required for the treatment of certain conditions covered under the urgent care benefit. For example, an eligible veteran seeking treatment for a wound caused by rusted metal requires treatment for the wound and may require a tetanus vaccine as part of the course of treatment. With the exception of a flu shot, vaccines and other preventive care services are not covered, and eligible Veterans should not manage their chronic conditions, or otherwise manage their care over the long term, through the urgent care benefit.

Important: Urgent care is not a replacement for an eligible Veteran’s preventive health care. Eligible Veterans should work with their primary care provider for this type of care. If an eligible Veteran goes to an urgent care provider and receives services that are not covered by this benefit, they may be required to pay the full cost of care

Copayments

Eligible Veterans may be charged a VA copayment for urgent care that is different from other VA medical copayments. VA copayments for urgent care depend on the eligible Veteran’s assigned priority group and the number of times they

visit an in-network urgent care provider in a calendar year. Note that copayment charges are not yet final pending publication of the final regulation.

- Priority Groups 1-5. There is no copayment for the first three visits during a calendar year. For the fourth visit and all subsequent visits in a calendar year, the copayment is \$30.
- Priority Group 6. There is no copayment for the first three visits during a calendar year if the visit is related to special authority,* or exposure. For the fourth visit and all subsequent visits in a calendar year, the copayment is \$30. If the visit is not related to special authority,* or exposure, the copayment is \$30 per visit, regardless of which visit it is.
- Priority Groups 7-8. The copayment is \$30 per visit.
- Priority Groups 1-8. No copayment for a flu shot-only visit. Visits consisting only of a flu shot do not count as a visit for the number of visits in a calendar year for eligible Veterans in priority groups 1-6.

❗ Special authorities include those related to combat service and exposures (e.g. agent orange, active duty at Camp Lejeune, ionizing radiation, Project Shipboard Hazard and Defense (SHAD/Project 112), Southwest Asia Conditions) as well as Military Sexual Trauma, and presumptions applicable to certain Veterans with psychosis and other mental illnesses

In addition, please note the following about urgent care copayments and visits:

- There is no limit on the number of times an eligible Veteran can access urgent care.
- Copayments are not paid out-of-pocket at the time the eligible Veteran receive care at the urgent care provider. Eligible Veterans are billed separately by VA as part of VA's normal billing process.

When the benefit starts, Veterans can contact the VA Health Resource Center (HRC) for questions related to urgent care copayments at 1-877-222-VETS (8387). Veterans will also be able to contact their local VA medical facility for more information about urgent care copayments.

Prescription Medication

VA will pay for or fill prescriptions for urgent care. For urgent care prescription medication longer than a 14-day supply, the prescription must be submitted to VA to be filled. For urgent prescription medication of a 14 day or fewer supply, Veterans can either fill the prescription at a contracted pharmacy in the VA network or the prescription can be filled at a non-contracted pharmacy. If a non-contracted pharmacy is used, Veterans must pay for the prescription and then file a claim for reimbursement with their local VA medical facility. Some Veterans may be required to make a copayment for medication. At https://www.va.gov/COMMUNITYCARE/revenue_ops/copays.asp information about copayments can be found at

Support

For questions and support, Veterans should contact their local VA medical facility. To find the nearest VA medical facility, use VA's facility locator on VA.gov at <https://www.va.gov/find-locations>.

Community Providers

Community providers must be part of VA's contracted community care network to provide urgent care to Veterans and be reimbursed by VA. There are no exceptions. This means community providers must enter into a contract with one of VA's Third Party Administrators (TPAs). Once a community provider is part of VA's network, they can begin providing the urgent care benefit to Veterans. In-network community providers will be provided with a list of services that VA cannot reimburse (not pay for) by the TPA assigned to their region.

When a Veteran presents at an urgent care provider in VA's community care network:

- The community provider must check a Veteran's eligibility for the urgent care benefit before providing care.
- This is accomplished by confirming with the TPA assigned to their region or by calling the local VA medical facility. After urgent care is provided to a Veteran:•The community provider must file a claim with the TPA assigned to their region. The TPA will adjudicate and pay the claim on behalf of VA.

- Follow-up medical documentation must be sent to the Veteran’s home VA medical facility via an approved method such as Veterans Health Information Exchange(VHIE) or fax. For reference, an eligible Veteran’s home VA medical facility address will be provided in the daily eligibility file.

Frequently Asked Questions

Q1. What specific services are covered by the urgent care benefit? Individual health conditions are complex and unique to each Veteran. As a result, and to encourage eligible Veterans to seek care when and where they need it, VA does not publish a specific list of covered services for urgent care. VA does exclude from the urgent care benefit preventive services and dental services, as well as other items that are not included in the medical benefits package.

Q2. Will VA reimburse beneficiary travel for urgent care? VA will reimburse beneficiary travel (BT) for eligible Veterans that travel to receive community care. Payment will be made for the distance to either the nearest VA or community medical facility that could have provided the care or services. Payment will only be made on a one-way basis (e.g. not round-trip) for unscheduled care.

Q3. Are urgent care services provided at an emergency department covered by VA? If the emergency department is part of VA’s contracted network and has agreed to furnish urgent care services in accordance with the contract requirements, VA can pay for these services for eligible Veterans under this benefit.

Q4. How do Veterans get more information about the urgent care benefit? Veterans can call their local VA medical facility for more information after the benefit starts, expected June 2019. A VA staff member can advise the Veteran on available urgent care providers and may be able to advise them on whether they will be charged a copayment for the care.

Q5. Can the urgent care benefit be used by a Veteran’s family member? Only eligible Veterans can use this benefit. The benefit does not extend to family members and is non-transferrable.

Q6. How are VA copayments handled? Eligible Veterans will not be charged a VA copayment at the time of their visit. VA copayments, if applicable for the eligible Veteran, are billed by VA separately.

For more information, visit www.missionact.va.gov or view the VA’s Health are Options through VA booklet at https://www.missionact.va.gov/library/files/MISSION_ACT_Community_Care_Booklet.pdf.

[Source: VA Fact Sheet | May 2019 ++]

VA Blue Water Claims Update 70 ► DOJ Decides Not to Appeal Benefit Decision

After months of uncertainty, the Department of Justice decided not to appeal a federal court ruling that extends eligibility for Department of Veterans Affairs benefits to Blue Water Navy veterans who served on ships offshore during the Vietnam War. With the court challenge apparently over, tens of thousands of veterans – with estimates up to 90,000 – are in line to receive VA benefits, which could equate to thousands of dollars in disability compensation each month. The Congressional Budget Office has predicted the new benefits could cost about \$1.1 billion during the next 10 years, but VA officials estimate it could be five times that amount.

“This is a huge victory for tens of thousands of deserving veterans who were arbitrarily stripped of their earned benefits,” said B.J. Lawrence, national commander of the Veterans of Foreign Wars. The affected veterans served aboard aircraft carriers, destroyers and other ships during the Vietnam War and have been fighting for years to prove they were exposed to the chemical herbicide Agent Orange. The VA had deemed them ineligible for the same disability benefits as those veterans who served on the ground and inland waterways, but in January, the Court of Appeals for the Federal Circuit ruled 9-2 that blue water Navy veterans also should be eligible.

At issue was interpretation of the law, which allows easier access to disability benefits for veterans who “served in the Republic of Vietnam” and suffer from one of a list of illnesses linked to the Agent Orange. The herbicide has been found to cause respiratory cancers, Parkinson’s disease and heart disease, as well as other conditions. The court determined territorial seas should be included in the definition of “Republic of Vietnam” – a point the government disputed. The Justice Department considered appealing the ruling to the Supreme Court. After being granted multiple extensions, Solicitor General Noel Francisco decided May 28 not to challenge it. The decision came “after consultation with VA and other components of the government,” according to a court filing submitted Tuesday.

It remained uncertain 6 JUN when the VA might begin to process claims from blue water Navy veterans. The agency recently reached out to the VFW for its support to establish a plan, said Carlos Fuentes, VFW legislative director. “Ultimately, we are very thankful that blue water Navy veterans will start receiving care and benefits, and we urge the VA to do so immediately,” Fuentes said. “They’ve had some time to plan out what the future is, and VA has reached out to us and asked us to help game plan what that looks like.”

The case, *Procopio v. Wilkie*, was named for Alfred Procopio, Jr., 73, who served on the USS Intrepid during the Vietnam War. The resolution of the case comes 10 years after the VA denied Procopio’s disability claims for diabetes and prostate cancer. “Mr. Procopio is entitled to a presumption of service connection for his prostate cancer and diabetes mellitus,” the decision issued 4 JUN states. “Accordingly, we reverse.” Judge Kimberly A. Moore, who wrote on behalf of the majority, added: “We find no merit in the government’s arguments to the contrary.”

While the case made its way through federal court in recent years, advocates spearheaded efforts on Capitol Hill to have Congress mandate benefits for blue water Navy veterans. The Senate failed to pass the legislation before the end of the congressional session in December. The bill stalled in the Senate after VA Secretary Robert Wilkie and several former VA secretaries came out against it. Wilkie cited high costs and insufficient scientific evidence linking blue water Navy veterans to Agent Orange exposure. The legislation was introduced again this year during the first days of the 116th Congress. The House voted 410-0 to advance the bill to the Senate.

Some lawmakers and advocates are suggesting Congress still move forward with the bill to protect against the issue being challenged again in the courts. “It ensures benefits aren’t taken away again,” Fuentes said. In a joint statement 6 JUN, Reps. Mark Takano (D-CA) and Phil Roe (R-TN) -- leaders of the House Committee on Veterans’ Affairs – issued a joint statement calling on the Senate to pass the legislation, H.R.299, as soon as possible. In order to help offset costs of the benefits, the measure seeks to increase fees for nondisabled veterans who apply through the VA home loan program. John Wells, director of Military-Veterans Advocacy and one of the attorneys involved in the court case, pulled support from the legislation last month. He argued the bill would inadvertently limit the number of veterans who would be eligible for benefits under the court ruling and has asked lawmakers to use broader language in the legislation. [Source: Stars & Stripes | Nikki Wentling | June 6, 2019 ++]

VA Blue Water Claims Update 71 ► Senate Signs and Forwards Bill to Trump

The Senate unanimously passed legislation codifying presumptive disability benefits status for so called “blue water” Vietnam veterans on 12 JUN, sending the bill to the White House to become law. The move came roughly six months after the measure was stalled in the Senate by parliamentary objections and just a week after the end of a legal battle surrounding the Vietnam veterans’ benefits that has drug on for years. The legislation, passed unanimously by the House last month, has been a focus of advocates fighting to ensure nearly 90,000 veterans who served on ships in the seas around Vietnam are granted the same Veterans Affairs benefits status as troops who served on the ground or on ships stationed close to shore.

Under current regulations, those troops were assumed to have been exposed to toxic defoliants like Agent Orange, and were given special fast-track status when illnesses related to that chemical contamination surfaced later in life. But

in 2002, VA officials ruled that presumptive status did not apply to the blue water veterans. As a result, had to conclusively prove their identical illnesses were a result of toxic exposure and not issues that occurred after their military service. Given the lack of chemical monitoring on the ships at the time and the decades that have passed since the exposure, many veterans found that decision an unfair and unrealistic barrier. Earlier this year, a federal court agreed, ordering the VA to return the blue water veterans their special disability status.

Last week, Department of Justice officials announced they would not appeal that decision to the Supreme Court, effectively ending the fight. But House lawmakers and several veterans groups pushed for the Senate to finalize the House’s blue water veterans bill, arguing that codifying the decision would ensure that future court cases would not produce a different result. The bill now headed to the president’s desk does go further than the court rulings expanding certain presumptive benefits to troops who served in the Korean Demilitarized Zone and to children of herbicide-exposed Thailand veterans born with spina bifida.

VFW National Commander B.J. Lawrence in a statement last week said the legislation was also needed “to ensure the Department of Veterans Affairs can never again interpret the intent of law differently.” Senate Veterans’ Affairs Committee Chairman Johnny Isakson (R-GA) had pushed for Senate action on the issue for the last year and praised the final passage Wednesday. “It is our responsibility to make sure our veterans are provided the benefits they have earned,” he said in a statement. “I look forward to President Trump signing this legislation into law, and I will work with the VA to ensure Blue Water Navy veterans begin receiving these benefits.” His House counterpart, Rep. Mark Takano (D-CA) said the bill’s passage means “we can finally tell the tens of thousands of veterans who were exposed to Agent Orange during the Vietnam War but wrongly denied benefits that justice is coming.”

But the legislation does have its critics. John Wells, retired Navy commander and the executive director of Military-Veterans Advocacy (which helped file the blue water lawsuit), has criticized the legislation in recent weeks for limiting the scope of veterans potentially covered under the legal ruling. And the legislation would pay for the presumptive benefits status — expected to total \$1.1 billion over 10 years — with a new fee on certain VA home loans. No timetable has been set for when the president may sign the measure into law. VA officials opposed the legislation last year, but have dropped their concerns since the court decisions against them. [Source: MilitaryTimes | Leo Shane III | June 2, 2019 ++]

VA Claims Backlog Update 161 ► Blue Water Claim Anticipated Impact

The Department of Veterans Affairs was on track to clear a longstanding backlog of veterans’ disability claims, its secretary said, but the addition of newly eligible Vietnam-era veterans may overwhelm the system. “We are about to add tens of thousands of new beneficiaries to the claims system,” VA Secretary Robert Wilkie said during a stop 6 JUN at the Salem VA Medical Center. “I’ve seen estimates that go anywhere from 70,000 to 400,000.”

A federal appeals court in January ruled that Vietnam veterans who served on ships off the shores of Vietnam were exposed to Agent Orange. With that ruling comes the presumption that the chemical defoliant caused any of an array of diseases. Affected servicemen, called Blue Water Navy veterans, are entitled to medical care and disability payments. Wilkie said the VA is working with the Department of Defense to figure out how many veterans are eligible. “The original metric was to use the Vietnam service ribbon, but the way the Navy worked during those days is if you were attached to the ship’s company and the ship traversed the waters, you got a ribbon. But there may be a third of the crew back in Bremerton, Washington, that didn’t deploy for whatever reason and they got a ribbon as well,” he said. “So we have to do a lot of detective work along with the Navy, and it’s going to take us some time.”

Estimates of the potential costs of disability benefits for the Blue Water Navy veterans range between \$1.1 billion and \$5.5 billion over 10 years. The range depends on the number of veterans and whether their children and estates will be eligible to file claims. Congress two years ago passed legislation to modernize the disability system, which by

then had left a half-million veterans waiting years to resolve their claims. The backlog has been reduced to 108,000 claims. Wilkie credits the creation of computer programs to process claims and a move away from paper shuffling, when it would sometimes take more than a year for claims to be handed off from one person to the next.

He said he doesn't know why the VA took so long to computerize records. "I can't give you the historical reasons. But I can tell you the federal government as a whole, because of what I call industrial-age processes, has done a very poor job," he said. "I would like for the federal government to be dragged into the 20th century, then worry about the 21st century later." [Source: The Roanoke Times | Luanne Rife | Jun 7, 2019 ++]

VA EHR Update 16 ► VA Says Update On Track but Lawmakers are Skeptical

Veterans Affairs Department officials told Congress the initial rollout of their multibillion-dollar health record platform is on schedule, but lawmakers are still waiting for the other shoe to drop. The system, officially called the **Cerner Millennium** electronic health record solution, is set to go live at three facilities in the Pacific Northwest in March 2020, following more than a year of skepticism about the project's viability. The \$10 billion overhaul is already projected to run about \$350 million over its original budget, but officials on 12 JUN assured a House Veterans Affairs subpanel they expect no "significant deviations" from the current spending plan.

But with the launch date rapidly approaching, lawmakers worry the department is diving into the project headfirst without working out the kinks in its management and roll out strategy. "There are many key decisions and tasks that have yet to be completed," Chairwoman Susie Lee (D-NV) said in her opening remarks. "Why insist on leaving yourselves very little margin for error when history is not on your side for successful IT implementations?"

The Millennium system is intended to allow Veterans Affairs to seamlessly share health records with the Pentagon, which is also in the process of standing up a new platform with Cerner Corp. But officials have long warned the effort could fall off the rails without a single point of accountability between the two departments, and the subcommittee isn't convinced the current oversight structure will do the job. On 1 MAR, the department leaders finalized their proposal for a joint governance body that would replace the beleaguered Interagency Program Office, which is currently coordinating the respective rollouts. IPO Director Lauren Thompson said the new organization, called the Federal Electronic Health Record Modernization Program Office, or **FEHRM**, would support efforts at both agencies and have final say over any disputes that arise.

While they acknowledged the proposal was a step in the right direction, lawmakers were quick to point out the FEHRM is still more of a "concept" than reality. The departments haven't finalized the group's charter, and its staffing and funding levels are still up in the air, according to Windom. Officials also have not yet named a director or deputy director, or the interim leaders who will precede them, he said. "For years, the VA and DOD have been promising a joint governance structure," Lee said in an email to Nextgov after the hearing. "Now ... it just feels like they are going through the motions to avoid dealing with the major underlying infrastructure and leadership issues. There is still a lot of risk for failing and until we see a more detailed plan, I remain concerned."

During the hearing, lawmakers also raised concerns about the numerous technical challenges that must be addressed before the platform can launch at the first trio of sites. After reviewing the facilities last year, Cerner found the department would need to strengthen networks, update IT infrastructure and perform "necessary facility modifications" before rolling out the platform. John Short, the chief technology integration officer for the agency's EHR office, told the subcommittee the upgrades will be finished by the March 2020 deadline, but there would likely be additional improvements needed to improve user experience.

Despite those assurances, lawmakers seemed skeptical the department would have facilities ready in time for the launch. If red flags start to pop up, they said it would be best for officials to delay the rollout instead of scrambling to meet the deadline. "That's fine if it takes another month or two," said Rep. Phil Roe, R-Penn., who previously led the

full House Veterans Affairs Committee. “I’d rather have you get it right than [do] it quick and get it wrong.” [Source: Next.gov | Jack Corrigan | June 12, 2019 ++]

VA Arthritis Care Update 01 ► New Technique Under Study Takes Drugs Directly to Joints

Baltimore VA Medical Center researchers have developed a technique to deliver arthritis medication primarily to the joints, and successfully tested it in lab rats. The new technique involves encasing medication in a molecular structure that homes in on inflamed joints. The method gets the drugs where they need to go without affecting the rest of the body. This lowers the risk of unwanted side effects. The medication is injected into the bloodstream, and is then directed to inflamed joints. When given to rats, the therapy was more effective at stopping arthritis than other modes of treatment with the same drug.

“This research is a fine example of how nanotechnology-based targeted drug delivery can lead to more effective and safe treatment of a painful and debilitating disease like arthritis,” said Dr. Kamal Moudgil, senior scientist behind the work. He is a researcher at the Baltimore VA and a professor of microbiology and immunology at the University of Maryland School of Medicine. His group’s results appeared online in April in the journal *Nanomedicine*. Rheumatoid arthritis involves chronic inflammation of the joints. It can lead to joint damage and deformity. The disease affects about 1.3 million Americans. A recent study identified some 120,000 Veterans with the condition who used VA care between 2000 and 2018. One common rheumatoid arthritis drug, dexamethasone, can cause problems with the gastrointestinal, cardiovascular, musculoskeletal, and metabolic systems.

The Baltimore researchers encased this drug in a liposome—a spherical molecule made mostly of fats. This was in turn coated in another molecule, ART-2, which is drawn to inflamed joints. Rats given the therapy showed significantly less toxic effect from the drug than with other delivery methods. The therapy also showed improvements in arthritis relief, based on measurements of swelling in the rats’ paws. Methods like these are being widely studied to treat cancer, as well as other autoimmune diseases, such as lupus. Moudgil’s team wrote, “The future appears bright for this growing field.” To learn more about other VA research in this area, visit our web topic page on arthritis at <https://www.research.va.gov/topics/Arthritis.cfm>. [Source: Vantage Point | Tristan Horrom | June 3, 2019 ++]

VA Smoking Policy ► New Smoke Free Facilities Rule Effective 1 OCT

As part of the U.S. Department of Veterans Affairs’ (VA) commitment to provide excellent health care for Veterans, the department will implement a new policy restricting smoking by patients, visitors, volunteers, contractors and vendors at its health care facilities by October. Although VA has historically permitted smoking in designated areas, there is growing evidence that smoking and exposure to secondhand and third hand smoke creates significant medical risks, and risks to safety and direct patient care that are inconsistent with medical requirements and limitations. Accordingly, VA’s Veterans Health Administration (VHA) has collaborated with key stakeholders to update and recertify the policy to be consistent with the department’s commitment to Veterans and the community.

A recent VA survey revealed that approximately 85% of responding facility leadership support smoke-free campuses, and this new policy for patients, visitors, volunteers, contractors and vendors allows VA to ensure the health and well-being of VA staff, patients and the public. “We are not alone in recognizing the importance of creating a smoke-free campus,” said VA Secretary Robert Wilkie. “As of 2014, 4,000 health care facilities and four national health care systems in the U.S. have implemented smoke-free grounds. This policy change coincides with additional VHA efforts to help us become the provider of choice for Veterans and the reason why Veterans will ChooseVA.”

VHA's new smoke-free policy applies to cigarettes, cigars, pipes, any other combustion of tobacco and non-Federal Drug Administration approved electronic nicotine delivery systems (ENDS), including but not limited to electronic or e-cigarettes, vape pens or e-cigars. To learn more about health risks associated with smoking, visit the Surgeon General's website at <https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html> or <https://smokefree.gov/>. VHA has extensive resources and programs to assist Veterans in their smoke-free journey. They can be found at <https://www.mentalhealth.va.gov/quit-tobacco>. [Source: VA News Release | June 10, 2019 ++]

VA Fraud, Waste, & Abuse ► Reported 01 thru 15 JUN 2019

St. Petersburg FL -- A call from a Florida woman about a bomb she found in her home led to the arrest of her Army veteran husband accused of leaving an improvised explosive device at a Department of Veterans Affairs facility near St. Petersburg, Florida. **Mark Edward Allen**, 60, of St. Petersburg, a patient at that facility, was arrested 4 JUN in connection with the IED found at the Bay Pines VA Medical Center 29 MAY according to court documents. The device was found around 1 p.m. near the east entrance of the sprawling facility, near a Veterans Benefits Administration regional office. The incident interrupted traffic, but otherwise did not affect any patient treatment or other operations. No one was hurt in the incident.



VA Police, the Tampa Police Department Bomb Squad and the FBI were among those to respond, according to a criminal complaint filed by FBI Special Agent Christopher Franck, who handled IEDs while serving as a captain in the Marines. After responding to the call, Franck and the TPD bomb squad used an X-ray tool to examine the device. "The X-ray revealed, among other components, a 9-volt battery, electric wires, an improvised initiator, an unknown powder, and a clothes-pin switch," Franck wrote in his complaint. The components, he wrote, "are commonly used to construct improvised explosive devices."

After bomb techs used a tool to disarm the device, they used a robot to disassemble it and examine its contents, which included an unknown black powder, which was collected by the FBI for further examination. As the FBI continued to investigate the incident, they collected surveillance video from the hospital, as well as a Wawa convenience store across the street. The video showed a white male, with a long gray beard and wearing a baseball hat with the Army logo leaving the hospital facility shortly before 5 p.m. Two days later, the TPD bomb squad was dispatched to deal with another bomb, this one found in a home in St. Petersburg.

A woman, whose name was not released in the court document, called the St. Petersburg Police Department to report that Allen, her husband, had made a bomb at their home. She told police that while her husband was sleeping, she put the IED from her home in the trunk of her car and drove it to a friend's house "because she was scared." Bomb techs responding to that device used an X-ray tool and found, among other components, a tube filled with a light bulb, designed to initiate an explosion, electric wires, and an unknown powder. Once again, Franck wrote, the device

appeared to be an IED. After examining that IED, the FBI determined it likely came from the same person who left the bomb at the VA facility.

Franck took a still from the Wawa surveillance video and showed it to Allen's wife, who confirmed that it was her husband. The wife said Allen was an Army veteran who goes to the C.W. Bill Young VA Medical Center, located on the campus, for treatment and that he had a scheduled medical appointment there during that week. Allen was arrested and taken to the Pinellas County Jail, where he is being held without bail on a federal warrant. He made his initial appearance in federal court 4 JUN, charged with the possession of unregistered explosives. If convicted, Allen faces a maximum sentence of 10 years in federal prison, according to the U.S. Attorney for the Middle District of Florida. [Source: MilitaryTimes | Laura Murgatroyd | June 5, 2019 ++]

VAMC Bay Pines FL Update 04 ► Why Swastika Floor Tiles

Surprised to see a VA hospital's floor decorated with swastikas, a Florida man sent a local news station a photo of the tiles and asked them to investigate. The swastikas, which became the ultimate symbol of evil under the Nazis, are carved into floor tiles at the Bay Pines VA Healthcare System as part of a decorative scheme, according to Selina Meiners, the Public Affairs Officer at the hospital. Tampa, Florida's WTSP 10News, which first reported on the facility's swastika tiles, showed the pictures to Larry Jasper, a Jewish Army veteran, to get his opinion. "The initial reaction would be shocked as to why is this here," Jasper told 10News. Especially for WWII vet patients.

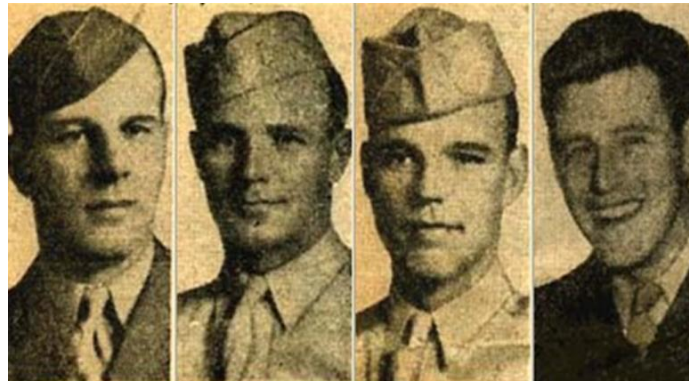


The Bay Pines VA Healthcare System in St. Petersburg was built before World War II, and its swastikas have been a recurring topic of discussion over the years, according to Selina Meiners, a hospital spokeswoman. Before its use in World War II, the swastika symbol was used to represent well-being, peace, and continuity in a number of cultures. Because of the historical significance behind the swastika tiles, the Bay Pines system does not plan to remove them. Instead, officials have presented an historic preservation plan with Florida's State Historical Preservation Office. "It is considered to be a sacred and auspicious symbol in Hinduism, Buddhism, and Jainism and dates back at least 11,000 years," Meiners said.

The engineering department at Bay Pines is working to install plaques within six to eight weeks that will outline information about them. Until then, signage will be placed in the area, according to Meiners. The C.W. Bill Young VA Medical Center, Bay Pines' main hospital facility, sees over 2,000 veterans per day. "We never hesitate to provide the historical information about the tiles in response to the minimal amount of queries we've received over the years about them," Meiners said. [Source: MilitaryTimes | Courtney Goodwin | May 29, 2019 ++]



Saving Private Ryan ▶ Brothers That Inspired the Movie | True Story



The Niland Brothers (left to right above) Edward, Preston, Robert, and Frederick from Tonawanda, New York all stepped up to serve in 1942. The four brothers were assigned to four different units — after five brothers from another family were all killed in one ship attack, the military enacted an unwritten policy to separate brothers in service. On May 16, 1944, Edward was captured by Japanese forces in the jungles of Burma and his team determined he had been killed in action. Bob was killed in Normandy on D-Day, performing his duties as part of the 505th Parachute Infantry Regiment, 82nd Airborne Division. And Preston was killed storming Utah Beach with the 22nd Infantry.

When the Army learned that three of the four Niland brothers had presumably been killed in action, they ordered the retrieval of the fourth. Here, the film diverges somewhat from the true story of the Niland brothers. Father Francis Sampson, a chaplain of the 501st Regiment, was sent to retrieve Frederick, who went by Fritz, and successfully did so without much difficulty. Fritz, served as an MP in New York until the end of the war. The true story of the Niland brothers also concludes with a happier ending than Spielberg's film — a year after disappearing in the Burmese jungle, Edward was found alive and returned home to New York. While half of the Niland brothers paid the ultimate sacrifice during World War II, the family's legacy has been carried on for 75 years thanks to the movie.

There were also two sisters. Clarissa Marie Niland (February 15, 1910 - January 25, 1996) was the oldest of the six Niland siblings, and as typical during the time, played a strong role in raising her younger siblings. The loss of her brothers was devastating to her and greatly affected her. She became a nurse at the local DeGraff Memorial Hospital and was well-liked by all who met her. While she never married or had children of her own, she was affectionately known as "Aunt Clarie" by many, and shared stories of her brothers and family until her passing in 1996. Margaret Niland (1916–1986) married Stuart McRae and had one son, Ronald Michael, and one daughter, Margot Jeannine. [Source: ConnectingVets.com | Elizabeth Howe | May 28, 2019 ++]

Borinqueneers Monument ► Vandalized

The monument, located across from the New Britain, CT Fire Department headquarters at the intersection of Beaver Street, Washington Street and Farmington Avenue, had “235 North St.” spray painted on it. A medallion that honors the wars the Borinqueneers fought in was also removed. New Britain police are investigating the act of graffiti by reviewing area surveillance video and asking anyone with information about the incident to contact them at 860-826-3000.



- State Representative Bobby Sanchez said, “So upset tonight, someone vandalized the Borinqueneers monument that so many of us worked so hard on to have erected for the men and women that served in the Korean war.”
- “I am beside myself that there are people in this community can have such blatant disrespect for individuals who sacrificed their lives for our freedom,” Mayor Erin Stewart posted on Twitter.
- City Council member, Ald. Richard Reyes, said that, “As a veteran and a Borícuca, this insults me beyond belief. Very painful. So sad and so disrespectful. I can’t express to you the utter disappointment I feel that anyone in our community would be so cold hearted to disrespect such a treasured Monument with a pure act of evil,” said Ald.
- Iris Sanchez. “I am beside myself that there are people in this community [who] can have such blatant disrespect for individuals who sacrificed their lives for our freedom,” said Mayor Erin Stewart.
- Kristian Rosado. “This symbolizes and means so much to so many people. May whomever is responsible for this heinous act be brought to justice swiftly.”
- “That’s a hate crime,” added Ald. Aram Ayalon.
- “That’s disgusting,” commented Ann Speyer. “So much hard work, love and pride went into building it.”
- Numerous other people online expressed outrage at the vandalism.

The Monument which cost about \$300,000 in state funds to build was dedicated in 2018 in honor of the highly decorated 65th Infantry Regiment, known as the Borinqueneers. The Monument is the largest on the U.S. mainland dedicated to honoring them. The regiment was organized as a military unit on Puerto Rico in 1898 and its soldiers were primarily Puerto Rican. The unit included Mexican-Americans, African-Americans, Filipinos, Virgin Islanders and other nationalities who were segregated from other services members. The unit was renamed the Borinqueneers in 1920. Borinquen is the name of the indigenous people on the island before the Spanish arrived.

The unit fought in both World War I, World War II, and Korea. The Borinqueneers’ service in the Korean War is especially honored. The 65th Infantry was noted for its bravery in numerous battles in the Korean War. Soldiers of the 65th received 2,771 Purple Hearts, 606 Bronze Stars, 10 Distinguished Service Crosses and a Medal of Honor. Sixty-one thousand Puerto Ricans served in the military during the Korean War, and more than 700 gave their lives in the war. Members of the unit faced discrimination and segregation, and overcame these and many other obstacles.

The New Britain Latino Coalition has a GoFundMe page with a goal of \$25,000 to help with repairing the monument, which can be found at www.gofundme.com/help-fix-borinqueneers-monument. A new stain on the monument will be required, the mayor’s office release said. [Source: New Britain Herald | June 6, 2019 ++]

Arlington National Cemetery Update 81 ► Wait Times | Currently Up to 49 Weeks

Military families can wait up to 49 weeks for burials of loved ones at Arlington National Cemetery (ANC) because of the high demand for graveside ceremonies and the increasing mortality rates of older veterans, according to a Pentagon Inspector General's report. The system in place for scheduling and conducting burials is suited to the task, the IG's report states, but the sheer volume of family requests routinely exceeds "the resources available on a daily basis for the conduct of burials," including honor guards and chapel availability. In addition, the advanced age of veterans from World War II, Korea and Vietnam leads to more requests for burials than can be handled on a daily basis, states the IG's report, released last month.

Delays in families' completion of required documents, and decisions regarding the type and timing of burial service, can also add time between the request and burial, according to the report. As a result, "burial services at the ANC can result in a 6- to 49-week wait from the initial contact to the conduct of the burial ceremony," the IG's report states. As of last September, there were 3,471 burial requests in process at Arlington -- 3,259 for cremation services and 212 for casketed services, according to the report. Arlington has the capacity for 30 burials per day, but the military teams available for Full Military Funeral Honors services also have responsibilities for other ceremonies in the National Capital Region and can conduct only about eight per day at ANC, the report states.

The 59-page report examined the operations and management of ANC and the Soldiers' and Airmen's Home National Cemetery (SAHNC) in Washington, D.C. -- the two national cemeteries in the nationwide system of military cemeteries. There are also 36 other cemeteries run by the service branches. The report found that major reforms at Arlington had corrected the mismanagement that led to scandals over missing markers and missing remains in 2010. As of late 2018, Arlington was the final resting place for more than 375,000 decedents and had space available for 67,000 more, the report states. The IG's office took a random sample of 553 burials and 145 available spaces and "found no accountability errors in the records."

- At SAHNC, the burial site for more than 14,000 veterans, the report found five errors in a random sample of 290 burials and 62 available spaces.
- In two cases, the names of the decedents were not on the grave marker at the corresponding location in the cemetery. In two other cases, what were coded as empty plots in the database actually contained decedents.
- In the fifth case, the location of the decedent in the database did not match the location of the headstone, according to the report.

[Source: Military.com | Richard Sisk | June 4, 2019 ++]

Vet Lawsuit | Kenneth Hagel ► Discriminated Against Because Of Military Service

A jury has awarded \$1.8 million to a former New Jersey police officer who claimed he was discriminated against because of his military service. Kenneth Hagel filed suit in 2014, claiming Sea Girt Police Chief Kevin Davenport falsely believed he was gay and stymied his promotion to sergeant because he periodically was absent from his job for training and deployment with the U.S. Navy Reserves.

Jurors in Monmouth County found the chief had engaged in anti-military and false sexual orientation discrimination. The panel awarded the 50-year-old \$262,800 in compensatory damages for lost salary and benefits, \$500,000 in emotional distress damages and \$1 million in punitive damages. The chief told NJ.com he could not

comment. The town’s administrator also declined comment on the verdict. Reservists' and guardsmen's jobs are protected under the Uniformed Services Employment and Reemployment Rights Act but they have to prove they were discriminated against. According to NJ.com, Hagel’s lawsuit claimed Davenport:

- Created a mock license plate with the words “I’m Gay” and taped it over the rear license plate of Hagel’s car.
- Said all Navy guys are gay because “everyone knows what Navy guys are like and do on their ships”.
- Called Hagel and other military personnel “pussies” and called Hagel a “handjob” in front of junior officers with the intention of demeaning him.
- Unlawfully accessed national law enforcement databases to conduct illegal searches on Hagel.
- Told Hagel that Sea Girt would never hire or promote another military person.
- Had a Sea Girt police officer confirm that Hagel was really at military drills because he thought Hagel was lying and also had Hagel followed by private investigators.
- Cut out photos of Hagel’s face, “drawing a penis going into Mr. Hagel’s mouth and then attaching it to a photo of a scantily clad woman and then placing these photos in different locations in the Sea Girt PD headquarters”.
- Told another officer that Hagel was gay and bisexual and having an affair with another male police officer and that the officer was having an affair with Hagel’s wife.

[Source: The Associated Press | June 1, 2019 ++]

Homeless Vets Update 95 ► Advocates Worry That the Public Will Forget About Them

Despite positive news on the rate of veterans homelessness last year, advocates worry that continuing progress on the goal of ending the problem nationwide will only get more problematic in coming years. “The numbers are good, they continue to be positive, but they could be better,” said Kathryn Monet, executive director of the National Coalition for Homeless Veterans (NCHV), which held its annual conference in Washington, D.C. last week. “I think we could be going farther than where we are now.” Last fall, The Department of Housing and Urban Development estimated about 38,000 veterans across the country are without stable housing on any given night, a drop of about 5 percent from 2017 levels and a reduction of almost 50 percent from 2010 estimates.

At the NCHV conference, leaders from VA and HUD praised those estimates as a sign that the federal government’s efforts on the issue remain on track, after a worrisome rise in the homeless veterans population from 2016 to 2017. In recent years, three states — Delaware, Connecticut and Virginia — and 71 cities have announced a functional end to homelessness in their communities. The distinction does not mean that all veterans will avoid housing instability, but instead that local authorities have the systems and resources to quickly help those who do end up in financial trouble. But they also acknowledged that the work to come on helping the remaining destitute veterans presents a host of challenges.

VA Secretary Robert Wilkie said many of the resources already provided by the federal government in recent years cannot or will not help the remaining homeless veterans, because of their unique challenges. “I recently was in west Los Angeles, where about 10 percent of the (nation’s) homeless veterans population lives,” he told the crowd. “I watched at dusk cars come in to that wonderful, wonderful facility, but veterans did not get out of the cars. “I was told that was because they all had jobs. They were contributing to the tax base and the prosperity of America’s second-largest city. But because of government policies, there was no place for them to afford a decent (home).” HUD Secretary Ben Carson promised the crowd that his administration is looking into ways to create more affordable housing nationwide, especially in rural and under-served areas.

Conference sessions focused on racial challenges in available housing programs and issues of recidivism among veterans who have received assistance. Monet said her leadership is focused on ensuring that enough resources exist

to help women veterans with families — a traditionally under-served group — as well as older veterans. “We have a graying population of veterans, and we need to start examining the partnerships we need to make to respond to that,” she said. “Our question now is what are we going to do in the next 10 years to combat the problem.” Monet said that’s where the issue of civic enthusiasm also becomes an issue.

In 2010, then-President Barack Obama and VA Secretary Eric Shinkseki made a public push to end homelessness among veterans by the start of 2016. The effort ultimately fell short, but advocates praised the bold goal as a driving force and rallying point for a host of previously unconnected charity efforts. Monet worries that some of that public focus on the issue is lacking today, despite strong words of support from leaders like Carson and Wilkie. This year’s conference focused on using data to better respond to local needs and challenges, in an effort to keep up the pace of getting veterans into stable housing. “After almost 10 years, we have a deep pocket of best practices that communities can follow,” she said. “So we need to be looking at that data, picking things that the evidence shows are working, and keep asking what can we do better.”

HUD’s next estimate of the veterans homeless population is due out in the fall. Carson did not give a preliminary view of that calculation, but called last year’s numbers encouraging. “It is our mission to make sure that every veteran has a safe, quality, affordable place to call home,” he told the NCHV crowd. “We still have a lot of work ahead of us.” [Source: MilitaryTimes | Leo Shane June 3, 2019 ++]

Marijuana Update 03 ► Disabled Vet Denied VA Loan Over His Marijuana Dispensary Job

As a benefit of serving in the military, veterans have access to a low-rate mortgage with no money down. One disabled Massachusetts veteran was denied that benefit, though, due to his legal job in the marijuana industry, according to the Boston Globe. A 35-year-old veteran spoke to the newspaper anonymously to protect his military relationship, but said he was denied a loan in January because he was an assistant manager of a licensed cannabis store. "I was actually accomplishing a lifelong goal of mine, and then to have it pulled right out from under you at the 11th hour ... I was blown away," he told the Globe. "It was very frustrating and demoralizing."

While marijuana is legal in several states, it remains illegal federally. The distinction has created many problems including marijuana companies working with banks to secure loans or establish checking or savings accounts. Marijuana is legal in Massachusetts, but your boss doesn't have to allow it — yet. A proposed bill would forbid employers from penalizing or discriminating against an employee for marijuana use outside the office, as long as the employee is not impaired while working. High standards: Pentagon says there’s no policy against investing in companies that legally sell marijuana

The veteran, a native of Revere, called his congresswoman, U.S. Rep. Katherine Clark, after being denied the loan, Clark's office, the Globe reported, was told the VA didn't deem the veteran's source of income as "stable and reliable." Clark vowed to draft a legislative response, however, the veteran remains looking for a home for his wife and two children, and unable to receive a loan he is entitled to as a veteran, he told the Globe. [Source: MassLive.com | Michael Bonner | June 03, 2019++]

Bikini Marine ► Former Sgt. Shannon Ihrke

She is known as “The Worlds Sexiest Marine” and in a recent photo shoot she is shown rocking nothing but guns, combat boots, and a bikini. Originally from Minnesota, Shannon Ihrke joined the Corps when she was 19. While on active duty she served her country all around the world, including in Afghanistan. “Joining the Marine Corps was the

best decision of my life and truly set me up for success. I'd do it again in a heartbeat," Ihrke said in a message to Military Times. Ihrke served as an administrative specialist in the Corps, and after years of hard work she obtained the rank of sergeant. She says that although it can be hard being a female Marine she still loved it. "It's hard, no doubt, but I was able to see what I was capable of and I pushed myself to be my absolute best. Work hard, play hard!" Ihrke said. Now 29, Ihrke has switched to modeling and although she's out of the Corps, she says that she "will always bleed green." She was honorably discharged in 2012 after four years. She then earned a science degree from Elmhurst College in Illinois and began her successful modeling career.



Ihrke started her career off at Maxim and to her surprise she made the cover. "My friend was at the airport and he called me and said, 'Congratulations on getting the Maxim cover.' And I was just stunned. I had no idea," Ihrke said in an interview with Fox News. Recently, she was featured in a desert photo shoot for Thomas Prusso Military Glamour calendar 2019. She also shared her thoughts about President Donald Trump's recent trip to the UK. "I'm all-American and love this country. I hope Trump's visit to the UK is a great one," Ihrke told the Sun. "I always want our president to succeed, no matter who they are," she added. She currently resides in the Midwest. When she's not busy modeling or volunteering to help veterans, she enjoys riding horses. [Source: MarineCorpsTimes | Brian Mackley | June 6, 2019 ++]

Vet Unemployment Update 19 ► 2.8 Percent for May 2019

After a record-low unemployment rate in April, the jobless numbers for post-9/11 veterans jumped up a bit in May. Still, there's good news: 2.8 percent is still one of the lowest unemployment rates on record for the youngest generation of veterans, according to the Bureau of Labor Statistics. And veterans overall continue to be employed at higher rates than nonveterans for the ninth month in a row. The overall veteran unemployment rate was 2.7 percent last month, compared to 2.3 percent in April. The rate for nonveterans was unchanged at 3.3 percent. Experts warn against putting too much stock in the monthly unemployment statistics, however. Because the veteran figures are taken from a much smaller sample size than the overall population, the numbers can be volatile. The national unemployment rate held steady at 3.6 percent in May while the U.S. added approximately 75,000 jobs, primarily in the professional and business services and health care industries. [Source: Together We Served Newsletter | May 2019 ++]

Don't Ask, Don't Tell Update 15 ► Presidential Hopeful Plan to Restore Vet Benefits

Democratic presidential hopeful Rep. Seth Moulton (D-MA) on 6 JUN unveiled a plan to restore benefits to troops who were discharged under the Clinton-era “don’t ask, don’t tell” policy. The congressman said over 100,000 gay service members missed out on the GI Bill and other health benefits after they were less-than-honorably discharged under the policy, which barred openly gay or bisexual people from serving in the military. It was repealed in 2010.

The plan from Moulton, an Iraq War veteran, would shift the burden of appealing discharges away from veterans and instead make it the responsibility of the military’s correction and discharge review boards. “The military record correction and discharge review boards will examine the discharge status of everyone to determine who was separated for sexual orientation or ‘homosexual activity.’ Unless the military can produce records to justify the discharge on other grounds, each veteran’s status will be automatically upgraded to honorable—restoring the benefits that they earned and so rightly deserve,” Moulton said in a statement. The proposal would also ensure that the review boards work with veterans with newly upgraded discharge status to help them understand their benefits and update the records of deceased service members to reflect the honorable discharge.

Moulton noted statistics that say veterans who received an other-than-honorable discharge face difficulties finding employment and disproportionately fall into homelessness. “For too long, our country has discriminated against LGBTQ veterans who put their lives on the line for our freedom. It’s time to fix this injustice for good, and that’s exactly what I will do as President,” he said. The Massachusetts Democrat, who launched his White House bid in April, has languished in early primary polls. He is seeking to leverage his foreign policy chops and military experience to differentiate himself in a crowded Democratic primary field. [Source: The Hill | Tal Axelrod | June 6, 2019 ++]

Eternal Patrol Memorial Reef ► Turning Our Submarine Tragedies into Living Memorials

An artificial reef will be created over the next few months honoring the 65 submarines and more than 4,000 submariners lost at sea since the Navy’s undersea force was created in 1900. Scattered across the world’s oceans, these boats are said to be on “Eternal Patrol” because they never came back. And that’s why a proposed living tribute to them is called the “On Eternal Patrol Memorial Reef.” The culmination of a five-year effort by United States Submarine Veterans, Inc. and the Florida-based nonprofit Eternal Reefs, planners hope to place it on the ocean floor in the Gulf of Mexico, about 60 feet under the waves and nine miles off the coast of Sarasota.



A composite photograph that indicates how organizers plan to lay out the On Eternal Patrol Reef, minus the flags.

Supporters want it to not only become a site where loved ones can entomb the ashes of submariners forever but also a diving attraction so visitors can pay their respects in person. “This is the first and only memorial honoring the sacrifice of these submariners in the environment in which they served — the ocean,” said George Frankel, the chief

executive officer of Sarasota-based Eternal Reefs. Since 1998, Eternal Reefs has created nearly 2,000 underwater memorials in 25 locations along the Atlantic and Gulf Coasts, according to the organization.

The idea is a marriage between environmentalists and submarine veterans. To submariners, it keeps the memories of fallen sailors alive; by creating coral reefs, environmentalists help protect shorelines from storms and erosion, preserve wetlands and provide shelter to marine organisms at risk from global climate change and pollution. The project is slated to kick off on 22 MAY, the 51st anniversary of the loss of the Norfolk-based fast-attack submarine Scorpion. It went down in the Atlantic in 1968, taking all 99 of its crew.

Frankel told Navy Times the reef will be created by laying 67 concrete domes close to each other on the seabed. Vented, they look like giant gray Whiffle Balls. Because their weight is concentrated at the bottom of the dome and holes let water flow through them, they're designed to withstand the force of heavy seas. "The concrete is specially formulated to be neutral chemically, much like that natural strata where natural reefs form," Frankel said. "This, along with a textured surface, encourages marine life to grow quickly, really, and you can see it growing usually after just a few days." Affixed to the balls will be brass plaques that identify the lost submarine, its last known location and the number of officers and crew on board when it began its eternal patrol.



One of the 67 "reef balls" that will be placed underwater at the On Eternal Patrol Reef off Sarasota (l) next to a ball that's been underwater elsewhere

Frankel said that 65 of the domes will be dedicated to specific boats. Another will pay homage to United States Submarine Veterans Inc. — or USSVI — and a second will honor the entire community of submariners, including those killed in non-sinking incidents. Most of the balls will recall World War II losses, when 52 boats never came home. Before the conflict ended, 3,506 officers and submariners were killed. On May 22, four domes are scheduled to be lowered to the ocean floor. Each honors the boats lost since World War II — Cochino, which sank off the coast of Norway in 1949; Stickleback, lost after a 1958 collision with the destroyer escort Silverstein off Hawaii; the nuclear-powered Thresher, which never came up from a deep-diving test off Cape Cod in 1963; and Scorpion. The other balls commemorating lost boats will be added during the summer.

"Really our whole purpose is to honor those of us who never came home," said William Andrea, a former National Junior Vice Commander of USSVI. "The idea of recognizing those on eternal patrol with something that will live on forever — and being under the ocean, too — is something that resonates with our members." Submarine veterans have contacted the organizations asking to rest eternally at the reef, too. The idea is to bring a string of pearls to the scattering of balls. "The site has already been approved for this and along with the balls, we have what we call 'pearls,'" Frankel said. "We mix the same proprietary concrete with cremains that can be shaped and decorated by family members." On the seabed, the pearls also will attract marine life and become mini-reefs, Frankel said.

[Source: NavyTimes | Mark D. Faram | May 17, 2019 ++]

Vet Jobs Update 243 ► Potential Job Interview Questions | Be Prepared

While there are as many different possible interview questions as there are interviewers, it always helps to be ready for anything. Following is a list of 50 potential interview questions. Will you face them all? Hopefully no interviewer would be that cruel. Will you face a few? Probably. Will you be well-served by being ready even if you're not asked these exact questions? Absolutely.

1. Tell me about yourself.
2. What are your strengths?
3. What are your weaknesses?
4. Who was your favorite manager and why?
5. What kind of personality do you work best with and why?
6. Why do you want this job?
7. Where would you like to be in your career five years from now?
8. Tell me about your proudest achievement.
9. If you were at a business lunch and you ordered a rare steak and they brought it to you well done, what would you do?
10. If I were to give you the salary you requested but let you write your job description for the next year, what would it say?
11. Why is there fuzz on a tennis ball?
12. How would you quickly establish credibility with a team?
13. There's no right or wrong answer, but if you could be anywhere in the world right now, where would you be?
14. How would you feel about working for someone who knows less than you?
15. Was there a person in your career who really made a difference?
16. What's your ideal company?
17. What attracted you to this company?
18. What are you most proud of?
19. What are you looking for in terms of career development?
20. What do you look for in terms of culture -- structured or entrepreneurial?
21. What do you like to do?
22. Give examples of ideas you've had or implemented.
23. What are your lifelong dreams?
24. What do you ultimately want to become?
25. How would you describe your work style?
26. What kind of car do you drive?
27. Tell me about a time where you had to deal with conflict on the job.
28. What's the last book you read?
29. What magazines do you subscribe to?
30. What would be your ideal working situation?

31. Why should we hire you?
32. What did you like least about your last job?
33. What do you think of your previous boss?
34. How do you think I rate as an interviewer?
35. Do you have any questions for me?
36. When were you most satisfied in your job?
37. What can you do for us that other candidates can't?
38. What are three positive things your last boss would say about you?
39. What negative thing would your last boss say about you?
40. If you were an animal, which one would you want to be?
41. What salary are you seeking?
42. What's your salary history?
43. Do you have plans to have children in the near future?
44. What were the responsibilities of your last position?
45. What do you know about this industry?
46. What do you know about our company?
47. How long will it take for you to make a significant contribution?
48. Are you willing to relocate?
49. What was the last project you headed up, and what was its outcome?
50. What kind of goals would you have in mind if you got this job?

[Source: Military.com | May 17, 2019 ++]

Vet Jobs Update 244 ► DOT Under 21 Truck Driver Pilot Program for Vets

The U.S. Department of Transportation is launching a pilot program to offer veterans a special job opportunity. The department's Federal Motor Carrier Safety Administration (FMCSA) is currently accepting applications for its pilot program permitting 18-20-year-olds with a U.S. military equivalent of a commercial driver's license to operate large trucks in interstate commerce. Generally, only individuals 21 years old or older are permitted to operate these vehicles on interstates. "This program will help our country's veterans and reservists transition into good-paying jobs while addressing the shortage of truck drivers in our country," said U.S. Transportation Secretary Elaine L. Chao.



How to Participate

- Qualified drivers apply to a participating motor carrier (trucking company or related business in interstate commerce). Once approved, drivers may obtain driving positions with other participating motor carriers during the pilot. Once a motor carrier is approved to participate, FMCSA will add and maintain a list of these carriers on the FMCSA website. Drivers should access the list, when available, to verify which carriers are participating.
- Drivers apply directly to the motor carriers. Once hired, the carrier will submit the driver's information to FMCSA to review the driver safety record. If there are no disqualifying safety offenses, a driver may participate in the study. If there are any disqualifying offenses, FMCSA will notify the carrier, and the driver will be removed from the study.
- While employed with participating motor carriers, study group drivers can operate CMVs interstate before age 21. If a driver is no longer employed by a participating carrier, he or she will no longer be able to drive in interstate commerce.

Eligibility Requirements

- Drivers who hold (or have held, within the past year) the military occupational specialty (MOS) ratings, the Air Force specialty, or the Navy rating listed below will be eligible to participate in the pilot program.
 - Army: 88M, Motor Transport Operator, 92F, Fueler
 - USMC: 3531, Motor Vehicle Operator
 - Navy: EO, Equipment Operator
 - USAF: 2T1, Vehicle Operator, 2F0, Fueler, 3E2, Pavement and Construction Equipment Operator
- Be 18, 19, or 20 years old as of the date they are approved for participation;
- Have certification from a military service of relevant training and experience driving heavy vehicles while in military service;
- Agree to the release of specific information to FMCSA for purposes of the pilot;
- Meet all Federal Motor Carrier Safety Regulation (FMCSR) requirements (except age) for operating a CMV in interstate commerce (FMCSR [part 383](#), subparts G and J, require that drivers be tested for knowledge and skills, and [part 391](#) includes additional qualifications, including driver medical examinations); and
- Understand that participating drivers are not allowed to transport passengers or hazardous materials, nor operate special configuration vehicles (double- or triple-trailer combinations or cargo tank vehicles) while participating, regardless of any license endorsements held.

When participating drivers reach the age of 21, they will no longer participate in the program and will be replaced by new study group participants meeting the eligibility requirements. The pilot program will only allow a limited number of applicants — so if you have the military equivalent of a commercial driver's license, apply sooner rather than later. The program will run for up to three years — safety records for these drivers will help determine whether the program will be extended.

“We are excited to launch this program to help the brave men and women who serve our country explore employment opportunities in the commercial motor vehicle industry. With the nation's economy reaching new heights, the trucking industry continues to need drivers and have job openings. We encourage Veterans and Reservists to apply and to learn more about this exciting new program,” said FMCSA Administrator Raymond P. Martinez. For more information on the program, visit the FMCSA program page at <https://www.fmcsa.dot.gov/under21pilot/under-21-pilot-program>.

[Source: ConnectingVets.com | Elizabeth Howe | June 12, 2019 ++]

Veterans FAQ ► Can I Get Service-Connected For Facial Scar?

Q. While I was a Marine, stationed at Camp Pendleton, I was bit in the face by a dog and lost 1/4 of my upper lip. I was sent to the Navy hospital in San Diego, where they did surgery to piece my upper lip back together. What I ended up with was a big lump where my lip was, and then no lip to the right of that. Fortunately, my mustache covers most of it, so people don't really notice. I am already at 30% disabled for a bad ankle, and peripheral neuropathy cause by repeatedly injuring the ankle. Can I file an entirely different claim for my facial scar caused by the dog bit?

Answers

A1: Was this a military dog? If so I would say yes. (GD) 5/24/19

A2: Yes. VA does rate scars and facial scars are rated more because they are so visible, as the face is where people look at you and are considered more disfiguring. Hope I worded that correctly. BTW you can file a claim for "anything," it's whether or not you can win. (RH) 5/24/19

A3: That's a Yes. Every penny add up just like every event or injury add up. File. Good Luck. (TG) 5/24/19

A4: Yes, the VA will comp you for scars. My experience is for small scars on my far head from rash I had in 1969. I was turned down but in 2010 I had a C&P for the old rash, which was gone but the Dr measured the scars and I received 20%. Good luck. (JM) 5/24/19

Note: Go to <http://www.veterandiscountdirectory.com/question139.html> if you would like to add your experience regarding on this question.

[Source: U.S. Veteran Compensation Programs | June 15, 2019 ++]

Veterans FAQ ► Can I Get Portable O2 Concentrator?

Q. I suffer from COPD and I'm on 2 L of oxygen. My wife and I want to travel but refiling O2 is a big problem. Could I get help with a portable O2 concentrator from the VA?

Answers

A1: Yes. The VA provides portable O2 generators. You have to make an appointment with pulmonology and they will do an exam which includes the 6 minute walk test during which they will monitor your PulseOx. I'm not sure if your COPD has to be service connected or not. (DG) 5/24/19

A2: Go see your Primary Doctor. (PH) 5/24/19

A3: If you going to travel you need to tell whoever the VA has treating you with oxygen (like a company called ROTTECH) two weeks ahead of time and they will inform the VA to let you use a portable concentrator until you return from your trip. (ED) 5/24/19

Note: Go to <http://www.veterandiscountdirectory.com/question140.html> if you would like to add your experience regarding on this question.

[Source: U.S. Veteran Compensation Programs | June 15, 2019 ++]

Veterans FAQ ► Am I Eligible For Benefits?

Q. I'm 72 years-old, and my husband is 100% disabled through VA and has health care through them too. I'm wondering if I was eligible for health benefits from VA also?

Answers

A1: Since your husband is 100% disabled you are eligible for CHAMPVA. You need to get enrolled in DEERS. This can be done at any military base. You keep CHAMPVA for life as long as you dont remarry. (BG) 5/24/19

A2: As far as I know yes, you are eligible. You need to go to the VA website and search there. The website will give you the answers but I would just call the VA and ask. I am sure you are eligible. (ED) 5/24/19

A3: Yes, you are definitely eligible and should already be covered by CHAMPVA for your health insurance. (JB) 5/24/19

A4: I think there is a age cut off for the spouse to qualify for ChampVA. The younger you are the better. Its a great health insurance that picks up the bills which Medicare doesn't including medication. (JM) 5/24/19

Note: Go to <http://www.veterandiscountdirectory.com/question141.html> if you would like to add your experience regarding on this question.

[Source: U.S. Veteran Compensation Programs | June 15, 2019 ++]

Fisher House Expansion Update 21 ► Greater Cleveland House Opens

Veterans and civic and public leaders on Tuesday celebrated the opening of a guest house that will provide free lodging for families of patients in the Louis Stokes Cleveland VA Medical Center. The Greater Cleveland Fisher House – two buildings each with 16 guest suites – is expected to host more than 1,000 families a year. The complex, on East 105th Street in Glenville, was built at a cost of about \$12 million. Most of the money for the project was donated by the Fisher House Foundation, a Maryland-based nonprofit that has built nearly 80 such comfort homes around the world to aid families of U.S. service personnel and veterans.



“There’s little in this country that we can all agree on,” said Ken Fisher, chairman and CEO of the foundation. “If we can’t agree on one thing, and that is caring for our veterans and caring for their families, then there is something very wrong with this country.” And he praised the Greater Cleveland community for getting behind the project. About \$3.4 million was raised locally to help build the complex. The Cuyahoga County Land Bank assembled the property from 17 separate parcels to provide a location near the Stokes VA center. “That came from the community,” Fisher said. “It’s the community that can make the difference. ... We need to say to ourselves, “What can I do for my community.”

The complex will provide accommodations to military and veteran families who travel 50 or more miles to Cleveland for treatment at the nearby VA center. Each suite has beds and private bath facilities. Each building also has a common kitchen, laundry area, dining room, living room, library and toys for children. A courtyard area with a gazebo separates the two buildings. About 200 people attended the formal ceremony to open the complex. The Stokes VA center serves about 114,000 veterans a year. The addition of the Fisher House will play a huge role in their

treatment, said Susan Fuehrer, director of the VA's Northeast Ohio Healthcare System. "What is the power of family and what is the power of love to heal?" she asked. "I don't think you can measure it, but I've seen it. "If anybody thinks for a minute that these aren't important pieces of our care, you are absolutely wrong," Fuehrer said. [Source: www.cleveland.com | Robert Higgs | June 11, 2019 ++]

Obit: Melvin Kennedy ► 22 May 2019 | Pearl Harbor Survivor

Melvin "Bud" Kennedy was Nebraskan to the core, a Big Red football fan who farmed, drove trucks, built a dairy barn, and could fix cars, tractors and washing machines no matter what ailed them. He and his wife, Bernita, raised 10 kids. But that was only after he participated in a boatload of historic moments while serving in the U.S. Navy from 1941-47. Kennedy aided in the search for evidence of the missing aviator Amelia Earhart. He plucked drowning survivors from the oil-soaked waters of Pearl Harbor during the Japanese attack. He fought in the battles of Midway and Coral Sea, ferried supplies to the beleaguered Marines at Guadalcanal, and was on a firing team that shot down two enemy planes near the Japanese-held Marshall and Gilbert Islands.



Then he came home to farm and raise a family. "He was one of my heroes," said Nancy Kennedy-Hackney of Omaha, Bud's daughter. Kennedy died 22 MAY in Omaha at the nursing home where he had moved just a few months ago from Grand Island. He was 95. Kennedy had been one of only two known Pearl Harbor survivors still living in Nebraska. His passing means that Ed Guthrie, 100, of Omaha is the state's last known eyewitness to the Japanese surprise attack on the Navy's Pacific Fleet on Dec. 7, 1941. The raid brought the United States into World War II. "Just a couple of years ago, there were several survivors and it seems surreal that only one could be left," said Peg Murphy, Guthrie's daughter and leader of the state's chapter of the Sons and Daughters of Pearl Harbor Survivors. "So very sad."

Kennedy was born near Cedar Rapids, Nebraska, one of nine children in a Depression-era farm family. He enlisted in the Navy in January 1941, at age 17, and was assigned to the USS Rigel, a destroyer tender used to repair other ships. He was one of 10 sailors detached to the USS Phelps for a round-the-world training cruise. The ship patrolled near the Marshall and Mariana Islands ostensibly to investigate sightings of the wreckage from Amelia Earhart's plane, which disappeared in the area four years earlier. It might have been a pretense to observe Japanese troops in the area. No wreckage was found.

Kennedy returned to the USS Rigel, which was in the repair yard at Pearl Harbor when the Japanese attacked. That morning, he was operating a 40-foot motor launch ferrying sailors between the shore and their ships. Then the Japanese torpedo bombers swooped low over the bay. Within minutes, Battleship Row was in flames. More than 1,100 men died in the attack on the USS Arizona, and another 429 perished with the destruction and sinking of the USS Oklahoma. Three other battleships sunk. "God, the planes were just there," Kennedy told a Grand Island television station in 2018. "Where (did) they come from?" Through multiple waves of air attack, Kennedy and another sailor

motored around the harbor, fishing sailors from the oil-soaked water. Many were alive. Some were not. “We’d get them onto a raft or something, so they could get out of the dang oil,” he said. They kept at it until nightfall.

Three days after the attack, Kennedy filled out a postcard for his family informing them that he was safe. The Kennedys didn’t receive it for nearly five months, when a mail carrier on his bicycle came to their farm, waving it in his hand, according to family lore. A month later, Kennedy was reassigned to the destroyer USS Clark. It steamed all over the Pacific during 1942, including anti-submarine patrols near American Samoa, air raids against New Guinea, and convoy escorts to New Zealand. He manned an antiaircraft gun near the bridge. Later the ship patrolled for German raiders off the coast of South America.

Kennedy completed his first enlistment in 1944 and returned home on 30-days leave to marry his sweetheart, Bernita Jean Schoening. He returned to duty aboard the Clark, this time in the Atlantic escorting convoys to Europe. Bernita had given birth to their first two children by the time he left the Navy in 1947. After the war, he drove an oil truck coast to coast before returning to Cedar Rapids to farm. The family lived there until 1957, and in Clarks until 1967, before making a home in Grand Island. For a time, he ran a service station, Kennedy-Hackney said, but he sold it to work as a mechanic, which is what he really loved doing. He retired in 1988.

“He was a very hardworking man,” Kennedy-Hackney said. He had a soft spot for puppies — especially his own dog, Sammy — and children. It’s a good thing. He had 26 grandchildren, and 25 great-grandchildren. He was devoted to his wife. After she died in 2013, Kennedy moved to a retirement home in Grand Island. Kennedy-Hackney said he was in good health until a recent fall. A memorial service was held 3 JUN at Livingston Sondermann Funeral Home in Grand Island. [Source: World-Herald | Steve Liewer | Jun 1, 2019 ++]

Vet Hiring Fairs ► Scheduled As of 15 JUN 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 <https://www.hiringourheroes.org>. Listings of upcoming Vet Job Fairs nationwide providing location, times, events, and registration info if required can be found at the following websites. You will need to review each site below to locate Job Fairs in your location:

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

[Source: Recruit Military, USCC, and American Legion | June 15, 2019 ++]

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

[Source: Retiree\Veterans Events Schedule Manager | Milton Bell | June 15, 2019 ++]

Vet State Benefits ► Maine 2019

The state of Maryland provides several benefits to veterans as indicated below. To obtain information on these refer to the attachment to this Bulletin titled, “**Vet State Benefits – ME**” 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 <https://veterans.maryland.gov> & <http://www.military.com/benefits/veteran-state-benefits/maryland-state-veterans-benefits.html>.

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

[Source: <http://www.military.com/benefits/veteran-state-benefits> | May 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.

Veterans Bill of Rights ► 11 States Is Planning To Introduce in Their Legislatures

As the country mourned and celebrated Americans who have died in combat over the Memorial Day weekend, state lawmakers from around the country were working on a comprehensive plan to tackle some of the toughest problems facing veterans: suicide, homelessness, access to mental health care and medical care, and access to jobs. A group of 26 state lawmakers across 11 states is planning to introduce a so-called Veterans Bill of Rights before their respective legislative sessions end or early next session. The impetus, organizers say, is the federal government's failure to improve the way the country treats and supports people who've served in the military — even in the wake of a 2014 scandal at the Department of Veterans Affairs that revealed massive wait times for veterans at VA campuses across the country, false record keeping, and lapses in care.

“When you have seven people so far this year who have committed suicide on a VA campus, you know there's a problem,” former West Virginia State Sen. Richard Ojeda, a veteran himself, told *The Intercept*. Ojeda, who ran for Congress in 2018 and then launched a short-lived presidential campaign, is now a senior adviser to Future Majority, a nonprofit Democratic strategy organization. Ojeda, Future Majority, and Future Now, a state-level political organizing group that developed the model policy for the veterans' legislation, are working with the lawmakers to ramp up support for the bill and will travel to the 11 states to campaign for the bill over the next several months.

The lawmakers who've so far committed to introduce the legislation in their respective statehouses represent districts in South Carolina, Montana, New Hampshire, Michigan, Illinois, Iowa, Georgia, North Carolina, Kentucky, Arizona, and Texas. The groups are actively recruiting lawmakers from additional states and hope that others will sign on as the bill gains momentum. There is typically bipartisan consensus over veterans issues, though the lawmakers planning to introduce the legislation are overwhelmingly Democrats. “We believe strongly that the way you move federal policy is by moving state policy,” said Future Now co-founder Daniel Squadron. “When you look at the interest for this in red, blue, and purple states, that is a great mandate for the federal government to do something.”

Over the last couple of years, Congress has weighed measures that would address veterans' issues, but none have taken direct aim at the problems covered by the Veterans Bill of Rights. Last year, President Donald Trump signed two such measures into law — one that would provide tax benefits to the spouses of service members, and another that would ensure that the VA reimburses veterans for missing or underpaid installments in housing benefits. Other bills, introduced by both Republican and Democratic members of Congress, have floundered in committees.

The state-level legislation was built around a common question Future Now heard from Democratic lawmakers across the country, Squadron told *The Intercept*: “**What can we do for vets?**” The bill the group designed in response is aimed at helping veterans access college degrees, jobs, health care, and housing “through proven, low-cost programs and law changes” inspired by conversations with state lawmakers across the country. The measure would target microloans and technical assistance to veteran-owned businesses, use labor force data to direct veterans to in-demand job fields, and ensure that state licensing boards take veterans' military training and experience into account.

“Financial instability is something that is throwing a lot of people off the rails and is playing a role in terms of this suicide.” When soldiers come out of the military, Ojeda explained, and are looking for jobs at home using the skills they used in the armed forces, they should be able to transfer those skills without having to retake licensing exams. “America is not accepting the training and qualifications that our soldiers have to do what they do over in combat zones,” Ojeda said. “And that's ludicrous. If a person over there is driving tools from one end of Iraq to the other end of Iraq on roads where they're getting shot at and they're hoping IEDs don't go off on them, then believe me, they should be able to drive on American roads,” he said. The bill would also award college credit for military experience and training.

Access to jobs is inextricable from the issue of veteran suicide, Ojeda explained, and the bill seeks to address both problems. “Financial instability is something that is throwing a lot of people off the rails and is playing a role in terms of this suicide,” he said. The bill would also establish veteran health navigator services to identify federal and other health benefits coverage available for veterans and their families, assisting them with enrolling in coverage. The navigators would help identify mental health benefits as well, directing clients to services for post-traumatic stress disorder, depression, and suicide prevention. It would help to identify barriers to accessing treatment, including perceived stigma and long distances to treatment centers. It would also push states to apply for grants addressing suicide prevention, connecting veterans with mental health providers. In states that haven’t expanded Medicaid, the bill would require reporting on the impact Medicaid expansion would have for veterans in the state.

To address homelessness, the bill would establish a community-wide, comprehensive list of veterans experiencing homelessness, sharing data between state veterans affairs bureaus and VA medical centers. That database would allow state officials to connect homeless veterans to employment and training resources, while pushing for housing first — permanent housing with no readiness requirements. “One thing that we’re able to do and that we believe in a lot is the power of state lawmakers to step into the breach where the federal government doesn’t,” Squadron told The Intercept.

“We were really excited to be able to work with our national network of lawmakers on a comprehensive solution to a lot of the challenges. And one that is 100 percent within states’ capacity to have an impact on,” Squadron said. “When you look at these solutions, they’re actionable, they’re realistic, they’re doable, but they haven’t happened. Because too often, the only national networks of state lawmakers are those controlled by narrow special interests, not those focused on the public interest, in this case, focused on veterans who have earned it many times over,” he said. “The enthusiasm to really do something, to not just go to a Memorial Day parade and wave the flag, but actually act on the values that are being espoused is really inspiring.” [Source: The Intercept | Akela Lacy | May 28, 2019 ++]

Vet Service Dogs Update 25 ► H.R.3103 | PAWS Act

Northeast Florida Congressman John Rutherford [R-FL-4] has introduced a bill June 5, 2019, that would require the U.S. Department of Veterans Affairs to provide service dogs to military veterans diagnosed with post-traumatic stress disorder (PTSD). It’s called the **Puppies Assisting Wounded Service Members (PAWS) Act** of 2019. If passed, the PAWS Act would require the Department of Veterans Affairs to carry out a five-year program to provide grants to nonprofit organizations that provide service dogs to veterans who suffer from the post-traumatic stress disorder.

The PAWS Act would provide funds needed by these service dog organizations to go towards veterinary health insurance policies for the dogs, hardware required for the dog to perform the tasks necessary to assist the veteran, and payments for travel expenses to get the service dog. Additionally, the VA would be required to develop data to measure the improvement in the psychosocial function of the veterans and any changes in dependence on prescription narcotics.

Organizations eligible for the \$25,000 grant must meet the following requirements:

- Be a nonprofit organization
- Provide Service Dogs to Veterans with Post-Traumatic Stress Disorder (PTSD)
- Meets the Publicly Available National Standard of the Association of Service Dog Providers for Military Veterans (ASDPMV)
- Has Expertise in the Unique Needs of Veterans with PTSD
- Agree to Cover the Costs Associated with Providing Services in Excess of the Grant Amount
- Agree to Reaccept or Replace any Service Dog Provided to a Veteran Using the Grant

The funding shall be used to provide a complete service dog to eligible veterans along with covering costs for travel and follow-on training. The bill has been referred to the House Veterans Affairs Committee for consideration. From

there, it could be referred to another committee, folded into another bill or it could be recommended for a vote on the floor. Supporters should contact their elected member of Congress to ask them to co-sponsor H.R. 3103. You can find the current list of Co-Sponsors at www.congress.gov/bill/116th-congress/house-bill/3103/cosponsors . ASDPMV's National Standards can be found at www.servicedogs4vets.org/service-dogs-national-standards. [Source: ConnectingVets.com | Abbie Bennett | June 10, 2019 ++]

VA Medical Malpractice ► H.R. ___ | VA Medical Care & Liability Improvement Act

This month, Rep. Mark Meadows (R-NC) is planning to introduce the Brian Tally VA Medical Care and Liability Improvement Act, a spokesman for his office confirmed to Task & Purpose. The bill is aimed at fixing how the Department of Veterans Affairs handles instances of medical malpractice, particularly when the care provider is a contractor. As it stands, the draft version of the new legislation aims to make the following changes to the [Federal Tort Claims Act](#), the law which governs how citizens can sue the government for negligence or wrongdoing:

- In the event of medical malpractice, the Department of Veterans Affairs must notify a veteran patient of their care provider's employment status. If the individual is a non-VA care provider — meaning a contractor — then the department must inform the veteran of his or her state's laws, including the statute of limitations for malpractice claims.
- If the Department of Veterans Affairs fails to do this within a 30-day window, then the department becomes liable, and can be sued for the actions of the non-VA care provider.
- Finally, the bill adds that if a non-VA care provider is involved in "three separate covered cases during a five-year period" that the VA will revoke his or her ability "to provide health care or treatment at a facility of the Department; and may not enter into any contract or agreement that authorizes the provider to provide health care or treatment at a facility of the Department." In other words, a health care contractor involved in three medical malpractice incidents in five years would be barred from working at the VA.

Task & Purpose obtained a draft copy of the “Tally Bill” (https://taskandpurpose.com/brian-tally-bill-medical-malpractice?utm_source=NEWSLETTER&utm_medium=EMAIL&utm_campaign=GENERAL&utm_term=GENERIC) so named for the 42-year-old vet who was left without legal recourse to sue for medical malpractice that occurred at the VA. [Source: Task & Purpose | James Clark | June 13, 2019 ++]

*** Military ***



USS John F. Kennedy (CVN-79) Update 01 ► 92% Complete

Four years into construction of the new aircraft carrier John F. Kennedy, the vessel on 29 MAY finally began looking like a Navy flattop as shipyard workers “landed” a 72-foot high island superstructure on the warship’s flight deck. The lift of the 588-metric ton island was just one of 155 total prefabricated sections of the ship that were built outside of the dry dock and then placed on the ship by large cranes at Huntington Ingalls Newport News shipyard.



Three different views of the ship's island as it's hauled up and across the flight deck of the aircraft carrier John F. Kennedy on Wednesday at Huntington Ingalls Newport News, where the ship is being built.

The first prefab section was a piece of the carrier's keel, which was fitted into place on Aug. 22, 2015. Although this kind of shipyard work has been done for the past few decades, the Kennedy has been built using more of these prefabricated modules than any other flattop to date. Wednesday's event took place on what would have been the late President John F. Kennedy's 105th birthday. Placement of the island means that the carrier is 92 percent complete, officials said. The nuclear-powered vessel is expected to be christened later this year by the ship's sponsor, Caroline Kennedy, the daughter of the late president and the former U.S. ambassador to Japan. She also sponsored the first aircraft carrier named after John F. Kennedy, which was launched in 1968. The last carrier powered by conventional fuel, "Big John" was decommissioned in 2007.

The Kennedy will be the second Gerald R. Ford-Class aircraft carrier built for the Navy and is expected to be completed in the next couple years. Capt. Todd "Cherry" Marzano, executive officer of the Norfolk-based aircraft carrier Abraham Lincoln has watched the new John F. Kennedy slowly come together. "In 2015, while driving past this very pier every morning en route where the Lincoln was moored, I observed the first sections of steel for the new JFK aircraft carrier being manufactured and prepositioned for assembly," he said from the Kennedy's flight deck. During those commutes, Marzano recalled musing that "some lucky captain" would one day get the honor of becoming the new Kennedy's skipper. He added how "extremely humbled and very grateful" he is to be the leader picked for the job.

Placing the island on an aircraft carrier has become a modern day ceremony akin to a "stepping the mast" celebration. In the days of sail, a ceremonial coin was placed below the main mast as it was raised into position. A career aviator, Marzano's first set of gold aviators wings were placed with other ceremonial coins on the ship's flight deck, and the island was lowered on them before workers welded it into place. "They become a permanent part of the ship's structure," Marzano said. "And naval tradition promises this will provide good luck and safe passage." Marzano also said the gesture "symbolizes my personal commitment" to building a crew "that is manned, trained and ready in all regards" to operate the flattop when it enters the fleet.

Next to Marzano's wings as the island was set into place was what officials said was the first minted Kennedy silver half dollar, donated by Caroline Kennedy and accompanied with a message that was read aloud. "I know how proud my father would be of the ship that will bear his name and the patriotism and dedication of all who will sail in her," she wrote. Lamenting that she couldn't attend Wednesday's ceremony, Kennedy said she's looking "forward to joining you at her christening," which officials indicated will occur in November. [Source: NavyTimes | Mark D. Faram | May 30, 2019 ++]

USS Gerald A. Ford Update 13 ► Elevator & Propulsion System Concerns

When USS Gerald R. Ford (CVN-78) leaves Newport News Shipbuilding in mid-October, only some of its Advanced Weapons Elevators will be usable as the Navy continues to struggle in making the ship deployable, Navy acquisition chief James Geurts said Wednesday. The Ford will deliver back to the Navy with an unspecified number of the Advanced Weapons Elevators (AWEs) operational when it leaves its post-shakedown availability (PSA). The Navy is also working to correct a propulsion problem discovered during sea trials, which a year ago caused Ford to return to port ahead of its scheduled PSA. “We are working right now with the fleet on what elevators do we need to have complete so they can exercise all the function in October, and for any of that work that isn’t done, how we’re going to feather that work in over time,” Geurts said during a media briefing 29 MAY.

Geurts was at Newport News Shipbuilding to watch the workers at the yard lower the island onto the deck of second-in-class John F. Kennedy (CVN-79), which is slated for a christening later this year. Ford’s PSA is occurring at the Newport News yard near Kennedy’s construction site. The elevators aboard Ford are the last elements requiring work, Geurts said. Two of the 11 elevators are completed, and work on the remaining nine continues. Ford will leave Newport News in October, Geurts said, explaining its future readiness depends on this departure date. “We’ve got to train crews and get crews certified, wring out the rest of the ship, and then take all those lessons learned and ... pour them into the rest of this design” for the rest of the Ford class, Geurts said. “So our strategy of that lead ship prove out all the technologies and then rapidly reduce the time and cost and complexity to get them on follow-on ships.”

Ford is slated for a 2021 deployment. The original timeline included completing the PSA this summer and then spending the rest of 2019 and 2020 getting the crew ready to deploy. However, during testimony before Congress in March, Geurts announced Ford’s availability completion date was being pushed back to October because of the elevator problems, the propulsion system problem and the overall workload. What was a 12-month PSA is now stretching to 15 months. Now the Navy has a seemingly open-ended timeline to fix Ford’s AWEs. The AWEs are an integral part of making the Ford-class carriers more lethal by increasing the aircraft sortie-generation rate by 25 to 30 percent compared to the Nimitz-class aircraft carriers. Software problems with the elevators on Ford have kept them from working correctly.

The Navy has been far less vocal in detailing the problem with Ford’s propulsion, which involves the ship’s main turbine generators that are driven by the steam produced by Ford’s two nuclear reactors. The reactors are operating as expected. However, the turbines need unanticipated and extensive overhauls, sources familiar with the repairs told USNI News. “All three of those causal factors – making the adjustments to the nuclear power plant that we noted during sea trials, fitting in all of the post-shakedown availability workload and finishing up the elevators – they’re all trending about the same time,” Geurts said during the March testimony. “So, October right now is our best estimate. The fleet has been notified of that. They’re working that into their train-up cycle afterward.” [Source: USNI | Ben Werner & Sam LaGrone | May 29, 2019 ++]

USAF Officer Program Update 01 ► Promotion Category Revision Plan

The Air Force on 31 MAY detailed plans to break out most of its officer career fields into six newly created promotion categories, which could take effect early next year. The current Line of the Air Force category, which encompasses about 87 percent of the service’s officers, would be replaced by six more finely tuned promotion categories: air operations and special warfare, space operations, nuclear and missile operations, information warfare, combat support and force modernization. The proposed changes are intended to not only make the process fairer, but also to reflect changes in the modern Air Force, where space, cyber, information systems and many more occupations have become increasingly important to preparations for possible conflicts with near-peer adversaries.

In a 29 MAY call with reporters, Air Force personnel chief Lt. Gen. Brian Kelly said that having more categories, each encompassing jobs with common traits, will allow the Air Force to fine-tune its officer developmental process. That way, the Air Force won't have to use a "one-size-fits-all" strategy that might not work well for some career fields. "Having a single large category for development, which has really served us well in the past, is not necessarily optimized for the future joint war fight, and what we're going to need in this new era" of a return to great power competition, Kelly said. That "great power competition" shift in the National Defense Strategy is designed to have the military focus more on preparing for potential fights against peer or near-peer nations such as China, Russia or North Korea, instead of smaller, militant groups such as those in the Middle East.

Shon Manasco, the Air Force's assistant secretary for manpower and reserve affairs, told reporters on that same call that the Air Force planned to first tell wing, numbered Air Force and major command commanders about the category plan, and then discuss it further at the Corona meeting of top Air Force leaders the first week of June. The Air Force will also get airmen's input from the field by the end of July to see if their plans need to be tweaked. Potential tweaks could include changing the number of new promotion categories, Kelly said, or moving certain Air Force specialty codes from one proposed category to another if it makes sense.

The secretary and chief of staff of the Air Force are expected to decide whether or not to move forward with the plan on 1 SEP, Manasco said. If the service does adopt the plan, Kelly said the lieutenant colonel board scheduled to meet in March 2020 would most likely be the first to use the new categories. The Air Force said in a release Friday that Kelly and Manasco will send briefing teams to installations across major commands and other functional communities in June and July to brief airmen in depth on the proposed changes, answer their questions and get their feedback. The Air Force will also set up online sites and other "virtual venues" to collect feedback.

"For this foundational change to succeed, commanders at every echelon must take ownership, understand and explain why we are proposing this significant change, listen to the officers entrusted to your care, and pass your thoughts up the chain," the memo to Air Force commanders said. "Our future depends on getting this right. Help us make it better."

Kelly told reporters that the Air Force has been studying how it promotes and develops officers for the past 18 months. By placing nearly nine out of every 10 officers into the broad LAF category, Kelly told reporters in April, some officers are placed at a disadvantage when the time comes for career advancement. More specialized categories would also give different career fields the opportunity to grow officers in their own unique ways. Kelly said in April that some officers in the LAF now have to develop in ways that are not best-suited for their jobs so they can stay competitive with officers in other career fields when promotion time comes. Kelly suggested, for example, that if acquisition officers had their own category, they could stay longer at a base to provide more continuity with their program. And because acquisition officers typically have fewer command opportunities than some other career fields, having their own promotion category that takes that into account would be less likely to hurt their promotion chances.

Kelly also said during the Wednesday call that the Air Force is working with Air Education and Training Command as these new categories take shape. "What you might value in a training opportunity in one category might not be the same things that are needed to develop properly or hone skills in another category," Kelly said. Kelly said that the new categories would probably not use the LAF prefix, the way the lawyer category is now titled Line of the Air Force-Judge Advocate, though that's not settled. The Air Force is also considering dropping the LAF prefix for lawyers. The list of career fields in each category is as follows:

- ◆ Air Operations and Special Warfare: pilot (11X), combat systems (12X), remotely piloted aircraft pilot (18X), air battle manager (13B), special tactics (13C), combat rescue (13D), tactical air control party (13L)
- ◆ Space Operations: space operations (13S), astronaut (13A)
- ◆ Nuclear and Missile Operations: nuclear and missile operations (13N)
- ◆ Information Warfare: cyber operations (17X), intelligence (14N), operations research analyst (61A), weather (15W), special investigations (71S), information operations (14F), public affairs (35X)

◆ Combat Support: airfield operations (13M), aircraft maintenance (21A), munitions and missile maintenance (21M), logistics readiness (21R), security forces (31P), civil engineering (32E), force support (38F), contracting (64P), financial management (65X)

◆ Force Modernization: chemist (61C), physicist/nuclear engineer (61D), developmental engineer (62E), acquisition management (63A)

[Source: AirForceTimes | Stephen Losey | June 1, 2019 ++]

Weapon Capabilities ► Army's Next Infantry Weapon Could Have Facial-Recognition

U.S. Army weapons officials recently invited defense firms to design and build prototypes of an advanced fire control system that could equip the service's Next-Generation Squad Weapon (NGSW) with wind-sensing as well as facial-recognition technology. The Prototype Opportunity Notice for the NGSW-Fire Control is intended to develop a system that "increases the soldier's ability to rapidly engage man sized targets out to 600 [meters] or greater while maintaining the ability to conduct Close Quarters Battle," according to the solicitation posted 30 MAY on FedBizOpps.gov.



The Army plans to award up to two five-year prototyping agreements, which will include 115 NGSW-FC systems, spare parts and other necessary items for initial prototype testing that's scheduled to take 14 months, according to the solicitation. Up to two follow-on production awards worth up to \$250 million are planned for fiscal 2021, the solicitation states. Initial production quantities of 200 or more total fire control systems per month are expected to be delivered within six months of award, with plans to ramp up to up to 3,350 or more total systems per month within three years.

The Army's Next-Generation Squad Weapon program involves two weapons systems under development, chambered for a special 6.8mm round, that will replace the M249 squad automatic weapon and the M4/M4A1 carbine. Both the rifle and automatic rifle versions of the weapon would be equipped with a sophisticated fire control designed with the following characteristics:

- An adjusted aiming point that considers range to target, atmospheric conditions, and ballistics of weapon and ammunition.
- A ballistic calculator that runs on Government Ballistic Software -- Small Arms.
- Wireless communication, capable of transmitting fire control data such as range to target, ballistic solution and temperature.
- A wired port that will send and receive data and allow for software updates.
- A start time within "1.0 seconds" from off to fully active, using common batteries such as AA, CR123 or CR2032.

Interested firms have until 4 NOV to respond to the solicitation. The Army may request iterative prototyping efforts to achieve higher-level performance capabilities such as:

- Advanced camera-based capabilities such as automatic target recognition, target tracking and facial recognition.
- Weapon stabilization and wind sensing such as local wind data, down-range wind sensing and wind compensated shooting solutions.
- Advanced ruggedization such as abrasion resistant lenses and hydrophobic lenses that repel sweat and require less cleaning to remove smudges.

Each prototype will undergo a 14-month evaluation period that includes technical testing and user evaluations known as soldier touch points, the solicitation states. The NGSW's fire control will be designed to work with the Integrated Visual Augmentation System, or IVAS, a program Microsoft is developing for the Army under a \$480 million contract the service awarded in late November. IVAS is intended to replace the service's Heads-Up Display 3.0 effort, featuring an advanced digital system that allows soldiers to view their weapon sight reticle and other key tactical information through an advanced goggle or eyepiece.

The Army began working with gunmakers last year to develop prototypes for the NGSW program. Last July, the service awarded contracts to AAI Corporation/Textron Systems, General Dynamics-OTS Inc., PCP Tactical LLC and Sig Sauer Inc. and FN America LLC to develop prototypes of the automatic rifle version. In January, the Army also released a separate prototyping opportunity notice inviting gun makers to develop prototypes of both the rifle and auto rifle versions of the NGSW to ensure both work the common, government-produced 6.8mm projectile. [Source: MilitaryTimes | Matthew Cox | June 1, 2019 ++]

Navy Drug Testing ► Expanded for Synthetic Opioids Effective Immediately

The Navy will start routinely testing all urinalysis samples for the synthetic opioid **fentanyl** and **norfentanyl**, its main metabolite, effective immediately. “Navy policy remains clear with regards to substance abuse: zero tolerance,” wrote newly installed Chief of Naval Personnel Vice Adm. John B. Nowell in NavAdmin 125/19. “It is the responsibility of every sailor to ensure that he or she is diligent in avoiding intentional or accidental exposure to federally-prohibited substances,” Nowell added. The Navy announcement arrived two months after a 29 MAR Pentagon notice to the services that those substances would be added to the normal screening process, according to naval personnel spokesman Lt. Rick Moore.

As with other controlled substances screened by the Navy, any service members now found with fentanyl or its metabolite in their systems could face “punitive action under the Uniform Code of Military Justice Article 112a,” along with mandatory processing for administrative separation which might result in an “other than honorable characterization of service which can impact veteran benefits and employment opportunities,” Nowell warned. He added that the Navy also reports unlawful drug users to the FBI so that their names can be included in the National Instant Criminal Background Check System, which hinders their ability to lawfully purchase firearms and ammunition.

The Pentagon push to test for fentanyl stems from a 21 MAR National Vital Statistics Report that revealed deaths tied to the synthetic opioid had risen from 1,615 in 2011 to 18,335 deaths in 2016. Up to 100 times more powerful than morphine, pharmaceutical fentanyl was developed to manage pain for cancer patients, most often applied in a patch on the skin. The bulk of black market fentanyl is made in Mexico, according to the U.S. Drug Enforcement Administration. The Navy operates two drug testing laboratories, one at Great Lakes and the other in Jacksonville, Florida. [Source: NavyTimes | Mark D. Faram | June 3, 2019 ++]

Navy Flags ► Why the Union Jack is Back and Here to Stay

For the first time in nearly 17 years, the Navy’s commissioned ships worldwide hoisted on their bows the star-spangled Union Jack during their 4 JUN morning colors. It was a moment of profound symbolism, pointing both to the Navy’s heroic past and a potentially violent future. The 4th of JUN marked the 77th anniversary of the Battle of Midway, a key strategic victory for the United States against Imperial Japan during World War II — and it was the Union Jack that fluttered in ports during the island hopping campaign.



Union Jack & First Navy Jack

But its rebirth on warships also has much to do with a call by Chief of Naval Operations Adm. John Richardson to focus on combat at sea against peer and near-peer competitors after nearly two decades of waging war against insurgencies and terrorist networks in the Middle East, Africa and Asia. All that was announced on 21 FEB by a fleet-wide message ordering the Union Jack to replace the First Navy Jack on shipboard jackstuffs. Famous for its “Don’t Tread on Me” rattlesnake slithering across 13 red and white stripes, the First Navy Jack had fluttered on all Navy ships since Sept. 11, 2002, the first anniversary of the terror attacks in the United States by al-Qaida.

Then-Secretary of the Navy Gordon England assumed it would continue to fly until the so-called Global War on Terrorism ended, but in his message to the fleet CNO Richardson argued that the Union Jack better reflected the cumulative strength of the nation and its Navy “where the whole is greater than the sum of its parts.” The “rattlesnake jack” isn’t going away, however. It will be proudly flown on the Japan-based 7th Fleet flagship Blue Ridge, marking it as the oldest commissioned vessel in the active fleet. It also survives as a shoulder patch worn on the Type III Navy Working Uniform.

The newest arrival to Naval Station Norfolk, the aircraft carrier John C. Stennis, put Richardson’s words into action. “Today we raised the Union Jack on our ship,” said Lt. Nick Elliott, the flattop’s assistant navigator, after watching two of the warship’s quartermaster’s execute colors at Norfolk’s Pier 14. “This small flag’s 50 stars represent the unity of the United States and that’s especially significant, today, on the anniversary of the critically important victory at Midway — a battle we won because of not only our initiative, but our unity and single focus of purpose, traits that are just as important today as we refocus on a more global scale.”

Flanked by fellow Texan Quartermaster 3rd Class Danaril Mojet on board Stennis, Quartermaster 2nd Class Matthew Lewis told Navy Times that both petty officers felt honored to raise the Union Jack on 4 JUN. “We wanted to get this right, so we took our time and stayed focused on what we needed to do and did it right,” said Lewis, a Dallas native. [Source: NavyTimes | Mark D. Faram | June 4, 2019 ++]

Amputations ► On the Decline | Will Doctors Forget How to Perform them?

Doctors aren’t performing as many combat-related amputations these days. But with that good news for service members comes one potential downside: Military medical professionals could forget how to treat patients with missing

limbs. That happened after the Vietnam War. “As time goes on some of the skills might atrophy,” said Jason Etchegaray, the lead author of a new report from the RAND Corporation. To prevent that from happening, the report lays out a series of recommendations for the military medical community on keeping their skills sharp. Through interviews with providers, patients and family members, as well as input from field experts, the researchers identified a series of basic skills that health care professionals need to effectively treat amputees. These range from technical expertise to bedside manner. “I think it’s very important because we don’t know what the next war is going to be like, and we don’t know when that’s going to occur,” Etchegaray said.

The Military Health System’s Extremity Trauma and Amputation Center of Excellence, or EACE, commissioned the study and plans to use RAND’s recommendations as a starting point for future training of doctors, physical therapists, psychiatrists, prosthetists and others who work with amputees throughout the rehabilitation process. “We didn’t want to repeat what had occurred following the Vietnam conflict, where the capabilities and the competencies to provide amputee care were slowly lost over time and then we had to relearn those all over again,” said EACE Director John Shero. “We want to make sure that our casualties in the future get at least as good, if not better, (treatment) from that future conflict as our wounded warriors receive and have received over the past series of years.”

In the nearly two decades since 9-11, the Defense Department has treated 1,724 patients with major limb amputations from deployment injuries, Shero said. The number of service members with combat-related amputations has declined sharply since 2011, when the number of amputations was at a peak of 260, according to the report. There were three in 2018. Patients are treated primarily at Walter Reed National Military Medical Center in Maryland, Brooke Army Medical Center in San Antonio and the Naval Medical Center San Diego, which have treatment centers specifically designed for military amputees. These centers take a multidisciplinary approach to patient treatment, requiring regular meetings between health care providers across a variety of services who treat the same patient — not something you typically see in civilian settings, Shero said.

The six basic skills, or “core competencies,” outlined in the report are patient-centered care, evidence-based practice, professional behavior, patient and family education, cultural awareness and teamwork. Stuart Campbell, chief of global health engagement for EACE, said the center knows its facilities are doing a good job treating amputees, but the RAND report helps define what that looks like on the ground. EACE will use these findings to roll out a list of key KSAs — knowledge, skills and abilities — required for each medical position in this space, which will eventually be turned into learning objectives and implemented into medical training modules as they are completed. [Source: MilitaryTimes | Natalie Gross | June 6, 2019 ++]

Navy Terminology, Jargon & Slang ► ‘Bulldog’ thru ‘By and Large’

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

Bulldog – Codeword for Harpoon cruise missile.

Bull Ensign - Senior ensign aboard. In multi-unit ships, such as a carrier with its airwing embarked, generally each squadron will have its own Bull Ensign.

Bull Nuke - Senior nuclear-trained CPO aboard a sub. Junior in authority to the COB.

Bullnose - A chock placed right over the stem, 'in the eyes' of the ship.

Bullpen - Term for the large antenna arrays associated with a shore HFDF (High Frequency Direction Finding) station.

Bullshit Artist – A glib person, or one who lies.

Bullshitting – Lying.

Bumboat – A supply boat, usually of an unofficial nature. Often purveyors of curios, souvenirs, etc.

Bumfuck Egypt – A (fictitious) bad place to be stationed, or the figurative ends of the earth. Sometimes seen as B.F.E.

Bum Nut – Hen's egg.

Bunting Tosser, Bunts (RN) - Signals or Radio personnel. The term originates from the use of semaphore flags for visual signals. Analogous USN terms: 'flag wagger,' 'skivvy waver.'

Buoy Jumper – The sailor who climbs up onto a mooring buoy to attach or remove mooring lines.

Burner - (1) In a submarine, a system that burns carbon monoxide and hydrogen out of the air, converting H₂ to water and CO to CO₂. CO₂ is then removed by the SCRUBBER. (2) In aviation, short for afterburner.

Buster - Aviation term for maximum speed available without using afterburners.

Butt – (1) Cigarette. (2) (obsolete) A wooden cask or barrel. (3) The bottom end of a spar or other object.

Butter Bar – Ensign/Second Lieutenant (O-1 paygrade), so called for the gold bar collar device.

Butt Kit - Ashtray.

By and Large – Colloquial term meaning 'For the most part.' Origin of the term seems to be that a ship was considered particularly seaworthy if it could sail both 'by' (close to the wind) and 'large' (broad to or before the wind).

[Source: <http://hazegray.org/faq/slang1.htm> | June 15, 2019 ++]

Warships That Will Change The Future ► USS Fort Worth (LCS-3)



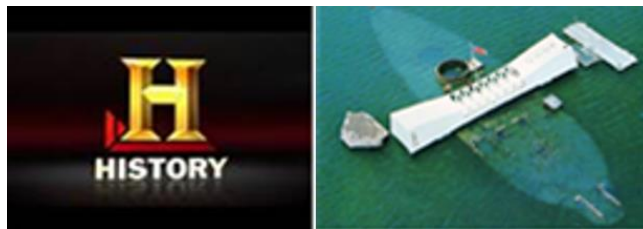
The younger sister of the USS Freedom, the USS Fort Worth (LCS-3) is an incredibly high tech combat warship. The ship works using a plethora of automated sensors which help to tell the crew exactly where and when something needs to be fixed. This helps free up the crew from having to do extraneous, mundane ship work. The Fort Worth has been proven to be a quick ship, while at the same time being 10 percent more fuel efficient than her sister.

General characteristics

Class and type:	Freedom-class littoral combat ship
Displacement:	3,500 metric tons (3,900 short tons) (full load) ^[6]
Length:	387 ft (118 m) ^[1]
Beam:	58 ft (17.7 m) ^[1]
Draft:	13.0 ft (3.9 m) ^[1]
Propulsion:	2 Rolls-Royce MT30 36 MW gas turbines , 2 Colt-Pielstick diesel engines , 4 Rolls-Royce waterjets
Speed:	45 knots (52 mph; 83 km/h) (sea state 3)
Range:	3,500 nmi (6,500 km; 4,000 mi) at 18 knots (21 mph; 33 km/h) ^[7]
Endurance:	21 days (504 hours)
Boats & landing craft carried:	11 m RHIB, 40 ft (12 m) high-speed boats
Complement:	35-50 core crew, 75 mission crew (Rotating crews)
Armament:	<ul style="list-style-type: none">• BAE Systems Mk 110 57 mm gun• RIM-116 Rolling Airframe Missiles• Mark 50 torpedo• 2 .50 cal (12.7 mm) guns
Aircraft carried:	<ul style="list-style-type: none">• 2 MH-60R/S Seahawks• MQ-8 Fire Scout
Notes:	Electrical power is provided by 4 Isotta Fraschini V1708 diesel engines with Hitzinger generator units rated at 800 kW each. She is the first ship to be named after Fort Worth, Texas, the 15th-largest city in the United States.

[Source: https://en.wikipedia.org/wiki/USS_Fort_Worth | June 2019 ++]

* Military History *



D-Day Memories Update 03 ► DNA Test Uncovers D-Day Love Story 75 Years Later

The retired French postal worker figured he'd likely go to his grave without ever knowing who his father was, unable to identify the U.S. serviceman who had fought his way across France after the D-Day landings, taken a bullet to the skull and been nursed back to health in a military hospital by Gantois' mother. Into his 70s, Gantois still had no clues to pursue, no name to work with, no paper trail to follow. As a consequence, he also had no peace. "Throughout my life, I lived with this open wound," he says. "I never accepted my situation, of not knowing my father and, most of all, knowing that he didn't know about me, didn't know of my existence."

Even as Europe, the United States and their allies mark 75 years since 160,000 Allied troops stormed a heavily-fortified 50-mile (80-kilometer) stretch of Nazi-occupied coastline in Normandy, the history of D-Day and its aftermath is still being written. The big picture, of course, is well known, meticulously documented and preciously conserved to be told and retold for generations to come. The greatest-ever amphibious landing, a triumph of soldiering and seafaring, of industry, ingenuity and logistics, and upon which a new world order was built, will again be commemorated June 6 with respect for the ever-smaller group of surviving veterans and awe for their heroics on the landing beaches: Omaha, Utah, Juno, Sword and Gold. Yet all these years later, there are enduring holes in the narrative, too.

Among the thick Normandy hedgerows where German troops dug in and the Allied advance bogged down, soldiers' bones are still regularly disinterred. So brutal and chaotic was the fighting in France that thousands went missing or couldn't be identified before they were buried in graves still marked, "A comrade in arms known but to God." Soldiers on all sides also fathered tens of thousands of children, some of them unable to ever answer that most existential of questions: Where did I come from? Until a few months ago, when what he calls an unexpected "miracle" changed his life and filled in one of these missing pieces of wartime history, Gantois was among them.

Growing up as a post-war kid in eastern France, he would simply draw a line on forms at school that asked pupils for their fathers' names and other family details. His mother and grandmother told him his father was killed in France's war in Vietnam that broke out in 1946, the year Gantois was born. The grandmother said his father's name was Jack. A trusting child, Gantois couldn't know these were lies. He didn't pay much heed to elderly neighbors who called him "the young American" or "the American's kid." Only at age 15, when Gantois was mourning the death of his mother, taken by tuberculosis at age 37, did he get the truth. "Listen, Andre, I have to tell you," the 73-year-old Gantois recalls his grandmother confessing to him. "Your dad was an American, in the war."



Andre Gantois the above photos taken May 8, 2019 shows photos (left) of his parents, Wilburn Henderson, right, and mother Irene Gantois in Ludres, France. In the photo (right) are family photos. The retired French postal worker figured he'd likely go to his grave without ever knowing who his father was, unable to identify the U.S. serviceman who had fought his way across France after the D-Day landings, taken a bullet to the skull and been nursed back to health in a military hospital by Gantois' mother.

At first, Gantois was lost. Later, in his twenties, he became determined to find out more. Having married and with plans to start a family of his own, Gantois felt compelled to put a name, a face, to the patchy story and to fill what his wife, Rosine, now says was "a huge hole" in his life. "He had no name, nothing to go on," she says. "He told me, 'I'll die without ever knowing who he was.'" Visits to U.S. offices in France produced only frustration. Gantois recalls that an embassy official told him: "A lot of people are looking for their fathers, because they want money, they want to be compensated by the U.S. government. But you have to have proof.' I had no proof." Other avenues also proved to be dead ends. Until last June.

Urged on by his daughter-in-law, Gantois took a DNA test. Weeks later, in the middle of the night, she called him with the earthshaking results. "You have an American brother, a sister, a whole family," Gantois recalls her telling him. "I didn't know what to say." His dad, the test helped reveal, had been Wilburn 'Bill' Henderson. From Essex, Missouri, the infantryman landed on Omaha beach seemingly just after D-Day, fought through Normandy, suffered a head wound in the closing months of the war and met Irene Gantois at a hospital in occupied Germany. After

Germany's surrender in May 1945, when the soldier came to visit her at home in eastern France, she apparently didn't tell him that she was carrying his child. He returned to the United States, started a family and never spoke to his children about her before his death in 1997.

The trail would have ended there for Andre Gantois had his American half-brother not also taken a DNA test. By chance, they both picked the same testing company, enabling it to put them together. The two men and Gantois' half-sister, Judy, met for the first time last September in France. Allen Henderson took the test on a whim, because the company had a special offer on its prices and, he says, because "I thought, well, that would be interesting." Both Gantois and Henderson acknowledge how lucky they are not only to have found each other but also that their father survived Normandy and its aftermath.

"When I was little, he was always telling me stories about being in France and he'd speak a little French and kind of talk about how it was like to lay in a foxhole and guns, bullets flying over your head and guys dying all around you," says the 65-year-old Henderson, who lives in Greenville, South Carolina. "Amazing that he survived." Henderson says he knew straight away when he saw Gantois that they were brothers because the resemblance is so striking. "You know, Andre actually looks more like my dad than I do," Henderson says. "Your mannerisms, your smile, your face, I feel almost like I'm talking to my dad."

Other wartime families' histories remain unresolved. They're only more likely to stay that way with each passing year. Posting on a French electronic bulletin board in 2016, for example, Jeannine Clement appealed for information about her biological father, a German soldier who was stationed in France before being sent to the Russian front in 1942. Her mother waved goodbye to him at a train station, "in tears and pregnant," Clement wrote. "She never heard from him again." Now at 76 and in poor health, Clement is still waiting. Andre Gantois says he feels sorry for those without answers. "It is not easy to live like that," he says. "I've got closure. The whole issue of my father, that's it, it's done. I'm no longer in a fog." [Source: MilitaryTimes | John Leicester | May 21, 2019 ++]

D-Day Memories Update 04 ► **Still Linger For These D-Day Survivors**

Inside a hospital tent in England on the night of 5 JUN, Army Nurse Opal Grapes was relaxing after another long day of getting prepared for the invasion of Europe. By the time she arrived in England in the spring of 1944 there were already rumors that the invasion was coming soon. As celebrations take place in France and around America honoring the men and women who took part in that mission on its 75th anniversary, there are fewer and fewer who remember it firsthand. Grapes, 98 and living in Houma, Louisiana, is one of five American D-Day survivors to share those recollections with Military Times. "I just remember the night before, a group of nurses and I were sitting around talking and we heard the sky roaring with planes and so we knew that D-Day was happening," Grapes said. Grapes was right. The planes she heard marked the beginning of Operation Overlord, the invasion of Normandy. "I wasn't afraid, I just knew it was happening," Grapes said. "I certainly knew we had to kick the Germans out."

◆ **The Sky** ◆

On June 6, 1944, in the dark hours just after midnight, over 13,000 American paratroopers were poised to spearhead the largest military invasion in history. Standing by anxiously waiting inside twin-engine C-47 Skytrains, the paratroopers of the 101st and 82nd Airborne Divisions were determined to accomplish one of the most critical and risky missions ever undertaken. One, if successful, that would forever change the history of the world. Still in his early twenties, **1st Lt. Gerald "Bud" Berry**, assigned to the 91st Squadron of the 439th Troop Carrier Group was among them.

"We carried the 101st Airborne E Company and D Company and they jumped from our airplanes," Berry said. Flying co-pilot to his squadron commander, Berry recalled that the mission was going smoothly up until they hit an enormous cloud bank over the coast of France which made the already near impossible flight optics of the mission even worse.

“You can’t tell anywhere about where you are at night, whether you’re at the dropzone or over the dropzone,” Berry said. As the hundreds of other aircrews entered the cloud bank that would soon surround them, some pilots started to either gain or lose altitude in hopes to quickly bypass the storm before they made it to the dropzone. Berry, however, decided that it was best to stay on course in hopes that the skies would soon clear.

Berry’s swift decision worked out, although when the clouds finally cleared there was no time to spare. They were only about two minutes away from their designated dropzone. In the midst of hellish German anti-aircraft fire, Berry had to instantly adapt to his surroundings before signaling to the paratroopers behind him when it was time to jump. “The only thing we were concerned with was the troopers and how they were making it off,” Berry said. After releasing all the men in the back of his plane, Berry was headed back to England along with the rest of the pilots that made it through that unbelievable flight to await further orders.

◆ Omaha Beach ◆

About the same time as Berry’s wheels were touching down in England, 19-year-old **Staff Sgt. Harley Reynolds** was among the first Americans landing on Omaha Beach. “All we could do is guess at what it could be like,” Reynolds said. Reynolds, from St. Charles, Virginia, served as a machine gun section leader assigned to company B; 16th Infantry Regiment, First Infantry Division, during the D-Day invasion. Although their mission that day was tremendous their orders were straightforward. “Get ashore and get as far inland as we could,” Reynolds said. Reynolds said that because of the storm that morning, many landing craft were blown off course, adding to the chaos. His landing craft was one of the few that made it all the way to the beach and he was able to get out without having to go in the water. “That doesn’t mean that it was easy,” Reynolds said.

As they hit the beach, the men were first held up by an impenetrable barbed wire fence. Laying on the beach taking cover from relentless enemy fire for about an hour, Reynolds and his men held tight waiting for someone to come blow it. Suddenly, a man appeared next to Reynolds with a bangalore torpedo, a device that was designed to breach barbed wire. Just as the man finished detonating the bangalore, the man was hit and died instantly. As soon as the barbed wire was blown, Reynolds instantly began his advance, making him the first man to clear the barbed wire on the beach. Although he finally made it through the wire, Reynolds said that due to all the other obstacles and land mines planted throughout the beach, progress was extremely slow, and almost stagnant at times. “I had one man go around me and try to get in front of me because he thought I was going too slow. He only got 10 or 12 steps in front of me before he stepped on a mine and blew off his left heel,” Reynolds said. By the end of the day, Reynolds and his men had fought their way a few hundred yards inland, exhausted, they slept wherever they stopped.

◆ Utah Beach ◆

While Reynolds and the rest of the First Infantry division pushed inland at Omaha Beach, to the west, **Gunners Mate 3rd Class Tolley Fletcher** remembers standing by as the hundreds of LCVPs lined up for the assault on Utah Beach. Aboard the wooden submarine chaser USS SC-1301 which is apart of what is known as the “Splinter Fleet” Fletcher spent his day protecting LCVPs from potential submarine attacks while they rushed ashore. “They used us to escort the LCVPs into Utah Beach,” Fletcher said. Along with the other 150,000 troops taking part in the invasion, Fletcher already had been ready for this moment for over 24 hours. They originally tried to cross on June 5th, but because of the weather the waters were too rough so the invasion was postponed. “It changed the whole world just about, since then the whole United States has changed,” Fletcher said. Fletcher, only 19 at the time, didn’t see any infamous German U-Boats that day. But he did see the entire day unfold before his eyes. “As we got in further the water was already full of bodies,” he said.

◆ The Dead ◆

Technical Sergeant Vito Mastrangelo, just 20, was in charge of taking care of those bodies as a member of the 607th Quartermaster Graves Registration Company. He wasn’t supposed to be landing until the following day, but due to the chaos and tremendous number of casualties, he was ordered to start tending to the thousands of bodies that were already scattered all over the water and sand. He recalls that even by the time he landed at Omaha Beach the rotting stench of death had already filled the air. Mastrangelo spent his first night in Normandy on the beach cold and wet inside a

German trench. When he woke up the next day he and his company went to work burying over 400 young men on the beach right next to the waters edge. "I still think about those boys everyday," Mastrangelo said.

"I happened to be in church the other day and the Father was talking about Veterans Day, and I stood up and I said, 'Father John, I am one of those vets of D-Day and there is not a day that passes that I don't think about those boys,'" Mastrangelo said. According to Mastrangelo, as the Allied forces kept pushing further inland the men originally buried on the beach were dug back up and moved to another cemetery on top of the bluff in the days that followed. By the time they were finished, Mastrangelo says that he and his company had buried over 18,000 young men on top of the bluff. The cemetery Mastrangelo left atop of the bluff at Omaha Beach is a lot different than what it looks like today. Since many of the families wanted the remains of their loved ones brought home, just over 9,000 out of the original 18,000 are still buried there. Mastrangelo said that years later sometimes he'd be outside and smell something dead. The first few times it happened he thought it was a dead animal, only later did he realize it was an olfactory memory of the young men he buried. Like many Veterans, he never talked about what he did during the war. He didn't start opening up about his experiences until he revisited the Normandy beaches on D-Day's 50th anniversary.

◆ Today ◆

To commemorate the invasion's 75th anniversary, some of these D-Day veterans plan to attend ceremonies to honor the sacrifices on that day. For others, it will be just another day of remembering.

- "A lot of people come up to me and ask, 'Were you there?' and I say, 'I'm still there,'" Mastrangelo said.
- For Berry the day is "all in the past" but he still recalls just how important that day was. Gerald "Bud" Berry, 98, is currently a resident in Largo, Fla. After the war he "Went to college, got a degree, and started working."
- Just shy of 100 years old, Grapes, the nurse, is proud of how so many young people joined together to drive the Germans out of Europe. She still remembers everything from that day and how thousands gave or risked their lives for other people that they had never met. "I'm so honored that I could be there and take care of the brave men who fought," Grapes said.
- Fletcher, now 94, will be a guest speaker at the National World War II Museum in New Orleans looking back on the historical importance of D-Day. Like Grapes, Fletcher wants people to remember one thing. "How important it is that people are willing to give their lives to protect other people," Fletcher said.
- Reynolds, also now 94, will be the guest of honor at a D-Day commemoration being held at MacDill Air Force Base in Tampa, Florida. "I feel damn lucky," he said. "I'm not religious but I could not deny having a little divine help because I made it through and a lot of people didn't."

[Source: MilitaryTimes | Brian Mackley | Jun 5, 2019 ++]

Black Troops on D-Day ► Fighting Germans and Jim Crow

It was the most massive amphibious invasion the world has ever seen, with tens of thousands of Allied troops spread out across the air and sea aiming to get a toehold in Normandy for the final assault on Nazi Germany. And while portrayals of D-Day often depict an all-white host of invaders, in fact it also included many African Americans. Roughly 2,000 African American troops are believed to have hit the shores of Normandy in various capacities on June 6, 1944. Serving in a U.S. military still-segregated by race, they encountered discrimination both in the service and when they came home. But on Normandy, they faced the same danger as everyone else.

The only African American combat unit that day was the 320th Barrage Balloon Battalion, whose job was to set up explosive-rigged balloons to deter German planes. Waverly Woodson Jr. was a corporal and a medic with the battalion. Although Woodson did not live to see this week's 75th anniversary — he died in 2005 — he told The Associated Press in 1994 about how his landing craft hit a mine on the way to Omaha Beach. "*The tide brought us in, and that's when*

the 88s hit us,” he said of the German 88mm guns. “They were murder. Of our 26 Navy personnel there was only one left. They raked the whole top of the ship and killed all the crew. Then they started with the mortar shells.”

Woodson was wounded in the back and groin while on the landing craft but went on to spend 30 hours on the beach tending to other wounded men before eventually collapsing, according to a letter from then-Rep. Chris Van Hollen of Maryland. Van Hollen, now a U.S. senator, is heading an effort to have Woodson posthumously awarded the Medal of Honor for his actions on D-Day. But a lack of documentation — in part because of a 1973 fire that destroyed millions of military personnel files — has stymied the effort.

Another member of the unit, William Dabney described what they encountered on D-Day in a 2009 Associated Press interview during the invasion’s 65th anniversary. *“The firing was furious on the beach. I was picking up dead bodies and I was looking at the mines blowing up soldiers. ... I didn’t know if I was going to make it or not,”* said Dabney, then 84, who passed away last year.

Linda Hervieux detailed the exploits of the 320th in her book “Forgotten: The Untold Story of D-Day’s Black Heroes, at Home and at War.” She said the military resisted efforts to desegregate as it ramped up for World War II. Instead they kept separate units and separate facilities for black and white troops. “This was a very expensive and inefficient way to run an army. The Army ... could have ordered its men to integrate and to treat black soldiers as fully equal partners in this war. The Army declined to do so,” she said. The Army wanted to focus on the war and didn’t want to become a social experiment, Hervieux said, but she notes that when African American soldiers were called on to fight side by side with whites, they did so without problems.

During World War II, it was unheard of for African American officers to lead white soldiers and they faced discrimination even while in the service. Black troops were often put in support units responsible for transporting supplies. But during the Normandy invasion that didn’t mean they were immune from danger. Ninety-nine-year-old Johnnie Jones Sr., who joined the military in 1943 out of Southern University in Baton Rouge, was a warrant officer in a unit responsible for unloading equipment and supplies onto Normandy. He remembers wading ashore and coming under fire from a German sniper. He grabbed his weapon and returned fire along with the other soldiers. It’s something that still haunts his memories. “I still see him, I see him every night,” he told the AP recently. In another incident, he remembers a soldier charging a pillbox, a selfless act that likely ended the soldier’s life. “I know he didn’t come back home. He didn’t come back home but he saved me and he saved many others.”



Johnnie Jones Sr.

By the end of World War II, more than a million African Americans were in uniform including the famed Tuskegee Airmen and the 761st Tank Battalion. The Double V campaign launched by the Pittsburgh Courier, a prominent African American newspaper, called for a victory in the war as well as a victory at home over segregation, including in the military. After defending their country in Europe, many African American troops were met with discrimination yet again at home. Jones remembers coming back the U.S. after the war’s end and having to move to the back of a bus as it crossed the Mason-Dixon line separating North from South. He recalls being harassed by police officers after returning to Louisiana. “I couldn’t sit with the soldiers I had been on the battlefield with. I had to go to the back of the

bus,” said Jones, who went on to become a lawyer and civil rights activist in Baton Rouge. “Those are the things that come back and haunt you.” [Source: Associated Press | Rebecca Santana | June 4, 2019++]

Truth About D-Day ► How Ernie Pyle Saw It

Seeing and reporting the vast losses on the beach at Normandy and watching war’s meat grinder in action in the vicious battles that followed, Pulitzer Prize writer Pyle was evidently forced to recalculate the arithmetic of victories and losses. By the time he was killed, 10 months later and on the opposite side of the world, the lesson seemed to have solidified for him. Not even the war ending, not even victory — which his previous reporting usually kept in sight as the great goal of the war — would be able to bring back all the people killed or counteract the damage done to the survivors. Pyle had written about battles and war in a way that promised hope. By the time victory was actually in sight, he had come to feel that there was no way the war could be a story with a happy ending. To see what Pyle wrote about D-Day refer to the attachment to this Bulletin titled, **“Ernie Pyle’s Truth About D-Day”**. [Source: The New York Times Magazine | David Chrisinger | June 5, 2019 ++]

WWI Gallipoli Campaign ► Its Most Successful Operation Was the Evacuation

The Campaign (April-December, 1915) was the British and Allies' attempt to capture the Dardanelles and eventually march on Istanbul, forcing the surrender of the Ottoman Empire and gaining control of the Black Sea beyond. It was the first time in modern history that a large-scale amphibious operation was ever attempted. However, it is widely viewed that this campaign was mismanaged and under-committed to from the start. The most successful operation of the campaign, in fact, was the evacuation.

Gallipoli is the long strip of land that runs across from the North-Western tip of the European side of Turkey. Both these sides of the Dardanelles were heavily defended by Ottoman forts and guns. It was Winston Churchill, First Lord of the Admiralty, who proposed the plan to take Istanbul. The initial attempt was a naval assault. The British sent a force, comprised of many old and outdated warships, to take the straights, but to no avail. The next attempt was by land and so British (including Canadians and Indians), French, Australian, and New Zealand troops were shipped out to Gallipoli. British ships bombarded the tip of the peninsula, pulverizing Ottoman forts, but losing the element of surprise. The Turkish and Arab troops shored up their defenses with high ground, trenches, machine guns and barbed wire set in the water.



The British and French landed at Cape Helles, the most Southern point, and the Australian and New Zealand Army Corps (Anzac) landed on what became known as Anzac Cove, a few miles to the North on the Aegean side of Gallipoli to cut off the Ottomans and meet the other divisions in the middle. But by the end of the day, the Allied forces had hardly made it off the beaches, and 5,000 troops were killed or wounded. From that day onward, the campaign was a bloody stalemate. The last attempt to break this came in August. The Sari Bair Offensive, which was spearheaded from Anzac Cove, succeeded in pushing several miles inland before the Ottomans finally overcame the weary and few men who were left after the haphazard assault.

The British and French would finally leave Cape Helles in early January 1916. The full-scale evacuation of troops began on December 15th. This only happened by night, starting with supports and reserves, and then thinning out the trenches. By December 19th, 36,000 troops were evacuated out to sea, and only 10,000 remained. That night, the remaining troops snuck off. On their way out, many set rifles and explosives on innovative timing devices and planted grenades and mines to both make the Ottomans think they were still there and to harass them with booby traps when they did finally come to inspect the abandoned trenches.

At 4:10 AM on December 20th, Anzac Cove and Sulva Bay were empty, without a single casualty. Though it is thought that the Ottomans were totally deceived by White's plan, it is entirely possible that Mustafa Kemal, the Turkish General in Gallipoli, was willing to let the Allies slip away, as the campaign caused thousands of casualties among his troops. By the end of the Gallipoli Campaign, the Allies had suffered well over 100,000 casualties; that number was roughly doubled for the Ottoman Empire.

[Source: Together We Served Newsletter | June 2019 ++]

WWII Americans Sentiments ► What Gallup Found on 2 Issues

Seventy-five years ago, a Gallup poll conducted shortly before the June 6, 1944, Allied landing in Normandy (now known as D-Day) found that many Americans were unclear about why the U.S. was fighting the war. In the March 1944 poll, 59% of respondents said they had a "clear idea" of what the U.S. was fighting for, while 41% did not.

Americans Grew More Pessimistic About War's Length Before D-Day

In addition to many Americans' uncertainty ahead of D-Day as to why the war was being fought, they had become more pessimistic about when the war would end. Starting in 1942, Gallup asked Americans at various intervals to estimate how long they thought the war with Germany would last. In June 1942, few could have predicted the war in Europe would continue until Sept. 2, 1945. Americans were fairly optimistic, with 43% saying the war would end within one year and 23% saying it would last anywhere from just over a year to two years. Another 11% said it would last at least three more years.

In January 1944, Americans were even more optimistic about the war's conclusion, with more than half (58%) saying they thought the war with Germany would end sometime that year. This may have been related to the Italian government's surrender and its subsequent declaration of war on Germany in 1943. However, by March 1944, optimism had faded, as just 33% of Americans predicted victory would come that year.

Americans' Views of How Much Longer World War II in Europe Would Last

In the wake of the D-Day landings, in July 1944, Gallup again asked Americans when they expected the war with Germany would end -- and found that optimism had returned to prior levels, with 59% saying the conflict would come to a close in 1944.

	How much longer do you think the war with Germany will last?		
	January 1944	March 1944	July 1944
Will end in 1944	58%	33%	59%
Will end in 1945	31%	46%	31%
Will end in 1946	05%	12%	06% * Asked as "Will end in 1946 or later" Gallup
Will end in 1947 or later	1%	2%	-
No opinion	5%	7%	4%

Americans Also Asked to Predict Future Relations with Germany and Japan

In addition to asking when the war would end, Gallup also asked them to predict what U.S. relations with Germany and Japan would be like after the war. In February 1944, Gallup asked Americans which country they thought the U.S. would get along better with after the war. Most Americans believed Germany would have a better relationship with the U.S. than would Japan, with 74% saying so. A meager 4% predicted the U.S. would have better relations with Japan than Germany. Americans' 1944 predictions contrast with recent attitudes toward Germany and Japan. Gallup first asked about Americans' views of Germany in 1991, and at that time found 78% of the public had favorable opinions of the country. Most recently, in February of this year, 83% of Americans viewed Germany favorably.

There is a particularly sharp contrast with Americans' predictions on the country's relationship with Japan. Gallup first polled U.S. adults on their views of Japan in 1989, when 69% of the public viewed the country favorably in. In the most recent 2019 survey, 86% of Americans held positive views of Japan.

[Source: Gallup | RJ Reinhart | June 5, 2019 ++]

WWII Service Records ► How to Find Your Family Member's

Last week's 75th anniversary of D-Day was a reminder to many of the kids and grandkids of World War II veterans that we still don't know the details of so many of their stories. Any description about their experiences in the war that were passed down were often vague outlines of what had actually happened—the full truth being too difficult to talk about by either the veteran or the spouses they left behind. As reporter Dave Philipps writes for The New York Times, most of these veterans are now dead, leaving behind family members who want to fill in the gaps.

Many of the Americans who fought to crush the Axis in World War II came home feeling the same way—so many, in fact, that those lauded as the Greatest Generation might just as easily be called the Quietest.

Where did they serve? What did they do and see? Spouses and children often learned not to ask. And by now, most no longer have the chance: Fewer than 3 percent of the 16 million American veterans of the war are still alive, and all are in their 90s or beyond.

In some cases, recreating a veteran's story is no easy feat. Army records in particular were largely damaged or destroyed in a 1973 fire at the St. Louis records center where they were stored. But Navy and Marine Corps records were unharmed, and even some of the damaged Army records can offer previously unknown details.

"Sometimes, everything was destroyed but a name on a payroll," said Dan Olmsted, a researcher at the World War II museum. "But fire is funny. Sometimes files that were in the middle of the fire were spared."

That makes file requests on Army veterans something of a dice roll. But Mr. Olmsted said he has often pored over pages half-eaten by flames and crumpled by water damage and still been able to make out the vital details of a soldier's life.

If you want to track down details of your loved one's experiences in WWII, you have a few options:

- **Take a look yourself** -- This is the cheapest (it's free) but most challenging option. Anyone can look through the WWII military personnel records in St. Louis, but the prevalence of military jargon and abbreviations might leave you more confused than when you started. You might also not know exactly what types of records—including records kept by a unit's commander—will be useful.
- **Hire a researcher** -- At a starting cost of \$99, a researcher from the National WWII Museum in New Orleans will pull and read the service member's file from the national archives. Depending on how many records are available to the researcher, the fee can go up to \$399 to produce all the documents and provide a summary.
- **Go all out** -- For \$2,499, the museum's website says researchers will create a book based on your veteran's experiences—assuming enough records are available to warrant it: This volume will include all the documents featured in the PLUS package as well as a detailed military biography including enlistment, basic and specialized training, unit history, areas of deployment, and summary of relevant battles or campaigns during the war. Supplemental material may include maps, pictures, charts, etc.

In general, military personnel records are archived and open to the public 62 years after the service member's separation from the military. Records with a discharge date within the past 62 years are subject to access restrictions. You can find more details about how to request all types of military records at <https://www.usa.gov/military-records>. [Source: Lifehacker | Meghan Moravcik Walbert | June 11, 2019 ++]

Military History Anniversaries ► 16 thru 30 JUN

Significant events in U.S. Military History over the next 15 days are listed in the attachment to this Bulletin titled, "**Military History Anniversaries 16 thru 30 JUN**". [Source: This Day in History www.history.com/this-day-in-history | May 2019 ++]

Post WWII Photos ► Post-War TV Sales



This television set, retailing for \$100, is reportedly the first moderately priced receiver manufactured in quantity. Rose Clare Leonard watches the screen, which reproduces a 5x7 image, as she tunes in at the first public post-war showing at a New York department store, on August 24, 1945. Although television was invented prior to World War II, the war prevented mass production. Soon after the war, sales and production picked up, and by 1948, regular commercial network programming had begun. (AP Photo/Ed Ford)

Every Picture Tells A Story ► Oil Leaks



Oil leaks come in many sizes, but I have never seen one that caused this sort of damage. Standing on the wing of his Republic P-47 Thunderbolt is 1st Lieutenant Edwin L. King of the 347th Fighter Squadron of the 350th Fighter Group based in Pisa, Italy. On the web, I came across differing stories as to how this happened. One place stated that during a sortie escorting a formation of B-25s of the 12th Air Force, he was attacked by a small number of Messerschmitt Bf 109s from the 2nd Gruppo and the combat resulted in a blown cylinder and a geyser of pressurized oil gushing back. In another, it seemed he was strafing ground targets when he was hit by flak. Either way, it's a stunning piece of airmanship. The sheer amount of black oil that has blown back across the fuselage and canopy is staggering. With the loss of so much oil (28 gallons according to the P-47 Pilot's Flight Operating Manual) and a cylinder, he likely did not make it back to Pisa, which was more than 250 km away—he must have landed at a forward operating base. Sliding the canopy back, he would have landed with his head in the slipstream and a good crab on. Thankfully, he had an oxygen mask. We can just see the emblem of the 347th FS on the nose. King, who had enlisted in the Army Air Force in Ohio the day after Pearl Harbor, survived the war with 125 missions completed. He went on to a career in corporate aviation, once flying for Walt Disney. He died last year at the ripe old age of 95 in Pinehurst, North Carolina.

War Memorials ► Bastogne, Belgium



This Sherman M4A3 tank of the 11th armoured 'Thunderbolt' Division was destroyed on December 30, 1944 in the surroundings of the hamlet Renuamont and is currently standing in the middle of the McAuliffe square.

WWII Bomber Nose Art [32] ▶ Witchcraft



Medal of Honor Citations ▶ William D. Hawkins | WWII



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

LLOYD C. HAWKS

Rank and organization: Private First Class, U.S. Army, Medical Detachment, 30th Infantry, 3d Infantry Division

Place and date: Near Carano, Italy, 30 January 1944

Entered service: Park Rapids, Minn.

Born: January 13, 1911 Becker, Minnesota

Citation

For gallantry and intrepidity at risk of life above and beyond the call of duty. On 30 January 1944, at 3 p.m., near Carano, Italy, Pfc. Hawks braved an enemy counterattack in order to rescue 2 wounded men who, unable to move, were lying in an exposed position within 30 yards of the enemy. Two riflemen, attempting the rescue, had been forced to return to their fighting holes by extremely severe enemy machinegun fire, after crawling only 10 yards toward the casualties. An aid man, whom the enemy could plainly identify as such, had been critically wounded in a similar attempt. Pfc. Hawks, nevertheless, crawled 50 yards through a veritable hail of machinegun bullets and flying mortar

fragments to a small ditch, administered first aid to his fellow aid man who had sought cover therein, and continued toward the 2 wounded men 50 yards distant. An enemy machinegun bullet penetrated his helmet, knocking it from his head, momentarily stunning him. Thirteen bullets passed through his helmet as it lay on the ground within 6 inches of his body. Pfc. Hawks, crawled to the casualties, administered first aid to the more seriously wounded man and dragged him to a covered position 25 yards distant. Despite continuous automatic fire from positions only 30 yards away and shells which exploded within 25 yards, Pfc. Hawks returned to the second man and administered first aid to him. As he raised himself to obtain bandages from his medical kit his right hip was shattered by a burst of machinegun fire and a second burst splintered his left forearm. Displaying dogged determination and extreme self-control, Pfc. Hawks, despite severe pain and his dangling left arm, completed the task of bandaging the remaining casualty and with superhuman effort dragged him to the same depression to which he had brought the first man. Finding insufficient cover for 3 men at this point, Pfc. Hawks crawled 75 yards in an effort to regain his company, reaching the ditch in which his fellow aid man was lying.



Hawks joined the Army from Park Rapids, Minnesota in 1942, and by January 30, 1944 was serving as a private first class in the Medical Detachment of the 30th Infantry Regiment, 3rd Infantry Division. On that day he was severely wounded while performing the feat which earned him his MOH. As he lay in an Army hospital recovering from his wounds, he received a letter of encouragement and support from Cora Marian Torkleson. Hawks recovered from his injuries and, on January 15, 1945, was awarded the Medal of Honor. Back in the States, an acquaintance led to romance with Cora and they were married on January 13, 1946.

Hawks decided to stay in the Army after WWII and served in Korea also, attaining the rank of Tech Sgt First Class. He was awarded: The Medal of Honor, Silver Star with 2 oak leaf clusters, Bronze Star with oak leaf cluster and two Purple Hearts. He died from a heart attack at age 42 and was buried in Greenwood Cemetery, Park Rapids, Minnesota.

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

*** Health Care ***



Hospital Quality of Care Update 01 ► How Does Yours Rank

Nobody likes to get sick, but it's especially bad to fall into ill health in Alaska, Delaware, the District of Columbia, North Dakota or Wyoming. Those are the only five states or districts in the nation that do not have any A-rated hospitals, according to the Leapfrog Group's spring 2019 [Hospital Safety Grade](#) report. The Leapfrog Group bills itself as "an independent nonprofit organization committed to driving quality, safety and transparency in the U.S. health system." The group issues hospital safety grades twice a year, assigning a letter of "A," "B," "C," "D" or "F" to hospitals in the U.S. These ratings are based on errors, accidents, injuries and infections.

For its latest ratings, the Leapfrog Group graded more than 2,600 hospitals. The most common rating was a "C": which was received by 32% of the hospitals graded. For the others 26% received an A, 26% a B, 6% a D, and 1% a F. The states with the most A-rated hospitals are:

- Oregon — 58% of hospitals are A-rated
- Virginia — 53%
- Maine — 50%
- Massachusetts — 48%
- Utah — 48%

To look up the grades of hospitals in your area, visit the Leapfrog Group's [home page](#). In addition to issuing grades this spring, the Leapfrog Group joined with the Johns Hopkins Armstrong Institute for Patient Safety and Quality to update its estimate of deaths due to errors, accidents, injuries and infections at rated hospitals. The Leapfrog Group says an estimated 160,000 lives are lost each year due to avoidable medical errors accounted for in its grades. However, that grim number still represents a "significant improvement from 2016," it says, when avoidable deaths were estimated at 205,000. Although hospitals rated "A" are not perfectly safe, they are significantly safer than hospitals with other grades. The Leapfrog Group and Armstrong Institute found that compared to A-rated hospitals:

- Patients at "D" and "F" hospitals face a 92% greater risk of avoidable death, on average.
- Patients at "C" hospitals face an 88% greater risk.
- Patients at "B" hospitals face a 35% greater risk.

Hospitals that earn an "A" grade are becoming even safer as a group over time, the report states. In an announcement, the Leapfrog Group concludes: "If all hospitals had an avoidable death rate equivalent to 'A' hospitals, 50,000 lives would have been saved, versus 33,000 lives that would have been saved by 'A' level performance in 2016.

Great care is unquestionably better than subpar medical services. But getting the best health care can be expensive. That is especially true as you grow older. As was reported earlier this year: "A 65-year-old man who retires this year would need \$135,000 for health care expenses throughout his retirement, according to Fidelity's latest annual estimates, which the company released this week. A 65-year-old woman in the same situation would need \$150,000." Planning ahead is one way to take much of the sting out of those costs. For example, funding a health savings account can cut your tax bill today, tomorrow and well into the future. And if you invest your HSA funds wisely, they could grow exponentially, potentially covering most or all of your retirement health care costs. [Source: MoneyTalksNews | Chris Kissell | May 31, 2019++]

Medicare Coverage Update 03 ► What Is NOT Covered

Turning 65 brings access to senior discounts galore, but there is no benefit of senior citizenship quite like Medicare. The federal program extends subsidized medical insurance primarily to folks age 65 and older. But, while Medicare coverage comes with numerous freebies, it is hardly free. Medicare beneficiaries pay into the system via taxes withheld from their paychecks during their working years. Additionally, Medicare coverage is not all-inclusive: Beneficiaries

must cover all or part of certain medical expenses. If you are already on Medicare, you already know that — perhaps painfully well. But the costs associated with coverage can come as a surprise to folks who have yet to sign up for Medicare.

Your out-of-pocket costs under Medicare will vary depending on your coverage type. When enrolling in Medicare, you'll choose between two main types of Medicare: Original Medicare plans, which are offered directly by the federal government's Medicare program, or Medicare Advantage plans, which are offered by private insurers that are approved by the Medicare program. Medicare Advantage plans must cover all the same services that Original Medicare covers. Some Medicare Advantage plans cover other expenses, too. So, as you read on, remember that some costs may not apply with certain Medicare Advantage plans. Following is a look at some of the most expensive, most common and most surprising health care costs that Medicare does not cover.

1. Premiums

You may be surprised to find that even federally subsidized health insurance has premiums. For 2019, the standard monthly premium for Part B — the component of Medicare plans that covers services you receive outside of a hospital — is \$135.50 or more, depending on your income. Usually, the Part B premium is deducted from your Social Security benefits check. Seniors with Medicare Advantage usually pay a [premium for their plan](#) in addition to the standard Part B premium. One bit of good news: A vast majority of seniors do not pay a premium for Medicare Part A, which covers inpatient hospital services.

The Part B premiums are fixed. There's nothing you can do about them. If you have Original Medicare, you have the option to buy a supplemental insurance plan, also known as a Medigap plan, which would pay for some expenses that Original Medicare does not cover. However, the Part B premium [isn't among the costs](#) that Medigap plans cover. So, you will still have to pay it — *plus* the premium for the supplemental plan. Is the extra cost of a Medigap plan worth it? In many cases, yes — especially if you were to face big medical bills. To learn more, see "[How to Pick the Best Medicare Supplement Plan in 4 Steps](#)."

2. Long-term care

[This](#) refers to medical and nonmedical services for people who are unable to perform basic daily tasks like dressing or bathing on their own. You may receive long-term care in your home, in the community or at an assisted living facility or nursing home. Like most health insurance plans, Medicare generally does not cover long-term care costs, which are notoriously high. In 2018, the national median cost of a full-time home health aide was \$4,195 per month, [according to Genworth](#), a company that provides long-term care insurance. The median monthly cost for a private room was \$4,000 at an assisted living facility and \$8,365 at a nursing home.

How to lower your costs: Start by considering long-term care insurance. For help determining whether it would be a smart buy for you, check out Money Talks News founder Stacy Johnson's article "[Ask Stacy: Should I Buy Long-Term Care Insurance?](#)"

3. Dental care

Some Medicare Advantage plans may cover some dental services. It depends on the specifics of the plan. Original Medicare [does not cover](#) most dental care, procedures or supplies — including: Cleanings, Fillings, Tooth extractions, Dentures, Dental plates and other dental devices. There are some exceptions. For example, Original Medicare covers certain dental services that you get while in a hospital. But aside from exceptions, seniors on Original Medicare plans are stuck paying for 100% of their dental expenses.

4. Hearing aids

You might think that an insurance program for seniors would cover [hearing aids](#), but that's not necessarily so. Some Medicare Advantage plans may pay for hearing aids, but not all do. Original Medicare doesn't cover them. You are responsible for 100% of the cost of hearing aids themselves and exams to fit hearing aids. Original Medicare generally does cover 80% of the Medicare-approved cost of [diagnostic hearing exams](#) — meaning those that a health care

provider orders to determine whether you need medical treatment. The patient or the patient’s Medigap plan pays the other 20%, though a deductible applies.

5. Routine vision care

Some Medicare Advantage plans cover some vision-related expenses. Any coverage varies with individual plans. Original Medicare, though, does not cover [routine eye exams](#). So, 100% of the cost of their cost is on you. Also, original Medicare typically does not cover [eyeglasses](#) or contact lenses. Original Medicare does cover eye exams for patients with diabetes. It also covers tests for glaucoma and macular degeneration. It even covers [artificial eyes](#) that your doctor orders. So, a senior on Original Medicare is responsible for only 20% of such expenses, after a deductible.

[Source: MoneyTalksNews | Karla Bowsher | June 14, 2019 ++]

Diabetes Update 19 ► Trial Finds Vitamin D ‘Does Not’ Prevent Type 2 in People at High Risk

Taking a daily vitamin D supplement does not prevent type 2 diabetes in adults at high risk, according to results from a study funded by National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health. The Vitamin D and Type 2 Diabetes (D2d) study enrolled 2,423 adults and was conducted at 22 sites across the United States. These findings were published in the New England Journal of Medicine and presented at the 79th Scientific Sessions of the American Diabetes Association in San Francisco.

D2d (<https://d2dstudy.org>) is the largest study to directly examine if daily vitamin D supplementation helps keep people at high risk for type 2 diabetes from developing the disease. The study included adults aged 30 or older and assigned participants randomly to either take 4,000 International Units (IU) of the D3 (cholecalciferol) form of vitamin D or a placebo pill daily. All study participants had their vitamin D levels measured at the start of the study. At that time, about 80% of participants had vitamin D levels considered sufficient by U.S. nutritional standards.

“Observational studies have reported an association between low levels of vitamin D and increased risk for type 2 diabetes,” said Myrlene Staten, M.D., D2d project scientist at NIDDK. “Additionally, smaller studies found that vitamin D could improve the function of beta cells, which produce insulin. However, whether vitamin D supplementation may help prevent or delay type 2 diabetes was not known.”

The study screened participants every three to six months for an average of 2.5 years to determine if diabetes had developed. Researchers then compared the number of people in each of the two study groups that had progressed to type 2 diabetes. At the end of the study, 293 out of 1211 participants (24.2%) in the vitamin D group developed diabetes compared to 323 out of 1212 (26.7%) in the placebo group – a difference that did not reach statistical significance. The study was designed to detect a risk reduction of 25% or more.

D2d enrolled a diverse group of participants with a range of physical characteristics, including sex, age, and body mass index, as well as racial and ethnic diversity. This representation helps ensure that the study findings could be widely applicable to people at high risk for developing type 2 diabetes. “In addition to the study’s size, one of its major strengths is the diversity of its participants, which enabled us to examine the effect of vitamin D across a large variety of people,” said lead author Anastassios G. Pittas, M.D., principal investigator from Tufts Medical Center, Boston. “When the study ended, we found no meaningful difference between the two groups regardless of age, sex, race or ethnicity.”

More than 50% of adults in the United States take nutritional supplements and use of vitamin D has increased substantially over the last 20 years. Because of these trends, the study also evaluated the safety of taking 4,000 units of vitamin D daily — greater than the average daily recommended dose of 600-800 IUs a day, but within limits deemed appropriate for clinical research by the Institute of Medicine. The researchers saw no difference in the number and

frequency of predicted side effects such as high blood calcium levels and kidney stones when they compared the vitamin D and placebo groups.

“As we learned from the NIDDK-funded Diabetes Prevention Program (DPP), type 2 diabetes is not a foregone conclusion, even for those at high risk for the disease,” said NIDDK Director Griffin P. Rodgers, M.D. “While we continue to search for new ways to prevent the disease, we know that lifestyle change or the drug metformin remain effective methods to prevent type 2 diabetes. We encourage the 84 million U.S. adults at high risk for developing type 2 diabetes to explore options like the CDC’s National DPP, available to communities throughout the country.”

D2d (ClinicalTrials.gov No. NCT01942694) was supported under NIH award U01DK098245, primarily funded by NIDDK, with additional support from the NIH Office of Dietary Supplements and the American Diabetes Association. Support in the form of educational materials was provided by the National Diabetes Education Program, a joint program of the NIH and Centers for Disease Control and Prevention. The NIDDK, part of the NIH, conducts and supports basic and clinical research and research training on some of the most common, severe, and disabling conditions affecting Americans. The Institute’s research interests include diabetes and other endocrine and metabolic diseases; digestive diseases, nutrition, and obesity; and kidney, urologic, and hematologic diseases. For more information, visit www.niddk.nih.gov. [Source: NIH News Release | June 7, 2019 ++]

Prescription Drug Zolgensma ► Cost | \$2.1 Million for One Time Treatment

Is \$2.1 Million too much for a drug? For affected parents, there is no debate. A decision by the drug maker Novartis to put a \$2.1 million price tag on its latest product, a one-time treatment for a rare and fatal childhood disease, has sparked a national debate about just how much society should pay for the medicines it needs. But for Tina Anderson, whose son will soon celebrate his fourth birthday thanks to the Novartis treatment, there is no debate. Her son, Malachi, was born with the most severe form of spinal muscular atrophy. Doctors said he’d be lucky to survive 12 months. But in late 2015, she and her family got him into a clinical trial in which he received Novartis’ gene therapy free of cost. More than three years later, he defies his diagnosis every day. “To me, you cannot put a price on your child’s life,” said Anderson, who lives in Mansfield, Ohio. “If tomorrow we were told to pay back everything, we would. We would figure it out. Because our son is now alive and well.”

Novartis has argued that its therapy, approved last month as Zolgensma, is cost-effective even at \$2.1 million. SMA is a progressive disease that gradually erodes muscular function. Patients often need wheelchairs and at-home care, and many suffer from lung infections that require hospitalization, all of which can add up to far more than the cost of Zolgensma.

Khrystal Davis’ son, Hunter, lived exactly that experience. Before he started getting a different treatment for SMA, a Biogen drug called Spinraza, he underwent a pair of lengthy hospitalizations that ran up a bill exceeding \$1.5 million, a cost that comes on top of the thousands spent on medical equipment he needs to survive. But since getting on Spinraza in 2016, Hunter hasn’t needed a single hospitalization, said Davis, who lives in Austin, Texas. Spinraza, dosed every four months, has a list price of \$375,000 a year, and she said its benefits are more than worth the cost. It has actually saved us money,” said Davis, who advocates for rare disease families and has testified before the Food and Drug Administration. “And it’s also really improved our quality of life.”

But some experts on drug pricing believe that Zolgensma’s price tag sets a worrying precedent. A one-time payment of \$2.1 million may look like a bargain compared with a lifetime of Spinraza, but if drug companies continue to price each new therapy at a premium to the last, the system might buckle beneath the cost. SMA affects only a few thousand patients in the U.S., but gene therapies for hemophilia and other genetic diseases are on the horizon. If each is priced like Zolgensma, the aggregate cost, passed down through insurers and across the health care system, could become untenable.

The question now is how soon insurers will add Zolgensma to their policies. Novartis has offered to allow payers to spread the cost of Zolgensma out over five years. Cigna, one of the nation’s largest pharmacy benefit managers, agreed to offer that deal to its employer and insurer clients. Zolgensma’s FDA approval, announced 24 MAY, was an emotional wallop to SMA parents. Their experiences — the grim prognoses from doctors, the frantic internet research, the devastating statistics — might now become relics of medical history. Future parents will learn about Zolgensma in the same breath as the diagnosis. “I ugly-cried for like three hours,” Anderson said. “I was so excited.”



Malachi Anderson and Matteo Almeida Alive and Well

The ultimate goal, SMA parents said, is to expand the number of states that require newborns to be screened for the disease and ensure that both Zolgensma and Spinraza are available within days of diagnosis. The disease can progress rapidly, causing untreated children to miss milestones and develop disabilities that can be irreversible. If parents can get treatment immediately, they can give their children a better chance of leading a healthy life. That’s what happened with Nicole Almeida. She was five months pregnant when she learned her first child would be born with SMA. “You can take him home, love him, take lots of pictures,” she remembers doctors saying, “but he won’t make it to his first birthday.”

Then she got in touch with Cure SMA, a nonprofit that supports families and funds research, and learned about the Zolgensma trial. She called the study coordinators once a week to make sure they didn’t forget about her son. When Matteo was born, in 2015, the Almeidas confirmed his diagnosis as quickly as they could and made the three-day drive from their Miami home to Nationwide Children’s Hospital in Ohio. There, on 6 AUG, at 27 days old, Matteo got his infusion of Zolgensma. Almost four years later, Matteo runs, jumps, and “talks constantly,” Nicole Almeida said. He’s going to start school in August, all thanks to what the family calls “the miracle medicine that makes him run fast.”

Like Malachi Anderson, Matteo got his dose of Zolgensma for free. But his mother said she’d gladly pay for a medicine so effective. Her son’s life has been free of hospitalizations, wheelchairs, and ventilators. And, contrary to what doctors once predicted, he’s alive. “If you look at it that way, so you paid \$2.1 million up front, but then you’re not going to spend for the next God knows how many years,” she said. “To me it makes sense.” [Source: Stat News | Damian Garde | June 3, 2019 ++]

Prescription Drug Costs Update 32 ► Study Shows No End in Sight to Rising Prices

The cost of many popular prescription drugs has increased substantially in the U.S. in the past six years, and the trend may continue if bold bipartisan action isn’t taken, according to a study published Friday. The study, in the journal JAMA Network Open, found a substantial industry-wide rise in insurer and out-of-pocket costs for top-selling, brand-name prescription drugs, highlighting one of the foremost problems in health care today: unimpeded price increases in the pharmaceutical market.

In the study, researchers from the Scripps Research Translational Institute analyzed Blue Cross Blue Shield pharmacy claims from 2012 to 2017, focusing on a total of 49 brand-name drugs that had more than 100,000 total claims each. All but one of the drugs included in the study saw regular annual or biannual cost increases. The cost of

36 of the drugs increased over the six-year period by more than 50 percent, and the cost of 16 more than doubled. Overall, the median cost of the drugs included in the study increased 76 percent. Insulin drugs such as Novolog, Humalog and Lantus and rheumatology drugs such as Humira and Enbrel had some of the largest increases in costs. The price of Humira, for example, rose from \$1,940 in January 2012, to \$4,338 by December 2017.

“Given the median annual cost increase of 9.5 percent, our results suggest the costs for popular brand-name drugs would double every 7 to 8 years,” the researchers wrote. What’s more, competition didn’t seem to stymie costs: Popular diabetes drugs like Humalog and Novolog continued to see large price increases despite doctors’ ability to prescribe them interchangeably. And the researchers do not believe that this trend will slow or stop any time soon. “Because most products displayed continual, marked annual increases throughout the observation window, we expect these products to continue along this price escalation course, along with emerging products,” the authors said. The findings also suggest that prices of brand-name drugs are not largely affected by the availability of generic versions or bio-similar products.

Recent big pharma trends show that the cost of drugs for common conditions such as diabetes, arthritis and cancer will continue to soar, even as Congress investigates rising costs in medicine and the systems that allow for it. In 2018, Novartis raised prices on more than 30 different classes of drugs, from 4.5 percent to 9.9 percent. These drugs included the multiple sclerosis drug Gilenya, the psoriatic arthritis treatment Cosentyx, and the leukemia treatment Tasigna.

Major pharmaceutical companies aren’t in a rush to curb soaring drug prices, either. In February, top executives from seven major pharmaceutical companies told a Senate committee that they could not commit to lowering the prices of commonly used prescription drugs even as they admitted that they control these prices. One executive even acknowledged that the high cost of medicine hits poorest patients the hardest.

The “list price” of drugs has long been a topic of interest, and the **artificial** sale prices set by the drug companies have recently become a popular point of discussion in Congress. A Kaiser Family Foundation poll in March found that a large majority of Americans from both parties supports steps to control prescription drug costs, including showing prices in ads, removing barriers to generic drugs and allowing patients to get less expensive drugs from Canada.

Dr. Eric Topol, director and founder of the Scripps Research Translational Institute and a senior study author, and Nathan Wineinger, the lead study author and an associate professor in the department of integrative structural and computational biology at Scripps, wrote that innovative solutions have the potential to find appropriate price points for patients while rewarding drug manufacturers that produce transformative products. However, it’s important for the federal government and the pharmaceutical industry to look at the **abuses** taking place within the current system.

“The United States provides drug companies with the strongest patent protections in the world, but legal strategies in the pharmaceutical industry ... abuse that liberty,” the researchers wrote. “Reasonable drug costs for consumers must be balanced with incentives in the pharmaceutical industry to produce innovative drugs that improve and save lives.” [Source: NBC News | Shamard Charles, M.D. | May 31, 2019 ++]

Counterfeit Medicine ► Estimated 97% of Websites Selling Medicine Online are Not Legitimate

People also have turned to the internet in an attempt to save money on their prescription drugs. It should be no surprise that popular medicines are a flourishing area for counterfeiters who can create websites and product packaging that may be difficult to distinguish from legitimate sites and products. The World Health Organization says: “In more than 50% of cases, medicines purchased over the internet from illegal sites that conceal their physical addresses have been found to be counterfeit.” And the Strategic Plan on Intellectual Property Enforcement (page 35) suggests that as few as 3% of websites selling medicine online are legitimate pharmacies.



These drugs may contain none, too much or not enough of the active ingredient. Some contain Fentanyl, which is highly addictive, or other harmful substances. And unlike drugs manufactured in the U.S., the labs are not supervised or tested by the FDA. Companies based in China, Hong Kong, Singapore or India shipped 97% of the counterfeit medicines seized in the U.S.

In [March 2019](#), Europol announced the results of a seven-month effort to combat illegal medicine, seizing 13 million doses or 1.8 tons of counterfeit medicine with a value of €168 million. They also arrested 435 people. Products seized included opioids as well as cancer and heart medications. Europol noted that this type of counterfeiting is on the rise, saying, “Organized crime groups are increasingly turning to this crime area as it provides very high profits for perpetrators and relatively low risk regarding detection and criminal penalties.”

The Food and Drug Administration (FDA) has serious concerns about counterfeit medicine. They issued a [warning](#) about buying online, noting that even if the seller claims to be in Canada, that does not mean that they really are, and that there are major risks to these purchases. Beware of online pharmacies that:

- Allow you to buy prescription medicine without a valid prescription from your health care provider.
- Do not have a U.S. state-licensed pharmacist available to answer your questions.
- Offer very low prices that seem too good to be true.
- Send spam or unsolicited email offering cheap medicine.
- Are located outside of the United States or ship worldwide.

These pharmacies often sell medicines that can be dangerous because they may:

- Have too much or too little of the active ingredient you need to treat your disease or condition.
- Not contain the right active ingredient.
- Contain the wrong or other harmful ingredients.

Counterfeit medicine is a huge problem for developing countries. The World Health Organization says fake or substandard drugs are often sold to pharmacists in sub-Saharan Africa, with large volumes of counterfeit malaria and pneumonia drugs. They say this has resulted in tens of thousands of deaths. [Source: Better Business Bureau | May 14, 2019 ++]

Medicare Fraud Update 138 ► **Disclosures 01-15 JUN 2019**

For years Americans been getting the same unwanted robo call. “Hello seniors!” a voice bellows. “Stand by to learn how you can receive a free back brace covered by Medicare.” This call is a scam. Medicare has requirements for everything. Lots of requirements. Nothing is free. Not even the services that Medicare says are free. In the case of durable medical equipment like back braces, Medicare requires a doctor’s prescription for coverage. For a prescription, you must be seen by a doctor who participates in Medicare and you must have a medical condition for which a back brace is medically necessary.

Even more importantly, you first must be covered by Medicare to begin with. Many of these receiving the calls were not. Also, many of those who called and reported the fraud to Medicare were told something to the effect that they were getting a lot of calls about back brace telemarketers and that they were “looking into it.” Now finally, after what seems like a decade of aggravating calls, Federal officials recently announced that they had shut down the alleged telemedicine scam pedaling unnecessary medical braces. Happy day!

The U.S. Department of Justice says this is one of the largest Medicare schemes ever investigated by the F.B.I, charging 24 people in a \$1.2 billion alleged scam. As part of the complicated operation, doctors got kickbacks for prescribing unneeded back, shoulder, wrist and knee braces to Medicare recipients. The defendants paid doctors for prescriptions, which they in turn sold to durable medical equipment companies, which in turn charged Medicare for the medical braces. Those participating in the alleged scheme laundered money through shell companies and used the proceeds to buy exotic automobiles, yachts and luxury real estate in the U.S. and abroad.

Medicare fraud costs everyone. The alleged \$1.2 billion that fraudsters got from Medicare adds costs to our Part B premiums and increases the need for more revenues, including from older Americans who pay taxes on up to 85% of their Social Security benefits. \$1.2 billion spread over 60 million Medicare beneficiaries could potentially add an extra \$1.70 per month (\$20.40 for the year) in higher premiums for each and every one of us next year — and even that may be more than many can afford. To report Medicare fraud you can:

- Call 1-800-MEDICARE (1-800-633-4227).
- Report it online to the [Office of the Inspector General](#).
- Call the Office of the Inspector General at 1-800-HHS-TIPS (1-800-447-8477). TTY: 1-800-377-4950.

[Source: TSCL | Mary Johnson | May 30, 2019 ++]

Medicare Part D Update 37 ► **Specialty Drugs Nearly 2 Times Higher than Under Medicaid**

Prices charged for the category of drugs known as “specialty medications” are exploding so quickly that they’re now a key source of concern for both consumers and Congress. Specialty drugs include those used to treat cancer, multiple sclerosis and rare health conditions. Spending on these drugs under Medicare almost quadrupled in recent years, rising from \$8.7 billion in 2010 to \$32.8 billion in 2015. On the other hand, spending on the same drugs under Medicaid, the program that provides healthcare for low-income Americans, grew much more slowly over the same period, rising from \$4.8 billion to \$9.9 billion.

The difference in drug prices between the two programs is due to two reasons. Under Medicare Part D, the government isn’t negotiating drug costs on behalf of beneficiaries, and Part D has no cap on out-of-pocket spending for prescription drugs. The lack of a cap acts as a perverse incentive for drug makers and drug plans to get beneficiaries to use the most expensive drugs, because Medicare reimburses drug plans 80% of the cost in the final catastrophic phase of coverage. The higher the cost of the drug, the more drug plans receive from Medicare. Medicare patients who rely on such medications could owe thousands of dollars out-of-pocket every year for a single drug, even when their Part D plan covers the drug.

According to a new analysis from the Congressional Budget Office, in 2015, the weighted average net price for top-selling brand name specialty drugs in Medicare Part D was \$3,600 for a 30-day supply, almost twice as much as the weighted average net price of \$1,920 for the same drugs in Medicaid. The big difference is how drug prices are determined.

Under Medicare Part D, the government does not negotiate prices like it does for doctors’ or hospital fees. Drug prices are established by the private insurers who run Part D drug plans. Those prices are based on what the plans negotiate with drug manufacturers and what drug plans want to make on the drugs in order to operate at a profit. Under

current law, however, even when drug plans negotiate a rebate, the law does not require that plans pass the savings along to consumers. On the other hand under Medicaid, net drug prices are heavily influenced by two rebates that are required by law. Manufacturers of brand name drugs must pay a rebate equal to 23.1% of the average price that manufacturers charge to pharmacies. In addition, for generics, manufacturers are required to pay a rebate of 13% of the average price they charge to pharmacies.

The Senior Citizens League (TSCL) is working with Members of Congress for enactment of legislation in both the House and Senate that would require Medicare to negotiate drug prices on behalf of Medicare beneficiaries. Recently TSCL launched a nationwide grassroots effort urging Americans to contact Members of Congress to protest how big drug companies are getting away with steep prices on drugs, and to urge them to enact legislation that would make Medicare responsible for negotiating drug prices. You can join their effort by signing their petition at http://wfc2.wiredforchange.com/o/8854/p/dia/action3/common/public/?action_KEY=10247 which calls on Congress to pass Medicare Prescription Drug Price Negotiation Act and the Prescription Drug Affordability Act. [Source: TSCL Social Security and Medicare Advisor | June 2019 ++]

Bursitis ► **Take Care of Your Joint Cushions**

Almost everyone has joint pain at some point in life. It can flair up suddenly. Or it can start off mild and get worse over time. A common cause of joint pain is bursitis. Bursitis happens when a bursa in a joint becomes inflamed. (When you see “itis” at the end of a medical word, it means inflammation.) A bursa is a small, fluid-filled sac that acts as a cushion between bones and other moving parts, such as muscles, tendons, or skin. You have about 150 bursas in your body. They keep joints such as your shoulders, knees, and elbows working smoothly. But they can be hurt by sudden or repetitive forces.



Bursitis often flairs up because of another injury, explains Dr. Jeffrey Katz, a joint specialist at Brigham and Women’s Hospital and Harvard University. When an injury causes someone to move their joint differently than normal, it can irritate a bursa. “For example, if you have a foot injury, it can change the way you walk. Maybe you don’t even notice it, but you limp a little,” Katz says. “And that changes the way that forces from muscles and tendons pull on the bones. That subtle change can give rise to some inflammation in the bursa.” Bursitis can also be caused by putting pressure on a joint for too long, such as kneeling or leaning on your elbows. Activities that require repetitive motions or place stress on your joints—such as carpentry, gardening, playing a musical instrument, or playing a sport—can sometimes trigger bursitis. Rarely, a bursa may become inflamed due to an infection.

It can sometimes be hard to tell whether joint pain is caused by inflammation in a bursa, tendon, or muscle, Katz says. Lab tests and imaging often can’t help pinpoint the source of the pain. Your doctor will likely do a physical exam and ask questions about your activities and recent injuries. Fortunately, treatment for most simple cases of joint pain is similar no matter what’s causing it, Katz adds. This may include rest, over-the-counter drugs that suppress inflammation, and gentle stretching and strengthening exercises. Physical therapy may help if bursitis has reduced your ability to move your joint or if it results in muscle weakness. If your bursitis is due to an infection, your doctor may prescribe antibiotics.

Bursitis and other causes of joint pain can be prevented by paying attention to how you move and perform daily activities. See the Wise Choices box for tips on preventing bursitis. Bursitis is more likely to occur the older you get. To help prevent bursitis as you age, try to stay as active as possible, Katz says. “The best way to stay out of trouble with these joint injuries is to try to stay flexible and strong,” he concludes. [Source: NIH News in Health | June 2019 ++]

Osteoporosis Update 02 ► **In Aging | Protect Your Bones with Exercise**

Bones feel solid, but the inside of a bone is actually filled with holes like a honeycomb. Bone tissues are broken down and rebuilt all the time. While some cells build new bone tissue, others dissolve bone and release the minerals inside. As we get older, we begin to lose more bone than we build. The tiny holes within bones get bigger, and the solid outer layer becomes thinner. In other words, our bones get less dense. Hard bones turn spongy, and spongy bones turn spongier. If this loss of bone density goes too far, it’s called osteoporosis. More than 53 million people nationwide either already have osteoporosis or are at high risk due to weak bones.



It’s normal for bones to break in bad accidents. But if your bones are dense enough, they should be able to stand up to most falls. Bones weakened by osteoporosis, though, are more likely to break. “It’s just like any other engineering material,” says Dr. Joan McGowan, an NIH expert on osteoporosis. If you fall and slam your weight onto a fragile bone, “it reaches a point where the structures aren’t adequate to support the weight you’re putting on them.” Broken bones can lead to serious problems for seniors. The hip is a common site for osteoporosis, and hip fractures can lead to a downward spiral of disability and loss of independence. Osteoporosis is also common in the wrist and the spine.

The hormone estrogen helps to make and rebuild bones. A woman’s estrogen levels drop after menopause, and bone loss speeds up. That’s why osteoporosis is most common among older women. But men get osteoporosis, too. “A third of all hip fractures occur in men, yet the problem of osteoporosis in men is frequently downplayed or ignored,” says Dr. Eric Orwoll, a physician-researcher who studies osteoporosis at Oregon Health and Science University. Men tend to do worse than women after a hip fracture, Orwoll says.

Experts suggest that women start getting screened for osteoporosis at age 65. Women younger than age 65 who are at high risk for fractures should also be screened. Men should discuss screening recommendations with their health care providers. Screening is done with a bone mineral density test at the hip and spine. The most common test is known as DXA, for dual-energy X-ray absorptiometry. It’s painless, like having an X-ray. Your results are often reported as a T-score, which compares your bone density to that of a healthy young woman. A T-score of -2.5 or lower indicates osteoporosis. There’s a lot you can do to lower your risk of osteoporosis. Getting plenty of calcium, vitamin D, and exercise is a good start, Orwoll says.

- Calcium is a mineral that helps bones stay strong. It can come from the foods you eat—including milk and milk products, dark green leafy vegetables like kale and collard greens—or from dietary supplements.

Women over age 50 need 1,200 mg of calcium a day. Men need 1,000 mg a day from ages 51 to 70 and 1,200 mg a day after that.

- Vitamin D helps your body absorb calcium. As you grow older, your body needs more vitamin D, which is made by your skin when you're in the sun. You can also get vitamin D from dietary supplements and from certain foods, such as milk, eggs, fatty fish, and fortified cereals. Talk with your health care provider to make sure you're getting a healthy amount of vitamin D. Problems can arise if you're getting too little or too much.
- Exercise, especially weight-bearing exercise, helps bones, too. Weight-bearing exercises include jogging, walking, tennis, and dancing. The pull of muscles is a reminder to the cells in your bones that they need to keep the tissue dense.

Smoking, in contrast, weakens bones. Heavy drinking does too—and makes people more likely to fall. Certain drugs may also increase the risk of osteoporosis. Having family members with osteoporosis can raise your risk for the condition as well. The good news is, even if you already have osteoporosis, it's not too late to start taking care of your bones. Since your bones are rebuilding themselves all the time, you can help push the balance toward more bone growth by giving them exercise, calcium, and vitamin D.

Several medications can also help fight bone loss. The most widely used are bisphosphonates. These drugs are generally prescribed to people diagnosed with osteoporosis after a DXA test, or to those who've had a fracture that suggests their bones are too weak. Bisphosphonates have been tested more thoroughly in women, but are approved for men too. Researchers are trying to develop drugs that increase bone growth. Two are now available that are related to parathyroid hormone, which helps the body use and store calcium. These drugs are approved to help build bone in people with osteoporosis who are at high risk for having a fracture.

Another important way to avoid broken bones is to prevent falling and occasions for fracture in the first place. Unfortunately, more than 2 million so-called fragility fractures (which wouldn't have happened if the bones had been stronger) occur nationwide each year. "To reduce the societal burden of fracture, it's going to take a combined approach of not only focusing on the skeleton but focusing on fall prevention," says Dr. Kristine Ensrud, a physician-researcher who studies aging-related disorders at the University of Minnesota and Minneapolis VA Health Care System.

Many things can affect the risk for a fall, such as how good a person's balance is and how many trip hazards are in the environment. The kind of fall matters, too. Wrist fractures often occur when a person falls forward or backward. "It's the active older person who trips and puts her hand out," McGowan says. Hip fractures often arise when a person falls to the side. Your hip may be strong enough to handle weight that goes up and down, but not an impact from another direction. "That's why exercise that builds balance and confidence is very good at preventing fractures," McGowan says. For example, she says, tai chi won't provide the loads needed to build bone mass, but it can increase balance and coordination—and make you more likely to catch yourself before you topple.

NIH-funded researchers are looking for better ways to tell how strong your bones are, and how high your chances are of breaking a bone. For now, though, the DXA test is the best measure, and many seniors, even older women, don't get it, Ensrud says. If you're concerned about your bone health, she adds, "Ask your health care provider about the possibility of a bone density test." [Source: NIH News in Health | June 3, 2019 ++]

Nursing Homes Update 17 ► Senate Report Identifies Worst in U.S. by State

Looking for a nursing home — for a loved one or yourself — is a nerve-wracking experience. We all want the best care at a fair price. Unfortunately, poor health, safety and sanitary conditions are all too common, according to a newly released U.S. Senate report. The report alleges that in the past, the federal government has not properly identified many

facilities providing poor care. Such nursing homes have not appeared on a shorter list of homes that get increased federal scrutiny due to a record of poor care, according to the report.



The two senators who released the report — Sen. Bob Casey (D-PA) and Sen. Pat Toomey (R-PA) — also released a list of the nearly 400 homes with a history of providing subpar care. You can find this list of problem nursing homes — listed based on the states in which they are located — at the end of the senators’ report available at <https://www.aging.senate.gov/imo/media/doc/Casey%20Toomey%20SFF%20Report%20June%202019.pdf>. All nursing homes on the list are classified as either participants in or candidates for the Special Focus Facilities program of the Centers for Medicare and Medicaid Services (CMS).

CMS defines Special Focus Facilities as “nursing homes with a record of poor survey (inspection) performance on which CMS focuses extra attention.” The program targets facilities that “substantially fail” to meet required care standards and resident protections afforded by the federal Medicare and Medicaid programs. Previously, only participants in the Special Focus Facilities program have been identified. Why haven’t all of these facilities been identified previously? According to a report by the Associated Press: *“Budget cuts appear to be contributing to the problem by reducing money available for the focused inspections that are required for nursing homes on the shorter list, according to documents and interviews.”*

The AP reports that around 1.3 million Americans are nursing home residents, living in one of more than 15,700 nursing home facilities. Although some facilities may not be hitting the mark when it comes to caring for residents, the senators’ report notes that the problem nursing homes appearing on government lists account for just 3% of all homes.

Finding affordable care in old age

Care at the end of life can be expensive. The national median cost of a semiprivate nursing home room was \$7,441 per month in 2018 and that of a private room was \$8,365 per month, according to [Genworth’s latest survey](#) of long-term care costs. Long-term care insurance can help cut out-of-pocket costs. But does it make sense to invest in this product?

In some cases, the answer is yes, says Money Talks News founder Stacy Johnson. But he also urges you to tread carefully, explaining in [“Ask Stacy: Should I Buy Long-Term Care Insurance?”](#):

“When shopping for long-term care insurance, pay attention to the fine print. Look for exclusions, benefits, when the policy kicks in and how much it pays. Many policies may also feature rising premiums, which could price you out of your policy just as the need for it approaches.”

If you can’t afford long-term care insurance, you should know that care in old age can put much of your estate at risk. For more, check out [“2-Minute Money Manager: Can I Protect My Money If I Go Into a Nursing Home?”](#)

[Source: MoneyTalksNews | Chris Kissell | June 4, 2019 ++]

Men's Health Tips ► Improve Your Odds of Surviving With these Nine

Let's face it, men are often hesitant to talk about their health concerns or visit the doctor. That needs to change. According to the Centers for Disease Control and Prevention, men die at higher rates than women from heart disease, cancer, diabetes, influenza/pneumonia, kidney disease, accidents, and suicides. Early detection and treatment can improve your odds of surviving illnesses. Many of the major health risks that men face can be prevented with a healthy lifestyle, and a healthy lifestyle can start with one small choice. Make your first one today! Here are nine tips to get you started:

- 1. Move.** Men need at least 150 minutes of moderate aerobic activity, or 75 minutes of vigorous aerobic activity, each week. Moderate activities include brisk walking and mowing the lawn. You should still be able to have a conversation while doing these activities, but not quite hold an extended musical note of your favorite song. Vigorous activities include running, swimming laps, singles tennis, bicycling at least 10 mph, or jumping rope. Add strength and resistance training exercises (body weight or gravity alone is fine) at least twice a week, and include all major muscle groups, doing one set of 10 repetitions per exercise.
- 2. Say no to tobacco.** Quitting smoking improves your health and lowers your risk of heart disease, cancer, lung disease, and other smoking-related illness. Avoid secondhand smoke. Don't vape, chew tobacco, or use other tobacco products. They all increase your risk of cancer.
- 3. Control stress.** Stress is part of life. Focus on taking care of yourself. Talk to friends and loved ones. Let them know how you're feeling and how they can help. Don't use drugs or alcohol in an attempt to deal with your stress. They create more problems than they solve.
- 4. Eat better.** Reduce your consumption of processed and packaged foods. Stick to shopping for what's on the outside aisles of the grocery store. Pick one dietary indiscretion – something you don't need to eat -- and cut back. Eat more fruits, vegetables, and nuts. Instead of beef, try fish, chicken, turkey, or pork.
- 5. Drink water.** Increase your water intake when you are more physically active in hot or cold climates, running a fever, or have diarrhea or are vomiting. If your urine is clear, you're appropriately hydrated. Carry a reusable water bottle throughout the day and sip from it regularly. Refill it when empty. When eating out, substitute water with a wedge of lemon or lime for a sugar-sweetened beverage.
- 6. Get plenty of sleep.** Sleep hygiene is crucial. Go to bed and get up around the same time every day. Sleep in a cool, quiet, dark place. Don't watch TV or use your phone in bed. Aim for seven or eight hours of sleep per night.
- 7. Prevention first.** Cancer screening tests can spot disease early, when it's easier to treat. And immunizations can prevent many illnesses from impacting you at all. If you have any concerns, visit your doctor before they become major issues.
- 8. Nurture positive relationships.** Be present with your loved ones. Stop staring at electronic screens and live in the moment with those around you. Help others. Be kind. Smile and laugh more. Complain less.
- 9. Use mindfulness.** Consider activities that allow for self-reflection. Mindfulness apps can help start you on this process. Meditation, yoga, and other "centering" activities can further expand your mind. At the end of your day, reflect about something you learned and how you can use that to improve your tomorrow.

[Source: Health.mil | Christopher W. Bunt, M.D. | June 12 2019 ++]

Overlooked Veteran Disabilities ► Top 10

Many veterans are familiar with the Presumptive Disability list, but, not many veterans are aware of the many other compensable disabilities. Sometimes, if in the right place at the right time, a veteran might, if he is lucky, hear of a disability he has never heard of before and didn't know it was possible to receive compensation for the disability. Listed below are the Top 10 Overlooked Compensable Disabilities many VSOs miss and many veterans never consider:

1. Erectile Dysfunction – Erectile dysfunction, or ED, is the inability of a man to have an erection hard enough to have sexual intercourse. It can also be known as impotence. It is not unusual for this to happen to a man on occasion, but frequent ED can be a sign of a bigger medical problem that needs attention. ED can also lead to complications in a man's life all on its own.

2. Agoraphobia – The essential feature of Agoraphobia is anxiety about being in (or anticipating) situations from which escape might be difficult or in which help may not be available in the event of having a Panic Attack (or panic-like symptoms). Oftentimes, when in this situation, an individual may have the vague thought that something dreadful may happen. Such concerns must persist for at least 6 months and occur virtually every time an individual encounters the place or situation (especially those that remind a veteran of battle situations).

Agoraphobic fears typically involve characteristic clusters of situations that include being outside the home alone; being in a crowd or standing in a line; being on a bridge; and traveling in a bus, train, or automobile. More specifically, the diagnostic criteria in the DSM-5 requires that an individual experiences intense fear in response to (or when anticipating entering) at least 2 of the following 5 situations:

- Using public transportation, such as automobiles, buses, trains, ships, or planes
- Being in open spaces, such as parking lots, marketplaces, or bridges
- Being in enclosed spaces, such as shops, theaters, or cinemas
- Standing in line or being in a crowd
- Being outside of the home alone

A person who experiences agoraphobia avoids such situations (e.g., travel is restricted; the person changes daily routines) or else they are endured with significant distress. For example, people with agoraphobia often require the presence of a companion, such as a family member, partner, or friend, to confront the situation.

3. Keloids – A scar that rises quite abruptly above the rest of the skin. It is irregularly shaped, usually pink to red in color, tends to enlarge progressively, and may be harder than the surrounding skin. Keloids are a response to trauma, such as a cut to the skin. In creating a normal scar, connective tissue in the skin is repaired by the formation of collagen. Keloids arise when extra collagen forms.

4. Sexually Transmitted Diseases – (Especially those contracted in combat areas, i.e., Vietnam, Laos, Cambodia)

5. Pseudofolliculitis Barbae – a common condition of the beard area occurring in men and other people with curly hair. The problem results when highly curved hairs grow back into the skin causing inflammation and a foreign body reaction. Over time, this can cause scarring which looks like hard bumps of the beard area and neck.

6. Plantar Fasciitis – Plantar fasciitis is the pain caused by inflammation of the insertion of the plantar fascia on the medial process of the calcaneal tuberosity. The pain may be substantial, resulting in the alteration of daily activities. Various terms have been used to describe plantar fasciitis, including jogger's heel, tennis heel, policeman's heel, and even gonorrheal heel. Although a misnomer, this condition is sometimes referred to as heel spurs by the general public.

7. Pleurisy – Pleurisy is inflammation of the parietal pleura that typically results in characteristic pleuritic pain and has a variety of possible causes. The term "pleurisy" is often used to refer to a symptom and a condition. It is more precise to use the term "pleurisy" for the condition and "pleuritic pain" to describe the symptom. Pleuritic pain is a key feature of pleurisy; therefore, this article reviews the physiology and classic characteristics of pleuritic pain, focusing on the presentation and diagnosis of the patient and the management of various causes of pleurisy. Pleuritic chest pain is a common presenting symptom and has many causes, which range from life-threatening to benign, self-limited conditions.

8. Tropical Phagedena (Jungle Rot) – tropical phagedena, Aden ulcer, Malabar ulcer, and jungle rot (from Vietnam), as well as various native terms. It occurs on exposed parts of the body, primarily the legs, arms, and feet. Frequently

on pre-existing abrasions or sores, sometimes beginning from a scratch. As a rule, only one extremity is affected and usually there is a single lesion, although it is not uncommon to find multiple ulcers on two or more body parts.

9. Hemorrhoids – Hemorrhoids are swollen and inflamed veins around the anus or in the lower rectum. The rectum is the last part of the large intestine leading to the anus. The anus is the opening at the end of the digestive tract where bowel contents leave the body.

10. Sleep Terror Disorder - Sleep terror disorder is also known as night terrors. Sleep terror is characterized by the following symptoms that a mental health professional looks for when making a diagnosis for this condition:

- Recurrent episodes of abrupt awakening from sleep, usually occurring during the first third of the major sleep episode and beginning with a panicky scream.
- Intense fear and signs of autonomic arousal, such as tachycardia, rapid breathing, and sweating, during each episode.
- Relative unresponsiveness to efforts of others to comfort the person during the episode.
- No detailed dream is recalled and there is amnesia for the episode.
- The episodes cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

[Source: U.S. Veteran Compensation Programs | June 13, 2019 ++]

TRICARE Podcast 504 ► TRICARE Young Adult - Skin Cancer - Coordinating Care Overseas

TRICARE Young Adult -- Did your child graduate from college, but hasn't launched a career yet? Not to worry, TRICARE may still be available to provide them health care coverage. A change in family composition, like when your child becomes an adult, is a TRICARE Qualifying Life Event, or QLE. QLEs may mean different TRICARE health plan options are available to you and your family.

After your child turns age 21, they're no longer eligible for regular TRICARE. But they have other health care options, including TRICARE Young Adult, or TYA. This is available for purchase for qualifying young adults until age 26. TYA coverage includes medical and pharmacy benefits, but excludes dental coverage. It's also only available for individuals and not families. Young adults have the option to purchase TRICARE Young Adult Prime or TRICARE Young Adult Select coverage. However, the sponsor's status and the dependent's geographic location determine their eligibility to purchase either TYA Prime or TYA Select. To learn more about TRICARE Young Adult, read this week's article, "Your Child Transitioning to Adulthood with TRICARE Young Adult," at www.TRICARE.mil/news.

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Skin Cancer Risks -- May is Skin Cancer Awareness Month, a time to focus on protective skin habits. Take this time to learn how to keep yourself and your family safe from the summer sun. According to the Centers for Disease Control and Prevention, the sun's ultraviolet, or UV rays can damage your skin in just 15 minutes. Skin cancer is the most common of all cancers in the U.S. And the best way to prevent skin cancer is to reduce overexposure to UV light. So, how can you help protect yourself and your family?

- Use sunscreen with SPF 15 or higher: Apply a broad-spectrum sunscreen with at least SPF 15 on all parts of exposed skin before you go outside. This is a good practice even on slightly cloudy or cool days. You may need to reapply sunscreen if you stay out in the sun for more than two hours, and after you swim or sweat excessively.
- Wear clothing to cover your skin: When possible, wear a T-shirt or beach cover-up, in addition to sunscreen for maximum protection from UV rays.

- Use shade: Seek shade under an umbrella, tree, or other shelter when the sun’s rays are strongest, between 10 a.m. and 4 p.m.

If you notice changes in your skin, such as a new growth, a sore that doesn’t heal, or a change in the appearance of a mole, talk to your doctor. TRICARE covers skin cancer exams for people who are at a higher risk for developing skin cancer due to family history, personal history, or job occupation. Learn more at www.TRICARE.mil/SkinCancer.

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Coordinating Care Overseas -- TRICARE partners with International SOS Government Services, Inc. to administer your benefit overseas. International SOS is your go-to resource for information and assistance. Whether you’re seeking urgent care or needing a referral or prior authorization, it’s always best to coordinate your care with International SOS. To do this, call your TRICARE Overseas Program Regional Call Center. You should always notify your call center if you’re admitted to a hospital, preferably within 24 hours or on the next business day.

You can find useful downloads and resources on the TRICARE overseas website at www.TRICARE-overseas.com. For example, find TRICARE Overseas Program network providers who have a formal agreement with International SOS to give you care, get information on claims filing, sign up for direct deposit, and more. If you live in an overseas region, be sure to check out the latest TRICARE overseas newsletter. Download the newsletter at www.TRICARE.mil/publications. Also, be sure to sign up at www.TRICARE.mil/subscriptions for TRICARE email updates.

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The above is from the TRICARE Beneficiary Bulletin, an update on the latest news to help you make the best use of your TRICARE benefit. [Source: <http://www.tricare.mil/podcast> | June 2, 2019 ++]

TRICARE Podcast 505 ► Men's Health Month - June TRICARE Webinar - Traveling Overseas

Men's Health Month -- Men, are you taking command of your health? Taking command of your health means making positive decisions each day that contribute to your overall physical and mental wellness. During Men’s Health Month, focus on taking preventive steps and making small changes to your lifestyle. You can start by getting familiar with the preventive services that TRICARE covers and health issues that more frequently affect men. According to the Centers for Disease Control and Prevention, the leading cause of death among men in the U.S. is heart disease. Some of the factors that lead to heart disease and stroke are preventable, especially with early detection and timely treatment.

What are some tips to help you stay healthy, happy, and strong?

- Visit Your Doctor. A yearly Health Promotion and Disease Prevention Examination is covered if enrolled in TRICARE Prime or TRICARE Select. TRICARE covers clinical preventive screenings such as blood pressure and cardiovascular screenings.
- Develop a Good Relationship with Your Provider. During your visits, be honest about your health concerns. Open communication can prevent misdiagnoses and unnecessary tests.
- Be Aware of Signs and Symptoms. Notice potential health concerns, beyond when you’re sick or injured. For example, pay attention to that mole, persistent cough, or other symptom that seems new or unusual. And get familiar with your family’s health history. Your provider can assess your risk of disease based on your family history and other factors.
- Develop a Healthy Lifestyle. Exercise regularly, get enough sleep, and eat healthy balanced meals to stay in control of your mental and physical health.

For more steps to get healthy, read “Take Command of Your Health During Men’s Health Month” at TRICARE.mil/news.

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June TRICARE Webinar -- Registration is open for the June TRICARE webinar. If you have questions about TRICARE For Life, join us on Thursday, 27 JUN, from 1 to 2 p.m. eastern. The webinar, titled “Understanding How TRICARE For Life Coverage Works,” will take an in-depth look at all aspects of TRICARE For Life, from eligibility to how to get care.

TRICARE For Life is for any TRICARE beneficiary who is entitled to Medicare Part A and has Medicare Part B. This is regardless of your age or place of residence. Medicare is a federal entitlement health insurance program for people who are age 65 or older, under age 65 with certain disabilities, and any age with end-stage renal disease. Learn more about TFL and Medicare at www.TRICARE.mil/tfl. And register for the TRICARE webinar at www.militaryonesource.mil/webinars.

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Traveling Overseas -- Are you and your family planning overseas travel this summer? If so, you should know what to do in the event of illness or other health issues. Before you leave for your trip, make sure to get routine and specialty care. Otherwise, your care may not be authorized when you’re overseas. If needed, you can seek urgent and emergency care from any host nation provider. However, your rules for getting care depend on your plan and travel destination. While you’re away, you can contact the appropriate TRICARE Overseas Program Regional Call Center to get help or to find a provider. You may also call the Medical Assistance number for the area where you’re located for assistance. Go to www.tricare-overseas.com to find contact information.

In an emergency, go to the nearest emergency care facility, or call the Medical Assistance number for the area where you are. When overseas, remember:

- You may need to pay up front for services and file a claim to get money back.
- Keep all receipts and file claims with the TRICARE Overseas Program claims processor, not with your regional contractor in the U.S.
- And, if you’re admitted to a hospital, call your Overseas Regional Call Center before leaving the facility, preferably within 24 hours or on the next business day.

Visit www.TRICARE.mil/traveling and select your health plan for more guidelines when traveling overseas.

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The above is from the TRICARE Beneficiary Bulletin, an update on the latest news to help you make the best use of your TRICARE benefit. [Source: <http://www.tricare.mil/podcast> | May 24, 2019 ++]

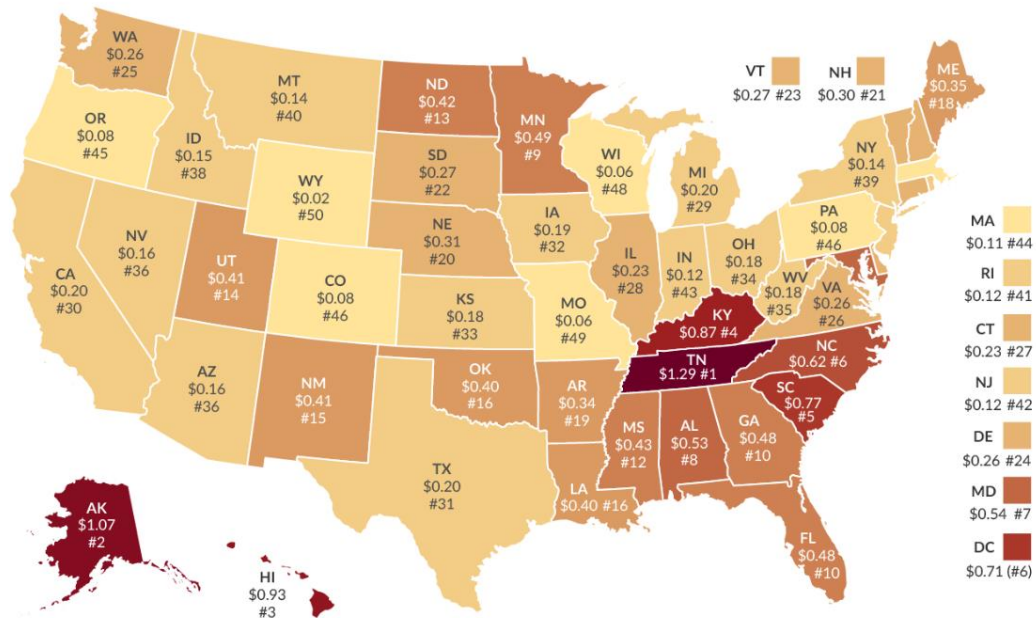
*** Finances ***



Beer Taxes ► How High Are They in Your State

In the midst of summer’s usual uptick in beer sales, how much of our cash is actually going toward the cost of a brew? Less than you might think. According to the Beer Institute, “Taxes are the single most expensive ingredient in beer, costing more than the labor and raw materials combined.” Research has shown that approximately 40 percent of the retail price of beer is dedicated toward covering all the applicable taxes.

- States with the lowest beer taxes: WY (\$0.02), MO (\$0.06), WI (\$0.06), CO (\$0.08), and PA (\$0.08)
- States with the highest beer taxes: TN (\$1.29), AK (\$1.07), HI (\$0.93), KY (\$0.87), and SC (\$0.77)



While general sales taxes are tacked on after the price of goods is subtotaled, most states go straight to the retailer for beer excise taxes, collecting according to the quantity of beer sold (usually expressed as a rate of dollars per gallon). Although you can’t see the taxes on your receipt, vendors pass along those costs to consumers in the form of higher prices. [Source: Tax Foundation Maps | June 5, 2019++]

Vacations Deals ► Military-Only Treasures

Whether you’re looking for a vacation within a few hours’ drive from home, or looking to travel to a dream destination a little farther, you don’t have to break the bank. Check out some military deals available. There are military cottages, lodges, campgrounds and RV parks around the country in beautiful settings accessible only to those in the military community, regardless of branch of service. Beyond those, discounts abound on tickets, hotels, cruises, air travel, rental cars and more. Some places to start:

- **American Forces Travel** (<https://www.americanforcetravel.com>), the only official Defense Department site for travel discounts on airfare, flights, hotels, car rentals, travel packages and cruises, was launched earlier this year. Those eligible include active duty, Guard, Reserve, Coast Guard, retired military, and their eligible family members. The site is connected to the Defense Enrollment Eligibility Reporting System, or DEERS, and authenticates you quickly. You have access to more than 1.2 million properties in more than 76,000 destinations worldwide, with discounts of up to 60 percent on hotels. A help desk is available 24 hours a day.

When you're searching for prices, make sure you do some comparison research ahead of time to get the best deal. The vendors must at least have a military exclusive price to be part of the website, but there are other additional properties and deals listed, too. You'll see military deals in the mid-range properties, for example, as well as in high-end properties. The site is run through a contract with Priceline, and there's a price guarantee to at least match the best rates offered by airlines and other travel sites. There's a best price guarantee for airfare and all the product lines. Check back frequently for special promotions. Discount tickets for various attractions will be available within the next three to six months.

- **Government Vacation Rewards** (www.govvacationrewards.com/mwrvacation) offers military-only travel discounts:
- **Armed Forces Vacation Club** (<https://www.afvclub.com>) offers military-only travel discounts:
- **Paths Across America** (<https://www.armymwr.com/programs-and-services/outdoor-recreation/camping-rv-parks>): Some of the best-kept vacation secrets are found in camping and recreational vehicle parks across the country, operated by all the branches of service. From lakes in South Carolina to beaches in Washington state, many sites have cottages or lodges as well as camp sites and RV sites. Various recreational activities are offered at the sites. Visit this website and click on a state. Although it's an Army MWR site, it features locations operated by each branch of service in each state. Prices vary. Each site lists available types and number of campsites/RV sites/cabins/lodging, along with contact information.
- **Armed Forces Recreation Centers** (www.military.com/travel/military-lodging-armed-forces-recreation-center.html): Visit Dragon Hill Lodge in South Korea; Edelweiss Lodge and Resort in Germany's Bavarian region; Hale Koa Hotel in Waikiki Beach, Hawaii; or Shades of Green at Walt Disney World Resort, Florida. Visit this website for information about availability, pricing and reservations. At this writing, for example, there was still availability in July and August for Shades of Green. All branches of service are eligible.
- **Other military discounts.** Offered by countless other hotels, recreation parks and others. In just one example, Hawks Cay Resort in the Florida Keys offers discounts to military and veterans starting at \$129 per night, plus discounts on activities. Their annual program runs from Aug. 1 until Dec. 19. Visit www.hawkscayheroes.com for more information and to book reservations. Among the many hotels offering military discounts year-round are La Quinta by Wyndham, Red Roof Inn, and Westgate Resorts. Many attractions offer discounts, too. One example: At your choice of SeaWorld, Busch Gardens or Sesame Place, one free admission per year for military personnel.
- **Blue Star Museums** (<https://www.arts.gov/national-initiatives/blue-star-museums>): More than 2,000 museums nationwide are offering free admission through Monday, Sept. 2. This year's participating museums are located in all 50 states, as well as Washington, D.C., and Puerto Rico, and include fine art, science history and children's museums, zoos, aquariums, gardens and more. For a list of participating museums, hours of operation and other information, visit their website.
- **Vet Tix** (www.vettix.org). Check with for free tickets with a handling fee of less than \$20) to various family programs, concerts, sporting events and performing arts.
- **Veteran Canteen Services** (<https://memberdeals.com/vcs/hotels.php?sub=alldestinations&login=1>) offers discounts and deals on hotels, theme parks & attractions, rental cars, and tickets.
- Always check with your local tickets and tours office on the nearest military installation for other exclusive deals on a variety of deals on tickets and other offers.
- Check with on-base lodging facilities for space available.

[Source: Military.com | June 5, 2019 ++]

Property Tax Update 02 ► Methods to Freeze or Lower It

Property taxes are the way local governments keep the lights on. If you own a home, you likely pay them. And even if you rent, you pay them indirectly, since they're a cost the landlord is apt to pass along. And they can be problematic, especially for those on fixed incomes, since they often increase over time. The good news is nearly every state has some sort of program to help its citizens, especially seniors, deal with property taxes. But the types and availability of programs vary widely.

Property tax freezes

A property tax freeze, as the name implies, prevents property tax increases for eligible taxpayers. In most cases, however, these programs are voluntary. In other words, a state program doesn't guarantee statewide availability because some local governments may choose not to participate. According to the [National Conference of State Legislators \(NCSL\)](#), the following six states offer property tax freezes. None are automatic. You have to apply and be accepted.

- Connecticut: Available to homeowners age 70+ — No income limit
- New Jersey: Available to homeowners 65+ — Income limit: \$70,000
- Oklahoma: Available to homeowners 65+ — No income limit, but local governments may set asset limits
- Rhode Island: Available to homeowners 65+ — Income limit: \$4,000
- Tennessee: Available to homeowners 65+ — Income limit set by counties
- Texas: Available to homeowners 65+ — No income limit

Other programs

Property tax freezes are just one way that states try to help those of limited means. Nearly every state has some sort of program to help senior or low-income taxpayers, including homestead exemptions (exempting part of a home's value from taxation), tax freezes (discussed above) and assessment freezes (limits on property value increases). To find out if you might be eligible for a program in your state, you could comb through sites like the NCSL's or search your local government's website. But the fastest, easiest and most accurate thing to do is old-school: Pick up the phone, call your county assessor's office and ask about it. In my experience living in various parts of the U.S. over the years, these folks are typically friendly and easy to talk to.

Other methods to lower your property taxes

If you're not a senior or a low-income citizen — or otherwise unlikely to catch a tax break — there still are things you can attempt to lower your property taxes. You can appeal your tax amount. Appealing tax bills isn't all that difficult. And because it can result in saving hundreds — even thousands — annually, if you think you have a case, you should try it. Here's how:

- **Step one:** Check the value your county is placing on your property. You can often find this information online. If the assessed value seems too high, take the next step.
- **Step two:** Contact your local property assessor's or appraiser's office and find out how they arrive at values. For example, in my county, the appraiser's office uses property sales to determine values, placing more weight on more recent sales.
- **Step three:** Play to win: When it comes to challenging a value, the first thing to do is make sure there are no mistakes. Does the county have your correct lot measurements? How about the square footage and age of your house? Verify everything.

While you can argue that your county inflated your home's value, your ultimate weapon is an appraisal. If the county says your home is worth \$200,000, but a licensed, independent appraiser says it's worth only \$150,000, it's going to be a hard argument for the county to win. An appraisal will set you back a couple hundred bucks, but depending on your county's rules, it may be necessary.

[Source: MoneyTalksNews | Stacy Johnson | June 10, 2019 ++]

Social Security Q & A ► 190601 thru 190615

(Q) How Will a Part-Time Job Impact My Benefits? If I wait until age 70 to apply for Social Security but at age 67 change to a part-time position that pays much less than my current position, how will that affect my Social Security when I sign up at age 70? I earn \$50,000 a year at my full-time job in a large city in Florida which has a high cost of living. I plan on moving at age 67 to a rural small town in the Carolinas. By selling my home and buying a less expensive home, I will have a nice nest egg.”

Answer. Your decision to move to part-time work at 67 is unlikely to have a big effect on your Social Security benefits when you claim at 70, but it depends on your work history. Let’s take a simple case first. Your Social Security benefits are based on your 35 highest years of earnings. If you have been working full time since you were 32 years old, these will probably be your 35 highest years of earnings. Any part-time work you do in the next few years will not be included in the calculation of your benefits. Furthermore, by waiting until age 70, your benefits will be 24% higher than they would have been if you had taken benefits today at 67. On the downside, you will continue to pay Social Security payroll taxes, but these new taxes will not add to your benefits. In fact, you will have to pay payroll taxes whenever you work in covered employment. This is the case even when you are receiving benefits.

How do you know what your 35 highest years of earning are? The best way to find out is to set up an account at the My Social Security page (<https://www.ssa.gov/myaccount>) of the Social Security Administration website. There, you will be able to see your earnings history. If you have worked for fewer than 35 years, any work you do in the future will increase your benefits. In the calculation of benefits, zeros are entered in any years where there is less than 35 years of work experience. For example, if someone works for 30 years, five years of “zeros” are entered in the calculations.

Unfortunately, just looking at your earnings history does not tell you the entire story. In doing the benefit calculation, your earnings are adjusted for inflation, and this does not appear in the earnings table. Suppose you started work in 1984 and earned \$10,000 that year. The adjustment factor for 1984 is 3.12. When the benefit calculation is done, these earnings will be entered as \$31,200. If you want to see the adjustment factors for other years, you can find them in an SSA publication at <https://www.ssa.gov/pubs/EN-05-10070.pdf>. This may be useful if you want to check and see if any future earnings will be substituted for past earnings in the calculation of your benefits.

[Source: MoneyTalksNews | Jeff Miller | June 6, 2019 ++]

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(Q) How Long Must I Wait for My Full Survivor’s Benefit? “What percentage would I receive of my husband’s benefit at age 63 if my husband were to die? I have no work record of my own and draw a spousal benefit now. He worked until age 70 to maximize his benefit (and mine). I thought I read somewhere that I would get 80%. Is that correct? Would it increase 5%-7% every year I wait to claim? Would I be better off to live on savings and wait until age 66 (my full retirement age) to collect?”

Answer. If your husband passed away, then his waiting until 70 to claim his benefit will mean that you will receive a larger survivor’s benefit. But you will have to wait until 66 if you want to receive the full amount for the rest of your life. To understand all the aspects of this situation, let’s go through a numerical example. Suppose your husband’s benefit would have been \$1,000 if he had claimed at his full retirement age (FRA) of 66, and your spousal benefit is \$375 because you took a reduced spousal benefit at 62. Because your husband waited until 70 to claim his benefit, his benefit is now \$1,320 — 32% higher than if he had claimed at 66.

Whenever your husband dies, you will lose your spousal benefits. If you are past your FRA, you should immediately claim survivor's benefits — \$1,320 in this example — since they do not increase beyond your FRA. However, if you have not reached your FRA, you have a choice. You can switch to survivor's benefits immediately. However, you would face an early claiming penalty. At age 63, that penalty would be about 14%, so you would receive about \$1,135. Alternatively, you could delay claiming your survivor's benefits until your FRA, or even a little before then. The problem here is that you will have no Social Security benefits while you wait to claim survivor's benefits. If you are in good health and can afford to live off savings for three years, it may make sense to delay claiming survivor's benefits until your FRA.

Every month you wait to claim, your survivor's benefit will go up until you reach 66. It does not pay to wait beyond your 66th birthday, because the benefit will not go up after that. One oddity is that you will receive your full survivor's benefit at 66, even though someone like yourself — who was born in 1956 — has an FRA of 66 plus 4 months for retirement or spousal benefits.

[Source: MoneyTalksNews | Russell Settle | June 13, 2019 ++]

P2P Payment App Scam ► Scammers Increasingly Turning to Them

Peer-to-peer (P2P) payment platforms like Apple Pay, Zelle, Venmo, and Cash App, offer a fast and convenient way to settle restaurant bills with your friends and send money to your family. Unfortunately, they are also becoming a popular payment method for scammers. NCL has recently received an increasing number of complaints from consumers who report that they've lost money after a fraudster asked them for payment via a P2P payment network. One complaint received from a consumer in Indiana is typical of the scam:

- “I found a website that claims to sell French Bulldog puppies. ... Once you pay [for] them using Zelle, they promise to ship the puppy the next day. ... After the puppy shipped, I was contacted by ‘the shipping company’ who said the puppy passed all its health exams, but they needed a payment of an additional \$900 for insurance.”
- After the consumer paid the “insurance,” the shipping company came back asking for an additional sum for added on fees. The consumer never received the puppy, even after paying all the additional fees.
- Although the example above is also an example of the very common puppy scam, we have also received reports of fraudsters requesting payment via a P2P payment service for other types of scams including the fake check scam, romance scams, and the online retail/classified advertisement sale scam. Many consumers mistakenly believe that P2P payment systems have protections similar to a debit or credit card since many P2P payment systems are affiliated with banks. This is not true. Once you send money via a P2P payment system, it is nearly impossible to get the money back or refunded.

Steps you can take to avoid falling victim to this scam:

- Don't use P2P services to purchase products. If an online retailer requires payment via a P2P payment service, it is probably a scam.
- Only pay with P2P services to people you know. P2P payments are meant to be used between friends and family, or with people you know well and trust, like your hairdresser or a babysitter.
- Double- and triple- check the address, username, or phone number of the person you are trying to send money to. If you make a mistake, and send the money to the wrong person, it can be very difficult or even impossible to get the money back. If you are worried you may have the wrong person, double-check the email address/username, and try sending a small amount first to confirm that your intended recipient received it.
- Opt-in for stronger security. Almost every popular P2P platform offers the ability to create a personal identification number (PIN). Once the PIN is created, a user will be required to enter it when they open the

app, or before they are able to transfer money. This extra layer of security can help protect your money if your phone falls into the wrong hands.

Have you been a victim of a P2P payment scam? **Fraud!Org** want to know! You can file a complaint with **Fraud.org** via our secure online complaint form at <https://secure.nclforms.org/nficweb/OnlineComplaintForm.aspx> . We'll share your complaint with our network of more than 90 law enforcement and consumer protection agency partners who can and do put fraudsters behind bars. [Source: Fraud.org Alert | June 3, 2019 ++]

Blackmail Scam ► **Army CIC Notes Resurgence Using Fake CACs**

Army Criminal Investigation Command has recently seen a resurgence of scammers that use fake Common Access Cards and send blackmail letters to soldiers in an effort to extract cash payments, officials said in a release last week. These schemes include “trust-based relationship scams,” also known as romance scams, as well as impersonation crimes such as sales schemes and advance fee schemes, Army CID said in a command posting last week. Army CID’s computer investigation unit is frequently notified of online scammers who claim to be service members and use an unsuspecting soldier’s name and social media photos to increase their credibility to victims.



Soldiers should protect themselves by conducting regular internet searches for their names and image searches for their profile pictures to ensure scammers aren’t hijacking their identities, CID officials said. “By monitoring your social media identity, you can protect your Army family and your reputation,” Special Agent Marc Martin, deputy director of operations for CID’s Computer Crime Investigative Unit, said in the posting. “The criminals will use factual data from official websites and Soldiers’ personal social media sites, then prey on vulnerable people’s trusting nature and willingness to help the Soldier.”

A new scam that is emerging involves a criminal who sends a letter to a soldier through the mail demanding payments or else compromising information about the victim or their family will be made public. The letter will claim to be from someone who knows the victim, but does not specify the type of misconduct or crime that the victim allegedly committed. The letter will often demand large payments in Bitcoin, officials said. Scammers have been using fake CAC cards to make their scheme appear more legitimate for some time, as well, but the Army CID posting said the tactic has started to gain prominence lately in order to add a layer of legitimacy to some scams. “At first glance it could look almost legitimate, but if you look closely you will notice errors such as incorrect pay grades and other inaccurate markings,” Martin said in the DVIDS posting.

If a soldier finds their identity is being used for a scam, they should immediately contact the social media company the fake account is hosted on and report the profile. Scammers often change up the spelling on names and replace characters with dashes, spaces and other characters in order to trick search results.

- “Be on the lookout for simple changes such as zeros (0) used instead of the letter 'O' or a number one (1) instead of the letter ‘l,’” the Army CID posting reads.

- “Always remember that effectively searching yourself requires creativity because of the misspelled names and other identifying information slightly different to disguise the criminal activity or just because the scammer doesn’t have command of the English language,” CID officials said.
- “Criminals will hijack photographs found on the Soldiers official and personal social media page and create a similar or identical biography.”

[Source: ArmyTimes | Kyle Rempfer | Jun 3, 2019 ++]

Mortgage Closing Scam ► How to Protect Yourself and Your Closing Funds

Closing on a new home can be one of your most memorable life moments. It’s the final and one of the most critical stages in the home-buying journey, but with the exchange of key paperwork and a sizable down payment, it can also be a stressful experience, especially for first-time homebuyers. The FBI has reported that scammers are increasingly taking advantage of homebuyers during the closing process. Through a sophisticated phishing scam, they attempt to divert your closing costs and down payment into a fraudulent account by confirming or suggesting last-minute changes to your wiring instructions. In fact, reports of these attempts have risen 1,100 percent between 2015 and 2017, and in 2017 alone, there was an estimated loss of nearly \$1 billion in real estate transaction costs.

While it’s easy to think you may not fall for this kind of scam, these schemes are complex and often appear as legitimate conversations with your real estate or settlement agent. The ultimate cost to victims could be the loss of their life savings. Following is what you should know and how to avoid it happening to you.

How it works

Scammers are increasingly targeting real estate professionals, seeking to comprise their email in order to monitor email correspondences with clients and identify upcoming real estate transactions. During the closing process, scammers send spoofed emails to homebuyers – posing as the real estate agent, settlement agent, legal representative or another trusted individuals – with false instructions for wiring closing funds.

How to avoid a mortgage phishing scam

- *Identify two trusted individuals to confirm the closing process and payment instructions.* Ahead of your mortgage closing, discuss in person, or by phone, the closing process and money transfer protocols with these trusted individuals (realtor, settlement agent, etc.). Be cautious about exchanging any details about your closing over email. You may want to use this opportunity to also create a code phrase, known only by these trusted parties, if you need a secure way to confirm their identities in the future.
- *Write down their names and contact information.* Use the Consumer Financial Protection Bureau’s (CFPB) [Mortgage Closing Checklist](#) to list these individuals and their primary phone numbers.
- *Before wiring money, always confirm instructions with your trusted representatives.* Never follow instructions contained in an email. Verify the closing instructions, including the account name and number, with your trusted representatives either in person or by using the phone number you previously agreed to.
- *Avoid using phone numbers or links in an email.* Again, scammers can closely replicate the email address, phone number and format of an exchange from your agents. Avoid clicking on any links or downloading attachments without first confirming with your trusted representatives.
- *Do NOT email financial information.* Email is never a secure way to send financial information.
- *Be mindful of phone conversations.* It may be difficult to identify whether a phone call is fraudulent or legitimate. Scammers may call and ask you to verify your personal or financial information. When in doubt, always refer back to your trusted professionals to confirm whether it’s legitimate.

What to do if it happens to you

- Contact your bank or wire-transfer company immediately. Ask for a wire recall. Reporting the error as soon as possible can increase the likelihood that you'll be able to recover your money.
- File a complaint with the FBI. Contact the FBI's Internet Crime Complaint Center at www.ic3.gov,

While it can be easy to think you'll never fall for a scam of this nature, the reality is that it's becoming more and more common, and the results can be disastrous for eager homeowners. By being mindful and taking a few important steps ahead of your closing, you can protect yourself and your loved ones. To learn more about the closing process, including how to prepare for your closing and common pitfalls to avoid, check out CFPB's Mortgage Closing Checklist. For information and resources for the each stage of the home-buying journey, visit the Bureau's Buying a House tool at <https://www.consumerfinance.gov/owning-a-home>.

[Source: "BBB Military & Veterans Initiative| June 6, 2019 ++]

Credit Reports Update 09 ► Those Allowed to Look at Yours

When you apply for a loan, you expect the lender to pull your credit report. After all, you're borrowing money. It makes sense that your lender wants to see what kind of risk you present. But what about other types of companies? You might be surprised to discover that, even if you're not borrowing money, certain companies may be looking at your credit report. The following are several examples of the types of companies that might be checking up on your credit.

1. Credit card companies

A credit card company can look at your credit report when you apply for a card. However, if you're a customer, that company can look at your credit report anytime, according to the Consumer Financial Protection Bureau. Additionally, prospective creditors can access certain information in your credit file to determine whether to make you what's known as a "prescreened" offer for a new credit card. Prescreening is allowed under the Fair Credit Reporting Act, a federal law, but you can opt out of prescreening. We break down the process in "How to Stop Unsolicited Credit Card Offers for Good."

2. Insurance companies

The Fair Credit Reporting Act also allows credit reporting companies to release your credit report in association with "offering insurance coverage or setting insurance premium charges," says the Consumer Financial Protection Bureau. Additionally, prospective insurers can access parts of your credit file to prescreen you for insurance offers. Again, federal law allows insurers to do this but also gives you the ability to opt out of prescreening.

3. Employers

As part of a background check, employers can request a copy of your credit report. The Fair Credit Reporting Act allows credit reporting companies to release your report for employment purposes. However, the employer must get your written permission to pull your credit report beforehand. You can refuse, but that could be grounds for the employer to reject your application, according to the Federal Trade Commission.

4. Telecommunications companies

When you sign up for phone, TV or internet service, the service provider might check your credit. It's not exactly a loan, but some companies want to make sure you're likely to pay your bill, says James Garvey, the CEO of credit-building site Self Lender. "The telecom provider wants to check if the customer owes money to the provider itself or to another telecom provider," Garvey tells Money Talks News.

5. Public utilities

Signing up for water, gas or electricity? You might need to submit to a credit check, says Logan Allec, a CPA and the founder of financial education website Money Done Right. "Utility bills are generally paid in arrears, meaning you're

billed for usage after the fact,” Allec tells Money Talks News. “In a sense, these companies are making you a short-term loan. They let you use \$50 of water last month, and you have until a certain date to pay them for it.” If you have a low credit score, Allec points out, the utility might not have confidence in your ability to pay bills on time and might charge you an upfront deposit.

6. Government agencies and courts

“You may think that the government should have no business requesting your credit,” says Allec, “but sometimes they actually have a good reason to.” Allec points out that when you apply for government assistance, you might be subject to a credit check to see if you truly qualify. Additionally, the Fair Credit Reporting Act permits credit reporting companies to release your credit report:

- In response to court orders
- In response to subpoenas
- For certain child support awards and enforcement purposes

7. Landlords

Looking for new digs? Your landlord-to-be might want a peek at your credit report, says Leslie Tayne, a New York City-based lawyer specializing in consumer finance and debt. She points out that renting an apartment is a long-term agreement, and many landlords want to be sure that you won’t cause trouble. “While rent is not typically reported to the credit bureaus, your credit report can give an indication of your overall likelihood to pay bills on time and your financial responsibility,” Tayne tells Money Talks News. In some cases, she says, if you have a poor score, you might have to provide a larger security deposit.

8. Assisted living facilities and nursing homes

Expect to be subject to a credit check when applying to live in an assisted living facility or nursing home. “These facilities treat applications like applying for an apartment, especially since costs are typically high,” Tayne says. “Having good credit shows the facility that you’re responsible with your payments and that you’ll use whatever funds you have to pay for the stay.”

[Source: MoneyTalksNews | Miranda Marquit | June 13, 2019 ++]

Tax Burden for New Mexico Retired Vets ► As of JUN 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 retire in New Mexico.

Sales Taxes

Gross Receipts Tax: 5.125% - (prescription drugs exempt); county and city taxes may add another 3.9375%. Certain food and medical expenses are exempt. Ranked 32nd

Gasoline Tax: 37.28 cents/gallon (Includes all taxes) – Ranked 47th

Diesel Fuel Tax: 47.28 cents/gallon (Includes all taxes)

Cigarette Tax: \$1.66/pack of 20 (Ranked 25th)

Personal Income Taxes

Tax Rate Range: Low – 1.7%; High – 4.9%.

Income Brackets: Four. Lowest under \$5,500 - Highest over \$16,000+

Personal Exemptions: Single – \$0; Married – \$0; Dependents – \$0

Additional Exemptions: none

Standard Deduction: Single – \$12,200; Married – \$24,400

Medical/Dental Deduction: Credit of 3% of unreimbursed prescription drug expenses to maximum of \$150 per individual or \$300 per return. Also, if you or your spouse are age 65 and over and have unreimbursed or uncompensated medical care expenses of \$28,000 or more for yourself, your spouse or dependents during the tax year, you are eligible for a \$3,000 exemption and a credit of \$2,800.

Federal Income Tax Deduction: None

Retirement Income Taxes: The state offers a low- and middle income exemption. The maximum exemption is \$2,500. To qualify, the amount on line 7 of the state income tax form must be equal to or less than \$36,667 (single), \$27,500 (married filing separately), or \$55,000 (married filing jointly). A deduction also applies for those 65 and older if your adjusted gross income is not over \$51,000 for a joint return, \$28,500 for a single taxpayer, or \$25,500 for a married taxpayer filing separately.

Retired Military Pay: See above

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

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

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

Property Taxes

All property, whether real or personal, is subject to state and local property taxes. Rates vary substantially and depend on property type and location. The statewide weighted average rates, i.e., total obligations/total net taxable value, are about \$26.47 for residential property and \$29.80 per \$1,000 for non-residential property. Assessors usually determine market value by the sales-comparison approach which matches a property's value to that of similar properties. The valuation of a residence that did not change hands in the prior year may not increase by more than 3% annually. One-third of the property's market value (assessment) is its taxable value. The taxable value may be further reduced by exemptions of \$2,000 each of heads of households and \$4,000 for veterans.

There is a property tax rebate for residents age 65 and older. This rebate is for property tax billed or rent paid during the tax year on a principal place of residence in New Mexico and is available to those with a modified gross income of \$16,000 or less. The property tax rebate cannot exceed \$250 or, for a married taxpayer filing a separate return, the rebate cannot exceed \$125. Call 505-827-0870 for details.

For details on property taxes, [click here](#).

Inheritance and Estate Taxes

There is no inheritance tax, but an inheritance may be reflected in a taxpayer's modified gross income and taxed that way. New Mexico does not impose an estate tax on decedents who died after Jan. 1, 2005.

Individual Tax Rankings

- State & Local Individual collections per Capita \$676 – 37th
- State & Local Tax burden 8.7% – 37th
- Tax Freedom Day April 10 – 12th
- Property tax as a percentage of owner occupied housing value 0.62% – 40th
- State & Local property tax collections per Capita \$768 – 47th

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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Visit the New Mexico Taxation and Revenue Department website <http://www.tax.newmexico.gov> for further information. [Source: <https://www.retirementliving.com/taxes-kansas-new-mexico#NEWMEXICO> | June 2019 ++]

* General Interest *



Notes of Interest ► 01 thru 15 JUN 2019

- **MPs.** North Dakota is giving trained military police officers an easier path for transitioning to civilian law enforcement. Instead of going through the usual 12-week training process, Army and Marine military police are now eligible to train for just two weeks. They must still pass the same final exams as everyone else.
- **Straws.** Plastic straws are getting tougher to find. Giant coffee chain Starbucks has already said it will stop using disposable straws by 2020. If you use straws at home, look into reusable ones. Klean Kanteen's stainless steel straws feature removable silicon tips for easy cleaning. Want a wider straw, or unsure about steel? Silikids' silicone straws are colorful and dishwasher-safe.
- **Mosquitos.** If you are preparing for a summer filled with mosquitos you might want to consider adding some Mosquito Repelling Plants to your arsenal to battle the bugs. These plants are all fairly easy to grow at home either in pots or flower beds and will help to repel. Check out these six plants and their attributes at <https://i.rmb1.ws/s8/2/7/Q/8/u/7Q8ua.baa.1.mp4?b=0&u=7ah2>.
- **Freedom Isn't Free.** The powerful speech at https://youtu.be/rKsW6c_CgFY by President Ronald Reagan during his first Inaugural Address on January 20, 1981 is worth listening to again as is his Veterans Day Gratitude speech at <https://www.youtube.com/watch?v=V29XnXWWQSM> as we reflect on Memorial Day.
- **The Golfer's Dilemma.** Every golfer will appreciate this difficult position they may find themselves in on the golf course as discussed in <https://youtu.be/A0kdBDwNddc>.
- **Bud Lite.** Check out the new BuD Lite/Clothing drive commercial at <https://youtu.be/ew9cEATPzDE>. Not a horse in sight.
- **Flag half staffing.** Unable to lower your flag? Attaching this black ribbon to the top of a U.S. flag is an acceptable alternative for flags that cannot be lowered to half-staff. This gesture is a sign to indicate the nation mourns the death of an individual(s), such as death of the president or former president, vice president, Supreme Court justice, member of Congress, secretary of an executive or military department, etc. Only the president or a state governor may order the flag to be displayed at half-staff.
- **Flag Casket Draping.** There are no restrictions for anyone having their casket draped with the U.S. flag, although this honor is usually reserved for veterans or highly regarded state and national figures.
- **DD-214.** A more accurate, completely digital DD 214 is on its way. The goal is to bring the new forms online by 2024 at the latest.

- **USS McCain.** Acting White House Chief of Staff Mick Mulvaney said on the "Meet The Press" 2 JUN that a junior staffer made the request to the military to hide the destroyer McCain from President Donald Trump's view and would not be fired for doing it. "That's not an unreasonable thing to ask" that the president be spared having to see a warship with late Sen. John McCain's name on it, given the enmity between them, both personally and politically. "The president's feelings toward the former senator are well known," he said. Consequently, it would be "silly" to fire anyone for a well-meaning attempt to avoid the possibility of riling the commander in chief on his visit to Japan,
- **Border wall.** A federal judge on 3 JUN denied a House request to prevent President Donald Trump from tapping Defense Department money for his proposed border wall with Mexico, saying Congress lacked authority to sue.
- **Vets.** A British soldier who was in Normandy to take part in commemorations of the 75th anniversary of D-Day drowned after a night out with other soldiers reportedly ended with him trying to swim across the Caen Canal.
- **KIAs.** Most people are unaware of their treatment in Atlanta by Delta baggage handlers when they are flown back to the states. Check out https://www.youtube.com/embed/c_VGxfmDmEo. And Hats off to Delta!
- **D-Day Survivor Story.** Actor Sam Elliott shares the story of 98-year-old D-Day survivor Ray Lambert who landed on Omaha Beach. Go to <https://biggeekdad.com/2019/05/a-d-day-survivor-story>.
- **Another D-Day Vet Story.** Charles Durning, a famous actor and a veteran of D-Day, shares his personal experience of landing on the beach in Normandy at <https://biggeekdad.com/2017/05/d-day-veteran-story>.
- **Afghanistan Survivor.** At the 2014 National Memorial Day Concert 2014 Gary Sinise tells John Peck's story. Go to <https://www.youtube.com/watch?v=wx2qmWTPrcv>.
- **Military History.** An interesting look at Operation PLUTO (Pipe-Lines UnderThe Ocean) during World War Two from United News Newsreel. Go to <https://biggeekdad.com/2013/03/operation-pluto>.
- **Power of Music.** The power of music is shown at <https://biggeekdad.com/2010/09/power-of-music> in this remarkable story from World War Two as told by veteran Jack Leroy Tueller.
- **U.S. flags.** China also does a busy export business manufacturing American flags. Many Americans object to the national symbol being made overseas, but bipartisan legislation to ban or restrict U.S. flag imports [has failed](#) several times. The U.S. Census Bureau's most recent estimate, in 2016, revealed that more than \$5 million worth of flags sold for Fourth of July celebrations were made overseas.
- **USAF.** For the first time, the Air Force has granted a Sikh airman permission to wear a turban, beard and long hair, following the practices of his faith.
- **VA.** An arbitrator finds the DVA should take down a public record of employee firings and other punishments from its website. The American Federation of Government Employees filed a grievance over VA's publication of disciplinary data on its website. VA began tracking removals, suspensions and other punishments and started to post them online back in 2017. An arbitrator said VA violated the Privacy Act in posting this information on a public-facing website, and should take the information down.
- **VA Home Loans.** VA violated its own policy for veteran home loans. The Veterans Benefits Administration collected nearly \$300 million in home loan origination fees, from veterans who were supposed to be exempt from the fees. VA policy waives the fees for service-disabled veterans. But the VA inspector general found that over a five year period, VBA collected the fee anyhow from about 73,000 exempt applicants. The IG urges VBA to refund the money and improve controls over future home loans.
- **USCG.** The Coast Guard offloaded 26,000 pounds of cocaine and 1,500 pounds of marijuana 6 JUN at Port Everglades, the result of more than a dozen interdictions in the waters off the coast of Mexico and Central and South America from March until May. Street value \$350 million.
- **FBI.** The NGI-IPS database contains some 36 million criminal mugshots but combined with the other image databases provided by its partners, the FBI can run facial recognition software against some 640 million total photos.

- **Kitchen Hacks.** Some good ideas are shown at <https://biggeekdad.com/2016/05/10-useful-kitchen-hacks> on how to freeze grapes, remove cherry pits, juice fruits, unfreeze butter, store lettuce and basil, peel garlic and oranges, and identify bad eggs.
- **Air Base Noise lawsuit.** A Japanese high court on 6 JUN awarded more than \$7 million to people living near Yokota Air Base in western Tokyo as compensation for aircraft noise but rejected their demand to restrict flight operations at the base.
- **Postal Service.** The US Postal Service released a new Forever Stamp on 11 JUN, honoring the 75th anniversary of the USS Missouri commissioning.
- **VA New Wheelchair Policy.** The DVA now has a policy requiring veterans in wheelchairs to switch to ones provided by the facility during emergency room visits to make sure they're not hiding guns. The policy was adopted following a February incident at the West Palm Beach, Florida, VA Medical Center in which a double-amputee patient pulled a weapon from his motorized wheelchair and fired at least six shots in the emergency room, wounding a doctor in the neck and injuring two staff members.

[Source: Various | June 14, 2019 ++]

USCIS Manila Field Office Closure ► May 31, 2019 | Alternate Procedures

USCIS will permanently close its field office in Manila Philippines, on July 5, 2019. The last day the office will accept applications/petitions and be open to the public is 31 May, 2019. The office began redirecting Forms I-130, Petition for Alien Relative, to the USCIA Lockbox on May 14, 2019. The U.S. embassy in Manila will assume responsibility for certain limited services previously provided by USCIS to individuals residing in the Philippines (see table below).

Beginning on June 3, 2019, individuals who were previously assisted by the USCIS Field Office (which includes individuals residing in the Philippines, New Guinea, Micronesia, Marshall Islands, Palau, Kiribati, Tuvalu, Fiji, Vanuatu, Solomon Islands, Tonga, Samoa, Wallis, Futuna, New Caledonia, Pitcairn Island, Overseas French territories of French Polynesia, and most island nations in the Pacific region that are not covered by other field offices in the Asia/Pacific District) must follow these filing instructions:

Service/Form and Filing Instructions

Form I-130, Petition for Alien Relative

- File your petition by mail with the USCIS lockbox facility in Chicago. You can find additional info on the form I-130 web page.
- USCIS may authorize the Department of State to accept a petition filed with a U.S. Embassy or consulate in some limited circumstances

Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant (for Widow(er) petitions only).

- If you are a widow(er) of a U.S. citizen, please see the Form I-360 Petition for Amerasian, Widow(er), or Special Immigrant page for the most current filing instructions.
- You may file your Form I-360 at the U.S. embassy or consulate that has jurisdiction over the area where you live.

Form I-131A, Application for Travel Document (Carrier Documentation)

- If you are a lawful permanent resident (LPR) who has lost our LPR card and/or re-entry permit and you need travel documentation to return to the U.S., you can file your Form I-131A with any U.S. embassy consular section or USCIS international field office.

Form I-407, Record of Abandonment of Lawful Permanent Resident Status.

- Submit you Form I-407 to the nearest USCIS international field office.
- In rare circumstances, a U.S. embassy or U.S. consulate may allow you to submit a Form I-407 in person if you need immediate proof that you have abandoned your lawful permanent resident status.

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Until May 31, 2019, the U.S. Embassy office hours of operation are Monday through Friday, 8 a.m. to noon. The office is closed on Filipino and American holidays. You can contact the office through email, phone, or mail. The office will also accept walk-ins. We serve walk-ins on a first-come, first-served basis.

General information about the U.S. Embassy Manila is available on the embassy website. You may also contact the embassy by calling 01 I (632) 301-2000 or by mailing: U.S. Embassy Manila, 1201 Roxas Boulevard, Manila, Philippines 1000

For information on other immigration benefits, please visit uscis.gov. We suggest you Ask Emma for more details about what you want to accomplish. Many times, you can complete your task online.

Have a question about a pending application or petition? Send USCIS a secure message through your USCIS Online account. Opening an account is easy.

[Source: U.S. Manila Embassy message | May 7, 2019 ++]

Federal Agency Ratings ► **Postal Service Highest | VA Lowest**

Americans are maintaining a mostly positive view of the job each of eight different high-profile federal departments and agencies is doing, out of 13 such entities measured in a new Gallup poll. The U.S. Postal Service (USPS) remains the top-rated agency, with 74% saying it is doing an "excellent" or "good" job. This conforms with its No. 1 status in all prior years Gallup measured it, including 2014, 2017 and 2018.

Americans' Ratings of Job -- Key Federal Departments and Agencies

	Excellent/Good	Only fair	Poor
	%	%	%
The U.S. Postal Service	74	18	8
The Secret Service	69	19	8
The Centers for Disease Control and Prevention, or the CDC	64	22	12
The Central Intelligence Agency, or the CIA	60	25	12
NASA, the U.S. space agency	60	26	5
The Federal Bureau of Investigation, or the FBI	57	23	19
The Department of Homeland Security	55	26	17
The Federal Emergency Management Agency, or FEMA	52	29	16
The Internal Revenue Service, or the IRS	50	30	19
The Federal Reserve Board	48	34	13
The Food and Drug Administration, or FDA	44	33	22
The Environmental Protection Agency, or EPA	43	30	26
The Veterans Administration, or VA	39	31	28

GALLUP, APRIL 17-30, 2019

The other seven agencies earning positive ratings from a majority of Americans in the April 17-30 poll include the Secret Service at 69% followed by the Centers for Disease Control (CDC), the CIA, NASA, the FBI, the Department of Homeland Security and the Federal Emergency Management Agency (FEMA). The IRS and Federal Reserve Board earn good marks from about half the public. However, three agencies tested -- the Food and Drug Administration (FDA), the Environmental Protection Agency (EPA) and the Department of Veterans' Affairs (referred to in the survey as "the Veterans' Administration, or VA") -- garner more only fair/poor than excellent/good ratings.

Gallup first asked this question with a shorter list of agencies in 2003, during the George W. Bush administration, and has updated it several times since. That includes three times during Barack Obama's presidency, and twice during Donald Trump's presidency. [Source: Gallup | Lydia Saad | May 13, 2019 ++]

Philippine Islamic Extremism Update 01 ► US to Launch New Program to Fight It

U.S. and Philippine officials on 4 JUN discussed a new program to thwart efforts by Muslim extremists to recruit and mobilize followers in the country's south after a bloody siege by jihadists aligned with the Islamic State group. The three-year program involves helping local officials identify issues that foster extremism and find ways to address them, said U.S. Assistant Secretary Denise Natali of the State Department's Bureau of Conflict & Stabilization Operations.

American and Australian surveillance aircraft helped Filipino troops quell the disastrous 2017 siege by hundreds of mostly local militants in southern Marawi city, where the commercial and residential center remains in ruins and off-limits to the public. Despite the militants' defeat, Philippine officials say surviving militants have continued efforts to recruit new followers and plot new attacks. More than 1,100 militants were killed and hundreds of thousands of residents were displaced in the five-month siege in the mosque-studded city, which renewed fears that the Islamic State group was stepping up collaboration with local jihadists to gain a foothold in the region.

"We are focusing on how to prevent further and future incidences of violent extremism and radicalization from occurring so that we don't have another Marawi ever again," Natali said at a news conference. The State Department bureau and the Philippine government are finalizing details of the program to help provincial governments and nongovernment groups design and enforce effective projects to counter extremism, Natali said. She said she was to meet President Rodrigo Duterte's national security adviser and other officials in Manila on 4 JUN. Natali emphasized the importance of basing such projects on facts and evidence instead of assumptions, citing a five-month survey commissioned by the U.S. last year in four southern Muslim provinces that showed which issues were helping spark extremism and radicalization the most.

The survey showed that while some people may back local jihadists, there was significantly lower support for foreign militant groups such as the Islamic State group and the al-Qaida militant network. Religious intolerance, dire economic conditions and exposure to violence spark extremism more than religion, Natali cited the survey as showing. "It's not about religion; it is about living conditions. There is an economic component to this," Natali told reporters. The survey also showed that there was strong public support for the government's effort to combat extremism, she said.

The Philippines has been one of Washington's strongest Asian allies in the fight against terrorism since the Sept. 11, 2001, terrorist attacks in the U.S. Duterte, who has been a vocal critic of U.S. security policies, said after taking office in mid-2016 that he wanted U.S. counterterrorism forces out of the southern Philippines while he rebuilt frayed relations with China. The Philippine military, however, has maintained robust relations with the U.S. More than 100 U.S. military counterterrorism advisers and personnel remain in southern Mindanao region to help Filipino forces battling extremists on a string of impoverished islands.

International Committee of the Red Cross President Peter Maurer, meanwhile, visited Marawi on 3 JUN and expressed concern over the continued displacement of tens of thousands of people and the slow pace of reconstruction two years after the siege ended. It's a dire situation he said he has seen in the aftermath of the wars in Syria and Iraq and which he said was partly caused by complex problems like the massive amounts of explosives that have to be cleared before reconstruction can commence. Maurer said he later discussed the post-conflict conditions in Marawi with Duterte. He told reporters in Manila that Duterte "noticed as we noticed as well that there is a comprehensive

level of dissatisfaction with the fact that this is taking a long time.” [Source: The Associated Press | Jim Gomez | June 4, 2019 ++]

China’s Space Program Update 01 ► 1st Successful at Sea Rocket Launch

China successfully launched a Long March 11 rocket from a ship at sea for the first time on 5 JUN, the latest step forward in its ambitious space program, state media reported. The 21 meters tall 2 meters diameter small rocket is a solid-propellant carrier rocket. It is designed with the flexibility to launch on short notice and can launch from vehicles, and now, ships. It blasted off from a platform on a large semi-submersible barge in the Yellow Sea just after midday (0400 GMT), state media said. The rocket carried seven satellites, including one that measures sea-surface winds to forecast typhoons. The rocket also carried two communications satellites belonging to China 125, a Beijing-based technology company that plans to launch hundreds of satellites to provide global data networking services.



China has made its space program a top priority in recent years as it races to catch up with the United States and become a major space power by 2030. Beijing plans to begin construction of its own manned space station next year. However, while China has insisted its ambitions are purely peaceful, the U.S. Defense Department has accused it of pursuing activities aimed at preventing other nations from using space-based assets during a crisis. [Source: Reuters | June 4, 2019 ++]

Counterfeit Goods Industry ► What goods are counterfeited?

When people think of counterfeit goods, they tend to think of knock-off luxury purses and similar goods sold at flea markets. In reality, any shippable item with a reputation for quality and sizable mark-up is a candidate for counterfeiting. Pirated intellectual content -- such as music, movies, books or software -- is also a large and important issue, as is the theft of trade secrets, but these are beyond the scope of this study.

A General Accountability Office (GAO) study issued in February 2018 notes that the market has changed significantly over the last 10 years or so. Now a wide variety of counterfeit goods are sold to the public online. Websites use photos and graphics for products that they claim are authentic. Their prices may be lower than the real ones, but the price point is close enough to that of authentic products that price does not signal that the goods are counterfeit. GAO bought four different kinds of goods online to learn which were counterfeit. They went to a variety of sites, and 20 of the 47 products they purchased were counterfeits. They found that all the Air Jordan sneakers they bought were real; however, six of the nine Yeti travel mugs were counterfeit, all 13 of the Urban Decay cosmetics

they bought were counterfeit, and one of the 10 phone chargers was a fake. Interestingly, all of these goods were shipped from U.S. addresses.

Today, common products that are sold by counterfeiters include brand-name sunglasses, designer clothing, sports jerseys and other equipment such as golf clubs, athletic shoes, watches, jewelry, handbags, insulated mugs, cosmetics, consumer electronics and dozens of other kinds of products. Customs officials said that in 2017, the top three categories of counterfeit goods that they seized were apparel/accessories, watches/jewelry and footwear. But they also detected and seized sizable quantities of computer accessories, shoes, light fixtures, kitchen appliances, toys and other goods. According to a recent article published in Associations Now, for decades, the Imaging Suppliers Coalition (ISC) has targeted the growing sale and manufacture of counterfeit printer accessories, particularly ink. ISC says that more than \$3 billion is lost annually on such goods and now the White House may get involved.

The EU Intellectual Property Office also tried to break down counterfeiting losses by different types of industries in Europe.

- Sports goods: (items such as rackets, golf clubs, and exercise equipment, but not sports jerseys/memorabilia): 6.5% of sales lost by the sector due to counterfeiting; with €500 M lost
- Cosmetics and personal care items: 7.8 percent of sales lost, €4.7B annually; 50,000 jobs
- Pharmaceuticals: 4.4 percent of sales lost annually; €10.2 billion; 37,700 jobs lost
- Toys and games: 12.3 percent of sales lost; €1.4B/year
- Handbags and luggage 12.7 percent of sales lost; €1.6B lost annually
- Jewelry and watches 13.5 percent of sales lost; €1.9B lost annually
- Clothing, accessories and footwear 9.7 percent of sales lost; €26.3B annually

Who is behind the fake products? Most of the counterfeit goods come from China and Hong Kong. In fact, the GAO study found that 88 percent of counterfeit goods come from China and Hong Kong. There is broad agreement that these are operated by international organized crime groups. The U.S. Joint Strategic Plan on Intellectual Property Enforcement notes: “The growth of illicit trade is being fueled by smart and organized criminal networks ...” while Interpol states, “The link between organized crime groups and counterfeit goods is well established.”

It is apparent that operating large-scale sales and marketing of counterfeit goods requires central coordination. Someone must develop the deceptive websites and post them where victims are likely to see them. And the credit card system that provides the money is organized and difficult to identify and combat. Finally, there must be methods developed to ship products into the U.S. and Canada and to attempt to evade customs. The Strategic plan notes that international organized crime groups, such as the Mafia and the Japanese Yakuza groups, also are involved heavily in counterfeiting, and there is a significant concern that at least some of the proceeds are used to fund terrorist groups.

[Source: Better Business Bureau. | May 14, 2019 ++]

WWII Poll ► Was US Right to Fight in It?

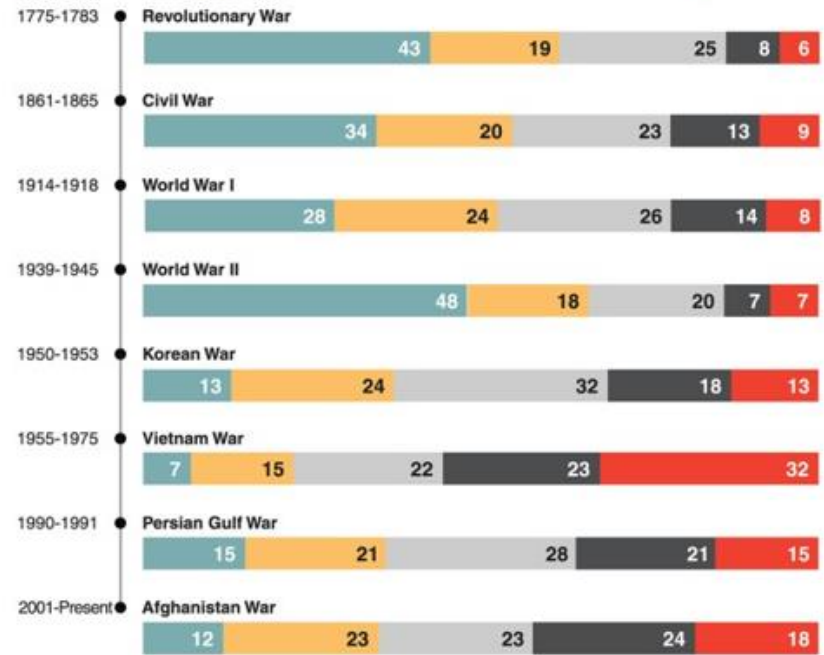
Most Americans believe the United States was right to participate in World War II but many are either skeptical or don't know, according to a poll released ahead of the 75th anniversary of the D-Day invasion that kicked off the liberation of Europe. The U.S. entry into the war, which was prompted by the Japanese attack on Pearl Harbor in December 1941, was “completely justified” or “somewhat justified,” said 66% of those polled by a <https://today.yougov.com> online survey whose results were released 5 JUN. Twenty percent said they didn't know and 14% said it was “not very” or “not at all” justified.

America's thoughts on war

Based on what you know about each of the following American military involvements, how justified, if at all, do you believe the United States' role was?

Percentage who responded:

■ Completely justified
 ■ Somewhat justified
 ■ Don't know
 ■ Not very justified
 ■ Not at all justified



SOURCE: YouGov.com

NOVA AMI-RW/Stars and Stripes

Still, the survey found that among those questioned the Allied campaign in WWII received the most support, followed by the American Revolution, which six out of 10 said was justified. Conducted on May 21-22, the poll asked 1,200 U.S. citizens 18 or older about their views on war in general and specific conflicts that America fought since the country's split from the British Empire in 1776. Few Americans feel there is never a reason for war — fewer than one out of 10 said so — but most said wars are rarely justified. Slightly more than half said the Civil War and World War I were justified. Less than half of the participants believed major U.S. military interventions since 1945 — the Korean War, Vietnam War, Persian Gulf War and Afghanistan — were worth fighting, while between roughly a quarter and a third in each case said they didn't know. It's unclear whether this reflected conflicted feelings or a lack of awareness about the wars.

Respondents were not asked about the Iraq War from 2003 to 2011 or the campaign against the Islamic State that began in 2014. America's split on WWII was generational, with those born in the past 40 years least likely to support America's role in the struggle. Among millennials, defined as the generation born between 1982 and 1999, 19% said it was unjustified, along with 17% of those born later. About 12% of Generation Xers and Baby Boomers held the same views. Millennials, however, were least likely to have qualms about America's involvement in Vietnam, with 25% of them defending it at least somewhat and 43% opposing it. By comparison, 80% of the generation born between 1928 and 1945, and 64% of Baby Boomers found it unwarranted.

Americans were evenly divided on the Persian Gulf War, launched after Saddam Hussein's Iraqi forces invaded Kuwait in 1990, with both 36% of those polled supporting it and opposing it, and 28% saying they didn't know. The U.S. invasion of Afghanistan after 9/11 and its ongoing mission there was seen as unwarranted by 42% of those polled, the second-highest percentage after the Vietnam War. Thirty-five percent supported it. Republicans and Democrats differed on most wars, with Republicans more likely to justify them, but the divide was most pronounced with their views on Afghanistan. Of Republicans, 55% supported it, whereas 56% of Democrats opposed it.

And, while a majority of Americans believe another world war will happen by 2059, less than half believe that the U.S. is as effectively working with its military allies today compared to the international cooperation that made the Normandy landings possible on June 6, 1944. The number who said they anticipate a world war in the next 40 years dipped slightly, from 64% last year to 59% this year. [Source: Stars & Stripes | Chad Garland | June 5, 2019++]

Trump Military Service ► None | 5 Deferments During Vietnam War

President Donald Trump in a televised interview 29 MAY said he would have liked to have served in the U.S. military but not during the height of fighting in Vietnam because “I was never a fan of that war.” The comments came during a sit-down on “Good Morning Britain” at the end of Trump’s visit to London this week. Trump said that he “would have been honored” to enlist in the armed forces but that “I think I’m making up for (not serving) as we’re rebuilding the military as we never have before.”

Trump received five deferments during the height of the Vietnam War. Four were for education, while the fifth was a medical waiver for bone spurs in his feet. Trump’s former lawyer, Michael Cohen, testified before Congress in February that the injury was made up so Trump could avoid the draft. Asked about whether he wished he had served in Vietnam, Trump said that “it was a terrible war” and he did not support U.S. efforts there. “Nobody had ever heard of (Vietnam),” he said. “What are we doing? So many people are dying. What is happening over there? “This wasn’t like, ‘I’m fighting against Nazi Germany, we were fighting against Hitler.’ I was like a lot of people. I wasn’t out in streets marching. I wasn’t saying I was going to move to Canada, which a lot of people did. But I wasn’t a fan of that war, generally.”

Trump’s critics have attacked him in the past for his attacks on military and veteran critics — including former prisoner of war Sen. John McCain — despite Trump’s lack of military service. The president noted in the interview Wednesday that he has pushed for record-high defense budgets since he became commander in chief, which he sees as a different kind of service to the military.

Trump was also pressed on his decision to overturn Defense Department policy and ban transgender individuals from enlisting in the military, arguing that it was a matter of cost and military rules regarding prescription drug use. “In the military, you’re not allowed to take any drugs,” he said. “You take an aspirin. And (transgender individuals) have to (use prescription drugs) after the operation. They have no choice. You would have to break rules and regulations to have that.”

When reminded that the military spent more on erectile dysfunction drugs than transgender troops’ medication, Trump repeated that “you have to stick by the standard ... They blow it out of the water.” Officials from the Palm Center, which advocates for LGBT service members, said the comment “shows (Trump’s) ignorance about the realities of military service and regulations, as well as a lack of knowledge of the science and medical research on transgender people.” They noted that many troops take prescription drugs and the rules Trump seemed to refer to involve illegal substances, not doctor-approved medication. [Source: MilitaryTimes | Leo Shane III | June 5, 2019 ++]

Smoking Update 06 ► Age Hike Good for the Military | A Step Worth Taking

The Defense Department has stated that 175,000 currently serving service members will die of tobacco use. To put that number into context, that’s more soldiers, sailors, airmen, and Marines than were killed in combat in the American Revolution, the War of 1812, the war with Mexico, the war with Spain, WWI, Korea, Vietnam, Iraq, and Afghanistan combined.

The sad part of this is that 38 percent of current military smokers began smoking after they joined the military — which almost all of the enlisted personnel did before they turned 21 years old. If the legal tobacco use age were raised to 21, almost all of those who enlist in the military would not be able to smoke legally for their first few years. According to the Centers for Disease Control and Prevention, 95 percent of smokers start by age 21. Raising the legal age of tobacco use to 21 would cause a significant reduction in its use.



Why does the Defense Department care about tobacco use among service members? After all, most of these premature deaths will occur after these folks have left the military. They then become the VA’s problem as veterans suffer from emphysema and lung cancer and all the other ailments that smoking causes. For one thing, smoking-related illnesses cost the Pentagon some \$1.6 billion per year in direct outlays. Second, smoking is a readiness issue. Smokers are not as fit and capable as non-smokers. They spend more time in the hospital when they are wounded or injured, meaning they are away from their units longer.

But, we know it’s not simple. There is a military culture which encourages tobacco use. “Willie and Joe” from World War II exemplify it. The war-weary GI gazes with the thousand-yard stare, cigarette dangling from his lips. Today’s GI is likely to dip or chew or smoke, all of which can lead to really bad health results. In the past boxes of C-rations came with three-packs of cigarettes in them, together with matches.

This was the tobacco companies’ way of hooking more military folks on tobacco use. They actually started doing this during WWI at a time when men smoked cigars, and cigarettes were not regarded as manly. It was all nefarious, as we know from the tobacco company documents that have been released over the years. Members of the military services were a particular target for these companies. Raising the legal age for tobacco use to 21 would save countless lives and billions of dollars. It’s a step worth taking. [Source: MilitaryTimes | James Tyson Currie | June 9, 2019 ++]

Iran Tensions Update 03 ► Tankers Attacked off the Coast of Iran

Secretary of State Mike Pompeo accused Iran of [attacking a pair of oil tankers](#) in the Gulf of Oman on 13 JUN as part of a “unacceptable campaign of escalating tension” by its leaders, but said the United States won’t respond with military force for now. “This is only the latest in a series of attacks instigated by the Islamic Republic of Iran and its surrogates against America and its allied interests,” Pompeo said in brief public statement hours after the attacks. “They should be understood in the context for 40 years of unprovoked aggression against freedom loving nations.

He labeled the actions “a clear threat to international peace and security and a blatant assault on the freedom of navigation.” But Pompeo said the American response to the hostilities would remain “an economic and diplomatic effort to bring Iran back to the negotiating table.” Failing that, “the United States will defend its forces, interests and stand with our partners and allies to safeguard global commerce and regional stability.” The two vessels were traveling

from the Persian Gulf on June 12 before being attacked in the gulf, just outside the Strait of Hormuz. The incident occurred in sea lanes that U.S. officials say have been heavily mined by the Iranian military.



U.S. Naval Forces responded to distress calls from the ships early Thursday morning. The guided missile destroyer USS Bainbridge served as the command vessel evacuation and assistance operations. At least 21 crew members from the oil tanker Kokuka Courageous were taken aboard the Bainbridge following an explosion, Central Command officials said in a statement. Shortly after news of the attacks broke, Senate Majority Leader Mitch McConnell (R-KY) said the attacks “threaten the very underpinnings of the global trading system” and freedom of movement in international waterways. “What is clear is the growing tension and instability out in that region, to U.S. personnel, interests, and partners posed by Iran,” he said.

Pompeo said his department is confident of Iran’s culpability due to “our intelligence, the weapons used, the level of expertise needed to execute the operation, recent similar Iranian attacks on shipping, and the fact that no proxy group operating in the area has the resources and proficiency to act with such a high degree of sophistication.” He provided no additional evidence.

Critics of President Donald Trump have accused his administration of rushing towards a war with Iran, and escalating tensions with hyperbolic language and accusations. Hours before the attacks, during a House Armed Services Committee mark-up, a group of Democrats unsuccessfully tried to add language the annual defense authorization bill draft restricting the president’s ability to declare war on Iran.

“I fought against Iranians when I was in Iraq. If necessary, I’d do so again. But right now, going to war with Iran is not necessary,” said Rep. Seth Moulton (D-MA) who is running for president. (Members of) the Trump administration are trying to drag us into Iran just as they dragged us into Iraq.” Iranian officials have denied any involvement in the most recent or past attacks on tankers in the region. [Source: MilitaryTimes | Leo Shane III | June 13, 2019 ++]

Secrets of Flying (4) ► What You May Not Know

If you’re flying somewhere for a trip, it helps to know what you’re getting yourself into before checking in at the airport. Flight attendants know all too well the habits of frequent flyers and families who are confused as they wrangle their kids onto a plane for what will be their only vacation that year. There are plenty of things that annoy your flight attendants, but they can only grin and bear it. But if you really knew what was going on behind that smile, you’d be in for a surprise. In addition there are a number of things you may not be aware of that are going on around you during the flight. Following are a few of them:

-o-o-O-o-o-

Be Wary of the Blankets and Pillows -- The only time those pillows and blankets you request are clean is during the first flight of the day. That’s bad news for the germophobes out there. It is likely they already know about this startling fact, but this is to those who are unaware. You might want to bring an extra jacket or headrest next time. You can also buy those horseshoe shaped pillows at airports just to be safe. Better safe than sorry, we’d hate to see you catch germs from someone you’ve never met before!

Time To Exit -- If your plane is either about to leave or it has just landed, you cannot be on that plane for longer than three hours. If you wish to get off, you are more than welcome after that time frame. Flight attendants are also required to keep the food and water cart going up and down the aisle after two hours of delay. You'll be fed for at least an hour, don't worry. Just remember, don't drink the coffee or tea!

Empty Water Bottle -- Want to save money at the airport? Pack an empty water bottle. In most cases, you would have to throw away a bottle with contents in it, so to avoid that and spending a ridiculous amount on a bottle from the airport, just bring an empty bottle. Airports have water fountains where you can fill your empty one right up. Think of the money it will save you not buying water on the plane as well. It will save your flight attendants time, too. Why bother them with getting you a water bottle when you could have pre-filled one yourself.

Being Rude Gets You Nowhere -- Being a pain in the you-know-what does not get you anywhere in life. And it surely doesn't help while flying. Even if there is a flight upgrade available, flight attendants will not give it to you. You already knew that, though. You probably didn't know the next part. If you are a frequent flyer, it will be noted on your account you are troublesome. Just like getting a bad mark in school, you'll be considered a bad flyer regardless of how many flights you book! Do you want an A in flying or an F?

Germ Alert -- Along the lines of the pillows and blankets, if you have ever put your food on your tray and eaten, or even touched your tray at all, you have more than likely just eaten baby poo. More dirty items are laid out on those trays than food. And the trays are likely only cleaned once a day. That's just disgusting. You already knew to be wary of the coffee, blankets, and pillows, but now you know the absolutely dirty truth about the food trays too! Yuck!

Pilots Need Sleep, Too -- Wouldn't it be great to a nap while on the job? If you have (or want to get) the proper education and capability to be away from your family for extended periods of time, you should try being a pilot. Essentially, the plane flies itself, especially during long flights. The takeoff and landing are what pilots are mostly needed for. Now if you ask your flight attendant, she'll probably tell you the pilot is awake and doing his job. No matter what, you have to maintain appearances!

Perks of an Attendant -- Flight attendants get a perk all flyers wish they had. Besides getting paid to travel places, they get the Holy Grail of flying: free Wi-Fi and usage of their cellphones. They are often using their phones during the entire flight unbeknownst to the casual flyer. They may not make the most money in the world, but they do get to travel the globe and get paid for it. Depending on how you look at it, that might not be the worst payoff in the world.

Threats Over the Ocean -- Here is something that is sure to shock. If the plane you are on is flying over the ocean and there is a bomb threat reported, passengers will not be notified. You could be reading the latest issue of Time magazine, minding your own business while a bomb threat just took place. You would never know. One of the most important jobs a flight attendant has is to help maintain peace on the plane. Imagine how much harder that would be if all the passengers were scared out of their minds.

[Source: <http://www.postfun.com/travel> | June 15, 2019 ++]

Windex ► 21 Practical and Some Unusual Uses

Your cleaning closet can get quite crowded these days with a cleaning solution for just about every specific household appliance, furniture and item. A lot of it is a marketing ploy, leading consumers to buy a bunch of different cleaning solutions for various, specific purposes. However, some of these cleaners are multi-purpose and can spread themselves thin across your household cleaning needs. Windex is no exception. This window cleaning solution is good for a lot more than windows. And while Windex isn't exactly an eco-friendly product, if you have a bottle laying around, you might as well put it to good use rather than just dump the chemicals down the drain, right? Here are 6 practical and some unusual uses for Windex that will save you time and money. Enjoy!

- 1. Shine Jewelry** -- Did you know you can get your jewelry to sparkle with Windex, just like your windows? Pour about 1/2 cup of Windex into a microwavable bowl and place in the microwave for 20-30 seconds. Remove. Drop in your jewelry and let sit for at least 15 minutes. Remove and rinse. They will be clean and shiny!
- 2. Repel Bugs** -- Bugs aren't fans of the smell of Windex, so use it to deter a bug in its path or to prevent others from entering an area. Simply spray along the edges of an entrance or window to prevent bugs from entering the vicinity.
- 3. Fight Acne** -- Windex contains alcohol, which will kill bacteria spot on. Dip one end of a cotton swab into Windex and dab the acne spots lightly – and only the acne spots, as coating your face will cause it to dry. Let the treated areas dry before cleansing and rinsing.
- 4. Remove a Stuck Ring** -- Ever try on a friend's ring (even secretly) and are unable to remove it? Spray Windex on the ring and the finger surrounding. The Windex lubricates the area for easy removal as well as causes capillaries to tighten, thinning the finger slightly so that the ring can slide right off.
- 5. Remove Stains** -- Got a [stain](#) on your shirt? Pour a bit of Windex atop it and give the affected area a light scrub. Toss into the washer machine and wash. When all is said and done, the shirt will come out clean!
- 6. Countertop cleaner** -- This powerful solvent is the perfect solution to cleaning many countertop surfaces, including granite, marble, and laminate surfaces.
- 7. Tile cleaner** -- If you'd like one product that cleans everything in your bathroom, the famous blue bottle of window cleaner might just be it. Windex is great on tile, and won't damage your grout.
- 8. Children's toys** -- This spray cleaner is good at cleaning up the messes left by teething, drooling, and even vomit on children's toys. Spray down toys each time your tot gets sick, and then give them a quick wipe down in order to help prevent the infection from coming back and other children from getting infected.
- 9. Clean patio furniture** -- Windex, especially the outdoor solution, is a great pick for seasonal and weekly wipe downs of your patio furniture.
- 10. Children's playsets** -- Clean playsets quickly and easily with this spray and a paper towel or microfiber cloth.
- 11. Whiteboard eraser** -- Windex won't damage your whiteboard, but it will help to quickly remove even stubborn dry erase marker stains.
- 12. Appliances** -- In the kitchen, put this solution to work for you by cleaning your appliances with Windex. They'll look as shiny and new as they did on the showroom floor. Works equally well on enamel painted and stainless steel appliances.
- 13. Floors** -- If you have marble or granite floors, consider using Windex to clean and shine them. Dilute it in water and use as you would any other floor cleaner. Do NOT do this for wood floors or other surfaces that ammonia cleaners should not be applied to.
- 14. Car windows** -- Clean your automobile windows with Windex, but do so carefully. Make sure the windows are neither hot nor cold, and don't apply the cleaner to tinted windows or windows that are being hit by direct sunlight.
- 15. Kitty litter boxes** -- For weekly litter change out, spray down the inside of the empty litter box with Windex to clean it.
- 16. Door knobs** -- Many people overlook their door knobs when cleaning, but it can make you sick – door knobs are great hiding spots for germs. Wipe down knobs once a week with Windex to keep them clean and sanitary.
- 17. Faucets** -- Put a little sparkle in your bathroom and kitchen. Shine faucets and fixtures with Windex.
- 18. Phones** -- Spray a microfiber cloth with a small amount of this cleaner, and use it to clean your phone's screen and keys. Don't go overboard with it, though. If applied liberally, it can cause more harm than good.

19. Crystal -- If you have beautiful crystal trinkets that are starting to collect a little dust, you can clean them with Windex without worrying about damages. Test any areas that are decoratively painted, however. Depending on the quality of tint used, Windex may remove it.

20. Toilet bowls -- Spray a little Windex into your toilet bowl, let it sit for 5 minutes, and scrub as you would with any other toilet bowl cleaner. This solution does a great job at removing even the toughest stains.

21. Bathtubs -- Windex can be used to clean bathtubs on a regular basis. Simply spray the solution on, and use a sponge or microfiber cloth to wipe down and scrub the tub, then rinse.

A few things to keep in mind:

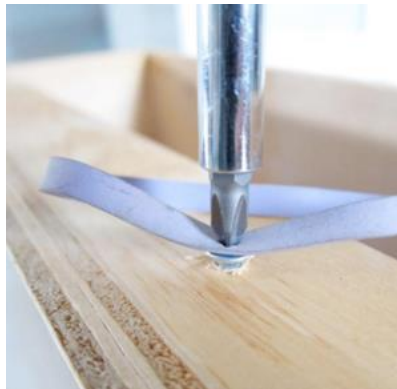
- Windex should not be used on humans or animals, even when diluted.
- This cleaner does contain high amounts of solvents, including ammonia. Keep it out of the reach of children – especially those who might think it looks like a drink.

[Source: <https://www.youtube.com/watch?v=KbWUC6qqU0U> | June 3, 2019 ++]

Memories ▶ **Inflight Airplane Meals 1958**



Interesting Ideas ▶ **Stripped Screw Removal**



Remove a Stripped Screw with a Rubber Band

One Word Essays ► Whimsy



Have You Heard? ► Beer Can Vasectomy | Have You Heard? | Roger Dangefield

Beer Can Vasectomy:

After their 11th child, an Alabama couple decided that was enough, as they could not afford a larger bed. So the husband went to his veterinarian and told him that he and his cousin didn't want to have any more kids. The doctor told him that there was a procedure called a "vasectomy" that could fix the problem but it was pretty expensive.

"A less costly alternative," advised the doctor, "is to go home, get a large cherry bomb [fireworks are legal in Alabama], light it, put it in a beer can, then hold the can up to your ear and count to 10."

The Alabamian replied to the doctor, "I may not be the smartest tool in the shed, but I don't see how putting a cherry bomb in a beer can next to my ear is going to help us not have any more kids."

"Trust me," said the doctor.

So the man went home, lit a cherry bomb and put it in a beer can. He held the can up to his ear and began to count! "1"... "2"... "3"... "4"... "5"

At which point he paused, placed the beer can between his legs and continued counting on his other hand.

This procedure also works in Tennessee, Kentucky, Louisiana, Arkansas, Oklahoma, Mississippi, parts of Georgia, Missouri, West Virginia, and Washington, D.C.

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Have You Heard

Have you heard the joke about the bed? It hasn't been made up yet.

Have you heard about the Corduroy pillow? It's making HEADLINES!

Have you heard the joke about the blunt pencil? Never mind, there's no point

Have you heard the one about the skunk? It stinks

Have you heard the one about the Vacuum? It sucks
Have you heard the one about the Gravel? It rocks
Have you heard the one about the Fire? It went up in flames
Have you heard the one about the Tree? Its sappy
Have you heard the one about the Cheddar? Its cheesy
Have you heard about the 2 people who stole a calendar? They each got 6 months.
Have you heard about the guy who incedented lifesavers? They say he made a mint
Have you heard about the kidnapping in school? Its okay. He woke up.
Have you heard about the Italian chef with a terminal illness? He pastaway.
Have you heard about the guy who cut off the left side of his body? He's all right now.
Have you heard about what type of shorts clouds wear? Thunderwear
Have you heard about the cat that swallowed a ball of yarn? She had mittens.
Have you heard about the firs at the circus? It was in tents!
Have you heard about the runor regarding peanut butter? You don't want to spread it.
Have you heard about the black cat who ran up a big phone bill? She called Persian-to-Persian.

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Roger Dangerfield

- With my old man I got no respect. I asked him, "How can I get my kite in the air?" He told me to run off a cliff.
- I went to a massage parlor. It was self-service.
- It's tough to stay married. My wife kisses the dog on the lips, yet she won't drink from my glass!
- Last night my wife met me at the front door. She was wearing a sexy negligee. The only trouble was, she was coming home.
- A girl phoned me and said, 'Come on over. There's nobody home.' I went over. Nobody was home!
- A hooker once told me she had a headache.
- I was making love to this girl and she started crying. I said, 'Are you going to hate yourself in the morning?' She said, 'No, I hate myself now.'
- My wife is such a bad cook, if we leave dental floss in the kitchen the roaches hang themselves.
- I'm so ugly I stuck my head out the window and got arrested for mooning.
- The other day I came home early and a guy was jogging, naked. I asked him, 'Why?' He said, 'Because you came home early.'
- My wife's such a bad cook, the dog begs for Alka-Seltzer.
- I know I'm not sexy. When I put my underwear on I can hear the Fruit-of-the-Loom guys giggling.
- My wife is such a bad cook. In my house we pray after the meal.
- My wife likes to talk to me during sex; last night she called me from a hotel.
- My family was so poor that if I hadn't been born a boy, I wouldn't have had anything to play with.

- It's been a rough day. I got up this morning and put a shirt on and a button fell off. I picked up my briefcase, and the handle came off. I'm afraid to go to the bathroom.
- I was such an ugly kid! When I played in the sandbox, the cat kept covering me up.
- I could tell my parents hated me. My bath toys were a toaster and radio.
- I was such an ugly baby that my mother never breast fed me. She told me that she only liked me as a friend.
- I'm so ugly my father carried around a picture of the kid that came with his wallet.
- When I was born, the doctor came into the waiting room and said to my father, "I'm sorry. We did everything we could, but he pulled through anyway."
- I'm so ugly my mother had morning sickness AFTER I was born.
- I remember the time that I was kidnapped and they sent a piece of my finger to my father. He said he wanted more proof.
- Once when I was lost, I saw a policeman, & asked him to help me find my parents. I said to him, "Do you think we'll ever find them?" He said, "I don't know kid. There's so many places they can hide."
- My wife made me join a bridge club. I jump off next Tuesday.
- I'm so ugly, I once worked in a pet shop, and people kept asking how big I'd get.
- I went to see my doctor. "Doctor, every morning when I get up and I look in the mirror I feel like throwing up. What's wrong with me?" He said, "Nothing, your eyesight is perfect."
- I went to the doctor because I'd swallowed a bottle of sleeping pills. My doctor told me to have a few drinks and get some rest.
- One year they wanted to make me a poster boy—for birth control.
- My uncle's dying wish was to have me sitting in his lap; he was in the electric chair.

My two hobbies are smoking marijuana and rescuing stray cats.



How parents used to text back in the day ...





Thought of the Week

The happiest people don't have the best of everything. They just make the best of everything. — Anonymous

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Notes:

1. The Bulletin is provided as a website accessed document vice direct access. This was necessitated by SPAMHAUS who alleged the Bulletin's size and large subscriber base were choking the airways interfering with other internet user's capability to send email. SPAMHAUS told us to stop sending the Bulletin in its entirety to individual subscribers and to validate the subscriber base with the threat of removing all our outgoing email capability if we did not. To avoid this we notified all subscribers of the action required to continue their subscription. This Bulletin notice was sent to the 19,613 subscribers who responded to that notice and/or have since subscribed. All others were deleted from the active mailing list.

2. Bulletin recipients with interest in the Philippines, whether or not they live there, can request to be added to the RAO's Philippine directory for receipt of notices on Clark Field Space 'A', U.S. Embassy Manila, and TRICARE in the RP.

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5. Past Bulletin articles as well as an index of all previously published article titles are available on request to raoemo@sbcglobal.net. Bear in mind that the articles listed on this 200 page plus index were valid at the time they were written and may have since been updated or become outdated.

6. The Bulletin is normally published on the 1st and 15th of each month. To aid in continued receipt of Bulletin availability notices, recommend enter the email addree raoemo@sbcglobal.net into your address book. If you do not receive a Bulletin check either www.nhc-ul.org/rao.html (PDF Edition), www.veteransresources.org (PDF & HTML Editions), <http://veteraninformationlinksasa.com/emos-rao.html> (PDF & HTML Editions), or <http://frabr245.org> (PDF & HTML Editions) before sending me an email asking if one was published. If you can access the Bulletin at any of the aforementioned sites it indicates that something is preventing you from receiving my email. Either your server considers it to be spam or I have somehow incorrectly entered or removed your addree from the mailing list. Send me an email so I can verify your entry on the validated mailing list. If you are unable to access the Bulletin at any of these sites let me know.

7. Articles within the Bulletin are editorialized information obtained from over 100 sources. At the end of each article is provided the primary source from which it was obtained. The ++ indicates that that the information was reformatted from the original source and/or editorialized from more than one source. Because of the number of articles contained in each Bulletin there is no why that I can attest to their validity other than they have all been taken from previously reliable sources. My staff consist of only one person (myself) and it is a 7/10-12 endeavor to prepare and publish. Readers who question the validity of content are encouraged to go to the source provided to have their questions answered. I am always open to comments but, as a policy, shy away from anything political. Too controversial and time consuming.

8. Recipients of the Bulletin are authorized and encouraged to forward the Bulletin to other vets or veteran organizations.

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