

RAO

BULLETIN

1 September 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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- Attachment – Military History Anniversaries 1 thru 15 SEP (Updated)
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*** DoD ***



Arlington National Cemetery

Update 81: Around 3,471 Open Requests for Burials Backlogged



The last of World War II's Doolittle Raiders —Dayton native Lt. Col. Richard Cole — died 9 APR, but more than four months later he still hasn't been laid to rest in Arlington National Cemetery. A Dayton Daily News investigation found it's not uncommon for veterans and service members to wait nearly a year to be buried in what is considered the nation's most highly regarded cemetery while there is virtually no delay at Dayton National Cemetery. The

newspaper also found both national cemeteries are working to head off space shortages, which if not addressed could cause each to fill up within the next few decades. Burials at Arlington can take anywhere from five to 49 weeks once a family submits a request, according to a report issued in May by the Department of Defense's Office of the Inspector General. At Dayton National Cemetery, a burial can take place within days of a request being filed, the director told this news organization.

During World War II, Cole was then-Lt. Col. Jimmy Doolittle's co-pilot in the lead bomber in a historic 1942 raid to strike Japan. Also known as the "Tokyo Raid," it was the United States' first counter-attack against Japan, happening just four months after the attack on Pearl Harbor. The Air Force is handling the burial arrangements for Cole, who was cremated, said Tom Casey, a longtime friend of Cole and president of the Doolittle Tokyo Raiders Association. No burial is scheduled yet. "I've been through a few of these, but I've never hit so many stone walls before," Casey said. "Some were immediate burials. We've got a lot of people tied up in this." Arlington has increased the number of cemetery representatives it has on staff to "get veterans and their families here a little bit sooner," said Norka Rojas, director of interment services at Arlington. Since then, wait times have been reduced to around 9 months at the longest.

The root cause for delays at Arlington is that it simply doesn't have the resources available on a daily basis to conduct burials, the report states. Arlington conducts burials based on when a family submits a request, the state of a person's remains and the level of military honors required for a funeral, Rojas said. The cemetery typically has around 30 burials a day, Rojas said. Just eight or so of those daily burials are for vets like Cole who receive high-level honors. "It will require more resources from the branch of service," Rojas said, referring to the Air Force. "It's why we have not been able to schedule his service." There were more than 21 million living vets and dependents eligible to be buried in Arlington as of last year, according to the OIG report. As of September, there were around 3,471 open requests for burial at Arlington.

Aside from Arlington, which is run by the Army, most other national cemeteries are run by the National Cemetery Administration. The NCA has a scheduling office in St. Louis, Missouri. Ohio is home to five national cemeteries and one state veterans cemetery in Sandusky, Ohio. The national cemeteries include two that are still accepting burials, two confederate cemeteries that are filled and a soldier's lot in Cleveland that is also closed. Dayton National Cemetery and Ohio Western Reserve National Cemetery in Seville, Ohio are both still accepting burials. While it can take nearly a year to be buried at Arlington, the wait to schedule a burial at Dayton National Cemetery is far shorter, said Doug Ledbetter, director of Dayton's cemetery which shares a campus with the Dayton Veterans Affairs Medical Center.

"Given the volume that they do, I'm not totally surprised," Ledbetter said of Arlington. "That is not the case with us. We can generally be pretty accommodating." Dayton National Cemetery is on track to be full in the next 21-30 years, Ledbetter said. But, the cemetery is already considering its options for expansion. "They'll start looking prior to that obviously because we don't want to close," Ledbetter said. "It's important for our vets to have access to that benefit." Dayton National Cemetery is preparing to expand its gravesites for cremation and in the next two to three years it will likely add additional casket grave sites, Ledbetter said.

Arlington National Cemetery is nearly full and it's mostly landlocked by a highway. That's an issue the NCA has had to confront when expanding or adding new national cemeteries, Ledbetter said. More than 375,000 people are buried at Arlington, according to the OIG. There are around 99,000 spaces currently available, a spokeswoman said. The Army is considering several expansion options and has also looked into making the cemetery more selective. One expansion currently under consideration could extend the life of Arlington by 15 to 20 years into the mid-to-late 2050s, spokeswoman Kerry Meeker said. Arlington National Cemetery surveyed around 230,000 people last year and the results showed that 96 percent wanted Arlington to remain an active cemetery. "It is our job to care for our nation's heroes and their families and there aren't much more sacred duties than what we do here," Rojas said. "That's the reason we want to continue."

Service members who die in the line of duty and veterans who are not dishonorably discharged can be buried in one of the country's 136 national cemeteries or 33 soldier's lots at no charge to the family. The number of burials

have slowly increased at the Dayton cemetery recently. It's a sign, Ledbetter said, that national cemeteries appear to have gained favor in recent years. In 2016, Dayton National Cemetery had around 1,136 burials. This year, the cemetery estimates it will have more than 1,200 burials. "I think there was a stigma years ago because it was something that was free," Ledbetter said. "But, it isn't free. Veterans earn that for their service." Greater awareness of the burial benefit given to vets may also be increasing interest in national cemeteries, said both Ledbetter and Mark Landers, executive director of the Montgomery County Veterans Service Organization.

Families can apply for burial before their relative has passed with forms available through the VA and the Department of Defense but most aren't aware of them, said Landers, whose organization helps vets navigate the benefits system. "I don't think (vets) have known the details of what they can provide out there to be honest with you," Landers said. Dayton National Cemetery is usually able to provide military honors, present a U.S. flag to the family and provide perpetual upkeep and care of the gravesite after the burial, among other things. Taking that burden off of the family of the deceased is a big help, Landers said.

When Cole is eventually interred at Arlington, he will join several other notable Ohioans. John Glenn, who was the first astronaut to orbit earth, a World War II marine and former senator is buried in Arlington. Ohio Medal of Honor recipients Army Sgt. Forrest Everhart and Navy Machinist Mate 1st Class Robert R Scott, whom both served in World War II, are also buried there. It's important, Landers said, that there remain places where veterans who put their life on the line for their country can be buried together. Regardless of what the solution may look like for national cemetery expansions, Landers said the government should continue providing the free burial benefit. "They should maintain and keep offering it," Landers said. "Veterans should have a place to be buried among their comrades." [Source: Dayton Daily News | Max Filby | August 18, 2019 ++]

Immigration Policy's Vet Impact

DoD vs. VA Exemption Effort

Top officials of the Department of Veterans Affairs declined to step in to try to exempt veterans and their families from a new immigration rule that would make it far easier to deny green cards to low-income immigrants, according to documents obtained by ProPublica under a Freedom of Information Act request. The Department of Defense, on the other hand, worked throughout 2018 to minimize the new policy's impact on military families. As a result, the regulation, which goes into effect in October, applies just as strictly to veterans and their families as it does to the broader public, while active-duty members of the military and reserve forces face a relaxed version of the rule.

Under the so-called public charge regulation, which became final last week, immigrants seeking permanent legal status in the U.S. will be subject to a complex new test to determine if they will rely on public benefits. Among the factors that immigration officers will consider are whether the applicant has frequently used public benefits in the past, their household income, education level, and credit scores. Active-duty military members can accept public benefits without jeopardizing their future immigration status; veterans and their families, however, cannot.

The rule, which could reshape the face of legal immigration to the U.S., is one of the highest-profile changes to the immigration system undertaken by the administration of President Donald Trump. An initial proposed version of the rule received over 266,000 public comments, the vast majority in opposition. Three lawsuits challenging the policy were quickly filed: one by a coalition of 13 states and filed in Washington state, one by San Francisco and Santa Clara County in California, and one by a coalition of nonprofit groups in California. Because the new rule creates a complex and subjective test, it's impossible to predict precisely how many veterans and their families who otherwise qualify for green cards will now be rejected. (The Department of Homeland Security told reporters 19 AUG that it hasn't analyzed how many people would most likely be denied green cards under the new rule.)

However, documents tracking the regulation's development show that the DOD was concerned enough that the rule would harm military families that it worked with DHS to limit the regulation, ultimately securing the benefits exemption for active-duty military members. The reasons for the VA's inaction are unclear. The agency referred all questions to the White House, which did not respond to a request for comment. During the six months officials had to weigh in on the new regulation, the VA lacked permanent leaders in several top positions while juggling several major initiatives, which fell behind schedule or failed. "They should be the foremost government agency that's fighting for protections for veterans," said Jeremy Butler, chief executive officer of the Iraq and Afghanistan Veterans of America. "If they have a 'No Comment,' that says to me that it wasn't given the time and attention and research necessary to understand how it would affect the veteran community."

Sen. Sherrod Brown (D-OH), who sits on the Senate Veterans' Affairs Committee, said in a statement to ProPublica, "It's despicable that the Trump Administration is punishing veterans who sacrificed for our country simply for using the support services they've earned." He added, "Instead of tearing down military families, the President should be working to support those who've done so much for our country." In practice, the exemption the DOD won for active-duty military members is a narrow one. While the frequent use of public benefits is a "heavily weighted negative factor" in determining whether to block an immigrant under the new rule, members of the military and their families are still subject to the other factors weighed by immigration officers when applying for green cards.

But narrow as it is, no such exemption exists for veterans and their families, so using public benefits — as well as other factors like having meager savings — will count against them if they or their families apply for green cards. "If they care about the active-duty people, I don't know why they don't care about military veterans who aren't doing very well," said Margaret Stock, an immigration attorney with many military clients. Stock helped create a special program called Military Accessions Vital to the National Interest, or MAVNI, which created a pathway for military enlistment for refugees, undocumented young people, foreign students and others who lack green cards. A spokeswoman for U.S. Citizenship and Immigration Services, the DHS agency that is implementing the rule, declined to comment, citing pending litigation.

The new policy is a signature effort of the Trump administration and builds on a long-standing law that bars immigration by people deemed to be "public charges." But the law does not define the term. In 1999, the Clinton administration narrowly defined it to mean someone who "primarily" depends on the government for subsistence, either through cash welfare or long-term care funded by the government. The new regulation lowers the bar to be considered a "public charge" by redefining it as an immigrant who receives certain types of public benefits for more than 12 months in a three-year period. If an immigrant receives two benefits in a single month, that would count as two months. The public charge test applies to people entering the country or those trying to become lawful permanent residents, commonly known as green card holders. It does not apply to those who already have green cards and are seeking citizenship.

Noncitizens have long served in the U.S. military, often contributing specific needed skills such as sought-after foreign language fluency. Census data shows that about 100,000 noncitizen veterans live in the U.S., according to a ProPublica analysis of data provided by the University of Minnesota's IPUMS, which collects and distributes census data. Most of them already have permanent status, Stock said. It's not clear exactly how many veterans do not have green cards or have spouses who don't. Since 2008, about 10,000 people have joined the military through the MAVNI program, according to the Migration Policy Institute, a nonpartisan immigration research group. But the program is currently not accepting applications.

In practice, the public charge rule is more likely to affect veterans' families — such as spouses who are undocumented or on temporary visas — rather than veterans themselves. Under federal law, undocumented immigrants and temporary visa holders are generally not eligible for public benefits. "A lot of veterans end up marrying women or men that don't have green cards; that happens very often," said Hector Barajas, who leads an advocacy group called Deported Veterans Support House. "There is a population of people that will be affected."

The White House began seeking agency comments on March 29, 2018. An official at the Office of Management and Budget emailed officials from 19 agencies, including the VA, attaching a draft of the regulation and asking for comments. The email was sent one day after the VA secretary at the time, David Shulkin, was fired by Trump in a tweet. One week after the White House’s email, a VA official in the secretary’s office responded: “VA submits a ‘No Comment’ response.” The White House again asked for agencies’ comment in July and September 2018, and each time, a VA official sent the same response. The White House’s Sept. 4, 2018, email stated that the newest draft included “exemptions for service-members.” In an initial proposed version of the regulation released to the public later that month, DHS made clear that it decided on the exemption “following consultation with DOD.”

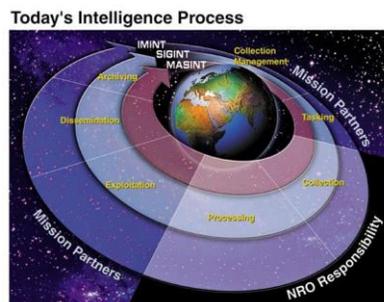
The emails obtained by ProPublica do not include military officials’ communications with the White House or DHS. A Pentagon spokeswoman, Jessica Maxwell, said, “DOD was consulted in these conversations,” but she declined to provide further details. But because the VA declined to provide such “consultation,” an exception for veterans wasn’t considered in the initial proposed regulation in 2018. Only after members of the public raised the issue during the regulation’s comment period did DHS consider, and ultimately refuse, a veterans’ exemption in the final regulation, which was released last week.

In its justification for the new policy, DHS said veterans aren’t afforded the same exemption as active-duty service members because they have access to special VA benefits, which the new policy doesn’t count against them. Furthermore, the department said, while active-duty service members often need to use benefits to supplement low military salaries, veterans are free to take higher-paying jobs. But not every veteran receives veterans’ benefits, and the benefits — which include health care for conditions related to military service, education stipends and home-buying assistance — are not a substitute for benefits that make up the broader social safety net like food stamps, Medicaid and housing vouchers. Critics of DHS’ decision say many veteran families occasionally need to use public benefits or fall into poverty. A VA spokesman declined to say if the agency has any concerns about the new policy’s impact on veterans.

The emails obtained by ProPublica also show that as the White House scrambled to finish the regulation and release it to the public last year, it discouraged federal agencies from arguing against the major thrust of the policy. “Please do not worry about non-substantive line edits,” a White House official, whose name is redacted, wrote in bolded type. “Please recognize, also, that the decision of whether to propose expanding the definition of public charge, broadly, has been made at a very high level and will not be changing.” [Source: Propulica | Yeganeh Torbati, Isaac Arnsdorf & Dara Lind | August 19, 2019 ++]

U.S. Space Command

Update 03: SPACECOM Official Launch 29 August



The Pentagon will stand up a new combatant command before the end of the month, with the official launch of U.S. Space Command set for 29 AUG. Speaking at a meeting of the National Space Council on Tuesday, Gen. Joe Dunford,

the outgoing chairman of the Joint Chiefs of Staff, announced the date for the standup of the new organization, the first combatant command to be fully stood up since Africa Command was created in 2009. Upon its standup, SPACECOM head Gen. Jay Raymond will inherit 87 units, covering “missile warning, satellite operations, space control and space support,” Dunford said. Raymond has previously said he expects to start with about 642 personnel pulled from U.S. Strategic Command. Army Lt. Gen. James Dickinson has been nominated to become the deputy commander.

Raymond has acknowledged that the standup of the new organization won’t be easy, telling members of Congress in written testimony from June that “my first priority will be to ensure the seamless transition of the command and control of critical space capabilities that the nation and the joint force depend on each and every day. Simultaneously we need to ensure we take steps to strengthen readiness and lethality as we complete our shift from a permissive environment to a posture for warfighting.”

The creation of the new combatant command is the first step towards the creation of a full-up Space Force, an idea that has been heavily pushed by President Donald Trump. “This initiative is going to have a positive impact on our ability to grow the people and capabilities that we’re going to need in the future,” Dunford said of an eventual Space Force. “I’m confident the focus that a single service will bring to bear is going to have a profound difference.” “The direction is clear. We understand it. And we’re moving out.”

If war in space erupts, the new US Space Command will have the power to order the National Reconnaissance Office (NRO) to take “defensive space operations” under a new joint concept of operations. The new chain of command represents a tectonic plate shift in US national security space, which has long been plagued by often testy relationships between the Intelligence Community and DoD. “For the first time, there will be a unified structure that fully integrates Intelligence Community and Department of Defense space defense plans, authorities and capabilities to ensure seamless execution of space defense systems,” Acting Director of National Intelligence Joseph Maguire told the National Space Council today.

“Furthermore, should conflict extend to space, the NRO will take direction from the Commander of US Space Command and execute defensive space operations based on a jointly developed playbook and informed by a series of exercises and war games,” Maguire added. Marty Faga, former NRO director, says the speed of attacks on satellites is a prime driver behind the need for this sort of policy change. “A big problem at least currently for all of our systems, military and IC, is that many forms of attack will come with no warning like cyber, jamming and laser. Moreover, kinetic ASAT attack in LEO takes 8 minutes from launch to strike. It will be quite a while before our ability to detect, track and respond will be that fast,” he says. [Source: DefenseNews & Breaking Defense | Aaron Mehta & Theresa Hitchens | August 19 & 20, 2019 ++]

DOD Missile Tests

Update 02: Tomahawk Land Attack Cruise Missile Hits Target



The US took its first post-INF shot just 17 days after the America pulled out of the arms control treaty, launching a Tomahawk Land Attack Cruise Missile from a California island. The missile flew more than 500 kilometers,

according to a defense official, marking the first time since 1987 that the US has demonstrated the capability to launch a ground-based cruise missile between 500 and 5,000 kilometers — ranges previously banned by the Intermediate-Range Nuclear Forces treaty with Russia. With the treaty’s 2 AUG demise, the cruise missile launch is now fair game. The missile launched from San Nicolas Island in Southern California, flew 500 kilometers and struck back near where it launched.

The fact that the Navy/SCO test was able to hit a land target, as opposed to falling in the sea, shows at least some work had been done previously on the Tomahawk variant in order to get it in the air just 16 days after the US pulled out of the 32 year-old INF treaty. While the Pentagon is showing what it can do, any future tests will depend on the National Defense Authorization Act’s conference negotiations this fall. In its 2020 budget request, the Pentagon asked for \$96 million to continue research and begin testing ground-launched missiles that break the INF’s previously restrictive bounds. But the Democratically-controlled House rejected the funding in its version of the bill, tying the money to a fuller explanation from the Trump administration about whether existing sea and air-launched missiles would work, instead of building a new capability.

The test, a defense official said, was conducted as a joint project between the Navy and the Strategic Capabilities Office, and used a Mark 41 Vertical Launch System similar to the one found on the Aegis Ashore missile defense system the US has placed in Poland and Romania, in spite of loud Russian objections. The official said the launcher is a modified version of the one found on the Aegis Ashore platform, which is designed to intercept missiles launched by Iran.

Russia argues the Aegis sites are potentially offensive threats on its doorstep, claiming they could be retrofitted to launch missiles into Russian territory. Both American and NATO officials have long said the sites are designed to detect and counter Iranian missiles and contain no offensive capabilities. Moscow has refused to accept NATO missile sites on former Warsaw Pact territory, calling it a “direct threat.” Pentagon officials have long insisted that they were free to experiment with and evaluate missiles that would, if fielded, violate the INF treaty. But while the pact was in place, they would go no further than doing initial research.

That all changed on Sunday with the Tomahawk launch. “The test missile exited its ground mobile launcher and accurately impacted its target after more than 500 kilometers of flight,” the DoD said in a release. “Data collected and lessons learned from this test will inform the Department of Defense’s development of future intermediate-range capabilities.” [Source: Breaking Defense | Paul McLeary | August 19, 2019 ++]

Afghan Peace Talks

Update 03: 9th Round of Talks to Find Resolution to the Nearly 18-Year-Old War

President Donald Trump said 29 AUG the U.S. plans to withdraw more than 5,000 American troops from Afghanistan and then will determine further drawdowns in the longest war in American history. Trump’s comment comes as a U.S. envoy is in his ninth round of talks with the Taliban to find a resolution to the nearly 18-year-old war. The president, who campaigned on ending the war, said the U.S. was “getting close” to making a deal, but that the outcome of the U.S.-Taliban talks remained uncertain. “Who knows if it’s going to happen,” Trump told Fox News Radio’s “The Brian Kilmeade Show.”

Trump did not offer a timeline for withdrawing troops. The Pentagon has been developing plans to withdraw as many as half of the 14,000 U.S. troops still there, but the Taliban want all U.S. and NATO forces withdrawn. “We’re going down to 8,600 (troops) and then we’ll make a determination from there,” Trump said, adding that the U.S. is going to have a “high intelligence” presence in Afghanistan going forward. Reducing the U.S. troop level to 8,600 would bring the total down to about where it was when Trump took office in January 2017. According to the

NATO/Resolute Support mission, the U.S. had 9,000 troops in Afghanistan in 2016, during the Obama administration, and 8,000 in 2017.

Trump has called Afghanistan — where the Taliban harbored members of the al-Qaida network responsible for 9/11 — the “Harvard University of terror.” If terror groups ever attacked America from Afghanistan again, “we will come back with a force like they’ve never seen before,” Trump said. But he added: “I don’t see that happening.” Al-Qaida insurgents used Afghanistan as a base from which to plan the Sept. 11, 2001, attack on the United States. A month later, U.S. troops invaded Afghanistan, where they have remained ever since, making it the longest war in American history. More than 2,400 American service members have died in the conflict.

A Taliban spokesman also has said that they’re close to a final agreement. But even as the talks go on, there are persistent attacks by the Taliban across Afghanistan, and an affiliate of the Islamic State group, also known as ISIS, has taken root in the country and is expanding its base. “Taliban and ISIS are still potential threats for the national security of Afghanistan and the US. The Afghan government strongly believes that any reduction of US forces in Afghanistan will be based on conditions on the ground,” Sediq Seddiqi, a spokesman for Afghan President Ashraf Ghani, said in a statement. He added that the Afghan government hopes that Afghanistan and the U.S. will continue to fight international terrorism together as the countries have done for many years. “The level of threats from the Taliban and ISIS has increased in Afghanistan and it is therefore needed now more than any other time to counter them together and make sure that we will not leave any gap that would give the Taliban an opportunity to turn this country again in to a safe haven for international terrorists,” he said.

A State Department spokesman said U.S. envoy Zalmay Khalilzad and his team continued to make progress Thursday in Doha, Qatar, toward an agreement with the Taliban. The spokesman was not authorized to publicly discuss the negotiations and spoke only on condition of anonymity. “If and when we are able to announce an agreement, the process will pivot to intra-Afghan negotiations, where the Taliban will sit with other Afghans and together they will commit to a permanent and comprehensive ceasefire,” the spokesman said in an email. Afghanistan’s government expects that Khalilzad will soon update officials in Kabul on the Taliban talks. Even if Khalilzad is able to close a deal, it will remain for the Afghan government to try to negotiate its own agreement with the Taliban. Part of those talks would include determining a role for the Taliban in governing a country that it ruled before U.S. forces invaded in October 2001. So far, the Taliban have refused to negotiate with the Afghan government, which it views as illegitimate and a puppet for the West.

On 28 AUG at the Pentagon, the top U.S. military officer said it was too early to talk about a full American troop withdrawal from Afghanistan. Gen. Joseph Dunford, chairman of the Joint Chiefs of Staff, told Pentagon reporters that any U.S. deal with the Taliban will be based on security conditions on the ground and that Afghan forces aren’t yet able to secure the country without help from allied forces. “I’m not using the withdraw word right now,” Dunford said. “It’s our judgment that the Afghans need support to deal with the level of violence” in the country today.

Sen. Lindsey Graham (R-SC), a key Trump supporter, and retired Gen. Jack Keane, a former Army vice chief of staff, also have expressed worry about trusting the Taliban to keep Afghanistan from becoming a launch pad again for international terror attacks. “The United States cannot contract out the American people’s security to the Taliban who, in exchange for a U.S. withdrawal, simply ‘promise’ to guarantee that al-Qaida and ISIS (in Afghanistan) are denied haven,” they wrote in an op-ed Wednesday in *The Washington Post*. Graham and Keane said they fear a U.S. withdrawal will not end the war and could start a new civil war as Afghan forces feel betrayed and abandoned and the Afghan government is severely undermined and weakened.

The State Department spokesman said any peace deal would not be based on “blind trust,” but would contain requirements and commitments from the Taliban that would be subject to U.S. monitoring and verification. [Source: Associated Press | Deb Reichmann | August 30, 2019 ++]

DoD Caregiver Resource Directory

Update 01: 2019 Edition Released

The Department of Defense has released the 2019 Caregiver Resource Directory (CRD), and it is ready for download! The annual update includes 114 pages of information on resources and programs, including those that assist caregivers of wounded, ill and injured Veterans and service members. The CRD is an enriched source of information. It addresses everything from childcare, education and training, healthcare needs, legal assistance, rest and relaxation, to peer support, mentoring, and so much more. The Directory is essentially a one stop shop for questions and concerns for those who are new to being caregivers.

The resources provided in the CRD have gone through a rigorous review and vetting process so that Veterans, service members and caregivers receive accurate, timely, and pertinent information. The simple guide is available online 24/7 in both English and Spanish. The guide uses icons to assist with quickly accessing VA and DoD programs and non-profit organizations. The CRD is also a good source for info on self-care programs and for respite assistance. "With many organizations offering support and services, it can be difficult to sort out the specific type of resource or program best suited for your needs. Therefore, this directory is compiled for you — the caregiver — as its primary focus." – DOD Military Caregiver Support

To access it online copy go to <https://warriorcare.dodlive.mil/files/2019/08/Caregiver-Directory-2019-Edition.pdf>. To download a digital copy of the CRD or to request a hard copy go to <https://warriorcare.dodlive.mil/caregiver-resources>. For information about VA resources, visit [VA Caregiver Support](#). [Source: Vantage Point | August 28, 2019 ++]

DoD Jobs

Rule May Change for Military Retirees

Under current law military retirees have to wait 180 days to start a job at DoD. But, soon they may no longer have to wait. There's a new push to change the law that requires military retirees to wait 180 days after leaving the military before starting a civilian job with the Defense Department. Several lawmakers say the mandated waiting period makes it hard for the DoD to get the best qualified people to fill government jobs because retirees often choose to pursue careers in the private sector instead of waiting out the 180-day "cooling off" period. "The 180-day rule creates a road block for veterans who want to continue to serve their country in retirement." said Sen. James Lankford (R-OK) who is one of sponsors of a new bill S.2115 to repeal the law. "Our bill puts in place common-sense protections to prevent unscrupulous hiring practices but ensures when we find the right person for an important DoD job, they can come on board as soon as possible."

Originally put into law in 1964, the 180-day waiting policy was intended to make sure that there wasn't a "revolving door" in the hiring process at the DoD. The law was waived after Sept. 11, 2001, when a national emergency was declared, but was reinstated in 2017. Between 2001 to 2014, while the waiting requirement was suspended, more than 41,000 retired service members were permitted to start government jobs without the 180-day wait, according to a report completed by the United States Merit Systems Protection Board.

The board's survey found concerns about the immediate hiring of some veterans. "Respondents in three different surveys indicated that inappropriate favoritism towards veterans was a problem," the report said. "In the surveys that permitted respondents to identify the source of the problem, some respondents alleged that there had been improper manipulations of the system for the purpose of benefiting retiring military members," according to the report. The Senate bill takes some measures to address the original concerns, requiring that positions within the DoD cannot be

held open for the retiring member. It also ensures that the specific job requirements don't offer any sort of advantage to the service member.

The bill also ensures the service member is put through the same standard civil service process as any other applicant would be for the position. "This legislation solves an unnecessary hiring hurdle and ensures the most qualified individuals are placed in jobs, while also safeguarding our federal hiring practices that are in place," Sen. Lankford said. The bill was introduced by Lankford, Sens. Mike Lee (R-UT), Mitt Romney (R-UT), Johnny Isakson, (R-GA) and David Perdue (R-GA). They also say that in addition to this bill there is companion legislation that has been introduced in the House. "I look forward to our bill's full consideration in the days ahead so our qualified veterans can get to work and use their military expertise and background to continue their support of our defense missions and national security," Lankford said. [Source: Together We Served Newsletter | August 2019 ++]

DoD Fraud, Waste, & Abuse

Reported 16 thru 31 AUG 2019



Defense Travel System – The Department of Defense processed nearly \$1 billion in improper travel payments to service members and civilian employees over a three year span, a Government Accountability Office report found. Improper travel payments, classified as amounts that should have either not been distributed at all or were dished out in an incorrect sum, have long been a thorn in the government's side, with service members either often receiving too much money, or no money at all, for international travel expenditures. Using the Defense Travel System to process travel payments from fiscal years 2016 to 2018, DoD disbursed a total of \$18.3 billion, reimbursement authorizations that were made after travelers submit vouchers documenting expenses, according to the report. Of that, GAO found \$965.5 million- or more than 5 percent - was discovered to be improperly distributed.

“Not all improper travel payments — such as legitimate payments that initially lacked supporting documentation — represented a monetary loss to the government,” the report said. But a significant sum was, in fact, lost. From FY2017 to FY2018, for example, DoD incurred \$549 million in improper payments. Of that sum, \$205 million was counted as a complete loss. These concerning gaffes were made despite a DoD plan established in 2016 to remedy errors exactly like them.

The Defense Travel Management Office, the Defense Finance and Accounting Office, and the Office of the Under Secretary of Defense all take steps to ensure Defense Travel System regulations are met. “On a monthly basis, DFAS statistically samples paid travel vouchers,” the report said. “DFAS officials then conduct a review of the sampled post-payment vouchers to identify erroneous travel vouchers and the types of errors that were made.” One such review in FY2018 revealed an improper payment rate of nearly 5 percent of that year's almost \$8 billion in travel payments, a rate of error that has remained consistent over the reviewed three-year span despite the aforementioned efforts to curb payment gaffes. In 2016, over 7 percent of payments were considered improper. Most of the payments made — 36 percent — were related to training.

The next highest sum distributed was categorized as routine TDY, or travel assignments to locations “other than the employee's permanent duty station,” the report said. The continuation of improper distribution suggests that DoD's remediation plan and committee it installed to enforce it “may not manage risk sufficiently,” according to the GAO report. Additionally, elements of the Defense Department's remediation plan were cited as incorrectly identifying

primary causes of erroneous travel pay, and even when a singular cause was correctly identified, no follow up occurred to ensure the component at fault was properly adhering to the plan put in place.

“Many actions remain incomplete, and communication of requirements was lacking,” the report claimed. “DoD has implemented mechanisms to identify errors leading to improper travel payments, but these efforts do not clearly identify root causes of these errors or the cost-effectiveness of addressing them.” The GAO report recommended the above flaws be addressed — remedies to the DoD’s remediation plan — before travel pay can be accurately tracked. Pentagon officials largely agreed with the GAO recommendations. [Source: MilitaryTimes | J.D. Simkins | August 15, 2019 ++]

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Fraudulent Benefit Collections – A former Army civilian employee stole thousands of troops’ personal information and collected millions of dollars in fraudulent military benefits as part of an international identity theft ring, according to a new federal indictment released on 21 AUG. Federal prosecutors arrested five individuals on charges of conspiracy, theft and fraud they say targeted current and former military members by opening fake benefits and bank accounts, then routing the money through several countries to disguise the wrongdoing. “The crimes charged today are reprehensible and will not be tolerated by the Department of Justice,” Attorney General William Barr said in a statement. “These defendants are alleged to have illegally defrauded some of America’s most honorable citizens, our elderly and disabled veterans and service members.”

Veterans Affairs and Defense Department officials said they are coordinating with the Justice Department to notify the individuals victimized in the crimes, some of whom may not be aware of any unusual activity with their benefits. Both agencies also promised more details soon on steps taken to “secure military members’ information and benefits from theft and fraud.” Federal prosecutors did not detail how many victims or how much money was stolen, but said the scheme dates back as far as 2014. The indictment alleges that **Fredrick Brown**, a former civilian medical records technician with the 65th Medical Brigade at Yongsan Garrison in South Korea, took photos of medical files for thousands of service members and veterans, including their Social Security numbers, military ID numbers and current addresses. That information was used to open up fake accounts in the military and VA online benefits systems, and reroute money to other bank accounts.

Two other U.S. citizens — **Trorice Crawford** and **Robert Wayne Boling Jr.** — were charged along with **Allan Albert Kerr** (an Australian citizen) and **Jongmin Seok** (a South Korean citizen) in the criminal ring. Boling, Kerr and Seok were arrested in the Philippines earlier this week. Crawford was arrested in San Diego, and Brown was arrested in Las Vegas. The group also used the information to gain access to some troops’ bank accounts, siphoning cash away from them and into their own pockets. They targeted several military focused banking institutions, including the Randolph-Brooks Federal Credit Union and USAA.

The five men employed a network of “money mules” to help move the funds around to avoid detection. Prosecutors said evidence of all five’s connection to the fraud came to light earlier this year. If a defendant is found guilty, wire fraud — which each of the five men were charged with — can carry a prison sentence of up to 20 years. Other charges in the indictment could add more time to that total. [Source: MilitaryTimes | Leo Shane III | August 21, 2019 ++]

-o-o-O-o-o-

Fort Bragg, NC – Federal authorities have charged a soldier formerly stationed at Fort Bragg, North Carolina with stealing military property. **Bryan Craig Allen** of Anacoco, Louisiana, was indicted 6 AUG on charges of theft of military property, conspiracy and aggravated identity theft. Prosecutors say Allen used his position as a chief warrant officer and property book officer for the 4th Battalion, 3rd Special Forces Group to delete items from inventory lists, stealing more than \$2 million in property from December 2016 through June 2018. The stolen property included 43 enhanced night vision goggles. Court documents suggest that Allen sold the goggles to the owner of a military surplus store in Fayetteville. Three other men have been charged in the investigation, which dates to 2013. Authorities said in court papers that additional targets will be charged. [Source: The Associated Press | August 9, 2019 ++]

TRICARE Survey

Confirms Cost, Access Contribute to Satisfaction

MOAA recently completed the latest in a yearly series of health care surveys. With changes beneficiaries continue to experience, MOAA intends to maintain a close, ear-to-the-ground perspective and will survey beneficiaries annually. The surveys collectively reveal respondents are satisfied overall with their health care benefit. Some groups much more so than others: For example, the respondents over age 65 who use TRICARE For Life (TFL) continue to express greater satisfaction with their benefit. However, when it comes to what they have to pay for their medications, they are increasingly dissatisfied.

- “Access to my provider has become more difficult with longer wait times for appointments. I stopped mail delivery of prescriptions because of the cost. While I travel further to refill my prescriptions, it is cheaper than the copay for the convenience, but now they are reducing medications available at the base hospital.”
- "As a retired member living on a fixed income, any increase in costs to include pharmacy costs, for myself and spouse would seriously jeopardize our health care. At 80 years of age I am seeing an increase in the need for more maintenance medications.”

From a general perspective, beneficiary respondents who use either TRICARE Prime or TRICARE Select continue to voice dissatisfaction with the cost of their care — and now many are experiencing access to health care issues more frequently as more military treatment facilities are reducing services.

- “Annual increases far outpace retired pay COLA and continues to grow far more than the healthcare I was promised when I joined the military. Finding doctors who will accept TRICARE, and who will accept TRICARE reimbursement rates, is more difficult every year.”
- “It's become harder to access the MTF [military treatment facility] as a retiree, and we are sent off base to civilian providers and have to pay much more out of our pockets.”
- “I've noticed more-frequent referrals to off-base, civilian providers because it's getting harder to get specialty care (like dermatology and cardiology) at the base.”

And to be sure, those who are currently serving are watching what is happening. Consider this service members experience:

- “As an active duty member, both my spouse and I receive excellent care through TRICARE. However, I largely attribute this to the fact that we get care at an MTF with high visibility. When I had Tricare Prime Remote while in a large metropolitan city, it was very difficult to first explain TRICARE, and then to get care through a network physician. I am greatly concerned about attempts to increase fees and costs for retired members, particularly when they are used to cut costs for the department.”

The information MOAA gains through these surveys will continue to shape the legislative agenda into the new year. In the meantime, let Congress know reducing military medical manpower affects real people – YOU! [Source: MOAA | Kathryn M. Beasley| August 28, 2019 ++]

POW/MIA Displays

Update 04: VAMC Manchester POW Bible Display Lawsuit

The veterans group that sponsors the oldest continuing POW-MIA vigil in the country is asking a federal court to allow it to intervene in a case that centers on whether a former POW's Bible can be featured in a lobby display at the Manchester, New Hampshire VA hospital. The Northeast POW/MIA Network is seeking intervenor status in the case,

filed by a veteran against the VA Medical Center in U.S. District Court, that claims the presence of the Bible in the display is unconstitutional. New Hampshire members of the group were responsible for creating the lobby display.

Every Thursday evening for 30 years, the group has hosted a vigil in Meredith, New Hampshire to honor those who were prisoners of war and to keep alive the memory of those who remain missing in action from America's wars. It also sponsors an annual POW/MIA vigil each June that draws hundreds to the shores of Lake Winnepesaukee to remember those still missing. Last year, New Hampshire members of the network sought and received permission to place a "Missing Man Table" in the lobby of the VA Medical Center in Manchester. Such displays are meant as a remembrance of serv* D

ice members who were POWs or MIA. The Manchester display includes a Bible donated by Herman "Herk" Streitburger who is now 100 years old, a Bedford man who served in the U.S. Army Air Corps in World War II and was captured and held as a German POW before managing to escape.

But the display soon drew controversy. The Military Religious Freedom Foundation, based in New Mexico, filed a federal lawsuit on behalf of veteran James Chamberlain, the named plaintiff, claiming the Bible's display violates the Constitution. The Texas-based First Liberty Institute is representing the Northeast POW/MIA Network in its motion to intervene in the case. In court papers filed 15 AUG, lawyers described the tradition of the Missing Man Table as dating to the Vietnam War and noted such displays have become permanent features at public forums across the nation, including at a public library in Athol, Massachusetts, and a VA hospital in Wilmington, Delaware. Typically, such displays contain symbols of those missing, including a slice of lemon to represent their "bitter fate," salt to represent the tears of their loved ones and an inverted glass signifying their inability to join in a toast.

Last month, in response to a request from First Liberty to clarify the policies governing such displays, the Department of Veterans Affairs issued updated directives stating that "religious symbols may be included in a passive display in public areas of VA facilities." In a letter to First Liberty, Juliana Leshner, national director of the VA Chaplain Service, said the 3 JUL directives "are designed to uphold the First Amendment to the United States Constitution, which ensures that the government does not establish one state religion as well as ensures the free exercise of religious faith by all people." A pretrial hearing on a motion to dismiss the case is set for 16 SEP. [Source: New Hampshire Union Leader | Shawne Wickham | August 18, 2019 ++]

USFHP

Update 01: TRICARE Prime Option in 6 U.S. Areas

The US Family Health Plan (USFHP) is a TRICARE Prime option. It's available through networks of community-based, not-for-profit health care systems in six areas of the U.S. If you're enrolled in USFHP, you can't get care at military hospitals or clinics or use military pharmacies. USFHP follows the same rules as TRICARE Prime. That means you can participate in TRICARE [Open Season](#), or change your enrollment after experiencing a Qualifying Life Event (QLE). If you want to switch from USFHP to TRICARE Prime, you don't need to wait for open season or a QLE to do so.

"USFHP enrollees receive the same benefits offered by the TRICARE Prime program," said Vickie Laperle, USFHP program manager at the Defense Health Agency. "They get access to advanced medical care and services in the communities where they live." As outlined in the TRICARE Plans [Overview](#), you must live in one of the designated areas to enroll in USFHP. You can learn more about these areas at <http://www.usfhp.com>. They include:

- Brighton Marine Health Center: Serves Massachusetts, including Cape Cod, as well as Rhode Island and parts of Northern Connecticut
- Christus Health US Family Health Plan: Serves Southeast Texas and Southwest Louisiana

- Martin’s Point Health Care US Family Health Plan: Serves Maine, New Hampshire, Vermont, and parts of New York state
- Pacific Medical Centers: Serves the Puget Sound area of Washington state
- Saint Vincent’s Catholic Medical Centers US Family Health Plan: Serves parts of New York (including New York City), all of New Jersey, Southeast Pennsylvania, and Western Connecticut
- Johns Hopkins Medicine: Serves Maryland, District of Columbia, Delaware, and parts of Virginia, West Virginia, and Pennsylvania

To enroll in USFHP, you must live in a designated USFHP area and also meet eligibility requirements. Active duty family members (ADFM)s, retirees, and their family members are among those who are eligible. Visit [US Family Health Plan](#) on the TRICARE website for a complete listing of beneficiaries who can participate. Like TRICARE Prime, enrollment is required. You have three options to enroll in USFHP:

- Online: Go to the [milConnect](#) website. Click the “Sign In” button at the top of the page. Then click the “Benefits” tab and then click “Beneficiary Web Enrollment (BWE).” Once you log in, select the “Medical” tab to enroll.
- Phone: You can call USFHP at 1-800-748-7347. Or, call a USFHP [site directly](#).
- Mail: Mail your [enrollment form](#) to the appropriate USFHP site. Find the mailing address on the form.

Coverage begins the day the [designated](#) provider receives your completed enrollment application. You may transfer from one region to another without an interruption in benefits. If you move to one of the other areas across the country where USFHP is available, you may transfer your enrollment without an interruption in benefits. If you disenroll from USFHP or move out of one of the USFHP service areas, you regain eligibility for other TRICARE [health plans](#). You don’t have to reenroll every year to continue USFHP coverage, but certain events will cause you to be disenrolled. All members of a family don’t have to enroll in USFHP. To learn more about split enrollments go to <https://www.tricare.mil/Plans/Enroll/USFHP/SplitEnrollment>.

To get care with USFHP you will need to choose a [primary care provider](#) in the health care system where you’re enrolled. Your provider will refer you for specialty care. In most cases, your provider will file your claims when you see a provider approved by USFHP. You don’t have access to care at military hospitals and clinics or from TRICARE-authorized network providers and Medicare providers when enrolled in USFHP. “USFHP includes prescription drug coverage,” said Laperle. “But you won’t be able to use military pharmacies to fill your prescriptions.” If you’re enrolled in USFHP, you’re not eligible for the TRICARE Pharmacy [Program](#). You must use USFHP pharmacy providers. USFHP members may fill one-time or urgent care prescriptions at a retail network pharmacy or at one of their plan’s onsite pharmacies. Long-term or maintenance prescriptions are filled through the USFHP mail order pharmacy service.

ADFM)s pay no enrollment fees and no out-of-pocket costs for any type of care received from a USFHP provider. All others pay annual enrollment fees and copayments, which are the same as for TRICARE Prime. There’s no annual deductible. Visit [US Family Health Plan](#) to learn more about the key features of this plan. Getting to know your health plan will help you make informed choices and take command of your health. [Source: TRICARE Communications | August 30, 2019 ++]

POW/MIA Recoveries & Burials

Reported 16 thru 31 AUG 2019 | Twenty-Two

“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 1st Lt. Joseph E. Finneran** was a bombardier assigned to the 345th Bombardment Squadron, 98th Bombardment Group. On Aug. 1, 1943, the B-24D aircraft that Finneran served on crashed as a result of enemy anti-aircraft fire during Operation Tidal Wave. Of the Americans killed, only 27 could be identified, not including Finneran. Interment services are pending. [Read about Finneran.](#)

-- **Army Cpl. Charles H. Grubb** was a member of Company M, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 1, 1950, in the vicinity of the Chosin Reservoir, North Korea, when his unit was attacked by enemy forces. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Grubb.](#)

-- **Army Cpl. Gudmund C. Johnson, Jr.** was a member of Company K, 3rd Battalion, 35th Infantry Regiment, 25th Infantry Division, when he was captured by enemy forces near Unsan, North Korea. He reportedly died while a prisoner of war at Camp #5, where he was held by the Chinese People's Volunteer Forces. Following his death, his remains could not be recovered. Interment services are pending. [Read about Johnson.](#)

-- **Army Cpl. Jerry M. Garrison** was a member of Headquarters Company, 1st Battalion, 32nd Infantry Regiment, 2nd Infantry Division. He was reported missing in action on Dec. 2, 1950, when enemy forces attacked his unit near Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Garrison.](#)

-- **Army Cpl. Ralph L. Cale** was a member of Company B, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 2, 1950, when enemy forces attacked his unit near the Chosin Reservoir, North Korea. His remains could not be recovered following the attack. Interment services are pending. [Read about Cale.](#)

-- **Army Cpl. Ysabel A. Ortiz** was a member of Battery D, 15th Anti-aircraft Artillery Automatic Weapons Battalion, 7th Infantry Division. He was reported missing in action on Dec. 2, 1950, when enemy forces attacked his unit near the Chosin Reservoir, North Korea. His remains could not be recovered following the attack. Interment services are pending. [Read about Ortiz.](#)

-- **Army Pfc. Jasper V. Marquez** was a member of Company L, 3rd Battalion, 38th Infantry Regiment, 2nd Infantry Division. He was reported missing in action on Nov. 28, 1950, when enemy forces attacked his unit near the Kunu-ri, North Korea. Repatriated American prisoners of war reported that Marquez had died at Hofong Camp while a prisoner of war, in January 1951. Interment services are pending. [Read about Marquez.](#)

-- **Army Pfc. Junior C. Evans** was a member of Company I, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 12, 1950, in the vicinity of the Chosin Reservoir, North Korea. However, accurate accountability of troops was often difficult due to the chaotic environment and Evans likely went missing during a battle between Nov. 27 and Dec. 6, 1950. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Evans.](#)

-- **Army Pfc. Lawrence E. Worthen** was a member of Company A, 1st Battalion, 112th Infantry Regiment, 28th Infantry Division. He was reported missing in action on Sept. 17, 1944, after his unit was attacked by enemy forces near Wettlingen, Germany. His remains could not be recovered after the attack. Interment services are pending. [Read about Worthen.](#)

-- **Army Pfc. Wilbur T. Tackett** was a member of Battery B, 57th Field Artillery Battalion, 31st Regimental Combat Team, 7th Infantry Division. He was reported missing in action on Dec. 6, 1950, when enemy forces attacked his unit near the Chosin Reservoir, North Korea. His remains could not be recovered following the attack. Interment services are pending. [Read about Tackett.](#)

-- **Army Sgt. 1st Class Phillip C. Mendoza** was a member of Battery D, 15th Anti-Aircraft Artillery, 57th Field Artillery Battalion, 31st Regimental Combat Team. He was reported missing in action on Dec. 2, 1950, when enemy forces attacked his unit near Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Mendoza.](#)

-- **Army Sgt. Billy J. Maxwell** was a member of Heavy Mortar Company, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action on Nov. 30, 1950 when his unit engaged against enemy forces near the Chosin Reservoir, North Korea. His remains could not be recovered following the battle. Interment services are pending. [Read about Maxwell.](#)

-- **Army Sgt. Gerald B. Raeymacker** was a member of Battery B, 57th Field Artillery Battalion, 7th Infantry Division, 31st Regimental Combat Team. He was reported missing in action on Dec. 6, 1950, in the vicinity of the Chosin Reservoir, North Korea, when his unit was attacked by enemy forces. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Raeymacker.](#)

-- **Army Sgt. Walter H. Tobin** was a member of Headquarters Company, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division, 31st Regimental Combat Team. He was reported missing in action on Dec. 2, 1950, when enemy forces attacked his unit near the Chosin Reservoir, North Korea. His remains could not be recovered following the attack. Interment services are pending. [Read about Tobin.](#)

-- **Marine Corps Pfc. Billy E. Johnson** was a member of 1st Marine Division, attached to the U.S. Army's 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division. He was reported missing in action on Nov. 30, 1950, when enemy forces attacked his unit near the Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Johnson.](#)

-- **Marine Corps Pvt. Edwin F. Benson** was a member of Company L, 3rd Battalion, 2nd Marine Regiment, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. In November 1943, approximately 1,000 Marines and sailors were killed, and more than 2,000 were wounded during the fighting. Benson was killed on the first day of the battle, Nov. 20, 1943. Interment services are pending. [Read about Benson.](#)

-- **Marine Corps Reserve Pfc. Raymond Warren** was a member of Company K, 3rd Battalion, 8th Marine Regiment, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. In November 1943, approximately 1,000 Marines and sailors were killed, and more than 2,000 were wounded during the fighting. Warren died between the first and second day of battle, Nov. 20-21, 1943. Interment services are pending. [Read about Warren.](#)

-- **Navy Fire Controlman 1st Class Robert L. Corn** was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma was hit multiple times which caused it to capsize quickly and caused the deaths of 429 crewmen, including Hall. Interment services are pending. [Read about Corn.](#)

-- **Navy Fireman 2nd Class Albert Renner** was assigned to the battleship USS West Virginia, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS West Virginia sustained multiple torpedo hits, but timely counter-flooding measures taken by the crew prevented it from capsizing, and it came to rest on the shallow harbor floor. The attack on the ship resulted in the deaths of 106 crewmen, including Renner. Interment services are pending. [Read about Renner.](#)

-- **Navy Seaman 1st Class Stewart Jordan** was assigned to the USS Nelson, which was anchored off the coast of Normandy, France. He was killed June 12, 1944, when the ship was hit by enemy fire. Following the war, his remains could not be identified. Interment services are pending. [Read about Jordan.](#)

-- **Navy Seaman 2nd Class Brady O. Prewitt** was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma was hit multiple times which caused it to capsize quickly and caused the deaths of 429 crewmen, including Prewitt. Interment services are pending. [Read about Prewitt.](#)

-- **Navy Seaman 2nd Class Hubert P. Hall** was stationed aboard the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma was hit multiple times which caused it to capsize quickly and caused the deaths of 429 crewmen, including Hall. Interment services are pending. [Read about Hall.](#)

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

* VA *



Agent Orange Diseases

Update 06: Where Are the Promised Additions?

In March, Veterans Affairs officials said they may have a decision on adding four new diseases to the list of Agent Orange presumptive benefits eligibility by the start of the summer. Five months later, they still haven't moved ahead.

“They told us they were ready to go, and we haven’t gone anywhere,” said Rick Weidman, executive director for policy at Vietnam Veterans of America. “It feels like they just don’t want to spend any money on this.” Vietnam veteran advocates feel a sense of urgency because the youngest who served there are in their early 60s.

Last November, [researchers](#) from the National Academies of Sciences, Engineering and Medicine announced they had compiled “sufficient evidence” linking hypertension, bladder cancer, hypothyroidism, and Parkinson’s-like symptoms with exposure to Agent Orange and other defoliants used in Vietnam and surrounding countries in the 1960s and 1970s. They recommended adding the conditions to VA’s existing list of 14 presumptive diseases associated with Agent Orange exposure, a designation which allows veterans to more quickly and easily qualify for disability benefits. Last March, VA’s top acting health official — Dr. Richard Stone — told members of the Senate Veterans’ Affairs Committee that he expected final action on the issue within 90 days.

But this week, a department officials said that they have “no announcements on Agent Orange presumptive conditions at this time,” providing no further details on delays in the process. Another senior administration official said VA is continuing to review the data and has not yet made any recommendations. Almost two years ago, then-VA Secretary David Shulkin likewise suggested he was moving towards adding more illnesses to VA’s presumptive conditions list for Agent Orange, but those changes also never materialized. The delay is the latest frustration for Vietnam veteran advocates already unsettled by the department’s decision earlier this summer to postpone payments related to “blue water” Navy veterans’s cases until early 2020.

Congress and the courts have mandated that sailors who served on ships off the coast of Vietnam during the war receive the same presumptive illness status as their fellow troops who served on the ground. But lawmakers also gave VA an option to delay processing those claims for six months, to ensure the rush of new cases doesn’t overwhelm the existing benefits system. VA leaders said using that extra time is responsible planning. Some advocates and lawmakers said they think the department could start processing some claims sooner, and have urged them to move up the timeline.

Weidman said he isn’t optimistic that the additional presumptive illnesses will be authorized before early next year. “Our best hope now is to get a bill introduced to push this forward,” he said. The addition of bladder cancer, hypothyroidism, and Parkinson’s-like symptoms to the list would potentially benefit thousands of aging veterans, adding a significant but not enormous amount to VA’s benefits expenses. But adding hypertension — high blood pressure — as a presumed service-connected illness could affect tens of thousands of individuals, potentially creating billions in costs in coming years. The condition is also common in many older Americans, further complicating whether it should be labeled a conclusive result of military service. [Source: MilitaryTimes | Leo Shane III | August 14, 2019 ++]

VA Blue Water Claims

Update 74: Fight to Speed Blue Water Navy Benefit Claims

Navy veterans who served in the waters off Vietnam may have won courtroom and legislative victories over the past several months, but they continue to wait for their earned benefits thanks to VA’s stay on claims until Jan. 1, 2020. And while MOAA fights to provide VA with the resources it needs to speed up that process, these veterans face another delay in a process that could expand their eligibility for medical care and other benefits. A November 2018 study by the National Academies of Sciences, Engineering and Medicine found multiple medical conditions linked to Agent Orange that are not included on VA’s “presumptive diseases.” These include “sufficient evidence” of a link between Agent Orange and hypertension, per the report, as well as “limited or suggestive evidence” of a link between the defoliant and bladder cancer, hyperthyroidism, and Parkinson-like symptoms (Parkinson disease is already on the VA list).

A VA official told a Senate hearing in March that he expected a decision on adding these conditions to VA's list within 90 days. That deadline has long since passed, and recent reports suggest no new timeframe is in place for the update. The delays in updating the list and in processing Blue Water Navy veteran claims continue to frustrate veterans and advocacy groups that have worked for years pursuing these benefits via both lawsuits and legislation. Another legal fight is underway seeking to end VA's stay on the claims, bipartisan efforts from lawmakers continue, and actions at the local level show veterans who've been affected by Agent Orange exposure have not been forgotten by their communities.

Add your voice to these efforts by helping MOAA push Congress to provide funds to the VA that would allow the department to expand staffing or update systems designed to speed these claims. Time is not a luxury afforded to many of these veterans, and delays on multiple fronts must be met head-on wherever possible. Contact your legislators [here](#) and send them the editable message provided by MOAA addressing the delays in updating the list and in processing Blue Water Navy veteran claims. [Source: <https://www.moaa.org> | August 26, 2019 ++]

VA Research

Update 04: Undertaking Studies on Deployment Linked Digestive Woes



VA Research is planning a series of studies on to gain insight into the gastrointestinal and liver problems that beset many Veterans after deployments. The goal is to bring new treatments to bear as soon as possible. The studies will be coordinated in the framework of a “roadmap” hammered out by GI and liver experts from VA and elsewhere. Many took part in a VA-sponsored conference in San Diego in May. A report on the meeting and the resulting roadmap will be in the journal *Gastroenterology*. It reflects the input of more than 20 clinicians and biomedical scientists.

Dr. Arun Sharma, a health science officer in VA's Office of Research and Development (ORD), says VA patients have a “very high incidence” of GI conditions like irritable bowel syndrome, inflammatory bowel disease, and infectious diarrhea. Liver diseases such as cirrhosis are also common. “Much of the discussion at the meeting focused on how many of these diseases can be triggered by severe stress and infections in military personnel who are deployed in different overseas environments,” says Sharma. He notes that combat exposure adds to the problem, both because of the emotional impact and the risk of physical wounds to the gut. Like many other wounds of war, these ailments don't necessarily get better once the service member is back home. They can become chronic. How and why that happens is

of particular interest to the researchers. Some have already been studying how war-related conditions like PTSD worsen gut health over time.

“Emerging evidence indicates that deployment-related diseases such as PTSD, Gulf War illness, and traumatic brain injury can change the composition of gut microbes and further exacerbate GI and liver diseases,” notes Sharma, summarizing one of the themes in the journal paper. These gut problems, in turn, lead to other health problems, both mental and physical. As a result of the meeting and journal paper, ORD expects to fund several study proposals from VA researchers. The focus will be on the gut microbiome. That refers to the bacteria and other tiny organisms inside the intestines. Some bugs are friendly and vital to life. Others are harmful invaders. “We want to support studies that will help us move to clinical trials.”

The first step is gaining more knowledge of how these microbes affect GI and liver health. Clinical trials will build off that knowledge, testing and refining therapies such as probiotics or fecal transplants. Dr. Zafar Iqbal, also a health science officer in ORD, says any lab research that is funded will have a clear path toward clinical trials. “We’re looking for solutions to help Veterans. Certain studies have to be performed first so we have a clear idea of what combinations of bugs [therapies like probiotics—essentially, live bacteria that help the gut] need to be used, which are the most effective for treating different diseases. We want to support studies that will help us move to clinical trials. We’re interested in not only treating GI disease, but also helping pain, and other symptoms that impact quality of life. The end goal is to improve Veterans’ overall health.”

Visit the VA Research website <https://www.research.va.gov> to read more about this initiative, including an interview with VA researchers Dr. Jasmohan Bajaj and Dr. Pradeep Dudeja on the links between deployment and gut health. You can also learn more about VA research on [gastrointestinal health](#) in general. [Source: Vantage Point | August 27, 2019 ++]

Reserve VA Counseling

Availability During Training or Drill Weekends

The U.S. Department of Veterans Affairs (VA) and the Department of Defense formalized a partnership 28 JUN between VA’s Vet Centers and the National Guard Bureau, to provide Vet Center counseling, outreach staff and other services to members during training or drill weekends. “This relationship between VA and the National Guard further advances the department’s efforts to decrease service member and Veteran suicide,” said VA Secretary Robert Wilkie. “Vet Center staff will provide counseling and referral to those who may be under stress and at risk for self-harm.”

VA’s 300 Vet Centers, 80 Mobile Vet Centers and a 24/7 call center provide community-based counseling for a wide range of social and psychological services, including confidential readjustment counseling and outreach and referral to eligible Veterans, active-duty, and National Guard and Reserve members and their families. Vet Center counselors and outreach staff, many of whom are Veterans themselves, are experienced and prepared to discuss the tragedies of war, loss, grief and transition after trauma. Suicide prevention is a top priority for the National Guard, which experienced the highest rate of suicide among military components in 2017. Since then, VA has seen a 38% increase in National Guard service members seeking Vet Center services.

"This is an important and historic day for the National Guard and Veterans Affairs," said Gen. Joseph L. Lengyel, chief of the National Guard Bureau, "This partnership will increase our ability to offer access to services to our Guard Soldiers and Airmen and their families who live in remote locations. Ultimately, this partnership will positively impact the readiness of our force." Suicides across the Guard have dropped to the lowest point than they have been in the past 5 years when comparing annual data from January to August. NGB is carefully examining the information to determine whether a direct correlation exists between the reduction of suicides so far in 2019, and this type of strategic engagement.

Nearly 300,000 Veterans and active-duty service members received Vet Center services in 2018. To find out more about Vet Centers, or to locate a nearby Vet Center, visit www.vetcenter.va.gov. [Source: VA News Release | August 27, 2019 ++]

VA Budget FY 2021

Wilkie Promises No Cuts in 2021 VA Request

The head of the Department of Veterans Affairs is promising a robust budget for fiscal 2021, claiming it's the only Cabinet-level agency the Trump administration has not required to make cuts. VA Secretary Robert Wilkie told a crowd at the American Legion National Convention on 28 AUG that he expects his department's funding to grow in the coming years. "I was privileged to present the largest budget [in] the history of this department to the U.S. Congress -- \$220 billion," he said to applause from convention-goers, who are celebrating the convention's 101st year. "I'm the only member of the president's cabinet who was ordered not to present any budget cuts to the Office of Management and Budget. And I can tell you that I have the same standing orders for next year's budget."

Congress has yet to pass the fiscal 2020 budget request, which includes a 9.5% increase for the VA over fiscal 2019. Wilkie's comments were meant to dispel rumors that the VA is on the road to privatization. "A \$220 billion budget calling for a workforce of 390,000 employees is a very strange way to privatize a department," he said. "Our care is as good or better than any in the private sector, and our veterans are voting with their feet." Wilkie pointed to data from the last year to support his assertion. The VA "completed more than 1.2 million more appointments through 21 MAY in fiscal 2019 compared to the same period the prior year," according to a department release. And he reiterated that the department has devoted more resources and manpower toward suicide prevention and dealing with the opioid epidemic.

Of the average 20 veterans who die by suicide daily, about half are over the age of 65 and likely served in the Vietnam war, Wilkie said. The growing disparity between how many of those vets are likely to take their lives versus how many are actually treated is what prompted the VA to act, he added. "Any veteran that walks through our doors ... is now screened for mental health, and provided same-day mental health care," he said but added, "We will not get anywhere on veterans suicide until this nation has a national conversation about life." Wilkie said that talking more openly about suicidal thoughts in the active-duty forces has already led to more targeted care.

He recently told a local Boise, Idaho, news station that the VA has screened close to a million veterans for suicide prevention since last October. Partnerships between the VA and the American Legion will allow for more outreach programs, he said. "There is important legislation in the Congress now that will let VA direct funding to groups like the American Legion to community partners across the country so they can support veterans at risk of suicide," Wilkie said. The measure, known as the IMPROVE Well-being for Veterans Act and introduced in June by Sens. John Boozman (R-AR) and Mark Warner (D-VA) would establish a new VA grant outreach program and allow for closer cooperation between nonprofits and state and local organizations.

The VA's demographics are also changing, which has led officials to recognize the department needs additional, specialized care, Wilkie said. In the early 1960s, women made up less than one half of 1% of the force. "The force I was responsible for under General [Jim] Mattis was 17% [female], and is going up to 20%," Wilkie said. "That means that 10% of those we serve are America's women warriors. By the end of the next decade, that figure will be at 25%."

Some VA locations are already dealing with this development. For example, roughly 20% of all veterans who come through the doors at the Fayetteville, North Carolina, VA facility are female, he said. "So the future is not only happening in North Carolina, it is happening across the country."

The secretary also touted the landmark Mission Act, the program that allows veterans to go to an urgent care facility for acute illness or injury and also provides private health care services if a veteran is lives too far from a VA facility or cannot get an appointment. The act, signed by President Donald Trump in 2018, took effect 6 JUN and is currently adding more urgent care clinics to create a network of walk-in community providers. "This president has revolutionized the way we look at veterans by saying conclusively that it is VA's job to fit the needs of the veterans instead of forcing America's veterans to design their health care around the needs of the VA bureaucracy," Wilkie said. "We are finally on the cusp of providing veterans 21st-century medicine." [Source: Military.com | By Oriana Pawlyk | August 28, 2019 ++]

Diabetes

Update 21: VA Finds Predictor Test for Vets at Risk

VA researchers say a simple blood test can predict who might develop diabetes years later. The finding could help people avoid the disease or get early treatment. Researchers studied the medical records of more than 900,000 Veterans. They found that a routine test called "random plasma glucose" predicted who was at risk of developing diabetes within five years. Random plasma glucose measures blood sugar levels. Scientists say test results that have been considered too low to indicate risk can be a warning sign. Dr. Mary Rhee, lead author of the study and a physician with the Atlanta VA Health Care System, says that's a good thing. It means people who are at risk can get counseling and treatment sooner. "Although screening for pre-diabetes and diabetes could permit earlier detection and treatment, many in the at-risk population do not receive the necessary screening," says Dr. Rhee.

Diabetes affects about a quarter of VA patients. It is the top cause of blindness, end-stage kidney disease and amputation in VA. The Centers for Disease Control and Prevention says about **7 million** Americans with diabetes **don't know they have it**. They often aren't diagnosed until they develop complications. The random plasma glucose test is done during routine medical examinations. It doesn't require patients to fast before having their blood drawn, which it easy and convenient for both practitioner and patient. Dr. Rhee's team found patients with two or more plasma glucose measurements of at least 115 mg/dL within a year were highly likely to be diagnosed with diabetes within five years. mg/dL stands for milligrams per deciliter. Patients with levels of 130 mg/dL or higher were even more at risk.

Patients with two random glucose tests showing levels of 115 mg/dL or higher should get a follow-up test. Dr. Rhee says testing is a cheap, effective way to see who is developing diabetes and start treating it earlier. "These findings have the potential to impact care in VA and in the general U.S. population," she says. The study was published in the July 19, 2019, issue of the journal PLOS ONE. Researchers are from the Atlanta, Boston and Eastern Colorado VA health care systems. Members of the team are also affiliated with Emory University, the University of Colorado, Brigham and Women's Hospital, Harvard Medical School and Boston University. The research was funded by VA Clinical Science Research and Development. [Source: Vantage Point | Tristan Horrom | August 30, 2019 ++]

Burn Pit Toxic Exposure

Update 69: VA Opens Research Center for Related Illnesses

The Department of Veterans Affairs is increasing its focus on health conditions linked to burn pits and other airborne pollution in combat zones, establishing a "center of excellence" to better understand the extent of related illnesses and treatments for affected veterans. The new Airborne Hazards and Burn Pits Center of Excellence was stood up in May at the VA's War-Related Illness and Injury Study Center, or **WRIISC**, in East Orange, New Jersey. The office will

specialize in clinical and translational research, as well as forging partnerships with researchers, physicians and others currently working to support veterans with burn pit-related diseases.

According to Dr. Anays Sotolongo, the center's director, the facility's mission is multipronged: It will work to understand the health consequences of airborne environmental exposures, provide health evaluations for difficult-to-diagnose patients, build a network of specialized clinicians across the country, and facilitate research. "We are forming collaborative partnerships with the Department of Defense, with academic partners and others to better understand the spectrum of diseases, health outcomes and treatments ... and we want to serve as a resource for providers seeing veterans all over the country," Sotolongo told Military.com.

The center was created last September by Congress as part of the legislation that funds the VA. It builds on an existing center of excellence -- the Airborne Hazards Center of Excellence -- and includes \$10 million in additional funds over the next year to study burn pit-related health conditions. When fully manned, the center will have at least 18 employees, including pulmonologists, occupational medicine physicians, technologists, researchers and more, Sotolongo said. An in-house analyst will study data contained in the VA Airborne Hazards and Open Burn Pit Registry, which contains information from 173,000 veterans who served in the Middle East starting with the first Gulf War and Afghanistan and Djibouti after Sept. 11, 2001.

Burn pits were used in Iraq, Afghanistan and elsewhere to dispose of waste generated by the deployment of millions of troops. Items including household trash, hospital waste, plastic bottles and drums, furniture, lithium ion batteries, computer parts, animal carcasses, insecticide-soaked tents and uniforms were burned in large open pits. At their peak, burn pits numbered 22 in Iraq and 251 in Afghanistan. Nine remain in operation. Service members who lived and worked at or near the pits described developing illnesses, including asthma, bronchitis and skin infections, shortly after landing in theater. Later, returning service members reported continuing health problems, including asthma and difficulties taking deep breaths. A number have been diagnosed with a rare lung condition called constrictive bronchiolitis, while some have other heart and lung conditions thought to be related to burn pits.

The new center of excellence will focus on cardiopulmonary conditions thought to be linked to burn pits, Sotolongo said, adding that lung and heart problems make up the highest number of symptom complaints in the burn pit registry. "We're focusing on that. It's sort of our low-hanging fruit," she said. Respiratory issues, however, are far from the only conditions burn pits may have caused. Many troops have developed cancers -- some rare -- they believe are related to exposure. In 2006, Air Force Lt. Col. Darrin Curtis, a bioenvironmental flight commander at Joint Base Balad in Iraq, said a number of cancer-causing agents, such as benzene, formaldehyde and xylene, were released into the air from the pits. "We have to start somewhere so we decided to start with cardio-pulmonary. But Phase Two, absolutely, we are looking to assess cancer risk, any sort of cognitive dysfunction. Veterans are saying they are having issues with processing and whether that's related to burn pits, we will be looking at that as well," Sotolongo said.

While Congress created the center by legislative decree, the center actually grew out of the work of the War Related Illness and Injury Study Center (WRIISC), which conducts comprehensive, four-day evaluations of the VA's most complex deployment-health cases, Sotolongo said. Veterans coming to the center often reported that they had chronic breathing issues, couldn't catch their breath or had no energy after returning home from overseas. Physicians at the WRIISC focused on pulmonary conditions long before the center of excellence was established, she said. "We would like veterans to know that we are listening to them, that we will be including their voices as we evolve. We understand the veterans have been experiencing many of these symptoms for a while, but we are a new center and ... we will be listening to what they have to say," Sotolongo said. "Our research and our clinical exploration is really guided by their voices."

The WRIISC sees veteran patients by referral from their VA primary care and specialty physicians and also provides consultations to veterans through their home VA medical centers. More information on the Airborne Hazards and Burn Pits Center of Excellence (<https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/AHBPCE/index.asp>) and the WRIISC (<https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/AHBPCE/index.asp>) can be found on their websites. [Source: MOAA Newsletter | August 26, 2019 ++]

Shingles

Update 11: VA Availability of New Vaccine Improving

Availability of the new shingles vaccine is improving across the Military Health System, according to Defense Health Agency Immunization Healthcare. The vaccine, Shingrix, is recommended for healthy adults 50 and older to prevent the painful skin rash that can have debilitating long-term effects for older people. Shingrix was licensed in late 2017. "Supplies are still limited nationwide because of the overwhelming demand," said Army Lt. Col. Christopher Ellison, deputy director of operations for the DHA's Immunization Healthcare Division. "But availability to the Department of Defense has improved from a year ago and continues to get better," he said, adding that beneficiaries should contact their local MTF to confirm supplies. "Now is the time to get your shingles immunization."

Who's at risk for getting shingles? "Anyone who's had the chickenpox," said retired Air Force Col. David Hrcncir, an allergist-immunologist at Lackland Air Force Base in San Antonio. A virus called varicella zoster causes shingles. It's the same virus that causes chickenpox. After chickenpox clears, the virus stays dormant in the body. The virus may reactivate many years later as shingles. It's not clear what causes this eruption, said Hrcncir, who's also medical director of Central Region Vaccine Safety Hub, Immunization Healthcare Division. According to medical literature, Hrcncir said, "Anywhere from 90 to 99 percent of people now over the age of 40 had chickenpox, before there was a chickenpox vaccine. About one-third will get shingles at some point in their lives, if they're not protected."

Some people under age 50 get shingles, Hrcncir said. But the risk of contracting the illness increases continually after age 50. Immunization before age 50 results in decreased protection during ages when the risk of contracting shingles is the highest, he said. That's why early immunization generally is not recommended. An earlier shingles vaccine was introduced in 2006. That vaccine was for people 60 and older when it first came out. Further, it was only about 70 percent effective in offering full protection against the virus, he said.

The Centers for Disease Control and Prevention offers recommendations about people who should not get the new vaccine. "Those who had the old vaccine will benefit from getting the new one," Hrcncir said. "Also, shingles can recur. So even if you've already had shingles, get the new vaccine." Retired Air Force Col. Scott Coale said he plans on getting the Shingrix vaccine. He came down with shingles in the fall of 2015, when he was in his mid-50s. His lower back started hurting before any rash appeared. Very quickly, he said, it became "the most excruciating pain I had ever experienced."

Shingles usually develops as a stripe across one side of the body or face, according to the CDC. People may feel pain, itching, or tingling in the area where the rash occurs a few days before it actually appears, the CDC said. Other symptoms may include fever, headaches, and chills. A few days after the rash appears, it turns into fluid-filled blisters. They usually scab over after a week or 10 days, and then the scabs clear up a couple of weeks after that, Hrcncir said. Coale said his symptoms lasted for a few weeks but luckily, he's had no lingering issues. For some shingles patients, however, the pain may persist even after the rash clears.

"The older you are when you get shingles, the more likely it is you'll develop post-herpetic neuralgia, or PHN, and have longer-lasting and severe pain," Hrcncir said. "The pain is not easily treated. So you're left with constant pain that can significantly affect quality of life." The new vaccine is a two-dose series, with the second dose administered anywhere from two to six months after the first. A majority of patients have reported side effects for two or three days after vaccination, Hrcncir said. They include headaches, fatigue, and nausea. The CDC recommends patients talk with their providers about possible side effects. [Source: Health.mil | August 16, 2019++]

New York Vet Cemetery

Update 03: \$23M Contract Awarded for Pembroke Project

U.S. Sen. Charles Schumer on 16 AUG announced that Veterans Affairs has awarded a \$23 million contract to begin construction of a veterans cemetery in Pembroke. The award clears the way for Global Urban Enterprise, of Ontario County, to take on the project sooner than was anticipated earlier this year. "Making this cemetery come to reality has been and remains one of my top priorities, and I won't stop fighting until it comes to fruition," Schumer said in a statement Friday. "This contract and the cemetery's construction soon getting underway helps guarantee Western New York's military veterans will have a proper burial, at a site close to the homes, families, and the very communities they dedicated their lives to defend and serve," he added.

Schumer has been working with local veteran leaders for a decade to bring the cemetery project into existence. Just last month, the Senate Minority Leader wrote a letter to Department of Veterans Affairs Secretary Robert Wilke, requesting that he make the cemetery a top priority and shorten the construction timeline for the project, which originally called for the construction contract to be awarded by the end of this summer. The VA took bids for the construction of the cemetery last year, but they were scrapped after coming in too far over budget. The project was then reconfigured into two phases and a new round of bids was solicited as the VA waited for Congress to set aside another \$10 million for the project.

The first burials at the facility – originally set for late this year – are now set to occur in November or December of 2020. In total, the first \$23 million phase of construction will create 4,000 gravesites, including about 2,500 gravesites for casket interments, and 1,500 in-ground sites for cremated remains. The new cemetery is intended to provide a final resting place for veterans in the Buffalo and Rochester areas. The closest veterans cemetery in the region is in Bath, about 100 miles outside of Buffalo. The cemetery will be built at the intersection of Indian Falls Road and Route 77 in Pembroke. [Source: The Buffalo News | Harold McNeil | August 16, 2019 ++]

VA Smoking Policy

Update 02: Extended to Include VA Employees

As part of the U.S. Department of Veterans Affairs' (VA) commitment to a smoke-free health care environment for Veterans, in October, the department will extend its smoke-free policies to include employees at its health care facilities. This follows the department's 10 JUN announcement of a new policy restricting smoking by patients, visitors, volunteers, contractors and vendors at its health care facilities. The integration of these two efforts guarantees a fully smoke-free environment for Veterans. "This policy change is consistent with our mission to promote a healthy environment for patients, visitors and employees at our facilities and is an important element of improving our health care system," said VA Secretary Robert Wilkie. "It will reduce the harmful effects of smoking, including exposure to second and third-hand smoke, as well as increase safety and reduce fire hazards caused by smoking."

The VA has collaborated with key stakeholders to update and recertify the employee policy to be consistent with department's commitment to Veterans and the community. Implementation of the employee smoke-free policy will be completed no later than January 2020 based on employee union-negotiated timelines. The Veterans Health Administration's (VHA) smoke-free policy applies to cigarettes, cigars, pipes, any other combustion of tobacco and non-Federal Drug Administration approved electronic nicotine delivery systems, 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 resources and programs to assist employees in their smoke free journey and these can be found at the following VHA

website at <https://www.mentalhealth.va.gov/quit-tobacco>. For additional information about the policy visit https://vaww.va.gov/vhapublications/admin/ViewPublication.asp?Pub_ID=8424. [Source: VA News Release || August 21, 2019 ++]

VA Home Loan Funding Fee

Update 03: Study Shows Hike Could Exclude 100K Vets

Increasing Veterans Affairs home loan fees coupled with rising interest rates could significantly decrease the number of veterans and service members able to use their benefit to buy a home, a new study shows. A 1-percent hike in the home loan fee could exclude more than 100,000 first-time buyers from using their VA loan benefit, according to the study from NDP Analytics and Veterans United Home Loans, a VA-approved lender. Increasing the rates or fees for those loans could have far-reaching economic effects. Up to 365,000 veterans and military families could be "priced out of using their home loan benefit if rates and fees keep rising," according to the study.

In 2016-18, more than 685,000 veterans and service members used their VA home loan benefit. The average loan amount was about \$257,077. Most VA loan recipients are required to pay a funding fee, which is determined by the veteran's type of service, the type of loan, amount of down payment and whether this is the first time the veteran has used the loan. The fee can be anywhere from 1.25 percent for first-time loan users who have a 10 percent or more down payment, to 3.3 percent for other users with no down payment. Veterans are more likely to be employed, have higher median incomes and be married than non-veterans, which means the pursuit of homeownership is often more likely in the veteran community, according to the study. About 76 percent of veterans are homeowners, compared to 62 percent of non-veterans.

Recent legislation waived VA home loan fees for Purple Heart recipients, saving thousands of veterans thousands of dollars. Disabled veterans already have the fee waived. But VA also has wrongly charged thousands of disabled veterans home loan fees totally millions, and many have yet to see their refunds. Currently VA owes \$286M to vets for wrongly charged fees. [Source: ConnectingVets.com | Abbie Bennett | August 20, 2019 ++]

VA Suicide Prevention

Update 58: Trump Orders VA to Buy Controversial Antidepressant

Ahead of his remarks at the AMVETS national convention on 21 AUG, President Donald Trump announced he has instructed Veterans Affairs officials to make a massive purchase of the antidepressant **Spravato** in an effort to stem veterans suicide. The president said the drug — developed by a subsidiary of the pharmaceutical firm Johnson & Johnson — has shown a “tremendously positive” effect in early testing and he is optimistic it can help with mental health problems in the veterans community. VA research shows that nationwide, about 20 veterans a day die by suicide. “This is a form of a stimulant where, if someone is really in trouble from the standpoint of suicide, it can do something,” Trump said. “It’s pretty well known, it just came out. We have calls in to Johnson & Johnson now, we’ve been talking to them for two months on buying a lot of it.”

Earlier this year, the Center for Public Integrity reported that Trump was pushing VA officials for quicker adoption of Spravato — a ketamine-like drug with the formal name esketamine — in mental health treatments despite concerns from some medical experts about its effectiveness. In June, a VA medical advisory panel declined to put the drug on its list of VA-approved medications. The move did not ban use of the drug but does require VA physicians to provide additional justification for why patients may need the medication, and mandates additional monitoring for potential side effects. Despite that, Trump on several occasions has mentioned the drug as a potential solution for depression and

suicidal thoughts. The medication is available as a nasal spray. “Hopefully we’re getting it at a really good cost,” he said.

In recent months, Johnson & Johnson has touted the medication “a breakthrough medicine” and said they are working with VA officials to ensure broader access to it. The president’s comments came in response to a question about the administration’s response to the problem of veterans suicide. Trump also mentioned the interagency task force he established this spring, which is scheduled to release a report early next year on new approaches and policies to help struggling veterans. Veterans experiencing a mental health emergency can contact the Veteran Crisis Line at 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or family members can also text 838255 or visit www.VeteransCrisisLine.net for assistance. [Source: MilitaryTimes | Leo Shane III | August 21, 2019 ++]

VA Suicide Prevention

Update 59: Responding to 1700 Calls a Day

A hotline launched in 2007 has answered more than 3.5 million calls, sending emergency help to nearly 100,000 people. At the Veterans Crisis Line in Canandaigua, New York, the calls come in all day and night. Every day, 1,700 calls come in from veterans on the brink. CBS News was given rare access to the Veterans Affairs responders and their life-saving conversations. Twenty veterans take their lives every day in America, or 6,000 a year. Personal finances, broken relationships and loneliness are all factors.

Responder Terrence Davis, a Navy veteran himself, said he always tries to answer by the second ring. "It's highly stressful. Just knowing that you have someone else's life in your hands," Davis said. Former Sergeant Danny O'Neel knows that feeling. Santa Cruz, California, may be a long way from the battlefield, but for him and his men, Sadr City, Iraq, is close by. "It was hell on Earth. It was the most dangerous place at the time," O'Neel said. In 2006, his unit lost nine men in the fighting. But back home, 14 have died at their own hands. "The guys started isolating and drinking and doing things that they thought were helping them cope. And it, and it led to depression and suicide," he said.

O'Neel, who attempted suicide in 2012, today describes it as the new enemy with isolation as its accomplice. It's why he now arranges surfing reunions for his fellow warriors. "When we're together, we feel that sense of family, that sense of a team that we miss," O'Neel said. "I've heard that the Pacific has no memory. For me, that's powerful because I can take Iraq out there and I can give it to the ocean. And I don't have to carry it around anymore." Back in New York, the VA's responders are also trying to lift that burden — one call at a time. For immediate help if you are in a crisis, call the toll-free National Suicide Prevention Lifeline at 1-800-273-TALK (8255), available 24 hours a day, seven days a week. All calls are confidential. [Source: CBS News | Dean Reynolds | August 26, 2019 ++]

VA Suicide Prevention

Update 60: Rising Women Vet Rates Accredited to Sexual Trauma

The Department of Veterans Affairs April 2019 press release that suicide rates among women veterans are going up and the suicide rate for women veterans was nearly twice the rate of non-veteran women should come as no surprise. Women are becoming the fastest-growing veteran group and will probably rise to 15% by 2035. The VA further indicates that it is devising a national strategy to prevent veteran suicide. According to former RAND researcher Rajeev Ramchand, now senior vice president of Cohen Veterans Network, “Sexual trauma is a significant risk factor for suicide.” Ramchand’s three years of intensive research and study concluded that women veterans “who screen positive for military sexual trauma have a higher risk of dying by suicide than those who don’t.”

The VA states that one in four women who have served or who are still serving in the military have experienced sexual trauma. Ramchand said that number is likely low because of “the stigma and possible consequences associated with reporting military sexual trauma.” Ramchand has it right according to Patricia Wilson, a veteran and columnist for the SC Times. Many women who she has worked with in the military and those who are now her sister veterans have spent years in a secret, private hell because they know their families, friends and other veterans will tend to blame them for what happened. Women on active duty are very cautious to not report sexual assault to their commanders, as they do not want to jeopardize their careers.

The RAND Corporation conducted an intensive survey in 2014 of every military installation in the United States, including all Navy vessels to determine the extent of MST (Military Sexual Trauma), and released a comprehensive list of the “most dangerous” ones where a military woman can expect to be assaulted. To cite just one example, the following Army bases were listed as leaders in MST involving women: Fort Huachuca, Arizona; Osan Base, Korea; Fort Drum, New York; Okinawa, Japan; and Fort Riley, Kansas. It is stunning to read this list and realize that the VA is still behind the curve on reaching the “hidden and invisible women veterans” who struggle daily to deal with what has happened to them.

The recent St. Cloud VA Women’s Expo on 17 AUG was a perfect example of lack of innovation and use of updated material. What she and other women she spoke with who attended this expo were hoping for was to hear perhaps how money might have been approved to completely update the Women’s Clinic and bring more female providers. They were told not to expect much happening in that regard for at least two years. Instead of having speakers who were excited about new ways to improve the situation for women veterans, they were treated to an afternoon of “art therapy,” painting clay fish and teapots while VA employees read 10-year-old statistics from their slide presentations. And they wonder why turnout at their events are so low?

In fairness, the VA employees are not completely to blame. After all, there is no solid, settled leadership at the top of the St. Cloud VA Medical Center. For the past two years the St. Cloud VA has had a succession of acting directors, but cannot seem to find a candidate to elevate to the position of director. There are 11 other VA Medical Centers in the U.S. dealing with the same problem. United States Secretary of Veterans Affairs Robert Wilkie is so busy patting himself on the back that columnist Wilson fears he may dislocate his shoulder and is not exactly the epitome of leadership. Wilkie has again turned down the American Legion’s request to go ahead and start early processing of Blue Water Navy Claims, stating the VA has until January 1, 2020 to BEGIN the process. Heaven forbid you might take the initiative and forge ahead, Mr. Secretary!

Meanwhile Wilson’s sister veterans continue to try to stay invisible and find their way through the maze of MST. These women have served with honor and distinction and need to have confidence that if they come forward that they will receive the help they have earned. Self-destruction is terrible option, but we are losing these women because they are deciding that the shame and fear that MST has brought to their lives will never end. They make the decision that the pain of dying is better than one more day of the pain of living with MST. [Source: SC Times | Patricia Wilson | August 26, 2019 ++]

VA EHR

Update 18: \$16B Project Hits Major Snag

Veterans Affairs Secretary Robert Wilkie insisted last week that the Trump administration is "on track" with a \$16 billion project to connect medical records for the military and vets. But that’s not exactly the case — the project faces significant delays and unanticipated headaches, according to three sources with detailed knowledge of what will be one of the largest technology contracts in federal history. Promoters of the flagship Trump administration project say it will create a model for better-coordinated care for the whole United States, setting up a digitized health care record for millions of current and future veterans from the time they join the military.

It's a massively complex bureaucratic and technical undertaking, however, and a host of glitches have surfaced since the VA contract was signed last year, raising doubts in Congress about whether it can achieve its lofty goals. Those problems are creating the first major hiccup for the project. It's promised March 2020 rollout at three VA medical centers — one in Spokane, Wash., the others in the Seattle area — is almost certain to be partially or completely delayed until October, the sources said which members of Congress worry could be an early sign of trouble. In an op-ed published in military newspapers last week, Wilkie said the Trump administration is "working to deliver a win for veterans that prior administrations could not: a unified electronic health record (EHR) solution" that "will give [Pentagon and VA] doctors instant and seamless access to veterans' full-service health records and history."

Partly at the urging of President Donald Trump's son-in-law Jared Kushner, the VA decided in 2017 to sign a no-bid contract with Cerner, which the Defense Department signed up with two years earlier to replace its homegrown records system. Three members of Trump's Mar-a-Lago Club also have been involved in the effort — at first trying to block the Cerner contract because one of them, physician Bruce Moskowitz, didn't like its software. A cache of 2017 emails released 22 AUG show that the VA officials in charge of the project humored the Mar-a-Lago group while bristling under their suggestions.

The Pentagon's project had gotten off on the wrong foot at four Pacific Northwest bases that year. Initially, the system lost prescriptions and made it difficult for clinicians to log on, leading terrified doctors to fear harm to their patients, as POLITICO reported at the time. Worried the same might happen to the VA project, its congressional overseers repeatedly have urged the agency to slow the project rather than risk compromising veterans' health care, so they are not entirely dismayed by news of the likely delay. "I have said to the VA, time and again, that we'd rather get implementation right than to rush to meet a deadline," said Rep. Susie Lee *D-NV), chairwoman of the House Veterans' Affairs Technology Modernization Subcommittee, in an interview. "If they are not ready to meet the highest standards of care, a delay might be required and that's what should happen."

The VA recently decided to split the initial implementation into two blocks, one that might go live in March and April, and a second in October, according to two sources with knowledge of the plan. But this would require the VA to offer limited Cerner software to clinicians during the first phase, they said, and it would require the first phase to start at the understaffed and cramped Mann-Grandstaff Medical Center in Spokane. So the agency may hold up the whole project until October. In a statement to POLITICO, the VA declined to say whether it would push the launch date. The VA "is continually evaluating its path forward based on lessons learned from the Department of Defense and commercial implementations," the agency said. "We are considering our options." A Cerner spokesperson said the VA was "finalizing their [rollout] strategy" and "already ahead of where other clients would typically be at this point in implementation. We are confident we are on the track."

"It is my understanding that VA is considering delaying the go-live at one or more of the initial Cerner cites," said physician and Rep. Phil Roe (R-Tenn.), ranking member of the full committee that led oversight of the project for years. "If delaying the initial go-live date is needed to ensure that implementation is ultimately successful and patient care is enhanced rather than disrupted, then I fully support it."

The project has been dogged by the inability of the Pentagon and VA to agree to a joint oversight board. The Pentagon has yet to give the VA authority to link its network to the current VA record system, decades-old VistA, which is key to implementation, a congressional staffer said. A new office called the Federal Electronic Health Record Modernization Office was supposed to handle that and other coordination matters, but the office isn't up and running yet, although the two agencies agreed to set it up last September. They recently notified Congress of the appointment of Neil Evans, a senior VA health care official, as interim leader of the office, with Pentagon health official Holly Joers as his deputy.

The various problems expected in the initial phase of the electronic records project — partial functionality of key clinical software, the need for clinicians to toggle between different software systems, and the enormous task of installing new IT hardware in the first three bases — has some congressional critics worried about the project's

direction. “Is it going to be something better than what they currently have in VistA?” asked a second congressional source, referring to the VA’s current software, which the agency developed in-house over the past 35 years. “That’s our concern.”

At a subcommittee hearing July 25, ranking member Jim Banks (R-IN) said the VA team had not provided answers to many questions Congress has asked about how well the system is going to work, including how data will flow between the two systems during the 10 years in which Cerner will replace VistA across the VA. "I am skeptical that all the technical constraints are known and there aren't more intractable difficulties waiting to be discovered," he added.

The VA recently trumpeted the transfer of records from VistA to the Cerner data center as a major first step in the project, but far more complex tasks, such as uploading the records into Cerner’s system and making them usable for VA providers, remain, observers said. “They have physically deposited the record on the Cerner side of the firewall, but they can’t do anything with the records,” a former VA official said, who compared the situation to having received a large encrypted file in an email. The VA's statement said it was "on track" in transferring the data.

Lee and Banks also had questions about how long the VA planned to have physicians use the Joint Legacy Viewer, a discreet software program that allows a clinician to view older VA and Pentagon patient data. The cumbersome viewer was one of the reasons the VA cited for moving to a single “seamless” health record with the Pentagon to begin with, Lee noted. “It’s not clear how it fits into the long-term interoperability strategy, that is, how long it will be needed,” she said. The VA said that two Cerner platforms — one with software used for patient encounters, the other with historical data and analytical tools — as well as the Joint Legacy Viewer will all be available on different "tabs" on the same terminal for clinicians, at least initially.

At the 25 JUL hearing, senior VA medical adviser Thomas O’Toole acknowledged the “challenge” of “complex clinical scenarios” where veterans are seen in different facilities and clinicians must call up multiple screens to safely review a patient’s data. “We’re trying to identify those workflow processes in advance so clinicians know what to expect,” he said. [Source: Politico | Arthur Allen | August 23, 2019 ++]

VA EHR

Update 19: OIG Reports VHA’s Document Scanning Backlog Puts Patients at Risk

Veterans Health Administration facilities are woefully behind when it comes to scanning and entering medical documentation into patients’ electronic health records. According to an audit by the VA’s Office of Inspector General, the agency found significant backlogs across the VHA, potentially putting patient care at risk because of a lack of timely and accurate EHR documentation. “Based on data provided by the eight facilities visited and the 78 facilities interviewed, the audit team calculated that as of July 19, 2018, VA medical facilities had a cumulative medical documentation backlog of paper documentation that measured approximately 5.15 miles high and contained at least 597,000 individual electronic document files dating back to October 2016,” states OIG’s report.

In addition, auditors revealed that “when medical facility staff scan medical documentation, they are not always performing the appropriate reviews and monitoring to assess the overall quality and legibility of the scanned documents.” While VHA facility directors are responsible for establishing policies and processes to ensure all duties associated with health record scanning are conducted in a timely manner, OIG concluded that staffing shortages were a factor in medical documentation backlogs. “Staffing levels should be proportional to the volume of scanning to be completed; however, staffing levels and productivity standards varied significantly among the facilities reviewed, even between facilities with comparable veteran populations, demonstrating that VHA facility directors are not consistently assessing staffing needs based on scanning demand,” according to auditors.

OIG warned that what could make an already bad situation worse is last year’s enactment of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act, which is meant to consolidate the

VA's community care programs into a new, streamlined and more efficient Veterans Community Care Program. "The MISSION Act has the potential to significantly increase the volume of documentation VA medical facilities will receive from outside providers for scanning, as well as any related backlog," added auditors.

To address these shortcomings, OIG made nine recommendations to the VHA in three areas—define and promptly reduce backlogs; assess staffing resources to account for scanning demand; and develop monitoring roles, controls and procedures. VHA concurred with all of OIG's recommendations and submitted what auditors described as "acceptable" corrective action plans. "The OIG will monitor implementation of planned actions and will close the recommendations when VA provides sufficient evidence demonstrating progress in addressing the issues identified," concluded auditors. [Source: Health Data Management | Greg Slabodkin | August 27, 2019 ++]

VA S-DVI

Update 01: Life Insurance for Vets w/Disability Ratings

The Service-Disabled Veterans Insurance (S-DVI) program was established in 1951 to meet the insurance needs of certain Veterans with service-connected disabilities. S-DVI is available in a variety of permanent plans as well as term insurance. Policies are issued for a maximum face amount of \$10,000. You can apply for S-DVI if you meet the following 4 criteria:

1. You were released from active duty under other than dishonorable conditions on or after April 25, 1951.
2. You were rated for a service-connected disability (even if only 0%).
3. You are in good health except for any service-connected conditions.
4. You apply within 2 years from the date VA grants your new service-connected disability.

Note: An increase in an existing service-connected disability or the granting of individual unemployability of a previously rated condition does not entitle a Veteran to this insurance.

At <https://www.insurance.va.gov/Sdvi/AreYouEligible/3e69ae75-8215-4c03-8f16-30a60b59b3e1> you can apply for basic S-DVI using the S-DVI Online Application. You can also download VA form 29-4364, Application for Service-Disabled Veterans Life Insurance, from VA's forms page. Be sure to also download VA Pamphlet 29-9 from this site for premiums rates and a description of the plans available.

Under certain conditions, the basic S-DVI policy provides for a waiver of premiums in case of total disability. Policyholders who carry the basic S-DVI coverage and who become eligible for a waiver of premiums due to total disability can apply for and be granted additional Supplemental S-DVI of up to \$30,000. The Veterans' Benefits Act of 2010, provided for \$30,000 of supplemental coverage to S-DVI policyholders. Premiums may not be waived on this supplemental coverage. S-DVI policyholders are eligible for this supplemental coverage if they:

- Are eligible for a waiver of premiums.
- Apply for the coverage within one year from notice of the grant of waiver.
- Are under age 65

To apply for Supplemental S-DVI, you must file VA Form 29-0188, Application for Supplemental Service-Disabled Veterans (RH) Life Insurance or send a letter requesting this insurance over your signature. You must apply for the coverage within one year from notice of the grant of waiver of premiums. [Source: VA Benefits Bulletin | August 2019 ++]

Veterans Legacy Memorial

Now Available to Locate Deceased Vet's NCA Burial Sites

The U.S. Department of Veterans Affairs (VA), National Cemetery Administration (NCA) launched the Veterans Legacy Memorial (VLM), 14 AUG, the country's first digital platform dedicated entirely to the preservation of the memory of the 3.7 million Veterans interred in VA national cemeteries. Each Veteran will have their own memorial page on the VLM, a secure, web-based platform that creates a perpetual memorial extending beyond the physical border of the national cemetery. "Veterans Legacy Memorial ensures "no Veteran ever dies" by honoring the legacy of our nation's Veterans, not just in our cemeteries, but in a new and innovative digital setting," said VA Secretary Robert Wilkie. "It enhances the onsite national cemetery experience and extends the experience to those who otherwise are unable to physically visit the cemetery."

NCA, in conjunction with VA's Office of Information and Technology, built the architecture for the site starting with the information contained on every Veteran's headstone. In the initial rollout, the public will be able to search the site for Veterans, find out where they are buried and read the basic details of their lives and service. Future capabilities may be expanded to allow families, survivors, fellow Veterans and others to add historic photos and share memories to a deceased Veteran's memorial page. Such capabilities will include provisions that allows NCA to manage the site in a manner that maintains the same level of decorum our customers experience in our national cemeteries.

NCA manages many cemeteries, some that date to the Civil War era. Unfortunately, there may be a mistake in a Veteran's profile. For historic Veterans, this can be due to manual entry from old records; for Veterans of other periods, this can be due to an error in a form submitted to NCA. Whatever the reason, we want to make it right, and we may need your help. For some historic Veterans, the profile may be incomplete. Each Veteran's profile reflects what we do know about the Veteran. For example, it is not uncommon for a Civil War soldier's profile to have only a last name and year of death. Times were different, and that may have been all that was known. If you believe that you have found an error, scroll to the bottom of the home page and click on "Customer Support." You may also call (866) 245-1490. An NCA team member will listen to you share what you found. Each case is different, but NCA team members will work to rectify the Veteran's record. Errors are rare, but our goal is to have none.

For more information about the Veterans Legacy Memorial, visit www.va.gov/remember, or contact Dr. Bryce Carpenter, Veterans Legacy Program Manager, at bryce.carpenter@va.gov. Have questions about Veterans Legacy Memorial? Find what you're looking for at [VLM FAQ](#). [Source: VA Press Release | August 23, 2019 ++]

VAMC Clarksburg WV

Update 01: Patient Allegedly Died As a Result of Homicide

A lawyer representing the estate of a U.S. Army veteran who died from low blood sugar while at the Louis A. Johnson VA Medical Center in Clarksburg has filed a notice of claim with the U.S. Department of Veterans Affairs, alleging that the veteran died as a result of homicide. The claim also alleges that nine to 10 other patients died at the VA under similar circumstances. Tony O'Dell, an attorney with Tiano O'Dell in Charleston, filed the claim this week on behalf of Melanie Proctor, who is the daughter of Ret. Sgt. **Felix Kirk McDermott** and the administratrix of his estate. The following information comes from the claim filed this week, which you can read in its entirety by going to <https://www.wboy.com/wp-content/uploads/sites/43/2019/08/Basis-of-Claim.pdf>:

McDermott, 82, of Ellenboro, was admitted to the VA on April 6, 2018 after developing pneumonia, and his condition improved. McDermott was not diagnosed with diabetes and did not have a history of ever taking any medication for the treatment of diabetes. During his stay at the VA, McDermott's blood glucose levels were monitored by a daily fingerstick test. His levels were all shown to be in the normal range. During his stay at the VA, there were

no doctor's orders for McDermott to receive insulin. On 9 APR, while still at the VA, McDermott unexpectedly developed shortness of breath. VA staff found that McDermott's blood sugar level was very low, a condition known as hypoglycemia. Medical efforts to raise his blood sugar level were unsuccessful, and McDermott died later that morning.

McDermott's family was told only that he died, but his cause of death was not explained to them. His body was sent to a funeral home, and he was buried on 13 APR. In October 2018, inspectors with the VA Office of the Inspector General contacted Proctor and told her there was evidence that the deaths of her father and nine or 10 other patients of the Clarksburg VA were the result of being wrongfully injected with insulin in their abdomens, with her father being one of the last known victims. At that time, McDermott's body was disinterred and sent to Dover Air Force Base for an autopsy.

The autopsy showed that McDermott had been injected with insulin in his left abdomen and that there were no hospital orders for the injection. Following the autopsy and investigation, the Armed Forces Medical Examiner ruled McDermott's death a homicide. Investigators told McDermott's family that they do have a person of interest in the deaths of multiple VA patients. The claim lists a series of ways the VA was negligent in relation to McDermott's death:

- Knowing that nine to 10 other patients died under similar circumstances prior to McDermott being admitted, he and his family should have been alerted so that they could make informed decisions about his care
- By failing to adequately staff the hospital
- By failing to investigate the causes of the previous deaths
- By failing to properly reconcile medications
- By failing to properly train staff

The claim, which is the precursor to a lawsuit, asks for \$1 million for personal injury and \$5 million for wrongful death, along with funeral costs and loss of income. When asked for comment, officials at the Louis A. Johnson VA Medical Center referred us to the Department of Veterans Affairs Office of the Inspector General, which we have not heard back from yet. West Virginia's U.S. Senators each issued statements on the situation.

- Sen. Joe Manchin-D: "This report is shocking and if accurate, I am appalled that these crimes were not only committed but that our Veterans, who have sacrificed so much for our country, were the victims. As a member of the Senate Veterans Affairs Committee I will do everything in my power to investigate these accusations and get to the bottom of what happened. These families and loved ones deserve answers as soon as possible and I will make sure they get them."
- Sen. Shelley Moore Capito-R: "This news is sickening and troubling. My office has reached out to the VA to learn more details, and I will do everything I can to make sure this is fully investigated."

"Congressman McKinley is aware of an ongoing investigation at Clarksburg by the Veterans Administration Office of the Inspector General. We hope to get more answers about this situation as that investigation progresses," said Amanda Hyman, Communications Director for U.S. Rep. David McKinley-R. The investigation was opened in July 2018 after the leadership of the Clarksburg VA alerted investigators to "unexplained diagnosis of severe low blood sugar in several patients," government sources said. McDermott retired from the U.S. Army as a sergeant after 20 years of active duty, during which time he served in Vietnam. Following his retirement, he spent time in the Pennsylvania National Guard. [Source: 12 WBOY-TV | August 23, 2019 ++]

VA Disability Pay

Update 01: Bankruptcy Protection Law Signed

President Donald Trump signed legislation 23 AUG that prevents debt collectors from seizing veterans' disability compensation if they declare bankruptcy. The Honoring American Veterans in Extreme Need (H.R.2918/S.679), or

HAVEN Act, extends the same protection for veterans disability payments that's afforded Social Security disability payments: By law, debt collectors are now not allowed to count these benefits as disposable income subject to seizure during a bankruptcy.

The bipartisan legislation, introduced earlier this year by Rep. Lucy McBath (D-GA) in the House and Sens. Tammy Baldwin (D-WI) and John Cornyn (R-TX) in the Senate, passed by voice vote in both legislative bodies and was widely hailed by veterans groups. "Our disabled veterans should never be penalized for injuries they sustained in service to our country. They have earned their benefits, and it's our duty to stand up for them if they fall on tough times," McBath said. "By protecting their disability compensation during bankruptcy, we can help [veterans] and their families regain financial stability," Cornyn said after the Senate passed the measure.

Social Security disability payments have long received protection from bankruptcy creditors. When the HAVEN bill was introduced, Holly Petraeus, former assistant director of the Consumer Financial Protection Bureau, said she was "surprised and dismayed" that disabled veterans' disability income was not shielded in the same manner. "As someone who has spent her life in the military community, I know that many veterans have paid for their dedicated service with lifelong disabilities. It should be a priority for all of us to see that they are treated fairly under the law," she said.

The president also signed an extension of the National Guard and Reservists Debt Relief Act, which offers protection during bankruptcy proceedings to members who serve for at least 90 days on active duty. The legislation ensures that members of the National Guard and Reserves, who may earn higher pay while serving on active duty than they make in their civilian jobs, are not assessed at the higher pay bracket if they file for bankruptcy. The law signed by Trump extends the protections for four years. It was set to expire in December. [Source: Military.com | Patricia Kime | August 23, 2019 ++]

VA Fraud, Waste, & Abuse

Reported 16 thru 31 AUG 2019

Houston, TX -- A 76-year-old Houston woman has been ordered to prison following her conviction of conspiring to commit fraud against the Veterans Administration (VA) by generating purchase orders for fictitious goods and services, announced U.S. Attorney Ryan K. Patrick. **Eduora McDaniel** aka Eudora McDaniel pleaded guilty Jan. 31, 2019 to conspiracy to commit wire fraud. At a hearing that concluded 8 AUG, U.S. District Judge David Hittner handed McDaniel the maximum 60-month sentence to be immediately followed by three years of supervised release. In handing down the sentence, the court noted further ordered McDaniel to pay \$290,000 restitution and a \$100,000 fine and ordered the government to garnish the maximum amount of McDaniel's government pension until the restitution and fines are paid.

McDaniel admitted she conspired with a vendor to defraud the VA by submitting fake invoices for goods and services that never happened. As a prosthetics representative for the VA, McDaniel had the authority to obtain prosthetic goods and services if a physician found it medically necessary, which she was authorized to pay using a government-issued VISA credit card. McDaniel created fake purchase orders for her co-conspirator's company and paid them using her government credit card. McDaniel and the co-conspirator then split the payments.

McDaniel's co-conspirator, Angela Hunter, pleaded guilty in August 2018 and is scheduled to be sentenced Aug. 13, 2019. McDaniel has been and will remain in custody pending transfer to a U.S. Bureau of Prisons facility to be determined in the near future. The VA - Office of Inspector General conducted the investigation. Assistant U.S. Attorney Belinda Beek is prosecuting the case. [Source: DoJ So. Dist of TX | U.S. Attorneys Office | August 9, 2019 ++]

Fayetteville, Arkansas – Robert Morris Levy was arrested on federal charges stemming from a year-long investigation. A federal grand jury in the Western District of Arkansas indicted Levy on twelve counts of wire fraud, twelve counts of mail fraud, four counts of making false statements in certain matters, and three counts of involuntary manslaughter. According to the Indictment, Levy held a medical license issued by the Mississippi State Board of Medical Licensure issued in 1997. In 2005, the Veterans Health Care System of the Ozarks (“Fayetteville VA”) hired Levy to serve as the Chief of Pathology and Laboratory Medical Services, a position he held until his termination in 2018.

In 2015, Levy was interviewed by an administrative fact-finding panel regarding reports that Levy was under the influence of alcohol while on duty. Levy denied the allegations. In 2016, Levy appeared to be intoxicated while on duty, and a subsequent drug and alcohol test revealed Levy’s blood alcohol content was .396.0 mg/dL. As a result, the Fayetteville VA summarily suspended Levy’s privileges to practice medicine and issued Levy a written notice of removal and revocation of clinical privileges. Levy acknowledged that the pending proposed removal and revocation of clinical privileges was “due to unprofessional conduct related to high blood alcohol content while on duty” and in July 2016, Levy voluntarily entered a three-month in-patient treatment program, which he completed in October 2016.

Toward the end of the treatment program, Levy executed a contract with the Mississippi Physician Health Program and the Mississippi State Board of Medical Licensure in anticipation of returning to practice medicine at the Fayetteville VA. In the contract, Levy agreed to maintain sobriety to ensure his ability to practice medicine with reasonable skill and safety to patients. Levy agreed to “abstain completely from the use of . . . alcohol and other mood-altering substances” and to submit to random urine and/or blood drug screens. Non-compliance would potentially subject Levy to loss of his medical license and, in turn, his employment by the Fayetteville VA. Levy returned to work at the Fayetteville VA in October 2016.

As part of the contract, Levy randomly provided urine specimens and blood samples for drug testing from November 2016 through June 2018. Each blood sample and urine specimen tested was reported negative for the presence of drugs and alcohol. On twelve occasions beginning in June 2017 and continuing through 2018, while Levy was contractually obligated to submit to random drug and alcohol screens, Levy purchased for personal consumption 2-methyl-2-butanol (2M-2B), a chemical substance that enables a person to achieve a state of intoxication but is not detectable in routine drug and alcohol testing methodology.

The Indictment charges that Levy devised a scheme to defraud the Department of Veterans Affairs (VA) and to obtain money and property from the VA in the form of salary, benefits, and performance awards he would not have received had the VA known Levy was intentionally concealing his non-compliance with the drug and alcohol testing program. In furtherance of this scheme, Levy concealed a material fact and made material false and fraudulent representations. The Indictment also alleges that Levy twice made false statements to a special agent of the Office of the Inspector General of the Department of Veterans Affairs. The Indictment further alleges that Levy made false statements in health care matters by entering information in a patient’s medical records that Levy knew to be false and by making a false statement during a grievance hearing related to his employment.

Finally, the Indictment charges Levy with three counts of involuntary manslaughter for causing the death of three patients through entering incorrect and misleading diagnoses and, on two occasions, by falsifying entries in the patients’ medical records to state that a second pathologist concurred with the diagnosis Levy had made. The Indictment alleges that the incorrect and misleading diagnoses rendered by Levy caused the deaths of three veterans. Duane (DAK) Kees, the United States Attorney for the Western District of Arkansas stated, “This indictment should remind us all that this country has a responsibility to care for those who have served us honorably. When that trust is violated through criminal conduct, those responsible must be held accountable. Our veterans deserve nothing less.” [Source: DoJ Western Dist of AR | U.S. Attorneys Office | August 20, 2019 ++]



Air Force Retiree Activities Offices

Assistance for Retirees & Surviving Spouses

Retiree Activities Offices are made up of retired volunteers from all services, including surviving spouses. Their charter is to coordinate, establish and staff an office on an active-duty, Reserve or Guard base, through command channels, that will assist retirees and surviving spouses with myriad actions. These actions include: serving as an information center for TRICARE, base services, etc.; offering referrals for financial assistance and pay matters; counseling active-duty Airmen nearing retirement; and providing www.retirees.af.mil guidance on retirement issues. Another major activity involves working with base agencies to set up Retiree Appreciation Day events offering briefings by different agencies on respective services, tax preparation and advice (at selected locations), staff judge advocate assistance, base tours, the Defense Finance and Accounting Service, etc. Not all states or countries have an established Air Force RAO. The phone numbers and email addresses of RAOs Air Force worldwide are listed in the attachment to this Bulletin titled **Air Force 2019 RAO Contact Info**. [Source: Afterburner | Vol. 61, No. 1 | Spring/Summer 2019 ++]

Army Medical Malpractice

Feres Impact on Retired Sgt. 1st Class Barbara Ospina



Retired Sgt. 1st Class Barbara Ospina is partially paralyzed, in debilitating pain and confined to a wheelchair for almost all of her day. Her condition is the result of malpractice at the hands of hands of military medicine, according to claims she made to the Department of Veterans Affairs, but she is paying out of pocket for a caregiver to help her bathe, dress and prepare meals, because the VA has denied her request for caregiver assistance. What began as a treatable birth defect turned into a dislocated neck and a stroke that went undetected for days, according to records provided to Military Times. Had that initial surgery taken place at a civilian hospital, Ospina, 29, would be able to seek damages. But the Feres Doctrine, a 1950 Supreme Court decision, prevents her from suing the Defense Department for service-connected illness or injury.

“Her story represents the egregious conduct, consistent lack of care and malpractice at the hands of Wright-Patterson Air Force Base,” her attorney, Natalie Khawam of the Tampa, Florida- and D.C.-based Whistleblower Law Firm, told Military Times on 27 AUG. For now, the hope is that a bill in Congress will allow Ospina, a mother of a young son, and veterans like her to seek compensation for alleged medical mistakes that they claim have altered their lives forever. “This case is an example of how flawed the system is, and why it’s time for change,” Khawam said.

Ospina was a public affairs noncommissioned officer for 5th Special Forces Group at Fort Campbell, Kentucky, when she started experiencing headaches, tingling and numbness in her limbs and occasional blurred vision, according to an appeal letter her husband wrote to the VA in 2017, after she was denied access to their caregiver program. She thought perhaps she’d been injured during combatives training with her unit in early 2013, Khawam said. After making repeated requests for an MRI, the scan showed a deformity known as a “type I Chiari malformation” — essentially, her skull was putting pressure on her cerebellum, forcing it down into her spinal column.

On April 16, 2013, Ospina and her family traveled to Wright Patterson Air Force Base, Ohio, for a surgery to repair the malformation. The risks included hemorrhage, stroke or infection. According to her husband’s statement in her VA claim appeal, her treatment there nearly killed her. “The VA is claiming Barb’s condition is the result of ‘an Illness or Medical Condition,’ specifically Arnold Chiari 1 Malformation, and not from an ‘injury,’ her husband wrote in her VA appeal, which was also denied. “Her current condition is due to INJURIES sustained from medical malpractice that occurred by a military Neurosurgeon, military nurses, and the overall horrible care she received at Wright-Patterson Air Force Base.” Johnny Van Winkle, a spokesman for the base, declined to comment on the allegations, citing the Health Insurance Portability and Accountability Act of 1996, which prevents medical providers from disclosing a patient’s medical records.

As she began recovery, Fitzsimmon’s left eye was swollen shut and her head was leaning toward her left shoulder, Khawam said. Her VA disability rating documents confirms that she suffers from a paralyzed cranial nerve and blindness on her left side. “The lack of care continues when Barb is admitted for an MRI of her head and is ordered to lay flat without oxygen for an hour,” she said. “This is despite Barb crying and stating she cannot breathe without her oxygen.” Following the MRI, she was intubated — put on a ventilator to help her breathe, preventing her from eating on her own or speaking — for a month.

In the VA claims appeal, her husband wrote that on April 21, medical staff informed the family Ospina had suffered a stroke. Further, he wrote to the VA, the stroke went undetected for more than a day, “even though Barbara was supposed to be receiving hourly neuro checks.” “This led to extensive brain damage and almost to her death,” he added. She was transferred to Miami Valley Hospital in nearby Dayton, Ohio, where she had surgery to remove part of her skull, to relieve the pressure on her brain the following day. “It is not until June 2014 that the family learned her neck had been dislocated during the Chiari surgery,” Khawam said, when they visited Northwestern Memorial Hospital in Chicago for a consult on her continuing pain and paralysis. There, a neurosurgeon told Ospina that her dislocated neck would be “extremely rare” if it wasn’t done negligently.

Further, Ospina’s husband wrote, the Northwestern surgeon told them he believed the stroke was the result of the dislocation, which had created a tear in the inner lining of her vertebral artery, where a clot formed and blocked blood flow to her brain. Jenny Nowatzke, a spokeswoman for the hospital, confirmed that Ospina had been a patient of Dr. Nader Dahdelah. “This is not from Arnold Chiari: this is from the neurosurgeon dislocating Barbara’s neck at C1-C2 during surgery,” her husband wrote. “Not only did he injure Barbara’s neck, but he did not tell anyone.”

In August of 2014, she had the removed skull portions replaced by a ceramic device, and in November, another surgery to fuse her neck. A line-of-duty investigation found that Ospina had been permanently disabled by her medical condition, allowing her to retire in July 2016. A month later, the VA denied her access to its caregiver program, which would provide a up to \$30,000 a year so that a family member could take care of her full-time. Ospina continues to suffer from paralysis and chronic pain, her husband wrote, and spends most of her time of her time in a wheelchair.

Serious injury, according to the VA, includes “traumatic brain injury, psychological trauma, or other mental disorder, incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001, that renders the veteran or servicemember in need of personal care services,” spokeswoman Susan Carter told Military Times. “Barb is left to pay for her own caregiver out of her VA disability paycheck,” Khawam said. If Ospina had been originally operated on in a civilian hospital, she would have been able to sue her medical providers for the alleged negligence that led to her dislocated neck, and the pain, paralysis and loss of quality of life that followed.

“This is another example of why the Feres Doctrine needs to be changed,” Khawam said. “Our troops and veterans deserve much better, especially after they proudly served our country.” Feres, originally designed to protect DoD from lawsuits due to battlefield injuries, also applies to what goes on at home. Since its inception, numerous service members have suffered illness, injury and death without being able to hold care providers accountable. The issue has circulated throughout the military community for years, but on April 30, Rep. Jackie Speier (D-CA) introduced a law into the most recent National Defense Authorization bill, exempting medical malpractice from Feres.

Dubbed the SFC Richard Stayskal Military Medical Accountability Act of 2019, it would allow service members of their families to sue the United States damages following the personal injury or death of a service member because of “negligent or wrongful act or omission” stemming from health care, as well as investigations or clinical trials. It’s named for a Green Beret facing terminal lung cancer that went unreported by Army doctors. He and others testified before the House Armed Services Committee in April about the breadth and depth of malpractice service members have faced.

“When doctors fail to perform or woefully misread tests, when nurses botch routine procedures, when clinicians ignore and disregard pain, service members deserve their day in court,” Speier, the chairwoman of the House Armed Services Committee’s personnel subcommittee, said in April. [Source: MilitaryTimes | Meghann Myers | August 26, 2019 ++]

Vet Student Loans

Update 08: Trump Orders Easier Process to Forgive Disabled Vets’ Student Loans

President Donald Trump on 21 AUG signed a memorandum of understanding that directed the Department of Education to find new ways to wipe out remaining student loan payments for nearly 25,000 disabled veterans facing significant debts despite existing relief programs designed to help them. “The debt of these disabled veterans will be entirely erased. It will be gone. They will sleep well tonight,” Trump told a crowd of veterans at the annual AMVETS convention in Louisville, Ky. “That’s hundreds of millions of dollars in student debt held by our severely wounded warriors. It is gone forever.”

Veterans who are 100 percent disabled are already eligible to have their federal student loan debt completely erased, but government officials have struggled to get all of that group to take advantage of the program. Despite a public education campaign on the assistance over the last year by the Departments of Education and Veterans Affairs, about 25,000 veterans eligible for the program still have not signed on. Federal officials say many of those have already defaulted on federal loans, creating additional financial problems. Earlier this year, Rep. Connor Lamb (D-PA) and Senate Veterans Affairs Committee Chairman Johnny Isakson (R-GA) each sponsored legislation to make the loan forgiveness automatic, putting the impetus of clearing the debt on federal agencies instead of the veterans.

Trump’s announcement on Wednesday appears to be looking at the same idea. In a separate fact sheet put out by White House officials, they described the sign up process as “too burdensome” and said the goal of the new memorandum is to ensure “disabled veterans have their federal student loan debt discharged with minimal burdens.” The announcement came amid a wide-ranging speech on veterans and military issues by the commander-in-chief, who

touted both his administration's work in reforming VA policies and Defense Department spending as crucial to national security.

The legislation under consideration in Congress includes loan forgiveness for federal student loans that disabled veterans take out for their children's education. Trump did not say what the scope of his new order will entail. White House officials said the average federal debt carried by the disabled veterans is around \$30,000. Veterans who think they may be eligible for the debt forgiveness program can visit the Department of Education web site www.disabilitydischarge.com for more information. [Source: MilitaryTimes | Leo Shane III | August 21, 2019 ++]

Vet SSA Disability Benefits

Available Even with Active Duty or Receiving Military Pay

Like many military members and veterans, you are probably aware that benefits are available from DoD and VA sources, but you may not be aware that the Social Security Administration (SSA) also may be able to provide you disability benefits if your medical conditions will cause a severe impact on your ability to work. SSA benefits are different than this from the Department of Veterans Affairs and require a separate application. If you are an active military service member or veteran and became disabled on or after October 1, 2001, regardless of where your injuries occurred, you are eligible for expedited processing of disability benefits from the SSA. The SSA pays disability benefits through two programs:

- Social Security Disability Insurance Program (SSDI)
- Supplemental Security Income (SSI)

For you or your family to receive SSDI benefits, you have to be considered "insured" by the SSA. This means you have worked long enough for Social Security taxes to meet the eligibility for benefits. In order to receive SSI benefits a financial need must be demonstrated. Also, your condition must meet SSA's definition of a disability? You must be unable to do substantial work because of your medical condition(s) and your medical condition(s) must have lasted, or be expected to last, at least one year or be expected to result in death. Social Security does not pay money for partial disabilities or short-term disabilities.

Being on active duty or getting military pay does not automatically prevent you from receiving Social Security benefits. You should still apply for Social Security if you think you are disabled. If you are receiving treatment from a Military Treatment Facility (MTF) and are working in a designated therapy program or are on limited duty. Social Security will evaluate your work activity to determine your eligibility for benefits (the actual work activity is the controlling factor – not the amount of pay you receive or your military status). You can apply for disability benefits while in the military or after separating from the military. This also applies if you are still hospitalized, in a rehabilitation program or undergoing outpatient treatment in an MTF, VA or civilian medical facility. You may apply in person at the nearest Social Security Office. Or, you can call 1-800-772-1213 (TTY – 1-800-325-0778) between the hours of 7:00 a.m. and 7:00 p.m. to schedule an appointment. To apply you or your representative must provide proof of identity to include:

- Proof of age
- Proof of U.S. citizenship or legal residency, if foreign born
- DD Form 214, if discharged from the military service
- W-2 Form or income tax return from the previous year
- Military or worker's compensation to include proof of payment
- Social Security numbers of your spouse and minor children
- Checking or saving account number, if you have one
- Name, address and phone number of a contact person, in case you are unavailable

- Medical records that you may have and/or that you can easily obtain from all military and civilian sources.

Important: File your application for disability benefits as soon as possible with available documentation. Do not delay your filing because you do not have all of your documentation.

Your claim will be handled by the state Disability Determination Services (DDS) office that makes disability decisions. Medical and vocational experts from the DDS will contact your physicians where you receive treatment, in order to retrieve your medical records. The DDS may ask you to have an examination or medical test. You will not have to pay for these exams or tests. The length of time to receive a decision on your disability claim could vary. It depends on:

- The nature of your disability
- How quickly the DDS office obtains medical evidence from your doctor or medical sources
- Whether it is necessary to send you for a medical examination in order to obtain evidence to support your claim.

The Social Security Administration has announced 25 new Compassionate Allowances (CA) conditions. The CA program reduces the time it takes to make decisions on disability applications filed by Americans with the most serious disabilities, so they receive decisions on their claims within days, instead of months or years. The new conditions include a dozen cancers and disorders that affect the digestive, neurological, immune and multiple body systems.

- To see the newly added CA conditions [click here](#) .
- To see the entire list of conditions covered under Compassionate Allowance [click here](#).
- To see how to expedite your claim [click here](#)

[Source: <http://www.veteranprograms.com/supplemental-ssi.html> | August 23, 2019 ++]

Vet Suicide

Update 36: FCC Green Lights Three-Digit Emergency Number | Possibly 988



It could soon be easier to talk yourself off the ledge. The Federal Communications Commission announced 15 AUG that it is green-lighting a three-digit emergency number for suicide prevention. FCC Chairman Ajit Pai's said he is following a staff recommendation for establishing a 911-style code, suggesting 988, to reach the network of the National Suicide Prevention Lifeline: 1-800-273-8255 (TALK). "There is a suicide epidemic in this country, and it is disproportionately affecting at-risk populations, including our Veterans and LGBTQ youth," Pai said in a statement. "Crisis call centers have been shown to save lives. This report recommends using a three-digit number to make it easier to access the critical suicide prevention and mental health services these call centers provide."

The Lifeline program, funded through the US Health and Human Services Department, consists of a network of 163 crisis centers routing calls from anywhere in the US to the closest certified center. In 2018, trained counselors answered more than 2.2 million calls and 100,000-plus online chats. Pai's statement was delivered in conjunction with a report to Congress, delivered 14 AUG to five committees with jurisdiction over telecommunications, health and veterans affairs, Roll Call reports.

The FCC report detailed why directing suicide hotline calls through the current 911 infrastructure just isn't feasible for these "life-saving resources." "For example, calls to 911 average 2 minutes or less, and 911 call-takers focus on identifying the nature of the emergency and the caller's location to enable prompt dispatch of appropriate emergency response," according to the report. "Thus, the 911 system is not well-suited to provide suicide prevention counseling or to respond to calls that can be handled through conversation with a trained mental health professional rather than dispatching first responders."

The 988 proposal seals one of the final legislative goals of long-serving lawmaker Sen. Orrin Hatch. The Utah Republican waged a high-profile push to get the House to act on the Senate legislation following the 2018 suicide deaths of culinary TV icon Anthony Bourdain and fashion designer Kate Spade. "The national suicide hotline ... is not an intuitive or easy number to remember, particularly for those experiencing a mental health emergency," Hatch said when he introduced the bill on the Senate floor in May 2018. "I believe that by making the National Suicide Prevention Lifeline system more user-friendly and accessible, we can save thousands of lives by helping people find the help they need when they need it most."

The House passed the The National Suicide Hotline Improvement Act in June 2018, and President Donald Trump signed it into law in August of 2018, clearing the way for Thursday's FCC announcement. The next step: Pai "is committed to launching a rulemaking proceeding [which] would collect further public comment from all interested stakeholders on the findings in the report." [Source: The New York Post | Rob Bailey-Millado | August 16, 2019 ++]

GI Bill

Update 293: Hybrid courses Now Eligible for Monthly Housing Allowance



Starting Aug. 15, hybrid courses will be considered residence training for GI Bill purposes, triggering the Monthly Housing Allowance (MHA) to be paid accordingly. Until now, a student enrolled in hybrid classes was eligible for only half the national average MHA, a much lower payout than the full residence rate in almost all cases, unless their class met these stringent requirements:

- The course must have had at least one classroom session every two weeks.
- The total amount of classroom sessions for a term must have been equal to at least the credit hours multiplied by the weeks in the academic session. For example: A three-credit hour class meeting over a 12-week quarter was required to meet in-classroom for at least 36 hours over the entire quarter.

Starting 15 AUG, however, all GI Bill recipients taking hybrid courses using the Post-9/11 GI Bill will be paid the MHA amount for the location where they take the majority of their classroom training. In the past, to receive the MHA rate for the location of their training, students would have to be enrolled:

- Solely in classroom training;
- In a combination of classroom and online training;
- In a hybrid course that met the rules above.

Students who aren't enrolled as a greater than half-time student do not receive any housing allowance, no matter what the situation or location. That is not changing. The change to hybrid class housing payments is not retroactive;

it applies only to classes that begin on or after Aug. 15, 2019. [Source: Military.com | Jim Absher | August 14, 2019 ++]

GI Bill

Update 292: STEM Scholarship Applications Being Accepted

The Edith Nourse Rogers STEM Scholarship is a provision of the Harry W. Colmery Veterans Educational Assistance Act (Forever GI Bill) that gives extra benefits to students training in the high-demand fields of Science, Technology, Engineering, and Math. Obtaining a degree in these areas may require more training than other fields. This provision aims to help cover that difference and give additional incentive for students who choose the careers our society needs most. VA has launched program which will provide up to nine months of additional Post-9/11 GI Bill benefits (to a maximum of \$30,000) to qualifying Veterans and Fry Scholars seeking an undergraduate STEM degree or who have earned a STEM degree and are seeking a teaching certification. Eligibility extends to vets who are:

- **Currently enrolled in a STEM field** and:
 - Are pursuing a degree in a STEM field
 - Have completed at least 60 standard or 90 quarter credit hours toward your degree;
 - Have or will soon (within 180 days of application) exhaust your entitlement for the Post-9/11 GI Bill program;
 - Your post-secondary degree requires at least 120 semester (or 180 quarter) credit for completion in a standard, undergraduate college degree

- **Are seeking a teaching certification** and:
 - Have earned a post-secondary degree in a STEM field.
 - Have been accepted or are enrolled in a teaching certification program;
 - Have or will soon (within 180 days of application) exhaust your entitlement for the Post-9/11 GI Bill program

Study fields that qualify for the Rogers STEM Scholarship which students must be enrolled in or have earned a degree in are:

- Agriculture science or natural resources science program
- Biological or biomedical science
- Computer and information science and support services
- Engineering, engineering technologies, or an engineering-related field
- Health care or related program
- Mathematics or statistics
- Medical residency
- Physical science
- Science technologies or technicians

Applicants should be aware of the following:

- Priority will be given to individuals who are entitled to 100% of Post-9/11 GI Bill benefits and to those who require the most credit hours.
- The Yellow Ribbon Program may not be used with this extension.
- Schools may apply Yellow Ribbon funding, but VA can't match it.
- These additional benefits can't be transferred to dependents. Fry Scholars are eligible to apply for the Rogers STEM Scholarship.

- At https://benefits.va.gov/gibill/docs/fgib/STEM_Program_List.pdf the STEM Designated Degree Program List can be reviewed.
- Go to <https://www.va.gov/education/apply-for-education-benefits/application/1995/introduction> to submit an application.
- VA will begin notifying Rogers STEM Scholarship applicants by November 2019.

[Source: VFW Action Corps Weekly | August 16, 2019 ++]

Vet Jobs

Update 251: New Survey Reveals Businesses' High Regard for Vets

A new poll found that the high regard and trust Americans gave to veterans after the 9/11 terror attacks hasn't worn off, even after nearly 18 years of war. A great majority still believes that the term "hero" describes post-9/11 veterans -- 81 points on a 100-point scale -- according to a July survey by the Ipsos global market research and consulting firm. About 78% of respondents rate veterans as "valuable community assets" with a "strong work ethic" who should be afforded more opportunities for employment in their transition to the civilian workforce, the poll found. About 75% agreed that veterans come to the job market with unique skill sets; 75% also agreed that veterans would be a valuable asset to any firm willing to hire them, the poll found.

Despite the positives, a majority of Americans -- 62% -- believes that post-9/11 veterans may suffer from post-traumatic stress disorder, according to the survey. In addition, respondents who described themselves as either self-employed or working as a paid employee were asked whether they knew of any programs to promote the hiring of veterans. Only 13% said "yes." When the same question was asked of the same group in reference to military spouses, only 6% said "yes." The survey was conducted July 12-15 and consisted of interviews with 1,018 adults over the age of 18, Ipsos said. Among the findings: 79% agreed that businesses should do more to support veterans in their transition to the civilian workforce, and 64% agreed that veterans should have priority in hiring. About 68% agreed that businesses should do more to support military spouses who already work for them, the survey showed. [Source: Military.com | Richard Sisk | August 16, 2019 ++]

Fighter Pilot Cancer Risk

Cockpit Radiation Cited | 16% Rise Since FY2000

Former Air Force and Navy fighter pilots are calling on the military to begin cancer screenings for aviators as young as 30 because of an increase in deaths from the disease that they suspect may be tied to radiation emitted in the cockpit. "We are dropping like flies in our 50s from aggressive cancers," said retired Air Force Col. Eric Nelson, a former F-15E Strike Eagle weapons officer. He cited prostate and esophageal cancers, lymphoma, and glioblastomas that have struck fellow pilots he knew, commanded or flew with.

Nelson's prostate cancer was first detected at age 48, just three months after he retired from the Air Force. In his career he has more than 2,600 flying hours, including commanding the 455th Air Expeditionary Group in Bagram, Afghanistan, and as commander of six squadrons of F-15E fighter jets at the 4th Operations Group at Seymour Johnson Air Force Base in North Carolina. Last month McClatchy reported on a new Air Force study that reviewed the risk for prostate cancers among its fighter pilots and new Veterans Health Administration data showing that the rate of reported cases of prostate cancers per year among veterans using the VA health care system across all services has risen almost 16% since fiscal year 2000. The Air Force study also looked at cockpit exposure, finding that "pilots have greater environmental exposure to ultraviolet and ionizing radiation ... (fighter pilots) have unique intra-cockpit exposures to non-ionizing radiation."

Retired Navy Cmdr. Mike Crosby served as a radar intercept officer in F-14 fighter jets from 1984 to 1997, accumulating over 2,000 flight hours. He started Veterans Prostate Cancer Awareness Inc. in 2016 after his own prostate cancer diagnosis at age 55. "I think there's been a lot of avoidance in addressing this issue," he said. Crosby and other pilots who contacted McClatchy said they suspect the cancers in their community may be linked to prolonged exposure in the cockpit to radiation from the radar systems on their advanced jets, or other sources such as from cockpit oxygen generation systems. The Centers for Disease Control and Prevention has reported that exposure to some types of radiation can cause cancer, however to date there has been no link established between the specific radiation emitted from radars on these advanced jets and the illnesses pilots are now seeing.

Navy and Air Force pilots told McClatchy about their battles with cancer, their frustrations about what they saw as the limitations of the Air Force study, and about former pilots who have died from cancer. "When you're 30 years old you need to start screening for prostate cancer, even if it comes out of your own pocket," Nelson said. "You need to see a urologist once a year. Not your primary care physician, not your flight doc. Pay the money and stick around for your great-grandkids." If the military would begin screening for cancer earlier, "that would save lives," Nelson said. The military's health care system, TRICARE, currently covers prostate cancer screenings at age 50 for service members with no family history of the disease, and as young as age 40 if there is a family history of the disease in two or more family members. The pilots who spoke with McClatchy said they did not have a family history of prostate cancer when they were diagnosed.

Retired Navy Cmdr. Thomas Hill was a career F-4 and F-14 pilot and squadron commanding officer with more than 3,600 flight hours and more than 960 aircraft carrier landings. Hill was 52 when he was diagnosed with a brain tumor. In December 2011, at age 60, he learned he also had esophageal cancer. Hill has spent the last two years tracking premature deaths or cancers among former commanding officers of F-14 squadrons. So far he's found more than a dozen who have either been diagnosed or have died from the disease. "God, they're all my friends," he said.

What has frustrated some pilots is that the government has looked into the connection between military service and cancer rates for years, but with mixed results. For example, a 2009 peer-reviewed study published by the American Association for Cancer Research looked at cancer rates among service members from 1990 to 2004 and reported in 2009 that "prostate cancer rates in the military were twice those in the general population, and breast cancer rates were 20% to 40% higher." However, a 2011 study published in the peer-reviewed journal "Aviation, Space and Environmental Medicine" found no significant difference in prostate cancer rates between pilots and non-pilots in the military. It's the same conclusion that the Air Force study found.

"The Air Force did not ask the right question," Hill said of the study, which like the 2011 aviation journal review compared cancer rates between pilots and non-pilots but largely did not look at what happened to the pilots' health after their military careers. The Air Force said its study was limited by lack of access to pilots' health records after they separated from the military. "If they are really going to protect the people who have gone out and served, they need to look at the guys' health 20 years after they have finished their military careers," Hill said. His own informal review of fellow pilots showed a similar pattern: cancers usually surfaced about 15 to 20 years after pilots left the military, which would not have been captured by the Air Force review.

Derek Kaufman, a spokesman for Air Force Materiel Command, said further studies are under consideration. "We have presented potential options for a follow-up study to the Air Force Medical Readiness Agency," Kaufman said. None of the pilots who spoke with McClatchy said a greater risk of cancer would have kept them from flying. They said the military should acknowledge the risk and put additional protections in place for the next generation of military aviators.

Hill said he's also worried about the enlisted crew who manned the flight decks of the aircraft carriers. "The kids that worked the flight line and the flight deck were exposed eight hours a day to that stuff," Hill said. For future protections for pilots, Crosby said it would be unlikely that the services would retrofit aircraft to add protections against the sources of cockpit radiation, which may be difficult to isolate and would likely add unwanted weight or otherwise affect the performance of the aircraft. "If we can't change it, we need to be responsible and send an alert

that people being exposed need to be screened earlier," Crosby said. "If it's caught early enough, there's a lot of procedures that cannot just treat (prostate cancer) but cure it." [Source: Military.com Special to McClatchy Washington Bureau | Tara Copp | August 9, 2019 ++]

Vet Deportations

Update 27: Tijuana's Unified United States Deported Veterans Resource



Located just 40 yards from the San Ysidro border crossing where each day the United States deports hundreds of undocumented people, the Unified United States Deported Veterans Resource Center has become a critical life-line to scores of military veterans who have found themselves unceremoniously ejected from the country they once served. Every afternoon for the last two years, the Center's founder Hector Lopez and co-director Robert Vivar man the aging desk in the center's cramped office on José María Larroque, where they help both newly deported veterans and the hundreds of vets who now live in and around Tijuana. There's plenty of work to do for a much larger staff, let alone the skeleton crew of volunteers who work here.

But for much of the last year, the Center and the veterans it serves have responded to the call of duty once again, throwing time and resources into helping thousands of migrants stranded in this dangerous border city as a result of the Trump administration's efforts to choke off the asylum process. "This is our mission now," said Lopez, a former Army reservist who was deported in 2016. "For me, I'm an American, and I figured it was my duty." Lopez was born in Michoacan, and when he was three years old his family moved to Madera, California, where his mother opened two bars. According to Lopez, his mother made a good living, and by the time he graduated from high school, he was happily working alongside her. Still, "when it was time to join the military, when everyone was graduating high school... I wasn't born there, but you know what I was living there, so I figured it was my duty. It was my duty as an American to serve my country," Lopez said.

So, in 1982 he signed up with the National Guard, where he spent six years as part of a transportation unit in the Army. Afterwards, he remained in California, married, and began raising a family. He began using marijuana to combat chronic headaches that had begun shortly after his training, and in 1996 he was arrested and charged with possession with intent to distribute. In 1999, after a protracted, costly legal fight, he was deported to Tijuana. Finding himself in an unfamiliar country and a dangerous city, he quickly decided to cross back into the U.S., and within hours was back across the border in the country he'd called home for most of his life. But following a second marijuana arrest in 2004, he was once again deported. Facing significant jail time if he were caught illegally entering the U.S. again, Lopez made the difficult decision to settle in Tijuana and try to make a life for himself. He quickly realized he wasn't alone: there were scores of other men living here who'd served in the U.S. military for years, only to end up deported.

Because the Immigration and Customs Enforcement agency doesn't keep accurate statistics, it's impossible to know how many veterans have been deported. But a 2016 study by the ACLU found that at least 239 foreign-born veterans, most of whom had spent nearly their entire lives in the U.S., had been deported to Mexico, El Salvador,

Belize and other countries. Deportation is a disorienting and terrifying process, particularly for long-term residents of the U.S. Many speak little or no Spanish and, like in the U.S., without proper work papers, it can be nearly impossible to find legal work in Mexico. And because they can't cross into the U.S., it also cuts them off from most Department of Veterans Affairs medical benefits, which can be particularly important for veterans suffering from post-traumatic stress disorder (PTSD) or other service-related illnesses and disabilities.

As their numbers grew, veterans in Tijuana began to organize themselves, with Barajas opening a shelter known as “**The Bunker**” while Lopez founded Banished Veterans, which in 2017 would become the **Resource Center**, thanks to funding from Veterans for Peace, an anti-war and veterans rights group in the U.S.. Both groups provide a host of services to veterans in Tijuana, ranging from help obtaining Mexican identification and work papers, housing, food, and medical care. They also help veterans navigate the V.A.'s dizzying bureaucracy to obtain their pensions and the few benefits they have access to as well as help in filing appeals of their deportations. And, perhaps most importantly for the veterans, they act as a support network.

As part of that, according to Vivar, the Resource Center works with its members to serve the community they now find themselves in. “You’ve got to find something to fill that void that’s been put in your heart from being separated from the country you grew up in, from your family and your loved ones. And when you see that child, and you help that child, it’s like you’re helping your own grandkids,” he explained. So when a caravan of thousands of Central American asylum seekers ended up in Tijuana last November after the administration began limiting how many people could apply for asylum each day, the deported veterans community quickly swung into action. They delivered thousands of sandwiches, burritos, spaghetti dinners and other meals, personal hygiene kits, and other supplies to an emergency shelter set up at El Barretal, an old concert venue on the city’s outskirts.

After El Barretal was closed, the Resource Center began working with Gustavo and Zaida Banda, the pastors of the Templo Embajadores de Jesus church. The Bandas had been providing housing for hundreds of Haitian refugees since a huge group had come to Tijuana in 2016, and with established shelters in Tijuana quickly filling up, they decided to open their doors to any asylum seekers who found themselves stranded in the city. Because of the Center’s proximity to the border crossing, Vivar and Lopez are often some of the first friendly faces migrants see after being returned to Mexico by the U.S. government. “We try to channel them to the different shelters that are available, like Templo Embajadores, and we try to get them into Al Otro Lado [an immigrant rights organization that provides legal assistance] for the immigration orientation for the asylum process,” Vivar said.

Vivar, who fought his own deportation while in detention and became familiar with legal remedies like the Convention Against Torture, has also begun conducting basic legal boot camps at shelters. “I have a pretty good feel for what the process is like and what they’re going to go through, so I thought it would be very convenient for me whenever possible to give them a workshop,” he said.

On a recent afternoon this month, Lopez pulled his silver, late model Ford F150 into the driveway of the Templo Embajadores de Jesus church. Along with his wife Lupita and Vivar, Lopez had come to deliver a load of supplies to the Bandas, and the truck’s back was packed tight with black trash bags filled with clothes, shoes, bedding, and toys. Inside the church were several hundred Central American refugees, many of whom were taken to a nearby park for a picnic by Pastor Gustavo and a few volunteers, in an effort to give them at least a moment of normalcy. While that group was out, 30 or so more new migrants arrived, part of a group of 150 asylum seekers the United States deported into Mexico as part of the Trump administration’s controversial new “Migrant Protection Protocols” program (MPP), which forces refugees to wait in Mexico to apply for asylum.

As they began unloading the truck, Pastor Zaida opened the church door, smiling warmly at Vivar and waving him into the church’s cavernous interior. In the past, Banda never kept the door locked, but it’s no longer safe to do so, even for a house of God that sits at the end of a lonely dirt road deep within Canyon El Alacran — Scorpion Canyon. With so many women and children living here now, the Bandas have had to worry about cartel men coming to coax them out with false promises of being crossed into the United States, only to be kidnapped and their families extorted

for what little money they may have. Banda motioned to a spot in the middle of the church floor for Vivar to put the heavy bags of donations veterans had collected over the last several days.

Silently, the new arrivals began to move forward from darkest edges of church, their feet shuffling in shoes still missing the laces taken from them 17 days before while in U.S. Border Patrol custody. Mothers and fathers quickly begin sifting through the clothes for themselves and their children. According to the adults, U.S. Customs and Border Protection (CBP) took their extra clothes and other possessions when they were picked up somewhere along the east Texas border. They haven't changed or showered since then, though they were fed. Later, they would tell Banda and Vivar that they'd been held in a facility in CBP's Rio Grande Sector, one of the heaviest trafficked parts of the border. The day before CBP officers had given them papers, telling that if they signed the documents, they'd be flown to San Diego, California, where they would be released to family in the United States.

But the papers, they found out later, were actually deportation documents, courtesy of MPP. Although human rights groups are challenging the program, CBP has so far deported thousands of asylum seekers to Tijuana, Juarez, and other dangerous cities. According to their documents, most of the migrants were scheduled to have their cases heard in January of next year, nearly six months after arriving here with no clothes, no money, no way to work, and no place to go. A spokesman for the CBP did not respond to a request for comment.

According to Lopez and Vivar, the new MPP policy has made the already bad situation for migrants in Tijuana even worse, and they worry it could result in a true humanitarian crisis. Neither the city nor the Mexican federal government has ever invested enough in shelters and other services for migrants and deportees, which has resulted in thousands of people living in abandoned buildings, heroin shooting galleries and El Bordo, the massive sewage ditch that runs along the border. Vivar and Lopez see the policy as a cruel prod to try and force refugees to give up on asylum. "It's part of the hate and the racism that President Trump and his cabinet are displaying... without any regard for human life," Vivar said flatly. And while some asylum seekers returned under MPP have begun returning to their home countries rather than risk their lives staying in Tijuana, huge numbers remain.

With hundreds of veterans living in and around Tijuana and in need of help, it's a full-time job, especially for an organization with limited resources. And it would be understandable for Lopez and his men to remain focused on the task at hand—especially since inserting themselves into the fight over Trump's hardline curbs on immigration could undermine their efforts in Congress. But Lopez dismissed that idea out of hand. "Are we going to stand idly by and watch people suffer, or are we going to help in any way we can? What do we do, just sit here and let this injustice play out, or do we help in whatever way we can," he said. "Here, now, we see it as our duty to help in any way we can. And there's so much need here." [Source: Daily Beast | John Stanton | August 19, 2019 ++]

Stolen Valor

Update 116: Vet Status Claimed to Obtain Lesser Sentence

Two Montana men who were sentenced to prison for violating the terms of the probation in separate crimes won't be eligible for parole until they complete a writing assignment given because they falsely claimed to have served in the military to have their cases moved to a Veterans Court. Cascade County District Judge Greg Pinski sentenced **Ryan Patrick Morris**, 28, and **Troy Allan Nelson**, 33, on 23 AUG. Morris got 10 years in prison for violating the terms of his probation for felony burglary, while Nelson got five years on a drug possession conviction. Pinski suspended three years of each defendant's sentence.



Patrick Morris & Troy Nelson

Before they can be eligible for parole, Pinski ordered both men to hand write the names of all 6,756 Americans killed in Iraq and Afghanistan; write out the obituaries of the 40 Montanans killed in Iraq and Afghanistan and send hand-written letters of apology to several veterans groups identifying themselves as having lied about military service to receive help and possibly a lesser sentence through a Veterans Court. Veterans Court programs create and supervise treatment plans to address crimes that may be due to service-related post-traumatic stress disorder, traumatic brain injury, anger issues or substance abuse. "I want to make sure that my message is received loud and clear by these two defendants," Pinski said Friday.

Morris claimed in 2016 he did seven combat tours in Iraq and Afghanistan, had PTSD and had his hip replaced after being injured by an improvised explosive device. He was sentenced to perform 441 hours of community service with a veteran's organization — one for each Montanan killed in combat since the Korean War. Court records said he only completed 10 hours. Nelson managed to get himself enrolled in the Veterans Treatment Court before it was determined he hadn't served in the military, the Great Falls Tribune reported. Once released from prison, they must perform 441 hours of community service.

Pinski also ordered that during the suspended portions of the sentences the defendants must stand at the Montana Veterans Memorial in Great Falls for eight hours on each Memorial Day and Veterans Day wearing a placard that says: "I am a liar. I am not a veteran. I stole valor. I have dishonored all veterans." Attorneys for both men objected to the placard condition. Attorney Mark Frisbie said his client has not been charged with stolen valor, which is a federal crime, but was being punished for it. Pinski said he was punishing the men for lying to the court. He also cited Montana Supreme Court rulings that give him discretion to take the stolen valor into account and others that upheld the placard requirements. [Source: Great Falls Tribune | Traci Rosenbaum | August 23, 2019 ++]

Six Flags

Update 01: Free & Discounted Military Admission Rate Offers

Six Flags Over Georgia is offering free admission to Veteran and active duty military during its Military Appreciation Days on August 24 and 25. On those days, active duty military service members and up to three dependents will receive free admission to Six Flags Over Georgia. Park goers must display a valid military identification card. If a service member is currently deployed, a spouse and up to three dependents will receive complimentary admission with a current military ID card. Active service members can purchase an unlimited amount of additional tickets for family members or friends at 50% off (\$35.99 plus tax).

Veterans and disabled Veterans will receive one free admission ticket to Six Flags Over Georgia with a valid military ID card and can purchase an unlimited amount of additional tickets for family members or friends at 50% off plus tax per ticket. Government civilian and contracted workers can purchase an unlimited amount of admission tickets at 50% off plus tax per ticket. All admission tickets must be purchased at the front gate with a valid military ID card

and must be used during Military Appreciation Weekend. Six Flags Over Georgia is open from 10:00 a.m. to 9 p.m. on 24 AUG and 10:30 a.m. to 7 p.m. on 25 AUG.

Six Flags Discovery Kingdom in Vallejo, California, will be hosting a Veterans Appreciation event Nov. 9-11, 2019. For more information on other parks and events, visit www.sixflags.com. **Disclaimer:** The sharing of any non-VA information does not constitute an endorsement of products or services on the part of the VA. [Source: Vantage Point | Beth Lamb | August 21, 2019 ++]

Veterans FAQs

Can I qualify for AO disability compensation with my prostate problems?

Q. Not knowing if this question has to do with compensation or not. None the less I have had prostate problems for a long period of time and it's all documented at the local VA Hospital. I even had a loss of a testicle. After having read so much documentation on AO I am wondering if I may qualify for Agent Orange disability. I feel it hindered my child bearing which I absolutely miss being without children. Hoping someone can help me in understanding this.

Answers

A1: If you were in Vietnam [boots on the ground] and have prostate cancer then you qualify! Not sure what kind of prostate problems you have. Did you have testicle cancer? Then you might qualify for that also. (JW) 8/16/19

A2: Go see your local Veterans Agent and file a claim. Most Veterans Agents will be able to give you the information you need and help you file a claim. (ML) 8/16/19

A3: Are you on the Agent Orange Registry at the VA? If not go to the VA with your DD214 and get registered Then go to the VFW and ask for an ombudsman. Take all of your documentation and they will file for you. (DS) 8/16/19

A4: You never know. First of all, you do NOT file a claim at the VA Hospital. They might diagnose the problem, take care of the problem and prescribe medication, BUT that's it. You have to file a claim for the problem at the VA Regional Office. There has to be a Regional Office somewhere near you where you can start your claim. Gather all of your medical records for the problem and proceed to the Regional Office and file your claim. Be Patient but Persistent, Brother. (RA) 8/16/19

Note: Go to <http://www.veterandiscountdirectory.com/question220> if you would like to add your experience regarding this question.

[Source: U.S. Veteran Compensation Programs | August 31, 2019 ++]

WWII Vets 203

Marjorie McKenney | Aviation Machinist's Mate 3rd Class

Marjorie "Marjie" McKenney was born in Brunswick, Maine, July 4th, 1923. Graduating from Amherst High in 1941, the slogan her classmates gave her was "impossible is a word I never use." The Women Accepted for Volunteer Emergency Service, or WAVES, became a World War II division of the U.S. Navy July 30, 1942, and consisted entirely of women. Marjorie McKenney travelled to Boston in August 1942 to enlist in WAVES. She reported straight away to Hunter College for assessment testing and was immediately deployed to Norman, Oklahoma, to attend aviation machinist training. The Navy didn't ship the WAVES into Norman with the idea of adding glamor to the rather drab, sprawling base. They were sent there for business, and they had to work just as hard as men to gain their certificates of proficiency.



McKenney soon found herself with callouses from working with wrenches and machinery and swollen feet from being on her feet for long grueling hours in the advanced stage of becoming a full-fledged aircraft and engine mechanic. Within six months, McKenney graduated and deployed to Naval Air Station Jacksonville reporting in as Aviation Machinist’s Mate 3rd Class Marjorie McKenney, USNR(W). She spent her tour keeping fliers in the air, a job she loved. McKenney was promoted in rank to AMM2c prior to the end of the war. She met Harry Stone, also an aviation machinist’s mate at NAS Jacksonville, and they married in March of 1944. McKenney, 95, was awarded the Hollinger Award for Baptist Hospital Volunteer of the year in 2018. The awards are presented to individuals that have exhibited exceptional generosity and community leadership through gifts of their time. She also represents the Fort Pickens chapter at each Naturalization Ceremony held at the Naval Aviation Museum and actively participates in the “Knit Your Bit” program in support of the WW II Museum, supplying veterans’ centers, hospitals and service organizations across the country. We salute her service. [Source: Vantage Point | August 15, 2019++]

WWII Vets 204 ► Vito Monteleone | Last WWII VFW Post 9835 Member

American troops marched down the Champs Élysées in the Victory Day parade Aug. 29, 1944, in Paris, France. Among those troops was a 28th Infantry Division Soldier named Vito Monteleone. Pictured second from right in the front row, Monteleone marched wearing white arm bands on both arms as a combat medic.



Nineteen months earlier, the Army drafted Monteleone at 19 years old, entering service Jan. 23, 1943. Following boot camp and surgical technician training at Walter Reed Army Medical Center in Washington, D.C., Monteleone shipped to Europe. He arrived April 27, 1944, assigned to the 103rd Medical Battalion. Several weeks later, Monteleone landed in Normandy with the 109th Infantry Regiment following Operation Overlord. Following his service in Normandy, Monteleone served as a combat medic in the Northern France Campaign and the Ardennes-Alsace Campaign. He also served the 28th in the Rhineland Campaign and Central Europe Campaign. During this period, he was continually assigned or reassigned to the division’s infantry regiments, providing medical services wherever needed. When the Battle of the Bulge started, Monteleone was in Luxembourg, serving as an ambulance driver.

As the war started winding down, Monteleone helped process American troops for redeployment to the U.S. He left the Army as a technician fifth grade Dec. 6, 1945. Following his nearly three years of service, Monteleone drove trucks professionally and worked in construction for several decades. He also served as volunteer firefighter. He celebrated his 95th birthday in February. Monteleone is the last active World War II member of Veterans of Foreign Wars Post 9835 in Warrenton, Virginia. Thank you for your service! [Source: Vantage Point | August 29, 2019 ++]

Korean War Vets

Michael Caine



Michael Caine is one of the most well-known and highly-regarded British actors of the 20th and 21st centuries. He is famous for roles in movies like Zulu, Get Carter, The Eagle Has Landed, The Italian Job, Austin Powers in Goldmember, Christopher Nolan's Batman films, and a host of others spanning an acting career of 70 years. While he has become a household name across the globe, a fact that many people don't know about Michael Caine is that he served in the British Army and saw combat in the Korean War. It was a harrowing experience for the actor and one that would scar him for many years.

Caine's birth name was Maurice Joseph Micklewhite, and he was born in 1933 in South London to a working-class family. Caine's father fought in the Second World War. His family, including the young Maurice (Michael), was evacuated from London due to the risk of bombing by the Luftwaffe. After gaining his School Certificate at the age of sixteen, he worked for a time as a messenger and filing clerk for a film company in order to get a foot into the door of the industry. He was called up for national service from 1952 to 1954. He served with the British Army's Royal Fusiliers, an infantry regiment.

At first, he was posted to serve with the British Army of the Rhine (BAOR), the British occupation force that had been stationed in Germany after the end of the Second World War. However, after serving there for a few months, he opted to transfer to Korea where a war was raging. Going into combat would turn out to be an experience that would change Caine forever. Caine landed at Kure, in southern Japan, and underwent two weeks of combat training. After this, he was sent to the South Korean front, near Pusan. The front was unlike anything Caine had ever experienced. There were hordes of rats and vast swarms of mosquitoes as well as the ever-present stink of human excrement used to fertilize the fields. And, of course, there was the presence of thousands of North Korean and Chinese soldiers hell-bent on killing Caine and every other opposing soldier there.

He spent his first few nights in a trench on a hill around a mile from the Chinese lines. On his very first night, he witnessed a Chinese attack on a position to his left. He watched with both awe and horror as the Chinese troops – who were clearly unafraid of death and fanatical in their cause – charged headlong into machine gunfire. He would end up being on the receiving end of more than one of these charges while manning an American .30 caliber machine gun. Some nights he would go out on patrol, and these were the most terrifying experiences he underwent in Korea. Sometimes, the enemy bombardment of the trenches would continue for up to 24 hours without pause. Caine would simply lie in his camp bed in the bunker, listening to the shells whining and exploding, and wonder how he was going to get out alive.

On one occasion, he came alarmingly close to being killed. Caine and two other men were out on patrol, creeping through the elephant grass at night. They suddenly heard the tell-tale clicking of rifle bolts snapping shut all around them, accompanied by hushed voices speaking excitedly in Chinese. They were surrounded and heavily outnumbered, and all three men were convinced they were about to die. In that moment, however, Caine recalls that he felt no fear. He “decided that whoever was going to take [their] lives were going to pay dearly.” So the three of them charged, roaring maniacally, at the voices. The Chinese opened up but were firing at the place where Caine and his companions had been a few seconds earlier, not where they were running to. The British mortars spotted the Chinese muzzle-flares in the darkness and opened up, scattering the enemy. Caine and his friends managed to get back to British lines and lived to fight another day.

Caine stated that as the child of a working family who had grown up poor, he had been sympathetic to communism prior to his experience in Korea. But after he had fought the fanatical proponents of communism and saw firsthand how it dehumanized people, he changed his mind about it and came to greatly oppose the idea. All in all, he was in Korea for a year. He spent six weeks at a time in the trenches followed by two weeks in Seoul for R&R, during which time many of his fellow soldiers were infected with gonorrhea. Caine, due to his refusal to see prostitutes, never contracted the disease.

He left Korea a profoundly changed man, grateful at having survived the war. He had been forced to grow up very quickly, and he'd learned a lot about himself and the world. He used his military experience in a number of roles in which he played military men and, despite his humble background, ended up becoming an icon of British and international film. Caine, currently 86 years old, is still acting and has no plans to retire. [Source: Together We Served Newsletter | August 2019 ++]

Vet Hiring Fairs

Scheduled As of 1 SEP 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 | September 1, 2019 ++]

Military Retirees & Veterans Events Schedule

As of 1 SEP 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\vetterans related websites and resources.

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

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

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

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

[Source: Retiree\Veterans Events Schedule Manager | Milton Bell | September 1, 2019 ++]

State Veteran's Benefits

North Carolina | 2019

The state of North Carolina provides several benefits to veterans as indicated below. To obtain information on these refer to the attachment to this Bulletin titled, “**Veteran State Benefits – NC**” for an overview of the below those benefits. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each refer to <https://www.milvets.nc.gov> & <http://www.doa.state.nc.us/vets/default.aspx>.

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

[Source: <https://www.military.com/benefits/veteran-state-benefits/montana-state-veterans-benefits.html> | August 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.

VA Preventive Health Care

S.1732/H.R.3932 | Vet Preventive Health Coverage Fairness Act



Veterans should not have to pay copays for preventive health services and should get supportive care for breastfeeding without cost-sharing -- like many civilians, according to a new bill filed by two congresswomen. Rep. Lauren Underwood and Sen. Tammy Duckworth -- both Illinois Democrats -- announced the House introduction of their bipartisan legislation that they say is intended to make health care more affordable for veterans.

Under the law now, veterans who get their care through the Department of Veterans Affairs are required to pay copays for preventative prescription medication and services -- unlike most others whose medication and services are covered by "nearly all private insurance companies" because of the Affordable Care Act, the congresswomen said in a news release. The Veterans Preventive Health Coverage Fairness Act eliminates those copays. "It is unconscionable that veterans who have served our country bear financial burdens that military retirees, federal employees, and most civilians do not have to worry about," Underwood said in a statement. "These small changes will have a profound impact and could save veterans hundreds of dollars each year in healthcare costs." The bill would remove copays for:

- Immunizations
- Screenings for depression
- Intimate partner violence
- Breast cancer screenings
- Breastfeeding support and supplies
- Contraceptives
- Well-woman visits
- Preventive drugs

"All Americans deserve access to the best healthcare possible — including and especially those who've sacrificed to defend our nation," Duckworth said in a statement. "I'm proud to work with Congresswoman Underwood to pass my bipartisan **Veterans Preventive Health Coverage Fairness Act** to ensure Veterans don't have to pay more for essential health services than other insured Americans." The legislation is supported by the VFW, American Legion, Paralyzed Veterans of America and DAV. [Source: ConnctingVets.com | Abbie Bennett | August 15, 2019 ++]

Burn Pit Toxic Exposure

Update 68: H.R.4137 | HOPE Act

On August 7, 2019, Congressman Raul Ruiz (D-CA-36) along with Representatives Joaquin Castro (D-TX), Gus Bilirakis (R-FL), and Peter King (R-NY) introduced H.R. 4137, the **Jennifer Kepner Healthcare for Open-air**

burn-Pit Exposure (HOPE) Act. The bill would make veterans exposed to burn pits eligible for low-cost health care by allowing them to enroll in Priority Group 6 under the Veterans Health Administration – which also includes veterans exposed to Agent Orange and nuclear radiation. The bill mirrors the approach taken by the Veterans’ Health Care, Training, and Small Business Loan Act of 1981, which gave Vietnam veterans exposed to Agent Orange low-cost health care before providing them with free health care and benefits.

The bill is named after Cathedral City veteran Jennifer Kepner, a wife and mother who died from pancreatic cancer linked to her exposure to toxic burn pits during her military service in Iraq and Afghanistan. During the conflicts in Iraq and Afghanistan, burn pits were used to dispose of waste, chemicals, and trash – including batteries, jet fuel, and other hazardous materials – at or near American military bases. Many veterans are now suffering from rare cancers and pulmonary conditions linked to their burn pit exposure.

“Jennifer Kepner was a hero who courageously battled pancreatic cancer while fighting for her fellow veterans suffering from pulmonary conditions and rare cancers linked to burn pit exposure,” Dr. Ruiz said. “I am humbled to introduce the Jennifer Kepner HOPE Act in her memory, legislation that will ease the financial burden on sick veterans who have served and sacrificed for our nation by reducing their health care costs from the VA. We must not turn our back on this growing public health crisis. Jennifer’s empathy and courage continue to inspire me in this fight for our veterans to get the health care and benefits they have earned and deserve.”

“At the beginning of the fight, we were denied care and help from the VA. Not once, but twice. When you are going through that nightmare the last thing you want is letters from the VA saying, ‘there is nothing we can do,’” said Ben Kepner. “I thank Congressman Ruiz for the introduction of this bill in my wife’s name. It was one of her dreams to prevent other veterans from going through this. Time is short and we cannot deny care to these individuals who served this great country.” “In 2007, I served in Iraq where we were constantly exposed to the burn pits, we threw everything from batteries to trash to waste. I had no idea that years later I would be fighting a skin condition without any help from the DOD and VA,” said Steven Phillips. “I want to thank Congressman Ruiz for fighting for veterans like me and helping us get the care we need!”

During the conflicts in Iraq and Afghanistan, burn pits were used to dispose of waste, chemicals, and trash. One burn pit in Balad, Iraq was more than 10 acres large and fed more than 240 tons of waste per day, releasing large clouds of black smoke that left runways, airfields, and tents covered in fine, green-black soot. The toxic chemicals, carcinogens, and particulate matter released have been linked to veterans developing life-threatening cancers, lung diseases, and rare illness.

Congressman Raul Ruiz, M.D. is an emergency medicine physician and the co-chairman of the bipartisan, bicameral Congressional Burn Pits Caucus. Earlier this year, the House passed Congressman Ruiz’s H.R. 1381, the Burn Pit Registry Enhancement Act, to improve medical research by allowing entries in the burn pits registry to be updated with the cause of death after a registered veteran passes away. In July, the House also passed four of Dr. Ruiz’s amendments seeking to end the use of burn pits, educate doctors about the health effects of burn pit exposure, and increase transparency about active burn pits threatening the health of servicemembers stationed overseas. [Source: Paul Ruiz Press Release | August 13, 2019 ++]

*** Military ***



Shipboard Defense

USMC Augmenting With their LAV-25's

US Marines aboard the amphibious assault ship USS Boxer recently sailed through the Strait of Hormuz with an armored vehicle strapped to the flight deck, ready to fight off drones and Iranian gunboats.



A light armored vehicle belonging to the 11th Marine Expeditionary Unit can be seen on the flight deck as an AH-1Z Viper lifts off

The Marine Corps LAV-25 has a high-end targeting system that directs its 25 mm chain guns and M240 7.62 mm machine gun. The Boxer is armed with counter-air missiles, as well as various close-in weapon systems, among other weapons. The Vipers carry two air-to-air missiles, rocket pods, a handful of air-to-surface missiles, and a 20 mm Gatling cannon. The Marine Corps began experimenting last year with strapping LAVs to the decks of the amphibies — flattops capable of carrying helicopters and vertical take-off and landing jets, as well as transporting Marines — to make the ships more lethal. In September 2018, the 31st MEU embarked aboard the USS Wasp, another amphibious assault ship, for an exercise in the South China Sea with a LAV parked on the flight deck, training to fend off the types of threats Marines might face in hostile waterways. [Source: Business Insider | Ryan Pickrell | August 15, 2019 ++]

Cruise Missiles

Update 01: Nuclear Powered Ones are a Bad Idea



When President Donald Trump heard that Russia's experimental nuclear-powered cruise missile had exploded, killing seven scientists and causing a major radiological incident less than 300 miles from the Finnish border, he fired off a

boastful tweet. “We have similar, though more advanced, technology,” he said. This is...not accurate. In the late 1950s and early 1960s, the United States pursued a less advanced version of a similar technology but abandoned the effort before ever launching an actual test vehicle. Nuclear-powered cruise missiles, the Pentagon concluded, are a bad idea.

But the concept still appeals to Vladimir Putin, who last year revealed his pursuit of an “unlimited-range” missile that Russia calls the 9M730 Burevestnik (Storm Petrel) and which NATO has dubbed the SSC-X-9 Skyfall. A missile powered by a small nuclear reactor could cruise about its target for days, giving it a wide range of potential targets it could strike upon command.

In 1957, the U.S. Air Force and the Atomic Energy Commission launched Project Pluto to build the Supersonic Low-Altitude Missile. The work proceeded at the Lawrence Radiation Laboratory (today, Lawrence Livermore National Laboratory), in Berkeley, California, under the supervision of Charles “Ted” Merkle, a hard-driving physicist. In 1959, Merkle reported to the Air Force on the feasibility of the project, noting a number of enormous technical challenges but also “some interesting and exciting possibilities to discuss.” Like the makers of Skyfall, Merkle decided on a ramjet design. Powered into the sky atop a conventional rocket booster, the ramjet would compress incoming air in a uniquely shaped chamber, superheat it with a small nuclear reactor, and expel it as exhaust, propelling the missile almost three times faster than sound.

The biggest challenge: nuclear reactors are fragile things. Putting one in a cruise missile would require a design that could withstand three types of stress that no previous reactor had needed to endure. “There are the stresses associated with the pressure drop through the ‘reactor’ and, as indicated earlier, this stress is of the order of hundreds of psi [pounds per square inch] when spread over the entire reactor,” Merkle wrote. “When concentrated at various support points, it contributes loads like thousands of psi. Next in order: to transfer heat from the fuel to the air stream, there must be a temperature drop in the fuel-bearing materials and, for typical ceramics and power densities that would be of interest for possible missile applications, stresses of many thousand psi result as a consequence of these temperature differences.”

Then there were the inertial stresses of flight. “Since in principle such ramjet power plants can operate from sea level to quite high altitudes, rather large ‘gust loadings’ must be anticipated,” he wrote. Undaunted, the lab went to work creating a 500-megawatt reactor that could operate at 2,500 degrees Fahrenheit. Four years later, after much experimentation with different materials and the careful assembly of 500,000 small fuel rods, they had an engine called Tory-IIA. On May 14, 1961, they tested it at an 8-square-mile facility in a desolate area of Nevada called Jackass Flats. But they wouldn’t be able to fly it, not yet, since it was potentially a nuclear bomb. Instead they used a flatbed rail car.

In a 1990 article for *Air and Space Magazine*, Gregg Herken writes that “the Tory-IIA ran for only a few seconds, and at merely a fraction of its rated power. But the test was deemed a complete success. Most importantly, the reactor did not catch fire, as some nervous Atomic Energy Commission officials had worried it would.” But as Herken tells it, Washington was already beginning to cool to the idea of a nuclear-powered cruise missile. The biggest reason: the missile’s unshielded nuclear reactor would spew radiation along its flight path, potentially irradiating its own ground crew and everyone else between the launch pad and the target.

Anticipating this, Merkle downplayed the danger in his initial 1959 report, using language that sounds ripped directly from *Dr. Strangelove*. “One problem that bothers the design of reactors to be used near people is the necessity of confining all the fission products to the reactor fuel element,” he wrote. “A typical mission might produce some-what less than 100 grams of fission product. Of these it might be expected that some large percentage would naturally remain in fuel elements...Consequently the fission activity introduced locally into the atmosphere is minute compared with even the most minute atomic weapon.” Phew.

Edwin Lyman, senior scientist and acting director of the nuclear safety project at the Union of Concerned Scientists, offers some perspective. “I suppose that at a time when the nuclear weapon states were still engaged in atmospheric testing, there wasn’t a whole lot of concerns about releasing additional radioactivity into the environment. Merkle’s cavalier attitude seems in tune with the era. But such a system should be considered completely unacceptable today,”

Lyman told Defense One in an email. “One thing is that to characterize radiation releases in terms of ‘grams’ is misleading. Chernobyl released only a few hundred grams of iodine-131 yet it resulted in thousands of thyroid cancers among children.” He noted that the Pluto tests ejected not only radioactive gases but far more dangerous radioactive particle matter as well. The team tested a modified version of the engine once more in 1964 and the project was canceled.

The high fallout, both politically and literally, mean that nuclear-powered cruise missiles remain a terrible idea, says Kingston Reif, the director for disarmament and threat reduction policy at the Arms Control Association. “If you think the current excessive U.S. plans to replace the U.S. nuclear arsenal are controversial, imagine the negative domestic and international reaction to a U.S. effort to renew R&D on nuclear cruise missile powered by an unshielded nuclear reactor,” said Reif. “Russia should abandon development of this grotesque, unnecessary and almost certainly unworkable weapon immediately.”

Added Lyman, “if the missile was shot down, the fuel would overheat and you’d have a 500-thermal-megawatt reactor meltdown — about one-sixth the size of a large power reactor — but without any containment. Also, the lack of radiation shielding would make it difficult, if not impossible, for emergency responders to approach it.” That’s similar to the problem Russia is grappling with right now. [Source: Defense One | Patrick Tucker | August 14, 2019 ++]

Military Remarriage

Impact on Spousal Benefit Concerns

Wedding bells are ringing — again. But it’s not all champagne and roses. Here are your top remarriage concerns as they relate to finance.

Situation 1: *A retiree is remarrying, and their former spouse holds the Survivor Benefit Plan (SBP).*

Once a former spouse is awarded SBP due to a legal divorce document, only a change to the legal document — or the death of the former spouse — will release the SBP back to the retiree. These actions allow the retiree to change the beneficiary to the current spouse. The ex-spouse and current spouse cannot be covered simultaneously.

Situation 2: *A surviving spouse wants to remarry. What benefits carry over after remarriage?*

One’s age at remarriage can affect survivor benefits. If you are 55-plus, SBP payments will continue after you get remarried. If you are 57-plus, your Dependency and Indemnity Compensation (DIC) payment will continue. If you are 57-plus, both SBP and DIC payments will continue at their full amounts, and there is no SBP-DIC offset if you remarry at 57-plus. If you are younger than 55 or 57, SBP or DIC, or both, will be suspended. If the remarriage ends, payments can start again.

Unless you remarry another military retiree, all other military benefits stop during the remarriage (TRICARE and ID card-related). If the remarriage ends, ID card-related benefits will return, but TRICARE benefits are lost forever. If you have remarried a military retiree, all of these benefits will continue. If the retiree dies, survivor programs and benefits (including TRICARE) will start — unless the SBP is owned by a former spouse.

In regards to Social Security, survivor payments continue for remarriages at/after age 60 (or age 50 if you’re disabled). At age 62-plus, you can get retirement benefits on your new spouse’s work if those benefits are higher. If you are the divorced spouse of a worker who dies, you could get survivor benefits as long as your marriage lasted 10 years or more. To collect a survivor benefit, you must be age 60 or caring for a child under age 16.

Situation 3: *A former spouse is awarded retired pay from a military retiree. What happens to the retired pay if the former spouse remarries?*

The retired pay was awarded to the former spouse by a divorce court and is in the divorce decree. Unless something about remarriage was stipulated in the divorce decree, the retired pay will continue.

Situation 4: *A retiree remarries. How do they start spouse benefits?*

To get SBP, make sure you notify the Defense Finance and Accounting Service or your USCG pay agent within the first year of your remarriage. SBP will start again on the first anniversary unless the former spouse has the SBP. You will owe back premiums if you forget to notify the pay agency until after the first anniversary. Retirees have three SBP options after remarriage:

- Stay at your current coverage level.
- Increase your coverage level if your current coverage is less than the maximum coverage. The higher premium is retroactive, so you will owe the back premiums, plus interest.
- Cancel the coverage with spouse approval.

Take your new spouse to the ID card office for an ID card and enrollment in the DEERS-TRICARE registration system.

Situation 5: *You divorced a servicemember and qualified for benefits upon divorce (20/20/20 rule).*

Upon remarriage, TRICARE health care is lost forever. Other ID card benefits are suspended until the remarriage ends. If you remarry a military retiree, all of these benefits will continue.

[Source: MOAA Newsletter | Shane Ostrom | August 22, 2019 ++]

Military Child Citizenship

New Rules for Kids of U.S. Military, Workers Abroad

The children of some U.S. military members and government workers overseas will have a harder time getting citizenship under a Trump administration policy announced 28 AUG. The changes will affect a relatively small number of people. But the announcement touched off widespread confusion and outrage — with immigrant and veterans' advocates questioning why the administration would change the rules for people who are serving their country. The administration scrambled to clarify that the vast majority of children born to U.S. citizens while they are serving or working abroad will still get citizenship automatically.

For certain other groups, under the new policy, there will be a more complicated application process. In some cases, parents will have to apply for a visa to legally bring their child to the U.S. and establish residency before applying for citizenship. Those groups include:

- Parents who adopted children while serving abroad
- Parents who became U.S. citizens after their children were born
- Parents who are U.S. citizens but have never lived here
- Recently naturalized citizens who have not met the U.S. residency requirements to transmit citizenship to their children automatically

U.S. Citizenship and Immigration Services, the agency in charge of legal immigration, has not said how many families would be affected by the new policy. Immigration experts believe it's likely a few hundred people per year — a small fraction of the hundreds of thousands of U.S. service members and government employees stationed overseas. The change left some in the military community confused and angry. "That is an abominable and anti-patriotic position for the Trump Administration to take," said Will Goodwin, a U.S. Army veteran and director of government relations for VoteVets, a liberal advocacy group for veterans. "Tonight, there's someone likely on patrol in a war zone, or at an embassy, who is scared to death that their child is no longer a citizen, just because they were

born overseas," Godwin said in a statement. "The stress and strain that this is causing military families is a cruelty that one would never expect from a Commander in Chief."

The complicated text of the policy announcement itself — coupled with unclear and contradictory guidance from USCIS — contributed to widespread confusion. Some media outlets erroneously reported that the children of all U.S. service members or federal employees who are born overseas would no longer become citizens automatically. That prompted a response from Ken Cuccinelli, the acting director of USCIS. "This policy update does not affect who is born a U.S. citizen, period," Cuccinelli said. "This only affects children who were born outside the United States and were not U.S. citizens. This does NOT impact birthright citizenship. This policy update does not deny citizenship to the children of US government employees or members of the military born abroad."

Immigrant advocates acknowledge the impact of the change has been widely overstated. Nonetheless, they accuse Cuccinelli of downplaying the serious consequences of the policy change for the service members and government employees who are affected. "Why are we doing this? What problem are we trying to solve, except create concern and fear in this population of people?" asked Ur Jaddou, who served as chief counsel at USCIS during the Obama administration and now heads DHS Watch, an immigrant advocacy organization.

USCIS says it issued the new guidance because its previous policy conflicted with guidance issued by the State Department. But Jaddou is not convinced. "If you go back in the last 2 1/2 years there is a systemic attempt to narrow the circumstances ... to limit the number of people who can enter the country. And now achieve citizenship through their parents," she said. [Source: NPR | All Things Considered | August 29, 2019 ++]

Military Border Missions

Update 01: Eligible for Armed Forces Service Medal



Thousands of U.S. service members who've been sent to operate along the Mexico border will receive a military award reserved for troops who "encounter no foreign armed opposition or imminent hostile action." The Pentagon has authorized troops who have deployed to the border to assist U.S. Customs and Border Protection (CBP) since last April to receive the Armed Forces Service Medal. Details about the decision were included in a Marine Corps administrative message in response to authorization from the Defense Department.

There is no end date for the award since the operation remains ongoing. "The Under Secretary of Defense has authorized the Armed Forces Service Medal to service members who have provided support to CBP, starting from April 7, 2018 [until a date to be determined]," said Army Lt. Col. Chris Mitchell, a Defense Department spokesman at the Pentagon. Troops must have operated within 100 nautical miles -- roughly 115 miles -- from the Mexico border in Texas, New Mexico, Arizona or California, according to the Marine Corps administrative message. Those operating in San Antonio, where the mission headquarters is located, are also eligible, along with troops at sea who are within 24 nautical miles of the coast.

President Donald Trump first announced that active-duty, Reserve and National Guard forces would begin deploying to the border in April 2018. He has referred to the crisis there as an "invasion," as Central American migrants fleeing violence in their countries have overwhelmed Customs and Border Protection agents. The move hasn't come without controversy. Critics have slammed the decision to send thousands of active-duty troops to the border ahead of the 2018 elections as a political stunt that has pulled units away from their normal training and missions. The former commandant of the Marine Corps said in April that at least one training exercise was downsized as a result of the border deployments. In February, Trump declared the situation on the U.S.-Mexico border a national emergency and, last month, the Supreme Court ruled the president could use \$2.5 billion in Pentagon money to construct a wall there.

The Armed Forces Service Medal was created by President Bill Clinton in 1996 through an executive order. The award -- which has a green, blue and yellow ribbon and a bronze medal featuring a torch similar to the one held by the Statue of Liberty -- was previously given to troops who operated along the border under President George W. Bush. It has also been awarded to troops who have deployed to Bosnia, Haiti and West Africa on humanitarian or peacekeeping missions. The back of the medal features the eagle found on the Defense Department seal, a wreath and an inscription that reads "In pursuit of democracy."

The medal is approved only for operations "in which no other United States service medal is approved," according to the Defense Department. It's awarded to service members who, as a unit, participate in a U.S. military operation "deemed to be a significant activity and who encounter no foreign armed opposition or imminent hostile action." It's considered the non-combat equivalent of the Armed Forces Expeditionary Medal and falls immediately before the Humanitarian Service Medal in order of precedence. [Source: Military.com | Gina Harkins | August 9, 2019 ++]

Military Pharmacies

Update 01: May Change List of Free OTC Medications



On-base military pharmacies worldwide may soon change or reduce their offerings of free over-the-counter (OTC) medications as Tricare administrators standardize the list of what's available. Currently, military retirees and other beneficiaries can receive certain medications for free and without a prescription through a long-standing OTC medication program. How the program is administered and how many medications each user can get per month varies by location. Typically, users must fill out a request form, and medications are often capped at four or five per beneficiary. Which medications are offered can also differ widely by pharmacy or service branch. For example, a list of medications available at Fort Gordon, Georgia includes anti-diarrheal drug loperamide and condoms, while a list from the Navy's health clinic in Annapolis, Maryland does not include either option, but does offer Chloraseptic throat drops.

Now, as the military medical system undergoes a shift in administration of the military hospitals from the services to the Defense Health Agency (DHA), many of the systems' processes and offerings are being standardized, including the OTC program. The Pentagon does not plan to order facilities to discontinue the program outright, said Kevin Dwyer, a DHA spokesman. Instead, officials on the agency's Pharmacy and Therapeutics Committee are working to

create a standardized list of what's offered and will leave the decision of which medications, if any, to stock from that refitted catalog to pharmacy administrators.

"The Defense Health Agency has not issued any directives to halt such programs, and it is up to the individual facility to establish or continue an OTC medication program," he said. Dwyer said the committee is not aiming to reduce the number of drugs available, but would not say for sure that the final list won't be shorter. The re-evaluation began this year, he said. Information on when the evaluation will be completed was not immediately available. [Source: Military.com | Amy Bushatz | August 19, 2019 ++]

Military Child Caregivers

Sesame Street Initiative to Help Children Cope with Parent's Military Service



Sesame Street is launching a new initiative geared toward military caregivers that's designed understand, cope with, and ask questions about their parent's military service. On 19 AUG, the happiest street in the world debuted Sesame Street for Military Families: Caregiving, which is aims at supporting military and veteran families as they care for a wounded, ill, or injured parent or relative. The program was a joint effort between USAA and Sesame Workshop, which does nonprofit educational outreach for the show, and included support from the Bob Woodruff Foundation. Roughly 3.4 million people with children provide care for an ill or injured veteran or service member in the United States, and an additional 4.5 million civilians with kids care for disabled, aging or chronically ill relatives, according to a statement provided by Sesame Workshop.

Sesame Street for Military Families: Caregiving includes three new videos starring Rosita, along with her mother, Rosa, and her father, Ricardo, who was introduced in 2008 during a special segment that revealed he was injured while deployed and returned home in a wheel chair. In addition to the videos, the program includes articles for parents about how to answer their children's questions; mobile games; and an activity book called *My Sunny and Stormy Days* which parents can complete with their kids.

The Caregivers initiative focuses on helping children address and understand "why their parent may look or act differently than 'before'; how to safely express complicated or confusing feelings; how their parent's illness or injury can change over time; and how to describe their family's new situation to themselves and others," according to the statement. The initiative also offers pointers to parents as they provide care for an injured spouse or loved one, and how to explain that situation to their children.

"Coming home from a deployment with visible or invisible injuries is a huge challenge for any service member or veteran — especially those with young families," Sherrie Westin, the president of social impact and philanthropy at Sesame Workshop said in a statement provided to Task & Purpose. "Even beyond the military community, the reality is that most of us will serve as caregivers at some point in our lives," Westin continued. "With this initiative, we want every caregiving parent and child to know that they're not alone, and that asking for help is always a brave thing to do." Three short clips can be viewed at <https://youtu.be/xvpwLh7ELDg>, https://youtu.be/C_vmO2FIIZs, and <https://www.youtube.com/watch?v=KWotEKWoep8> of what will be aired. [Source: Task & Purpose | James Clark | August 19, 2019 ++]

Army Kits

Effort to Eliminate All AA Battery-Powered Weapons & Tactical Accessories

The Army general in charge of fielding new combat gear outlined on 20 AUG his vision for an advanced digital soldier ensemble designed to eliminate all AA battery-powered weapons and tactical accessories, as well as cumbersome connecting cables, troops currently lug into battle. Army equipment officials met with defense firms Tuesday at an industry day focusing on **Adaptive Squad Architecture** (ASA), a new framework to help the service and defense companies create streamlined digital, wireless gear aimed at making soldiers in close-combat squads significantly more effective in the future.

If all goes well, this evolving concept will result in equipment sets that can run communication, navigation and weapons accessories off of a common power source while significantly reducing soldier load, said Brig. Gen. Anthony Potts, commander of Program Executive Office Soldier. Currently, soldiers in an infantry squad can carry an average of 122 pounds of kit, made up of combinations of roughly 85 separate pieces of equipment, Potts said, describing how weapons optics, aiming lights, weapon lights, night vision, radios and other gear are all powered by redundant power sources such as AA and other small batteries. "I don't want AA batteries; I don't want all kinds of other battery power sources because, from my perspective for a soldier, all that means is it's another logistics supply need that has to be fed," he said.

Potts also wants to replace the bulky connecting cables, used to connect radios and situational awareness gear to power sources, with wireless interfaces. "All these cables, I want to get rid of them," he said. "I don't know how realistic that is, but it doesn't mean I don't want to try. We don't want things that are snag hazards on soldiers. We don't want soldiers to have to be creative about how to route every single cable they have got on their body."

The Adaptive Squad Architecture effort is part of the soldier lethality priority in the Army's bold modernization strategy. The need for this new framework grew out of the service's effort to develop the new Integrated Visual Augmentation System, or IVAS, a Microsoft technology that Army officials say will allow soldiers to see their weapons reticle and other tactical information through a pair of tactical glasses. The high-tech system will also run augmented reality to allow soldiers to conduct realistic virtual training without leaving home station. "We knew because [of] the scope of what we were trying to put together for IVAS that we needed something bigger than just component-level configuration management," Potts told reporters at the event. "ASA actually reflects the IVAS interface as we build it." But this new framework can't succeed without a new level of involvement from the defense industry, he said.

"Here is what I will promise you: Right out of the gate, we will get this wrong," Potts said. "This is where I need your help. Tell me how to make it right. ... But if you tell us nothing, if you are not engaged with us, if you are not giving us your feedback -- we are not going to be able to make this work."

The Army is expected to release in January what it calls "problem statements" for industry as a prompt to find new approaches to challenges such as soldier power needs, data sharing and body armor, as well as improving how intra-soldier wireless equipment operates within the squad. The first responses are scheduled to be due back to the Army in March, officials said. Meanwhile, IVAS is scheduled to be fielded in the fourth quarter of fiscal 2021, according to Potts. Despite the challenges facing them, Army equipment officials seem confident, pointing to plans to field what is really the first example of a very basic ASA capability to an armored brigade combat team in September with the new Enhanced Night Vision Goggle-B (ENVG-B) and the Family of Weapon Sight-Individual (FWS-I). Soldiers can wirelessly transmit the FWS-I's sight reticle into the ENVG-B to create rapid target acquisition in both day or night settings, equipment officials said.

While it's unclear when the new framework will start putting this advanced kit into soldiers' hands, Potts said having a fully digitized architecture will make the squad far more lethal than it is today. "A squad may not always

have the firepower to deal with an obstacle that's in front of it, but ... if you have something like your next-generation fire control that's on the Next Generation Squad Weapon, you can see it, you can lose it, you can target it," he said, referring to the NGSW, a 6.8mm weapon system the Army is developing to replace the M249 squad automatic weapon and the M4A1 carbine.

"The ability to share that data, that information based off of the digital architecture, share it with ... an [AH-64] Apache that's coming in overhead and the targeting data goes to his information center. And now you can have the right capability to take out that [enemy] platform without exposing yourself just because, in this architecture, we can share in near-real time. That's what I think makes the squad more powerful," Potts said. [Source: Military.com | Matthew Cox | August 21, 2019 ++]

Army Recruiting

Update 14: Goal of having 68,000 new soldiers under contract by 30 SEP



A U.S. Army Recruiting Command leader has been suspended for allegedly using the notorious phrase that hung over the entrance to a World War II Nazi death camp in a memo to encourage recruiters to sign up more recruits. The "Truth of Army Recruiting" Twitter account recently posted a snapshot of the memo, which included the phrase "Arbeit Macht Frei [Work Will Set You Free]" and promised days off to recruiters for bringing new soldiers into the service. In the memo, the company commander allegedly promised that "1 contract=No Saturday Work Days," and "2 contracts=1 Company Token for a day off." "If you write 6 contracts or more ... you are a god and I make a shrine for you," the memo reads.

Task and Purpose and Newsweek first reported the suspension on 22 AUG. The memo came out as the Army has just a few weeks left to meet its recruiting goals for the fiscal year, a target it missed last year by about 6,500 soldiers. The words "Arbeit Macht Frei" were originally displayed on top of the gate into Auschwitz, a Nazi concentration camp established in Poland in 1940. Also known as Auschwitz-Birkenau, the large complex was made up of 40 subcamps where an estimated 1.1 million people died during WWII, according to historians.

"US Army Recruiting Command is aware of the memo sent out by a recruiting company commander in the Houston area. The commander has been suspended pending the outcome of our current investigation into the situation," according to a statement from the command. "Army recruiting leaders will take appropriate action once the investigation is complete and all facts are known. When an individual enters into the military, they are held to high moral and ethical standards -- soldiers who choose not to live up to our values will be held accountable for their actions," it continued.

The Army launched a massive new recruiting strategy last October that targeted 22 major cities and put about 700 new recruiters on the streets. In July, Army leaders said they were confident that the service would meet its recruiting goal of having 68,000 new soldiers under contract by 30 SEP. In addition to more recruiters in more cities, the Army has also ramped up its presence on social media -- producing new videos and memes to reach the youth of Generation Z. The Army is also moving its marketing operation to Chicago, the result of a shakeup that came about nine months after the Trump administration responded to an internal audit that found millions of dollars in ineffective marketing

programs during fiscal 2016 by withholding [approximately] 50% of the Army Marketing and Research Group (later redesignated as the Office of the Chief Army Enterprise Marketing) budget in its latest defense spending bill. [Source: Military.com | Matthew Cox | August 26, 2019 ++]

Military Unmanned Ships

Possible Key to Indo-Pacific Region Corps Support



Unmanned surface vessels may be key to how the Corps fights and supplies its force across the expanse of the Indo-Pacific region. While aerial drones have captured much of the spotlight over the years, the Corps has also been experimenting and testing a number of surface and subsurface autonomous ships. In July, the Corps tested the Expeditionary Warfare Unmanned Surface Vessel during an experimental exercise known as the Advanced Naval Technology Exercise held aboard Camp Lejeune, North Carolina, according to a command release. And in 2016, the Office of Naval Research conducted a swarming experiment with unmanned rigid-hull inflatable boats, according to a release. The naval research group used four boats in the swarming experiment as the vessels tracked and trailed a target.

Lt. Gen. Eric Smith, the commander of Marine Corps Combat Development Command, said the Corps was looking at all autonomous platforms from aerial to surface and subsurface systems, according to National Defense Magazine. “We’re testing 11-meter rigid-hull inflatable boats,” Smith said, according to National Defense Magazine. “The technology is actually fairly simple. You can put it on really any platform. But what we’re looking for is a long-range vessel that has the ability to do resupply, move personnel or ... move cargo,” Smith said, National Defense Magazine reported. Smith’s remarks were made 20 AUG at the Association for Unmanned Vehicle Systems International conference held in Washington, D.C.

Smith said the Corps has also partnered with MITRE Corp. in its pursuit of unmanned surface vessels, National Defense Magazine reported. MITRE Corp. is a nonprofit aimed at helping solve complex problems through research and development in the fields of artificial intelligence, defense and cyber, among other specialties. Commandant of the Marine Corps Gen. David Berger called on the Corps to “aggressively research, innovate, and adapt to maximize the potential” of unmanned systems in his planning guidance published in July. guidance. “Our potential peer adversaries are investing heavily to gain dominance in these fields.” Berger noted in his planning guidance that the Corps will “prioritize short-term fielding of proven technology” for unmanned systems. [Source: MarineCorpsTimes | Shawn Snow | August 21, 2019 ++]

Navy SEALs

Back to Basics Directive Issued



Stung by a string of scandals starring SEALs behaving badly, Naval Special Warfare commander Rear Adm. Collin Green on 20 AUG issued a four-page “back to basics” directive designed to shore up shoddy conduct, restore moral accountability and create better leaders. Released to senior leaders and then obtained by Navy Times, Green’s guidance returns the SEAL and boat teams to standards expected of service members across the fleet, with a mandate for leaders to conduct “routine inspections of your units and strictly enforce all Navy grooming and uniform standards, including adherence to all Navy traditions, customs and ceremonies.”

Within popular culture, SEALs often are depicted as bearded commandos with a shaggy pirate bravado but Green’s memo echoes former Chief of Naval Operations Adm. John Richardson’s May advice to the sea service’s leaders, telling them that they will be judged by the character and performance of their teams. Green’s guidance clearly puts character first and adopts steps that will anchor SEALs not only to their own storied history but to the larger institution of the Navy. Commanders will inspect their officers and sailors during uniform shifts, establish “weekly battle rhythm events” to include quarters, unit physical training and zone inspections, with Green personally holding leaders “accountable for all substandard issues related to your personnel on and off duty.” “We are U.S. Naval Officers and Sailors first and foremost and we will realign ourselves to these standards immediately,” the WARCOM boss wrote.

That was merely one reform in a series of ordered changes Green identified in his “Call to Action” memo, an extraordinary document that Green conceded was triggered by a force that “has drifted from our Navy core values of Honor, Courage and Commitment” and an ethos “due to a lack of action at all levels of Leadership.” Without quantifying their numbers, Green told his subordinates that “a portion of this Force is ethically misaligned” with traditional SEAL culture because of those “who fail to correct this behavior” and instead “prioritize this misalignment over the loyalty to Navy and Nation.” “This drift ends now,” Green said.

Green recently completed a review that explored potential ethical, health and cultural problems dogging a special operations force that’s consistently rotated overseas since the Sept. 11, 2001 attacks. However, leaders at U.S. Special Operations Command two weeks ago demanded he submit a second version following more glum headlines about his SEALs such as:

- Following a boozy July 4th party in Iraq, SOCOM superiors booted Foxtrot Platoon, SEAL Team 7, back to Naval Base Coronado, with ongoing investigations for sexual assault, fraternization and other allegations of misconduct trailing in their wake.
- Prosecutors say a pair of Navy SEALs are linked to the June 4, 2017, death of Army Special Forces Staff Sgt. Logan Melgar at his residence in Bamako, Mali.
- Throughout August, admirals have dismissed five prosecutions involving SEALs linked to either war crimes or their cover up in Iraq and Afghanistan, including the botched court-martial of Special Warfare Operator Chief Edward “Eddie” Gallagher. A military panel of his peers cleared the SEAL of murdering an Islamic State prisoner of war, obstruction of justice and other serious specifications, finding him guilty only of the minor charge of posing with the dead detainee’s body. Although other SEALs posed with him, they weren’t charged and the investigation and trial of Gallagher were dogged with allegations of misconduct by Naval Special Warfare leaders, prosecutors and Naval Criminal Investigative Service agents.
- Before they were caught last year, several SEAL Team 10 special warfare operators snorted cocaine or spiked their drinks with the banned substance, often defeating military drug tests they termed “a joke,” according to an internal investigation obtained by Navy Times.

- There's also the ongoing prosecution of Special Operator 1st Class Aaron Howard for allegedly using chat messages to catfish three women, who sent him racy photos. The military judge in his case has determined that it appears SEAL Team 6 leaders wielded unlawful command influence to deny him a fair hearing but prosecutors are expected to file a rebuttal to the ruling.

The above scandals form the backdrop to Green's efforts, which are both broad in their goals and, at times, detailed in their execution. For example, Green's memo reveals that he's moved to quash the proliferation of all "unofficial unit insignia" below the troop level. From now on, the only logos, patches and slogans authorized are those "that have been formally processed and approved" in accordance with Navy regs at the team level.

Green ordered unit leaders to submit to him personally a "First Flag" format for all reports about chief petty officers and above accused of misconduct. That form typically is used to highlight sexual assault cases, so it telegraphs the seriousness he sees potential wrongdoing by non-commissioned and commissioned leaders. "I reserve the right to withhold all Non-Judicial Punishment authority for those reports at my level as I deem appropriate," he warned. By 20 SEP, Green will be able to monitor all disciplinary cases in all ranks with a special tracker, updated quarterly by the teams.

SEAL platoons now will grow "only after we have groomed a sufficient inventory of leadership teams that have been adequately trained, certified and possess the highest standards of character and competence to fill the additional leadership positions in the tactical formations," wrote Green, adding that his units now "will only grow at the pace of excellence," with an emphasis of "quality over quantity." Part of a larger force optimization blueprint that proposes to increase the number of platoons in a squadron, Green's guidance would halt the expansion for some troops until leaders can prove they've put the right people in place and they've been properly trained for the mission.

Partly, that will be accomplished by the creation of a "Leadership Development Program" designed to sculpt "ethical development" throughout a career, with peer evaluations built into the initiative, plus a formal "Navy Legal Education" system beginning at the platoon leadership level, according to the memo. It builds on the mentoring approach SEAL candidates see during their rigorous Basic Underwater Demolition/SEAL training and Green sees it as professionally and morally scaffolding careers, so that sailors and their officers are consistently groomed and graded to grow within a community of special operators, not merely to hurdle professional milestones. All leading petty officer and chief selections now will be guided by formal advancement boards, similar to officer milestone promotion boards, Green indicated.

He also demanded that only "top performers" be placed in instructor and leadership roles in training billets that teach ethical conduct. "You will only allow your best to train and mentor our Force," he said. That will be tracked after commanders create "grading criteria for performance of key leaders and units" during the standard 18-month training cycle.

Although Green publicly has expressed growing concerns about a SEAL force hit by a high tempo of counter-terrorism operations overseas and other pressures placed on a small and elite combat force, his directive only tangentially tackles those issues. Within two months of a change of command ceremony, however, new leaders must conduct an offsite session with their subordinates to explore the "culture, ethics, accountability and good order and discipline" of the units, Green wrote. Captains leading Green's teams also will begin "intrusive leadership and oversight on ALL Command Navy Programs," according to his memo.

Special scrutiny will fall on personnel assigned as program managers for the Sexual Assault Prevention and Response Program, Drug and Alcohol Program Advisor, Command Urinalysis, Command Managed Equal Opportunity, Suicide Prevention and the Equipment Accountability and Managers' Internal Control Program. A biweekly "Tone of the Force" commander's assessment also will go to Green, backed up with data culled from the programs. Leaders are expected to reach out to Green's command staff to schedule "assist visits for areas of weakness," Green added. "We are a family that values ownership and accountability of our actions," he wrote. "We value the aggressive introspective study of our mistakes required to turn our weaknesses to strengths. We will be

strong in character, strong in accountability, strong in moral and ethical foundations, and strong in leadership.”
[Source: NavyTimes | Carl Prine | August 24, 2019 ++]

Navy Terminology, Jargon & Slang

‘Condition 1’ thru ‘Courtesy Flush’

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

Condition 1 - General Quarters (battle stations). May be modified for certain conditions, such as

Condition 1-AS, in which all antisubmarine watch stations and weapons are manned, but AAW stations may not be. Modified conditions are used to minimize crew fatigue, which can be a significant factor over a prolonged period at battle stations. Other types of modified conditions include 1-SQ (battle stations for missile launch).

Condition 2 – A condition of modified General Quarters, generally used on large ships.

Condition 3 - A material condition of readiness commonly associated with wartime steaming where some, usually half, of the ship's weapons are kept in a manned and ready status at all times.

Condition 4 - A material condition of readiness commonly associated with peacetime steaming. There are no weapons in a ready status.

Condition 5 – A material condition of readiness associated with peacetime inport status. Other material conditions may be set as needed, dictated by the threat.

Coner - aka 'Noseconer'. A crew member on a submarine who does not work in the engineering spaces. A non-nuke.

Conformal Array – A sonar array whose transducers are attached at various locations about the hull, rather than being concentrated on one location. See also BOW ARRAY.

Con Level – Altitude at which contrails occur due to condensation or freezing of the moisture in engine exhaust. To be avoided in tactical situations, as they make for easy visual detection.

Conn – Has several uses, all to do with control of the ship. (1) When an officer announces "I have the conn," he or she is then legally responsible to give proper steering and engine orders for the safe navigation of the ship. (2) In submarines, the term used to refer to the conning tower, a structure built atop the hull from which periscope attacks on shipping were conducted. In more modern times, ‘the conn’ refers to the submarine’s control center, an analogous compartment located within the pressure hull. (3) In general, the area of the ship from which conn orders are given.

Conning – (1) Giving orders regarding the maneuvers of a ship. See CONN. (2) (Aviation) Generating a contrail.

Contact Coordinator - (submarine) Senior Enlisted/Junior Officer that mans the submarine periscope during surface operations in order to help track and assess surface contacts.

Control Surface – In aircraft, aerodynamic parts moved to effect maneuvers, e.g. elevators, ailerons, etc.

Corpen – (1) A maneuver of a formation of ships. In its simplest form, ships in a column turn in succession, each at the same point, akin to a column movement of marching men. (2) Course. ‘Foxtrot Corpen’ is the chosen course for flight operations. ‘Romeo Corpen’ is the chosen course for underway replenishment.

Counter battery - Firing on enemy artillery. Doing unto them before they can do unto you.

Courtesy Flush – What someone will ask for if you are stinking up the head.

[Source: <http://hazegray.org/faq/slang1.htm> | September 1, 2019 ++]

*** Military History ***



WWII Female Combatant Treatment

What Russian Female Soldiers Experienced

Stories about military history often focus on battlefield tactics and strategy. When they do focus on people, it is usually on a male soldier. However, during WWII, the Germans often executed female soldiers on sight. This is doubly amazing because it suggests women were a significant part of the fighting forces and that they provoked a visceral reaction from the Germans who captured them.

Ancient battlefields were often just outside their city walls, and rulers formed armies composed of people who were normally peace-time farmers. With limited manpower, the bulk of the conscripts were needed for fighting. The remaining camp followers transported supplies, prepared the food, and performed other non-combat functions in order to maximize the lack of weapons and armor for camp followers allowed them to carry more supplies than the soldiers, thus extending the operating range. It also sped up the march to their destination. Based on rough estimates from other ancient armies, it has been concluded that non-combatants constituted roughly 33% to 50% of the army. It is assumed that these additional women and children allowed the maximum number of soldiers to perform military tasks, such as scouting or building and manning city walls.

But when the army was defeated or attacked in their camps or cities, the women often became easy victims or active participants in battle. In crusader cities under siege, women were recorded as manning the wall with a pot as a helmet. Some scholars suggest the strange headgear highlighted the otherness of women fighting in a traditionally male domain. The women normally filled the role of a water carrier and additionally boosted morale. Ancient Greek women and slaves would hurl stones and boiling water to kill invading soldiers. Again, note the nontraditional weapons. The women present in crusading camps often faced the enemy when the army was defeated and fled. One account includes a camp follower killing a soldier with a knife. A Muslim victim being killed by a woman was used by writers to make the enemy seem less manly, with the knife implying a cooking instrument rather than a weapon.

The rise of total warfare often blurred the lines even further. Sherman's march to the sea attacked the population that supported secession as well as the army fighting for it. Airpower theorists like Billy Mitchell and Giulio Douhet promised that these strikes at the population would undermine morale and become such a horror that they could easily win the wars. Their theories didn't pan out as nations developed defenses against air attacks. This environment of partisan warfare behind the lines, massive armored warfare, and desperate loss on the front lines resulted in the women of the Soviet Union volunteering in huge numbers. The Soviet government itself treated women differently by promoting the image of the "martyr heroine" in Russian propaganda.

The Germans also had propagandist views of women that were almost the inverse of the Soviet "martyr heroine." The Russians viewed women as heroically defending the motherland. In contrast, the Germans had rather simplistic views of women with a virgin/whore dichotomy. Language itself was further used to delegitimize them. They were called *Flintenweiber*, or "rifle broad" instead of *Soldatinnen*, "female soldier." The women deemed *Flintenweiber* ended

up on the wrong side of the virgin/whore dichotomy by taking up the activity of soldiering, wearing a uniform, and fighting in the field. Their very existence was a violation of a traditionally male purview.

The ideology and delegitimizing language combined with imminent practical concerns such as sabotage forced their execution on sight. In fact, the leader of the 4th Panzer division included both in the same breath: "Insidious and cruel partisans as well as degenerate Flintenweiber don't belong in a POW camp but hung from the nearest tree." Much like the Muslim and Christian historians who viewed fighting women as an example of their opponent's degenerate state, the Nazis portrayed women fighters as a direct result of the evils and degeneracy of Bolshevism.

Interestingly, there were some cases where they were kept alive. Wendy Jo Gertejanssen showed that at least 15,000 Soviet women, among them at least 1,000 Soviet Red Army members, were forced to serve as prostitutes in the German's field brothels for the army. A major exception to this was women who claimed upon capture that they were nurses. They often did this regardless of their actual training. Nurses formed an exception to the Flintweiber stereotype and came closer to the caring virgin women from myth. This might have saved them from death but did not save them from being sent to concentration camps and assisting Nazi doctors in their unholy experiments. After Jewish women and Poles, Soviet women constituted the highest number of prisoners in concentration camps.

About 18,000 women ended up in Ravensbruck, and the number of women killed is estimated at tens to hundreds of thousands. The end result of this was to increase the intensity of warfare. Women knew they would be raped and killed upon capture and so they fought to the death. This made standard German operations more difficult, and it increased the viciousness of the counter-insurgency operations in rear areas. [Source: Together We Served Newsletter | August 2019 ++]

Military History Anniversaries

01 thru 15 SEP

Significant events in U.S. Military History over the next 15 days are listed in the attachment to this Bulletin titled, "**Military History Anniversaries 01 thru 15 SEP**". [Source: This Day in History www.history.com/this-day-in-history | August 2019 ++]

Every Picture Tells A Story

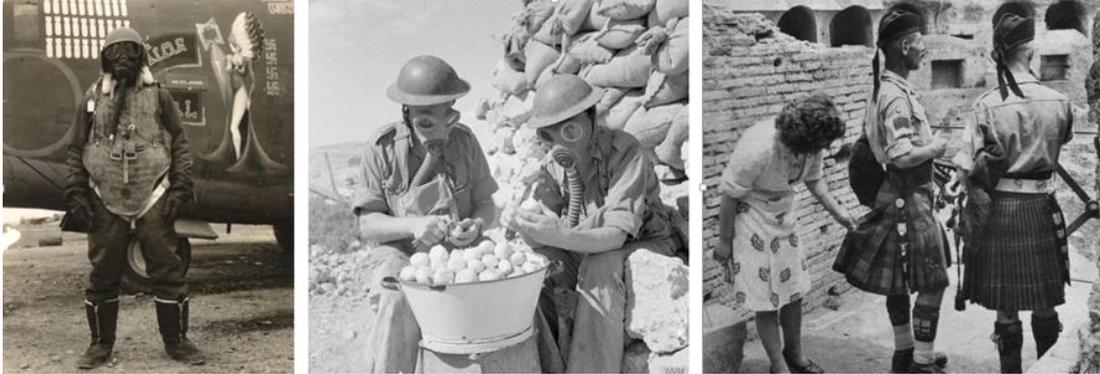
Divine Service



The war stops for no one... not even God. As deck crew bow their heads during Divine Service aboard the escort carrier HMS Fencer in February 1944, a Wildcat pilot sits alone in his cockpit in case the air boss needs to launch defensive fighters against attacking aircraft. The Wildcat is strapped to the bridle and the catapult, ready to go. Given the time stamp, this Wildcat would have been with 842 Squadron, Q Flight.

WWII Memories

The Troops



B24 Bomber Gunner who had seen quite a bit of action over Germany, Soldiers use gas masks to stop them crying while peeling onions. [1941], & A curious Italian woman inspects the kilt of a Scottish soldier near the Coliseum after the liberation of Rome (1944)

Post WWII Photos

War Crimes Tokyo Tribunal Meeting



A general view of the International Military Tribunal for the Far East meeting in Tokyo in April, 1947. On May 3, 1946, the Allies began the trial of 28 Japanese civilian and military leaders for war crimes. Seven were hanged and others were sentenced to prison terms. (AP Photo)

WWII Bomber Nose Art

[37] Salome!



Medal of Honor Citations

George F. Henrechon | Moro Rebellion, Philippines



The President of the United States takes pride in presenting the

MEDAL OF HONOR

To

GEORGE FRANCIS HENRECHON

Rank and organization: Machinist's Mate Second Class, U.S. Navy

Place and date: Moro Rebellion Philippines, 24 September 1911

Entered service: Unknown

Born: 22 November 1885, Hartford, Conn

Citation

While attached to the U.S.S. Pampang, Henrechon was one of a shore party moving in to capture Mundang, Philippine Islands, on 24 September 1911. Ordered to take station within 100 yards of a group of nipa huts close to the trail, Henrechon advanced and stood guard as the leader and his scout party first searched the surrounding deep grasses, then moved into the open area before the huts. Instantly enemy Moros opened point-blank fire on the exposed men and approximately 20 Moros rushed the small group from inside the huts and from other concealed positions. Henrechon, responding to the calls for help, was one of the first on the scene. When his rifle jammed after the first shot, he closed in with rifle, using it as a club to break the stock over the head of the nearest Moro and then, drawing

his pistol, started in pursuit of the fleeing outlaws. Henrechon's aggressive charging of the enemy under heavy fire and in the face of great odds contributed materially to the success of the engagement.



Henrechon died 16 Aug 1929 (aged 43) in New Orleans, Orleans Parish, Louisiana. He is buried with his wife at Mount Saint Benedict Cemetery, Bloomfield, Hartford County, Connecticut Plot Sec. F, Lot 430

[Source: <http://www.cmoahs.org/recipient-detail/2397/henrechon-george-francis.php> | August 2019 ++]

*** Health Care ***

TRICARE Coverage w/OHI

OHI Gain or Loss Impact

If you have any health insurance other than TRICARE, it's called "other health insurance" or simply "OHI." An example of OHI is having employer-sponsored coverage in addition to TRICARE. If you're on active duty, you can't use OHI. TRICARE is your only coverage. And TRICARE supplemental insurance isn't OHI. If you recently gained or lost OHI, you've experienced a TRICARE Qualifying Life Event (QLE). This means that you have 90 days after you gain or lose other health insurance to change your TRICARE health plan. You need to take action and understand how your plans will work together in the future. Here are some tips regarding what comes next.

Tell TRICARE When You Gain Other Health Insurance

Tell your TRICARE contractors, doctors, and pharmacies if you have other health insurance. This includes medical insurance, prescription drug insurance, dental insurance, and vision insurance. This will help them coordinate your benefits for payment by both the OHI and TRICARE, as well as prevent claim delays or denials. You can report your OHI through the following:

- Online: Fill out and submit your TRICARE contractor's other health insurance [form](#), or enter the information in [milConnect](#).
- By phone: Call your applicable [TRICARE contractor](#).
- In person: Go to your [military hospital or clinic](#), or a [uniformed services ID card office](#).

Coordinating Your Benefits

Once obtained, OHI becomes your primary insurance. Therefore, if you have health coverage through an employer, association, private insurer, or school (for students), your OHI is always your primary insurance and pays any claims before TRICARE does. OHI must process the claim before TRICARE can consider the charges. A TRICARE-authorized network or TRICARE-authorized non-network provider must provide the [TRICARE-covered](#) health care services. Most providers and pharmacies will file your claim with TRICARE. If they don't, you can submit the amount

remaining to your TRICARE contractor. Be sure you follow the rules of your OHI. If your OHI doesn't pay on your claim because you didn't follow their rules, TRICARE may not pay on your claim. If TRICARE receives your claim before your OHI processes it, TRICARE will deny it.

Medicare and TRICARE

TRICARE pays after Medicare and your OHI for TRICARE-covered health care services. As outlined in the TRICARE For Life Handbook, how Medicare coordinates with OHI “depends on whether or not the OHI is based on current employment.” But in either case, TFL pays last. You can also learn about how Medicare works with OHI on the Medicare website.

Using Other Health Insurance with Prescription Drug Coverage

When you have OHI with pharmacy benefits, your OHI pays first and TRICARE pays second. The TRICARE Pharmacy Overview states that you “can save money by using a pharmacy that is also in-network with your other health insurance, if you have it.” Tell Express Scripts, Inc. you have OHI by completing the TRICARE Other Health Insurance [Form](#).

If you have OHI prescription coverage, you can't use TRICARE Pharmacy Home Delivery unless the TRICARE pharmacy contractor can coordinate benefits with your OHI plan and either the drug isn't covered by your OHI, or you have met the OHI benefit cap. Visit [Using Other Insurance](#) and check out the [TRICARE Pharmacy Handbook](#) for more information on how to coordinate OHI with pharmacy benefits and file claims.

Losing Other Health Insurance

If you lose other health insurance, TRICARE becomes your primary payer. Inform the applicable TRICARE contractors and your health care provider and pharmacy of loss of OHI. If you don't share the loss of OHI, then you risk the chance of TRICARE denying your claim. Whether you lose or gain OHI, don't wait to report it to your [TRICARE contractor](#). Visit [Qualifying Life Events](#) to learn more about this QLE and other QLEs that you may experience in the future. Doing this will help you make the most of your benefit and take command of your health care.

[Source: TRICARE Communications | August 15, 2019 ++]

Sleep

Update 11: Having Trouble? View DAV Facebook for Help Sleeping

Are you a Veteran that is having trouble sleeping? Please join VA's Office of Connected Care and DAV on Wednesday, September 4 at 12 p.m. ET for a Facebook Live event – Get Back to Sleep with VA Tools and Technologies. Getting quality sleep may not sound like a critical health issue, but there is a link between the lack of quality sleep and critical issues like suicidality, high blood pressure, congestive heart failure, diabetes, and an increased risk of depression. Compounding the problem, sleep issues are highly prevalent among Veterans, and there is a shortage of sleep specialists nationwide.

VA experts will discuss sleep tools and technologies like Path to Better Sleep, Remote Veteran Apnea Management Platform (REVAMP), CBT-i Coach, and others. Many of these apps are designed to supplement work with a provider and add to care between appointments. Others are self-guided and can help with strategies for improving and tracking sleep over time. During the Facebook Live event, experts will discuss how these technologies are helping to deliver care when and where it's needed and share information about future enhancements of these tools and technologies. Participating in the event is easy:

Visit DAV's Facebook page <https://www.facebook.com/DAV> on September 4, 2019, at 12 p.m. ET. For a reminder, visit the Facebook Event Page, click on upcoming, Click on SEP 4, and then select “Going” to receive an automatic event reminder. Be sure to tune in. For those unable to attend at that time, the event video will be archived and available

on [VHA](#) and [DAV](#)'s Facebook page for later viewing. If you would like to learn more about the Office of Connected Care's continued efforts to increase Veterans' access to care through VA's connected health technologies, visit <https://connectedcare.va.gov>. [Source: Vantage Point | August 28, 2019 ++]

Longevity

Update 01: Research Suggests Optimistic People Live Longer

An upbeat view of life may increase your odds for living to a ripe old age, new research suggests. The finding stems from a look at optimism and longevity among nearly 70,000 women and 1,400 men. It builds on earlier research linking higher levels of optimism to lower risks of chronic illness and premature death. "This study took us further by suggesting that optimistic people are more likely to achieve 'exceptional longevity,' which we defined as living to age 85 or older," said study lead author Lewina Lee, a clinical research psychologist with the U.S. National Center for Posttraumatic Stress Disorder at the Veterans Affairs Boston Healthcare System.

Compared to their least optimistic counterparts, the most optimistic men and women studied were 50% to 70% more likely to reach that advanced milestone, Lee said. They were also 11% to 15% more likely to live longer overall, the study found. The findings held up even after accounting for other influences, such as educational background, marital status, friendships, chronic health problems, and depression, Lee said. Optimism was also powerful predictor of longevity regardless of a person's habits when it came to tobacco and alcohol use, exercise, eating well or getting routine medical care.

"Most studies have focused on deficits or problems that increase the risk of dying," Lee noted. "Our study is novel is that we considered the benefits of a psychological asset -- optimism -- in promoting longevity." The study team suggested that the findings could point the way towards new interventions that might foster optimism and thereby extend life, such as meditation and certain psychotherapy programs.

Lee and her colleagues discuss their findings in the Aug. 26 issue of Proceedings of the National Academy of Sciences. They concluded that optimism matters after analyzing data from the Nurses' Health Study, which focused on women, and the Veterans Affairs Normative Aging Study, which focused on men. The women were 58 to 86 years old (average age: 70) when their health habits, overall health and optimistic outlook were first assessed. They were followed for 10 years. The men were 41 to 90 years old (average age: 62) when they had a similar assessment and a physical exam in 1986. They were followed for 30 years.

At the end of the tracking periods, researchers found that results for women and men were roughly the same: The more optimistic the individual, the greater the chances for living longer -- and the greater the chances for reaching an "exceptional" age. But that doesn't necessarily mean that Debbie Downers are doomed to shorter lives, Lee said. Her team only found an association and not a cause-and-effect link. "The association between optimism and exceptional longevity was independent of depression," Lee said. "This suggests that the presence of optimism is more than just the absence of depression," so that even among those who struggle with depression a little optimism might still work longevity wonders.

Kit Yarrow, a consumer psychologist at Golden Gate University in San Francisco, said there are many reasons why optimism breeds longevity. "Optimists experience less stress, because they don't tend to dwell on negatives and feel more empowered to overcome hurdles," said Yarrow, who wasn't involved with the study. "They are less likely to give up, and they bounce back more quickly from problems and setbacks. Stress is a killer and wreaks havoc on our bodies." Optimists also are less likely to experience depression, feelings of hopelessness and negativity -- factors often linked to poorer health and higher rates of disease, she added.

On top of that, Yarrow said, optimists tend to take better care of themselves and have an easier time making and keeping friends, "a well-documented source of health and longevity." She acknowledged that access to money, good food and education and, of course, genetics can also have a big impact on longevity. But unlike good genes, Yarrow said, "optimism and her powerful sister, gratitude, can be learned." [Source: U.S. News & World Report | Alan Mozes | August 26, 2019 ++]

Pharmacy Shopping Abroad

What You Need to Know

In its effort to temper the sky-high prices Americans pay for many vital medications. The Trump administration last month unveiled a plan that would legalize the importation of selected prescription drugs from countries where they sell for far less. But the plan addresses imports only at the wholesale level; it is silent about the transactions by millions of Americans who already buy their medications outside the United States. Americans routinely skirt federal law by crossing into Canada and Mexico or tapping online pharmacies abroad to buy prescription medications at a fraction of the price they would pay at home.

In some cases, they do it out of desperation. It's the only way they can afford the drugs they need to stay healthy — or alive. And they do it despite warnings from the Food and Drug Administration, echoed by the pharmaceutical industry, about the risk of contaminated or counterfeit products. "The reality is that literally millions of people get their medications this way each year, and they are either saving a lot of money or they are getting a drug they wouldn't have been able to get because prices are too high here," says Gabriel Levitt, president of PharmacyChecker.com, an online company that allows people to compare prescription drug prices among international and U.S. pharmacies.

For people with diabetes, the inability to pay U.S. prices for insulin can be a matter of life and death, which is why so many families look to Canada or Mexico to meet their needs. Robin Cressman, who was diagnosed with Type 1 diabetes in 2012 and has become a vocal advocate for lower drug prices, says that even with insurance she was paying \$7,000 a year out-of-pocket for the two insulin drugs she needs: Lantus and Humalog. At one point, her credit card debt hit \$30,000, says Cressman, 34, of Thousand Oaks, Calif. While on an outing in Tijuana, Mexico, last year, she popped into a few pharmacies to see if they stocked her medications. With little fanfare, she says, she was able to buy both drugs over the counter for less than 10% of what they cost her north of the border. "I left Tijuana that day absolutely trembling because I could not believe how easy it was for me to get my insulin," she says, "but also how little money it cost and how badly I was being extorted in the U.S."



Robin Cressman

If you are planning to cross the border for your medications, or get them through an online pharmacy abroad, here are two things you should know.

- First: It is technically illegal. Second: It is unlikely you will be prosecuted. Despite the official prohibition, FDA guidelines allow federal agents to refrain from enforcement "when the quantity and purpose are clearly for personal use, and the product does not present an unreasonable risk to the user."

- Personal use generally means no more than a 90-day supply. You should think twice before bringing in quantities larger than that because if authorities suspect you have commercial intentions, you could land in legal jeopardy — and lose the drugs. People familiar with the practice say you generally can pass through customs without much hassle if you have no more than three months’ worth of a medication, you declare it to customs agents and you show them a doctor’s prescription or a personal note attesting it is for personal use, along with contact information for your physician. Even in the worst-case scenario, an unsympathetic agent might confiscate the drugs — but not arrest you.
- Ordering drugs online from foreign pharmacies also tends to go largely unchallenged. Legally, the FDA can refuse entry of the package at an international mail facility. “That does happen from time to time,” but not often, says Levitt. It is more common for shipments that do get through to be detained for several days pending FDA inspection. So, if you need to take your medication every day, be sure to build in a sufficient margin for potential delays.

A far bigger risk if you’re shopping abroad for medications is that you might not get what you paid for — and it might not be safe. “There’s a lot of junk in the pharmaceutical world,” says Dr. Ken Croen, a primary care physician at the Scarsdale Medical Group in Westchester County, N.Y., who advises many of his patients on how to buy drugs safely in Canada. And there are plenty of rogue operators, especially in the world of online pharmacies. You will need to do a little vetting. Before doing business with an online pharmacy, confirm it is licensed in its country of origin and that the country has strong pharmacy regulations, says Dr. Aaron S. Kesselheim, a professor of medicine at Brigham & Women’s Hospital and Harvard Medical School. (Read below for websites that can help with that.)

Countries with well-regulated pharmacies include Canada, New Zealand, Australia, much of Western Europe and Turkey. Also, check to make sure the pharmacy posts an address and phone number on its website. Experts advise against using online pharmacies that don’t require a doctor’s prescription: They are more likely to cut other corners, as well. A couple of websites do the vetting for you, using these and other criteria. The Canadian International Pharmacy Association runs a site (<https://www.cipa.com>) that allows you to compare drug prices among dozens of pharmacies whose legitimacy it has certified. Its customers “tend to be people who live in the U.S., are on fixed income or low income and can’t afford the medications where they live,” says Tim Smith, the association’s general manager. To buy through one of CIPA’s certified pharmacies, you must have a valid prescription and submit a medical profile to help guard against adverse drug interactions. The site also maintains a list of “rogue” online pharmacies.

PharmacyChecker.com (www.pharmacychecker.com) offers a similar service, linking customers to a broader range of online pharmacies abroad and in the U.S. Levitt, its president, notes that while importing drugs from overseas is a “critical lifeline” for many people, it is still possible to buy many medications affordably in the U.S. He and others suggest you take the time to comparison shop in the U.S. because prices can vary significantly from pharmacy to pharmacy. Santa Monica, Calif.-based [GoodRx](http://www.goodrx.com) tracks prescription drug prices at over 70,000 pharmacies across the U.S. and offers coupons.

Levitt also recommends asking your doctor if there is a viable therapeutic alternative or a lower-cost generic drug. Recent [research](#) from PharmacyChecker shows that 88% of the most commonly prescribed generic drugs can be purchased more cheaply in the U.S. than from Canadian pharmacies. “Many times there is no reason to go international,” Levitt says. “The drug will actually be cheaper here.” [Source: CaliforniaHealthline | Bernard J. Wolfson | August 21, 2019 ++]

Prostatitis

Update 03: Aquablation | Robot-guided Water Jet Treatment

A procedure called aquablation offers a new approach to treating an enlarged prostate. This therapy treats Veterans' enlarged prostate symptoms with reduced risk of unwelcome side effects. The medical term is "benign prostatic hyperplasia," or BPH. Most men know it simply as "enlarged prostate," and hope to avoid it as they grow older. More than 12 million American men, most of them 60 or older, are being treated for non-cancerous enlargement of the prostate gland. Symptoms include a frequent need to urinate, increased nighttime urination and an inability to completely empty the bladder. For more severe cases, pills might not give much relief. Surgery can help symptoms but can also cause sexual problems. So, many men simply avoid treatment.



In the photo above, Dr. Gopal Badlani uses a robot-guided water jet to treat enlarged prostate.

Salisbury North Carolina VA Health Care System offers Veterans with BPH the aquablation option called. It's more effective than pills but has fewer side effects than surgery. The U.S. Food and Drug Administration (FDA) recently approved it for use with patients. The doctor removes excess prostate tissue with a robot-controlled water jet, using 3D imaging to guide it. The procedure relieves symptoms with less risk of sexual side effects.

"As Salisbury Chief of Urology, I was part of the two trial studies that led the FDA to approve aquablation," said Dr. Gopal Badlani. "The symptoms of an enlarged prostate can be frustrating and upsetting. There are hundreds of Veterans suffering from BPH in our area. That's why we are so pleased by the results we see from this new treatment. "One older Veteran who recently had the procedure said, 'I'm glad I did it. I'm a blessed man, I'll put it that way.'" When I told him that he would no longer have to take drugs for his symptoms he said, 'That sounds pretty good. I got rid of two pills right there.' "We believe this treatment has the potential to change the way we treat men with BPH in a very basic way." [Source: Vantage Point | August 13, 2019 ++]

TRICARE Disaster Preparedness

Hurricanes/Earthquakes/Tornados/Fires – Are You Prepared?

Preparing Before a Disaster - Make sure you and your family can access TRICARE in an emergency by following these steps:

- Sign up for disaster alerts. If emergency TRICARE policies apply to your area, TRICARE will let you know. First, you must [sign up](#) to get disaster alerts. You can receive disaster alerts by email or text. You can also [view](#) disaster alerts any time on the TRICARE website.
- Keep key medical information safe and easy to find. Safeguard critical [documents](#), including medical records, prescription information, and your uniformed services ID card. It's also a good idea to make a list of illnesses, allergies, and prescription bottles for all family members.
- Get your prescriptions and medical devices ready. [Fill](#) any prescriptions that are due before you leave. Think about medications you take that may need refrigeration. Don't forget medical devices that you use, like breathing aids or eyeglasses.

TRICARE During a Disaster - Remember, you and your family's access to care may change during a weather-related emergency.

- Referral waivers: You may not be able to visit your regular doctor during a natural disaster. In a state of emergency, TRICARE may authorize [referral waivers](#) in certain affected counties. This means you may not need a referral to get care during the referral waiver [period](#).
- Refill too soon waivers: TRICARE may authorize [early refills](#) for prescriptions in a disaster emergency in certain affected counties. This means you can refill your prescription before your current supply is finished during the early refill period. To get an emergency refill, take your prescription to any TRICARE retail network pharmacy. You can [search online](#) for a network pharmacy. You can also call Express Scripts, Inc. at 1-877-363-1303 to help you find a pharmacy near you.

While you can't prevent all disasters, you and your family can prepare for them. Visit [Disaster Information](#) to learn more.

[Source: TRICARE Communications | August 29, 2019 ++]

Ticks

Update 03: What they Are and How they Can be Removed?

Contrary to popular belief, ticks are not insects – they are spider-like arachnids. Adult ticks have eight legs, a round body, and are just a few millimeters in diameter. When ticks feed on blood, their bodies can swell up quite a bit. The castor bean tick is the most commonly found tick in Europe. These ticks mostly feed on the blood of host animals like rodents and deer. The blood of the host animals may contain germs, which are then transferred to the feeding ticks and can be passed on to humans later on.

Ticks survive the winter by living underground. As soon as it gets warmer than about 46 degrees Fahrenheit, they become more active again and start looking for hosts to feed on – both animals and humans. Ticks are usually active from March to November – mostly in forests, meadows, parks and gardens. They prefer warm and moist places, and often seek out bushes and grass or spots near the edge of paths or in undergrowth. It is widely believed that ticks drop down on you from trees, but that's not true. Instead, they usually attach to you when you brush against them, often while walking through tall grass or shrubs. Dogs and outdoor cats commonly pick up ticks because they often walk through undergrowth and shrubs.

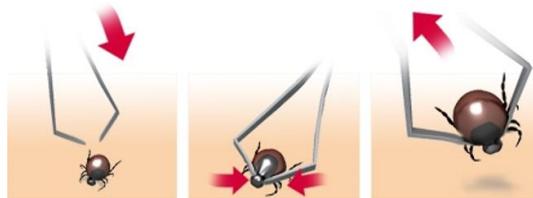
When ticks have found a host to feed on, they usually look for areas of soft skin. They don't normally bite right away, and sometimes wander around the body for several hours. The ticks then often end up around your hairline, behind your ears or in folds of skin. Once a tick has found a suitable place to feed, it uses its mouth-parts to cut through the host's skin, inserts a feeding tube (which also serves as an anchor) into the wound and then feeds on blood until it is full. It doesn't hurt when a tick latches on to your skin and feeds. If you don't find the tick and remove it first, it will fall off on its own once it is full. This usually happens after a few days, but it can sometimes take up to two weeks. Like when you have a mosquito bite, your skin will usually become red and itchy near the tick bite. People often only notice that they have a tick once their skin starts to itch.

If a tick has attached itself to your skin, it's important to remove it as soon as possible. Doing so will lower your risk of getting Lyme disease. Special tools are available for removing ticks, including tick tweezers, tick-removal cards and hook-like instruments. These tools are shaped to make it easy to slide them between the tick and your skin without squeezing the tick. You can find these kinds of aids in pharmacies, for example. Normal tweezers can also be used, as long as the tips of the tweezers bend inwards. If the tips are flat, the tick will be squeezed when you try to get hold of it. This should generally be avoided, because then germs could be squeezed out of the tick and into your body.



A tick-removal card (above) can be used as follows:

- Slide the tick-removal card between the skin and the tick.
- Push the tick out of the skin, keeping the card close to the skin.
- Do not try to pull the tick out of the skin using the card. Otherwise it will slip through the slit in the card



Removal of a tick using tick tweezers (above).

- Get hold of the tick with the tweezers as close to the bite as possible.
- Then gradually pull it out, being careful not to squeeze it too much with the tweezers.
- If the tick doesn't come out, twisting it slightly can help. It doesn't matter which direction you twist it in.

If you don't have the right tool, you could also try to remove the tick using your fingernails. It is important to get hold of the tick's head as close to the skin as possible, and avoid squeezing it with your fingers. Once you have removed the tick, you can disinfect the nearby skin – for instance, with alcohol – and inspect the area to see whether you managed to remove all of the tick. If the mouth-parts are still stuck in your skin you might see a small black dot, which a doctor can then remove. Mouth-parts that are left behind can sometimes lead to a small inflammation, but are usually harmless.

People used to recommend trying to suffocate the tick by putting things like nail polish, glue, toothpaste, alcohol or oil on it. But it can take a very long time for ticks to fall off that way, so it may even increase the risk of infection. Even once the tick has been successfully removed, it's important to keep an eye on the bite in the following weeks. If a circular red skin rash appears, it may be a sign of Lyme disease. Then you need to see a doctor. The same is true if you develop flu-like symptoms such as fever or aching joints. If the flu-like symptoms occur after only one or two weeks, it could also be a TBE infection – but that is rare. [Source: InformedHealth.org | August 15, 2019 ++]

Hemophilia

Slow Blood Clotting

Hemophilia is a disease that causes problems with blood clotting. It makes people's blood clot (coagulate) much more slowly than usual. This means that wounds take longer to heal. When blood doesn't clot properly, it can lead to bleeding inside the body too – for instance, following a fall or a crush injury. Sometimes there's no clear cause, though. Internal bleeding may damage organs, muscle tissue or joints. Hemophilia is an umbrella term for several different diseases. The most well-known are hemophilia A and hemophilia B. Each form is caused by the lack of a particular protein in the blood that helps it to clot: People with hemophilia A don't have clotting factor VIII (eight), while people who have hemophilia B lack clotting factor IX (nine). Hemophilia A is more common.

Symptoms, Causes, & Prevalence

There are three levels of severity in hemophilia, depending on the likelihood of bleeding: Mild hemophilia often hardly causes any problems in everyday life. In many cases it only becomes noticeable in puberty or adulthood when bleeding after surgery or a deep cut lasts longer than normal. Someone with moderate hemophilia may have occasional long-lasting bleeding, but usually only following surgery or an injury. Only rarely will there be no apparent cause. People who have severe hemophilia often have internal bleeding that causes pain. Bleeding for no known reason is typical, especially in the joints of the hand, shoulder, hip, knee, ankle or elbow. Arm and leg muscles are often affected too. Bleeding in the brain, throat or abdomen is especially dangerous. Severe hemophilia is noticeable from a very young age: Babies bruise very easily. As the children learn to walk and put more strain on their joints and muscles, bleeding starts occurring there. Bleeding in joints is very painful. The joints become swollen and hurt when moved. They often become inflamed as well.

Hemophilia is usually inherited. It is caused by the lack of a clotting factor in the blood. This is almost always due to a defect in the gene for the clotting factor. There are usually two copies of each gene. The genes for the clotting factors are on the X chromosome. The cells in women's bodies contain two X chromosomes, whereas the cells in men's bodies only contain one. So if a woman has a defective gene on one of her X chromosomes, having a normal gene on the other X chromosome can usually prevent any blood clotting problems. It's very rare for both genes to be defective in women. But if a man has a defective gene, it can't be overridden by a normal one, so hemophilia is more common in men. Hemophilia affects about 2 out of 10,000 men. It is estimated that there are 10,000 men with hemophilia in Germany, about 3,000 to 5,000 of whom have a severe form of the disease.

Effects & Treatment

A joint that has already been affected by internal bleeding is likely to be affected again. Recurrent bleeding can deform a joint, stiffening and slowly destroying it (hemarthrosis). Advanced stages of hemarthrosis can make it nearly impossible to move your arms or legs, and a wheelchair or other mobility aid may then be needed. Major bleeding into muscle tissue increases the pressure on surrounding tissue, blood vessels and nerves. That can damage the nerves. Internal bleeding in the brain is rare, but it can impair your thinking ability, concentration or sense of balance. Severe bleeding in the brain is life-threatening. Bleeding inside organs, the abdominal cavity or in the mouth and throat area is also dangerous: In the throat area, for example, it can make it hard to breathe. Bleeding in the abdominal cavity can cause major blood loss and damage vital organs.

Hemophilia treatment involves the use of injections to replace the missing clotting factor. There are two main approaches: In on-demand treatment, the missing clotting factor is injected only when needed, for instance to stop active bleeding, or before a medical procedure such as surgery or the pulling of teeth, in order to limit blood loss. If someone has severe hemophilia, preventive (prophylactic) treatment is usually recommended. This typically involves injecting the clotting factor every few days in order to lower the chances of bleeding. People who have hemophilia can learn to do this themselves if they are shown how to, and with a little practice.

Other medications to improve the blood's clotting ability are only used in milder forms of hemophilia. These include tranexamic acid and desmopressin. The hormone desmopressin releases clotting factors stored in the blood vessels. Sometimes other medications are used as well. For instance, painkillers can be used to treat severe pain. Painkillers that don't affect blood coagulation, such as ibuprofen, are suitable for this purpose. Acetylsalicylic acid (the drug in medications like Aspirin) is not suitable because it increases the risk of bleeding.

Research summaries

Everyday life

Hemophilia used to be associated with major limitations. Nowadays treatment with clotting factors makes it possible to do anything that doesn't put too much strain on the joints or involve a high risk of injury. That even includes sports with a lot of physical contact, mountain biking or skiing, and jobs that involve manual labor. The possibilities will mainly depend on the severity of the hemophilia and how well the treatment can be adjusted. People who have hemophilia would like to live a normal life and enjoy their free time just as much as anyone else. Physical activities are fun, strengthen the muscles and help to improve your body awareness and your sense of balance. So regular exercise

and sports can prevent injuries that cause bleeding. Your doctor can help you decide which activities are suitable if you aren't sure.

Even though treatment is available, living with hemophilia still involves challenges and requires adjustments in everyday life. It takes practice and patience to successfully inject the medication yourself. But especially children who have severe hemophilia often learn at an early age to manage their disease and know what to do when they have acute bleeding. The challenge for parents is to prevent bleeding in their children, but at the same time not be too overprotective. It's not easy to strike a good balance so that the child can grow up unburdened and as free as possible. Parents manage their children's treatment for a long time, and support them emotionally too. As they grow older, most children start to take responsibility for the management of their condition. That isn't always easy, especially during puberty. Conflicts may arise if parents worry and have difficulty handing the control over to their children.

[Source: <https://www.informedhealth.org/hemophilia.2677.en.html> | August 2019 ++]

Canker Sores

No Treatment Available that Can Prevent Them from Forming

Many people get canker sores (also called mouth ulcers or aphthous ulcers) from time to time. These are white-reddish, inflamed spots that form on the mucous membrane lining the mouth. Two to four canker sores often develop at the same time. Although they are painful, they typically heal on their own and don't cause any problems. Some people get canker sores again just a few weeks later, while others may get them months or years later. It's not known why these small, non-contagious inflammations occur, so there's currently also no treatment that can prevent them from forming. The symptoms can be relieved with gels, creams or mouthwashes that contain painkilling or anti-inflammatory medication.



Typical canker sore (minor)

It's important to see a doctor or dentist if you have very many or very large canker sores that don't go away on their own – or if you have other symptoms like bad breath or swollen lymph nodes. They can check whether you have “regular” canker sores or another condition that is causing canker-like sores in your mouth.

Symptoms

The main symptom of canker sores is pain. While a canker sore is forming, that part of your mouth may also tingle, burn or feel rough. The pain might get worse when eating food that irritates the inflamed lining of the mouth even more, like bread crusts, acidic fruit or spicy dishes. The movements your mouth makes when you chew or speak can also make it hurt more. Canker sores appear as round, whitish spots on the lips or on the inside of the cheeks. Less often, they might form on the gums, tongue or roof of the mouth. The sores are usually just a few millimeters wide, are slightly sunken and have reddish, slightly raised edges. This typical kind is also called a minor canker sore. If the spots are larger (one to three centimeters in size), they are major canker sores. If there are very many small (pinhead-sized) sores, they are referred to as herpetiform canker sores.

Causes and risk factors

It's not really known why some people develop canker sores and others don't. They are believed to run in families and also be influenced by various other factors, including stress, a weakened immune system and hormonal changes. These

factors might also cause new canker sores to form after a symptom-free period. Experts think that certain deficiencies might be a trigger too – such as an iron or vitamin B deficiency – or that injuries to the lining of the mouth might also be involved. Sometimes, a disease might cause inflammations in the mouth that are very similar to canker sores – like chronic inflammatory bowel disease or Behçet's disease.

Prevalence & Outlook

Canker sores are among the most common medical conditions that affect the mucous membranes lining the mouth. Some experts estimate that about 1 out of every 10 people are affected. But it's difficult to say exactly how many people keep getting canker sores. Most people get them for the first time when they are a teenager or young adult. They are more common in women than in men. The minor form is by far the most common, affecting 85% of all people who have canker sores. Only 10% have major canker sores, and 5% have herpetiform canker sores.

Before a canker sore becomes visible, you may feel a tingling or burning sensation for a few hours. The area turns red, swells up a little, and then starts to hurt. Within one to three days the swelling develops into the typical whitish spot. After a few more days the pain goes away, and after about one week the canker sore disappears completely. Major canker sores can hurt more and for a longer time: It can take up to four weeks for them to heal. They often leave a scar in the mucous membrane. The many small herpetiform canker sores may merge together to form larger areas. If that happens, they also cause scarring. Most people have canker sores three to six times a year. But sometimes years may go by before the next canker sore develops. As people grow older, the symptom-free phases last longer. Severe forms are rare. But if they do occur, major canker sores may become permanent or so painful that it's hardly possible to eat or drink. They are also sometimes related to canker sores on the mucous membranes of the genitals.

Diagnosis & Treatment

The appearance, development and symptoms are often so typical that you can diagnose canker sores on your own without any special tests. But if a sore hasn't healed within two weeks or the inflammations are severe, it's a good idea to see a doctor or dentist. They will examine the lining of your mouth very closely and ask you about any other symptoms and your eating habits. If they think that another disease may be causing the sores, then a swab test, blood test, tissue sample, or an examination of certain organs (such as the bowel) may be necessary. Canker sores usually heal on their own without any treatment. The symptoms can be relieved using gels, creams or mouthwashes that contain painkilling or anti-inflammatory medication. Other treatments like laser therapy or the use of anti-inflammatory tablets are only a good idea in severe cases.

[Source: InformedHealth.org | August 15, 2019 ++]

Tinea Versicolor

Patches of Lighter or Darker Skin

Tinea versicolor, also referred to as pityriasis versicolor, is a skin condition characterized by patches of lighter or darker skin. It is caused by a type of yeast (fungus) that is found on most people's skin. It is generally not harmful and it isn't contagious. Topical treatments applied directly to the affected area, such as special creams or shampoos, are usually effective.

Symptoms, Causes, & Factors

In tinea versicolor, small round or oval patches of skin appear at first, and later merge into larger patches with irregular shapes. They are especially common on the back, chest, neck and/or arms. They may occur on the face as well, particularly in children. The patches may be yellow or brownish, or sometimes red or pink. They are usually lighter or darker than the surrounding healthy skin. Because these patches hardly change color in the sun, they are more noticeable if you have a suntan. The affected areas of skin may also be somewhat scaly. They rarely itch. If they do, then they only itch a little.



Tinea versicolor is caused by a type of yeast (fungus) that is found on most people's skin. It's not clear exactly why the fungus grows and causes visible patches in some people but not in others. It's important to know that tinea versicolor has nothing to do with poor hygiene, and it's not contagious. Various factors can increase your chances of developing tinea versicolor. These include

- A warm and humid climate,
- Sweating a lot (for instance in people who generally sweat more or who do a lot of sports) and the use of oils or cosmetics that may clog the skin pores.
- Genes probably play an important role too. People who have a weakened immune system are generally more susceptible to infections, so they are also more likely to develop tinea versicolor. The immune system may be weakened by things like certain types of cancer or medication that suppresses the immune system – for instance, following an organ transplant.

Prevalence, Diagnosis, & Treatment

Tinea versicolor is a common skin condition. In countries with a more moderate climate it affects about 1% of the population, and in some tropical countries it affects about 40%. It is just as common in men as it is in women. Most people first get it at a young age. Doctors can often recognize tinea versicolor just by looking at the typical groups of light or dark patches on the upper body and/or arms. To rule out other possible skin conditions, your doctor might use a strip of clear adhesive tape to take a sample of the scaly skin and look at it under a microscope. This is usually enough to determine whether it is tinea versicolor.

Tinea versicolor may improve a little in cool or dry weather, but it usually doesn't go away on its own. There are a number of effective treatments. These mainly include creams, lotions and shampoos that contain antifungals (substances that kill the fungus or inhibit its growth). The creams and lotions are applied to the affected areas of skin. The shampoo is used too, so that the fungus doesn't spread back to the skin from the scalp and hair. Depending on the exact product used, it needs to be left on for anywhere from a few minutes to several hours. The creams and lotions are often put on in the evening and then rinsed off in the shower the next morning. But even when treatment works, it can take up to several weeks or months for the skin patches to disappear. Treatment with tablets is only rarely needed.

Sometimes tinea versicolor comes back again after successful treatment. If this keeps happening, doctors may recommend using a special shampoo on your skin and hair every two to four weeks to prevent it from returning again. The shampoo contains an active ingredient like selenium sulfide or ketoconazole. There are also oral medications (tablets) that can be taken every four weeks to prevent tinea versicolor from returning. Doing either of these things can greatly reduce the risk of it coming back.

[Source: <https://www.informedhealth.org/tinea-versicolor.2601.en.html> | August 2019 ++]

Cancer Q&A

190816 thru 190831

(Q) How do dietary supplements impact on cancer?

Answer. Because people are interested in the possible links between specific foods, nutrients, or lifestyle factors and specific cancers, research on health behaviors and cancer risk is often reported in the news. No one study, however, provides the last word on any subject, and single news reports may put too much emphasis on what appear to be conflicting results. In brief news stories, reporters cannot always put new research findings in their proper context. Therefore, it is rarely, if ever, a good idea to change diet or activity levels based on a single study or news report. The following questions and answers address common concerns about dietary supplements in relation to cancer:

- *Can dietary supplements lower cancer risk?* No, at least based on what we know at this time. A diet rich in vegetables, fruits, and other plant-based foods may reduce the risk of cancer, but there is little proof that dietary supplements can reduce cancer risk. One exception may be calcium supplements, which may reduce the risk of colorectal cancer (see the entry for calcium above). Some high-dose supplements may actually increase cancer risk.

Some dietary supplements may be beneficial for other reasons for some people, such as pregnant women, women of childbearing age, and people with restricted dietary intakes. If a person chooses to take a dietary supplement, the best choice is a balanced multivitamin/mineral supplement containing no more than 100% of the "daily value" of most nutrients.

- *Can I get the nutritional equivalent of vegetables and fruits in a pill?* No. Many healthful compounds are found in vegetables and fruits, and these compounds most likely work together to produce their helpful effects. There are also likely to be important compounds in whole foods that are not yet known and therefore are not included in supplements. Some supplements are described as containing the nutritional equivalent of vegetables and fruits. But the small amount of dried powder in such pills often contains only a small fraction of the levels contained in the whole foods. Food is the best source of vitamins and minerals.
- *Is calcium related to cancer?* Several studies have suggested that foods high in calcium might help reduce the risk of colorectal cancer, and calcium supplements modestly reduce the recurrence of colorectal polyps. But a high calcium intake, whether through supplements or food, has also been linked with an increased risk of prostate cancer.

In light of this, men should try to get – but not exceed – recommended levels of calcium, mainly through food sources. As women are not at risk of prostate cancer and are at a higher risk of osteoporosis (bone thinning), they should try to get recommended levels of calcium mainly through food sources. Recommended levels of calcium are 1000 mg/day for people ages 19 to 50 years and 1200 mg/day for people aged older than 50. Dairy products are excellent sources of calcium, as are some leafy vegetables and greens. People who get a lot of their calcium from dairy products should select low-fat or non-fat choices to reduce their intake of saturated fat.

[Source: American Cancer Society | August 31, 2019 ++]

Superfund Sites

Hazardous Waste Locations that Pose Risk to Vet's Health

A Superfund site is any land in the United States that has been contaminated by hazardous waste and identified by the Environmental Protection Agency (EPA) as a candidate for cleanup because it poses a risk to human health and/or the

environment. Thousands of contaminated sites exist nationally due to hazardous waste being dumped, left out in the open, or otherwise improperly managed. These sites include manufacturing facilities, processing plants, landfills, mining sites, and military installations.

Superfund site locations are a vital piece of information to veterans and dependents worldwide. Such information may be helpful in establishing a link that connects the dots between current health issues and possible sources. The list at <http://www.veteranprograms.com/superfundsites1.html> represents all Superfund sites identified by the EPA as having serious health contaminants that are dangerous to veterans, and civilians who worked or lived on or near the site. [Source: USVCP | August 30, 2019 ++]

Contaminated Military Installations

Possible Source of What is Making Vets Sick

If you're a veteran suffering from short-term memory problems, chronic fatigue, headaches, confusion, loss of appetite, painful joints, ringing in your ears, and a host of other physical and psychological conditions, your problems may be associated with you being exposed to dangerous chemicals. Not just herbicides in Vietnam or burn pits in the Middle East, or vaccines given to you prior to being shipped overseas, it could be the result of having been stationed or lived in an area near a military installation contaminated with dangerous chemicals.

Sure, many of the military installations look beautiful. Most are supremely manicured, many offer state-of-the-art facilities, and most military installations are safe havens. However, quite a few of our beloved military installations are dripping with dangerous hidden chemicals. Some of these insidious chemicals have worked their way into the water supply systems on many military installations. The water you consumed for drinking, bathing and recreation, may have been polluted with chemicals that you couldn't see, taste, or smell. But, nonetheless, presented an imminent danger to you, your family and military colleagues.

Listed on <http://www.veteranprograms.com/contaminated-bases.html> are the military installations where many dangerous chemicals contaminated the water supply system on or near a military installation, exposing you and your family to great harm. Note: Not every base suffering such contamination is on the list, because information was not available for all bases. The list is based on the latest status report for DoD's Installation Restoration Program. [Source: USVCP | August 30, 2019 ++]

TRICARE Podcast 515

Active Duty Separation - Using milConnect - Using OHI w/TRICARE

Separating from Active Duty -- Separating from active duty can be a busy time. And easing back into civilian life may require a transitional health plan. Leaving active duty is a TRICARE Qualifying Life Event. This means that you have 90 days from your separation date to change to another health plan if you're eligible. Depending on the reason for your separation, you and your family members may qualify for one of two transitional health care options. These options are the Transitional Assistance Management Program, or TAMP, and the Continued Health Care Benefit Program, or CHCBP. If you aren't eligible for TAMP coverage and don't purchase CHCBP coverage, your active duty medical benefits end on your last day of active duty.

- TAMP provides 180 days of premium-free health care for certain service members and their families. If you're eligible, TAMP will begin the day after the sponsor separates from active duty. Keep in mind that your branch of service determines if you're eligible for TAMP, not your TRICARE regional contractor. With TAMP, you and your family can use TRICARE health plans. You also can get care at military hospitals and clinics.

- CHCBP is a premium-based health plan managed by Humana Military. It offers health coverage for 18 to 36 months after TRICARE or TAMP coverage ends. The coverage is like TRICARE Select. If you qualify, you can purchase CHCBP coverage within 60 days of losing TRICARE or TAMP coverage, whichever is later. Your coverage begins the day after you lose other TRICARE coverage.

For more information about your health care options when separating from active duty, read this week’s article, “TRICARE Covers You, Even When You’re Separating from the Service,” at www.TRICARE.mil/news.

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Enrolling in TRICARE Using milConnect -- Staying current on how to enroll in TRICARE health and dental programs will help you and your family get the most out of your TRICARE coverage. Online enrollment through Beneficiary Web Enrollment takes place through milConnect at www.milconnect.dmdc.osd.mil. Here’s what you need to do to enroll in TRICARE health and dental plans online.

- First, sign in to the milConnect website at milconnect.dmdc.osd.mil. Secondly, click the “Benefits” tab at the top of the page. Thirdly, select the “Beneficiary Web Enrollment” tab. And, finally, select the “Medical” or “Dental” tab.
- Follow these steps to enroll in stateside health care plans only. You may only enroll in an overseas health plan by phone, by mail, or at a TRICARE Service Center.
- Remember, you can only enroll in or change enrollment in TRICARE Prime or TRICARE Select plans following a Qualifying Life Event or during TRICARE Open Season. Visit TRICARE.mil/lifeevents and TRICARE.mil/openseason to learn more.

And for more on how to enroll in a health or dental plan, go to www.TRICARE.mil/enroll and select a plan.

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Using Other Health Insurance With TRICARE -- If you have any health insurance other than TRICARE, it’s called “other health insurance” or simply “OHI.” An example of OHI is having employer-sponsored coverage in addition to TRICARE. However, if you’re on active duty, you can’t use OHI. TRICARE is your only coverage. If you recently gained or lost OHI, this is a TRICARE Qualifying Life Event. This means that you have 90 days after you gain or lose other health insurance to change your TRICARE health plan. You’ll need to take action and understand how your plans will work together in the future if this happens.

You should tell TRICARE contractors, doctors, and pharmacies when you gain other health insurance. This includes medical insurance, prescription drug insurance, dental insurance, and vision insurance. This will help them coordinate your benefits for payment by both the OHI and TRICARE, as well as prevent claim delays or denials. Once you obtain other health insurance, your OHI becomes your primary insurance. Therefore, if you have health coverage through an employer, association, private insurer, or school, your OHI is always your primary insurance and pays any claims before TRICARE does.

If you have Medicare and TRICARE, TRICARE pays after Medicare and your OHI for TRICARE-covered health care services. When you have OHI with pharmacy benefits, your OHI pays first and TRICARE pays second. If you lose OHI, TRICARE becomes your primary payer. And if you don’t share the loss of OHI with TRICARE contractors, you risk the chance of TRICARE denying your claim.

Now, to learn more about coordinating your benefits when you have both TRICARE and OHI, read the article, “TRICARE Coverage after Gaining or Losing Other Health Insurance,” at www.TRICARE.mil/news.

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The above is from the TRICARE Beneficiary Bulletin, an update on the latest news to help you make the best use of your TRICARE benefit. [Source: <http://www.tricare.mil/podcast> | August 15, 2019 ++]

TRICARE Podcast 516

Deactivating - Disaster Preparedness - Traveling w/TRICARE Dental

Coverage Options When Deactivating -- When you're no longer on active duty as a National Guard or Reserve member, you deactivate. And deactivating is a TRICARE Qualifying Life Event. This means you have 90 days after your deactivation date to change your health plan. You and your family may be able to continue TRICARE coverage while you transition out of active duty service. Your coverage options will depend on whether your time on active duty was for a preplanned mission or in support of a contingency operation.

If you were activated for more than 30 days for a preplanned mission or in support of a contingency operation, you and your family can purchase Transitional Assistance Management Program, or TAMP, coverage. TAMP offers 180 days of health care coverage when transitioning to civilian life. If you qualify, your coverage will start the first day after your active duty service ends. During TAMP coverage, you and your eligible family members are automatically enrolled in TRICARE Select. But you may re-enroll in TRICARE Prime any time prior to your TAMP coverage ending. When your TAMP coverage ends, you have some choices:

- If you qualify, you may purchase TRICARE Reserve Select coverage.
- If you don't qualify for, or decide you don't want TRICARE Reserve Select, you may purchase Continued Health Care Benefit Program coverage.
- If available, you can accept health coverage from your employer.
- And lastly, you can search the Health Insurance Marketplace for a health plan.

Read more about your TRICARE coverage options when you deactivate in this week's article, "Deactivating? Learn About Your TRICARE Coverage Options as a National Guard or Reserve Member," at [TRICARE.mil/news](https://www.tricare.mil/news).

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Disaster Preparedness With TRICARE -- Weather events and natural disasters are unpredictable. But you can predict what you should do before, during, and after an emergency. Being prepared for events like wildfires, floods, and hurricanes can help keep you and your family safe. A disaster may change access to your TRICARE benefit, prescriptions, and medical resources. The Federal Emergency Management Agency, or FEMA, encourages you to plan ahead for a disaster. You can do this by establishing a meeting place and evacuation route with your family. The FEMA website at [ready.gov](https://www.ready.gov) lists helpful tips on how to start an emergency plan. At <https://www.ready.gov>, you can download and fill out emergency plans for families, pets, property, and more. Make sure you and your family can access TRICARE in an emergency by following three steps before a disaster strikes:

- Sign up to receive disaster alerts from TRICARE at [TRICARE.mil/subscriptions](https://www.tricare.mil/subscriptions).
- Keep key medical information safe and easy to find. This includes medical records, prescription information, and your uniformed services ID card.
- Also, get your prescriptions and medical devices ready. For example, if you suspect you may need to evacuate, fill any prescription refills that are due before you leave.

To learn more on disaster preparedness, read this week's article, "Be Disaster Prepared with TRICARE," at [www.TRICARE.mil/news](https://www.tricare.mil/news).

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Traveling or Moving with the TRICARE Dental Program -- When making plans to travel or move, know how your dental benefit goes with you. TRICARE Dental Program beneficiaries are covered worldwide, whether moving to a new duty location or traveling on leave. When moving, your dental benefit transfers. You don't have to fill out a new enrollment application, as your coverage remains in place. But you do need to update your address in the Defense Enrollment Eligibility Reporting System. You can do this online at <https://milconnect.dmdc.osd.mil/milconnect>. You

can also make changes to your information by phone, fax, by mail, or in person at the nearest ID card office. Learn more at <https://tricare.mil/deers>.

Before you move, get copies of your dental records. If not, you may have to pay for them at your new location. After you move, you should find a new TRICARE Dental Program network dentist. click on “Find a Dentist” at <https://www.uccitdp.com/dtwdws/member/landing.xhtml> to find a dentist near you. When traveling within the CONUS service area or OCONUS service area, your dental benefit travels with you. But make sure you know the rules for getting care before your departure. To learn more about traveling and moving with the TRICARE Dental Program, check out the TRICARE Dental Program Health Matters Newsletter, published this month, at <https://tricare.mil/publications>.

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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> | August 23, 2019 ++]

* Finances *



Social Security Claiming Age Impact on Spouse

The earlier you start claiming Social Security retirement benefits, the smaller your monthly payments will be. But you might not be the only person negatively affected by your decision to claim early. If your spouse outlives you, the age at which you started claiming your own benefits also determines the size of your widow’s or widower’s Social Security survivors benefit. In fact, each year that a husband postpones claiming his Social Security retirement benefit could increase his future widow’s survivors benefit by about 7.3%, according to a study from the Center for Retirement Research at Boston College. This stems from husbands generally having larger monthly retirement benefits than their wives, as men generally earn more during their working lives than women.

Yet the same study also found that a “large minority” of husbands tend not to consider the impact that their own claiming age has on their wives’ future survivors benefit. This finding is consistent with past research, the study authors note. For a husband to consider how his Social Security claiming age impacts his future widow’s survivors benefit, he must effectively ponder his own death as well as what his wife’s financial situation will look like after his death. These are significant obstacles — and ones that are unlikely to change — according to the authors of the Center for Retirement Research study. They write:

“To pick a claiming age based on survivor benefits, the husband first has to think about an uncertain event that he would rather avoid and that will occur in the distant future. Then he must make complicated financial projections about the amount of additional resources that his surviving spouse will need in the undesired situation. These are significant behavioral barriers, many of which impede seemingly rational behavior in many other aspects of retirement planning and insurance ...” In fact, the researchers performed an experiment that revealed that husbands did not change their choice of claiming age even after they were educated about the basics of how their claiming age could impact their spouse’s survivors benefits.

Instead, husbands tend to decide when to claim their Social Security retirement benefits based on more immediate considerations than death. For example, the study found husbands tend to claim benefits earlier when they have one of the following:

- A defined-benefit pension
- Retiree health insurance
- A health condition that limits their ability to work

How Social Security survivors benefits work

Social Security survivors benefits are not to be confused with spousal benefits. If you're eligible for spousal benefits, you can receive them while your spouse or possibly your ex-spouse is alive, depending on your circumstances. To be eligible for survivors benefits, on the other hand, you must be a survivor, such as a widow or widower. Another difference is that survivors benefits are larger. As are detailed in "[7 Social Security Terms You Should Know to Boost Benefit](#)", "*While spousal benefits are limited to half a spouse's benefit, survivors benefits can be up to 100 percent of the deceased's benefit amount.*"

Thus, the longer a husband delays claiming his own benefits, at least up until age 70, the larger his future widow's monthly survivors benefit would be. Note that that holds true for anyone who dies before their spouse, regardless of sex. The Center for Retirement Research study speaks specifically of husbands because the study was based largely on data on married men. [Source: MoneyTalksNews | Karla Bowsher | August 16, 2019 ++]

Cable/TV Packages Why They Are More Expensive Than Ever



TV watchers are cutting the cord in droves in 2019 — and that is causing unexpected misery for anyone still married to their cable or satellite TV provider. The percentage of households ditching traditional pay TV has plunged 19.2% this year alone, according a recent report from eMarketer. Overall, an estimated 21.9 million households had dropped traditional pay-TV service as of July. In fact, a stunning landmark is now on the horizon, according eMarketer: "The number of households without a traditional pay-TV subscription is quickly approaching those that have one," the company says.

All those defections are causing cable TV providers to hold on tightly to every penny of revenue. And that has meant jacking up rates for subscribers. According to eMarketer forecasting analyst Eric Haggstrom: "*As programming costs continue to rise, cable, satellite and telco operators are finding it difficult to turn a profit on some TV subscriptions. Their answer has been to raise prices across the board, and it seems that they are willing to lose customers rather than retain them with unprofitable deals.*"

Lucrative broadband internet services offered by telecommunications providers also are helping these companies compensate for their dwindling pay-TV customer base, Bloomberg reported in June. According to the publication: "*Executives at big cable companies say they have no plans to stop selling TV altogether, because offering more services along with internet access gives customers more reasons to stay. ... But cable executives are now focused on what they call 'profitable' or 'high-quality' video subscribers and less interested in cutting deals.*"

How to cut the cord successfully

If you are fed up with soaring cable and satellite TV rates, consider joining the growing ranks of households who get their TV programming in alternate ways. The savings can be substantial. For example, ways are highlighted to dramatically slash your costs in "[4 Streaming TV Services That Cost \\$25 a Month — or Less.](#)" If you are still reluctant to take the plunge, read more about the pros and cons of cord cutting in "[Streaming Versus Cable: the Confusing Costs of Cutting the Cord.](#)"

[Source: MoneyTalksNews | Adrian Chase Freeman | March 13, 2019 ++]

Credit Card Fraud 2019

1M Stolen U.S. & South Korean Card's Info Listed for Sale

American troops may have been among the victims of hackers who stole information from more than 1 million U.S. and South Korean credit cards and listed it for sale on the dark web over the past three months, the military said. The thefts targeted unspecified business and financial entities in South Korea and included information on at least 38,000 U.S.-issued payment cards, according to an alert distributed by the Eighth Army via its Facebook page. An unnamed credit union that provides services at U.S. Air Force bases in South Korea was among the potentially compromised organizations, it said.

Citing the large number of U.S.-issued payment cards involved and the significant presence of American troops in South Korea, the Major Cybercrime Unit-Korea said it could "assess with medium confidence that the purchase cards of U.S. service members may have been included in this compromise." The stolen information was listed on the dark web since the end of May, according to the notice, which was based on information from the Korea Office of the Major Cybercrime Unit, U.S. Army Criminal Investigation Command. The notice advised people worried that their credit card information was stolen to place a "fraud alert" on their credit reports and to monitor their accounts for signs of identity theft.

Gemini Advisory, a security firm, also reported the credit card data theft on 1 AUG, saying the hackers had apparently managed to capture the information before it was encrypted as the cards were swiped at the merchants or at ATMs. That would enable the fraudsters to clone the cards and use them to make illegal purchases, it said. Transactions made using cards with embedded computer chips, also known as EMV chip technology, would have been secure, according to the report. The New York-based firm first observed information from 42,000 compromised South Korean-issued cards posted for sale on the dark web in May, which it said is generally in line with recent trends. However, the number spiked to 230,000 records in June and 890,000 in July, according to Gemini Advisory.

"This spike currently consists of over 1 million compromised South Korea-issued CP records posted for sale in the dark web since 29 MAY," it said, referring to the term CP fraud that involves collecting payment card information from in-person transactions. It said 3.7% of the compromised records were U.S.-issued cards and many were believed to belong to American cardholders visiting the South. Gemini Advisory warned that South Korea is becoming a major target for such attacks due to vulnerabilities in its purchasing infrastructure including failure by merchants to use the chip technology. "While the entire Asia Pacific (APAC) region is experiencing a noticeable uptick in attacks against brick-and-mortar and e-commerce businesses, South Korea has emerged as the largest victim of Card Present (CP) data theft by a wide margin," it said.

Some 28,500 American troops as well as family members and civilian contractors are based in South Korea, which remains technically at war with the North after their 1950-53 conflict ended in an armistice instead of a peace treaty. The Eighth Army couldn't immediately provide more information and it was unclear what effect the thefts may have had. A South Korean official, who spoke on condition of anonymity to discuss the issue, said the police cyber terror investigation unit was not investigating the reports because nobody had come forward with a formal complaint. [Source: MoneyTalksNews | Brandon Ballenger | August 9, 2019 ++]

Social Security Q & A

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(Q) When should my wife start taking Social Security payments? *My wife will be 63 this year, and I will be 66. I don't plan on taking Social Security until I retire at age 70. Can my wife take her Social Security now and then switch to spousal benefits when I retire? She has a small pension from the school district that she gets now of \$160 a month. Her Social Security will be minimal — approximately \$350 a month. Mine will probably be at the maximum. We want to be sure and have the right strategy. What do you advise?*

Answer. Your situation raises a number of complications. It provides a good example of how many people can benefit from inexpensive professional help when trying to reach the best Social Security claiming decision.

First, since you were born prior to 1954, you can take advantage of the restricted application claiming option. This option allows you to claim spousal benefits on your wife's record while letting your own retirement benefits grow until 70, or whenever you choose to claim them. It will be necessary for your wife to claim her retirement benefits in order for you to use this option. In your case, the spousal benefit will not amount to a lot since your wife's benefit is minimal. But it's free money, so no reason to leave it on the table. I will return to this matter below.

Second, your wife has a pension from employment where she did not pay Social Security taxes. So, her retirement benefit will be reduced due to the Windfall Elimination Provision (WEP). The WEP will not reduce her Social Security retirement benefit by more than one-half of her school pension, which is about \$160. So, the WEP penalty will be about \$80 a month at her full retirement age (FRA).

Third, the Government Pension Offset (GPO) will reduce her spousal benefit, which she can claim once you claim your own retirement benefit. Again, since her school pension is small, the GPO will have a minimal effect. The GPO reduces a spousal (or a widow's) benefit by \$2 for every \$3 of private pension (where no Social Security taxes were paid). In her case, the spousal benefit will be reduced by about \$107 at her FRA.

In order to establish your optimal claiming strategy, I ran your numbers through my company's software. Here is what I found:

- For normal life expectancies for both of you, your wife should claim her retirement benefits by the time you reach your FRA of 66. Then, you can use a restricted application to claim spousal benefits only. (If you have already turned 66, you can request retroactive payments back to your birth month, or for six months, whichever is shorter.)
- Your spousal benefit will get you about \$1,600 a year. While that is not a lot of money, there is no reason to walk away from it. As I said before, it's free money.
- Finally, you should claim your retirement benefits at 70. Your wife can then pick up spousal benefits. At this point, your benefit will be about \$3,700 a month. Your wife's combined benefit of retirement plus spousal supplement will be about \$1,240 a month. That's a nice addition to your other retirement income.

[Source: MoneyTalksNews | Russell Settle | August 15, 2019 ++]

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(Q) Are Social Security Representatives Ever Wrong? *My Social Security benefit is twice what my spouse receives. She worked part time, and we have been married 54 years. I contacted Social Security, and they stated that because my spouse elected to start drawing her benefit prior to her full retirement age, she could not receive my higher benefit if I predecease her. Is that correct?*

Answer. This is an unfortunate example of people being misled by Social Security representatives. It happens more often than it should, but it reflects two things:

- The high demand for advice as more people retire
- Inexperienced Social Security staff who have been recently hired due to the large number of retirements of Social Security staff

If you get a response from someone in a Social Security office that you suspect might be incorrect, you can request to speak with a “technical representative.” Every office should have one. This person should be someone with experience who can give you the right answer.

To answer your question: When the first spouse passes, the surviving spouse will receive the higher of the two benefits. In your case, this is your benefit. The fact that your wife claimed her benefit before her normal full retirement age will have no impact on her survivor’s benefit. You stated that your wife worked part time and claimed her benefit before her FRA. Claiming her benefit before FRA reduced her benefit. To help follow what happens in this situation, suppose that your benefit at your FRA is \$2,000, and her retirement benefit at her FRA is \$800. Since your wife claimed her benefit before her FRA, her reduced benefit would be smaller — \$746 — if she claimed at 65 instead of her FRA of 66.

[Source: MoneyTalksNews | Jeff Miller | August 22, 2019 ++]

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(Q) Will Social Security Still be There When You Retire? *I’m 40, and I keep reading that there won’t be any Social Security left by the time I retire. This doesn’t seem fair, since they’re taking money out of my paychecks to pay for it. Am I right to worry?”*

Answer. People have been predicting the downfall of Social Security since its creation in 1935. And yet, here it is, still chugging along. So, why do you keep seeing headlines suggesting the system is in trouble? Well, because it often is. There were headlines earlier this year suggesting Social Security trust funds will run dry by 2035 if nothing is done to cure a funding shortfall. And these stories are often heavily promoted by those most likely to benefit: investment advisers. But here’s the thing: Headlines like these have popped up many times over the years. And something, at least thus far, has always been done to cure the funding shortfall.

So, the short answer to the question is that Social Security is highly likely to be around when you reach retirement. The reason is simple: There will always be a monster group of voters who can see the light at the end of the tunnel and will be super unhappy if we don’t get anything out of a pension we paid into for more than 35 years. That being said, however, your Social Security may not look the same as it does today. Social Security has had lots of changes over the years. A few examples:

- When the program started, the government took 1% from paychecks to fund it. Now it’s 12.4%, half coming from you and half from your employer.
- The amount of income subject to the tax has gone up: When the program started, only the first \$3,000 of your income was taxed. In 2019, the tax applies to the first \$132,900.
- In 1935, you could start receiving full benefits at 65. While that’s still the retirement age for some, full retirement age is now as high as 67, depending on when you were born.
- Until 1983, Social Security payments were nontaxable. Now, however, depending on your overall income, up to half your benefit can be taxable.

These are not only examples of how the program has changed over the years, they’re also examples of how it could change in the future, as well as how subtle changes will likely keep Social Security viable. If the Social Security trust fund starts running low, Uncle Sam could raise any of the above. He could increase the percentage you pay, your employer pays, or both. He will almost certainly continue to levy the tax on ever-increasing portions of your income. And the thing that’s already started and is most likely to continue? Raising the retirement age.

While you may be cheered by the news that Social Security may live as long as you do, don't be fooled: Social Security isn't your sole retirement solution. Social Security was designed to keep seniors from a dog-food diet, not to fund a fulfilling retirement. And while it may not disappear, it's highly unlikely to become more generous. Bottom line? Think of Social Security as the icing. You still need to bake your own retirement cake. Learn how with tools like [our retirement course](#).

[Source: MoneyTalksNews | Stacy Johnson | August 26, 2019 ++]

Inherited IRAs

Update 01: S.972 Impact on Non-Spousal Military Heir Taxable RMDs

The Senate will take up work to overhaul the nation's retirement system when lawmakers return from the August recess, and one of the potential changes could negatively affect some retirement accounts. The Senate will renew work on the **Retirement Enhancement and Savings Act** (RESA), S. 972, which contains a number of provisions to encourage saving for retirement. It also eliminates a harmful provision for military families who, due to the 2017 tax overhaul, became subject to what's known as the "Kiddie Tax." MOAA voiced its support of a bill that would repeal this tax – the Gold Star Family Tax Relief Act, H.R. 1944 – before it overwhelmingly passed the House, 417-3.

While RESA would address this issue, it also would change the law regulating withdrawals from certain types of individual retirement accounts (IRAs). Under current law, the owner of an IRA must make required minimum distributions (RMD) by 1 APR of the year after turning 70½. An individual's RMD is calculated based on the account balance and the owner's life expectancy. Distributions from IRAs are treated as earned income. Non-spousal heirs must take RMDs based on their life expectancy. The younger the beneficiary, the lower the RMD, with a longer time window to take distributions. For some investors, designating the youngest member of their family as the beneficiary of an IRA is a way to stretch out the account's life while the fund continues to grow, tax-deferred.

A RESA provision would require inherited accounts balances over \$450,000 to be withdrawn within five years of the original account owner's death. Surviving spouses and minor children are excluded from the requirement. The proposed changes would go into effect immediately, which could upend the estate plans of many people. As the military transitions from the legacy to Blended Retirement System, even more servicemembers may be affected by this rule.

The House passed its version of the legislation in May. That version gives beneficiaries up to 10 years to liquidate the account. Similar to the Senate bill, surviving spouses and minor children are excluded from the requirement. The difference between time windows to liquidate an IRA will require resolution in conference committee. Tax rules are complex; talk to your financial advisors to see if this particular provision could affect you. [Act now](#) and tell your senator that they shouldn't be changing the retirement account withdrawal rules for those who inherit retirement accounts. Go to <http://takeaction.moaa.org/moaa/app/write-a-letter?0&engagementId=501880> to send your legislators a preformatted editable message to not change the withdrawal rules. [Source: MOAA | August 5, 2019 ++]

Auto Dial Scam

Using Voice Search? Use Caution When Asking for Auto Dial

Tell Alexa to play for your favorite song. Ask Siri about the weather. Use Google Assistant to turn down the air conditioner. But don't ask your smart device to look up a phone number, because it may accidentally point you to a scam.



How the Scam Works

- You need the phone number for a company, so you ask your home’s smart device – such as Google Home, Siri, or Alexa – to find and dial it for you. But when the company’s “representative” answers, the conversation takes a strange turn. This representative has some odd advice! They may insist on your paying by wire transfer or prepaid debit card. In other cases, they may demand remote access to your computer or point you to an unfamiliar website.
- Turns out, that this “representative” isn’t from the company at all. Scammers create fake customer service numbers and bump them to the top of search results, often by paying for ads. When Siri, Alexa, or another device does a voice search, the algorithm may accidentally pick a scam number.
- One recent victim told BBB.org/ScamTracker that she used voice search to find and call customer service for a major airline. She wanted to change her seat on an upcoming flight, but the scammer tried to trick her into paying \$400 in pre-paid gift cards by insisting the airline was running a special promotion. In another report, a consumer used Siri to call what he thought was the support number for his printer. Instead, he found himself in a tech support scam.

Tips to Avoid This Scam

- Be careful when searching for support phone numbers. Rather than doing an online search or letting your smart device look up a number, use the contact information on the business's website (double check the URL), on your bill, or in your confirmation email.
- Beware of fake ads. Scammers make ads with fake customer service numbers. Using voice search to find a number can make it harder to tell a phony listing from the real one. Get your information from the official company website or official correspondence.
- Make payments with your credit card. It’s easier to dispute a credit card payment. Paying by wire transfer or pre-paid debit card is like using cash. There is almost nothing you can do to get the money back.

For More Information

Check out [these tips](#) from the FTC.gov on security and smart home devices. To learn more about scams, go to BBB Scam Tips (BBB.org/ScamTips). If you’ve been targeted by this scam, help others avoid the same problem by reporting your experience on BBB.org/ScamTracker

[Source: BBB Scam Alerts | August 16, 2019 ++]

Military Exchange Scam

Update 01: Scammers Unauthorized Use of Exchange Logos

Army and Air Force Exchange Service officials are warning soldiers and military families to be aware of scammers using the Exchange’s logo. In a news release 14 AUG, Exchange officials said scammers using the name “Exchange Inc.” have “fooled” soldiers and airmen to broker the sale of used cars, trucks, motorcycles, boats and boat engines.

“For years, scammers have used the Exchange’s trademarked logo and name without permission to purportedly sell vehicles in the United States,” said Steve Boyd, the Exchange’s loss prevention vice president. “Some military members have sent money thinking they’re dealing with the Exchange, only to receive nothing in return.”

Military exchanges do not have the authority to sell vehicles or represent private sellers in completing transactions in the continental United States, officials said. The Exchange operates solely on military installations and via ShopMyExchange.com. The Exchange does not act as a broker in private transactions and does not advertise in classified advertisement or resale websites. Exchange officials said the scammers potential buyers to use multiple third-party gift cards to pay for purchases. To verify suspicious payment method requests, military shoppers can call Exchange Customer Service at 800-527-2345. Shoppers who believe that they may have been taken advantage of can file a complaint through the Internet Crime Complaint Center at www.ic3.gov. [Source: Fayetteville Observer | Rachael Riley | August 14, 2019 ++]

Blackmail Scam 2

Email Threat to Reveal Pornographic Activity

Scammers are blackmailing people with threats to reveal videos of them watching pornography, copies of their browser history or evidence that they downloaded pornographic videos. This type of scam, often called sextortion, is on the rise. This is likely due to scammers accessing legitimate usernames and passwords during major security breaches.

How the Scam Works:

- The scammer will contact people whether or not they visited pornographic sites and claim they have hacked their computer and activated their webcam. They will share that they have been able to access all the porn sites the victim has visited. The scammer then threatens to send embarrassing images, videos and screenshots to stolen contacts, family, friends and co-workers if a payment is not made.
- Generally speaking, the threat is an empty one and targets are chosen at random. However, there are cases where victims are specifically targeted because their data was compromised in a security breach. Scammers will use the target's real name, email and phone number to make the scam sound more convincing.

Tips to Avoid This Scam

- Never send compromising images of yourself to anyone, no matter who they are — or who they say they are.
- Try searching the web for one or two sentences from the email to confirm it is actually spam.
- No matter what the email threatens, do not respond. Never send money, buy a gift card or do anything to comply with the demands in the email.
- Do not open attachments or click links in emails from people you do not know. Doing so could lead you to a fake website designed to trick you into giving up personal information or you may download malware to your computer or mobile device.
- Keep your device secure. Do a security check on your computer and install security software. Enable two-factor authentication on your important accounts. Also, change passwords often and consider getting a password manager to ensure your passwords are strong and unique.

For More Information

Read the full article on <https://www.bbb.org/article/news-releases/20517-bbb-warning-beware-of-sextortion-emails> for more information. To learn more about scams, go to BBB Scam Tips (BBB.org/ScamTips). If you’ve been targeted by this scam, help others avoid the same problem by reporting your experience on BBB.org/ScamTracker.

[Source: BBB Scam Alerts | August 23, 2019++]

Tax Burden for Oregon Retired Vets

As of AUG 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 Oregon.

Sales Taxes

State Sales Tax: None

Gasoline Tax: 49.52 cents/gallon (Includes all taxes)

Diesel Fuel Tax: 54.76 cents/gallon (Includes all taxes)

Cigarette Tax: \$1.32/pack of 20

Personal Income Taxes

Tax Rate Range: Low – 5%; High – 9.9%.

Income Brackets: Lowest – 0 to \$3,549; Highest – \$125,000+. Bracket levels adjusted for inflation each year.

Some or all of federal income tax paid are allowed to be deducted from state taxable income

Number of Brackets: 3

Personal Exemptions: Single – \$206; Married – \$412; Dependents – \$206.

Additional Exemptions: The personal exemption credit is not allowed if federal AGI exceeds \$100,000 for single filers or \$200,000 for joint filers.

Standard Deduction: Single – \$2,270; Married filing jointly – \$4,545. The standard deduction is structured as a tax credit.

Medical/Dental Deduction: Full only for age 59 or older, if itemized. Oregon allows a tax credit on long-term care insurance premiums. The credit is the smaller of 15% of premiums paid or \$500.

Federal Income Tax Deduction: \$5,000 (\$2,500 if married filing separately)

Retirement Income Taxes: Most retirement income is subject to Oregon tax when received by an Oregon resident. This is true even if you were a nonresident when you earned the income. However, you may subtract some or all of your federal pension income from Oregon income. The state does not tax Social Security or railroad retirement benefits. Depending on your age and income, you may be entitled to a retirement income credit on your Oregon return. If you receive a U.S. government pension, you may be entitled to subtract part or all of that pension on your Oregon Individual income tax return. For more information, refer to <http://www.oregon.gov/Pages/index.aspx>.

Retired Military Pay: Federal retirees, including military personnel, may be able to subtract some or all of their federal pension income. This includes benefits paid to the retiree or to the surviving spouse. The subtraction amount is based on the number of months of federal service before and after October 1, 1991. Retirees can subtract their entire federal pension if all the months of federal service occurred before October 1, 1991. If there are no months of service before October 1, 1991, retirees cannot subtract any federal pension. If service included months before and after October 1, 1991, retirees can subtract a percentage of their pension income.

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

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

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

Property Taxes

The Oregon Homestead Exemption allows a property owner to exempt up to \$40,000 of his or her real property, or a floating, manufactured, or mobile home. Married couples may exempt up to \$50,000. If a homestead is located outside of town or city limits, a property owner may protect up to 160 acres. If it is located within town or city limits, a property owner may protect up to 1 city block.

Oregon tax rates are set by the counties and any special considerations are levied by county officials. Homeowners 62 or older may delay paying property taxes based on certain income criteria. The state offers a Property Tax Deferral for Disabled and Senior Citizens Program, which allows qualified taxpayers to defer payment of their property taxes on their homes. The state pays the taxes to the county, maintains the account, and charges 6% simple interest, which also is deferred. Taxes are owed when the taxpayer receiving the deferral dies, sells the property, ceases to live permanently on the property, or the property changes ownership.

To qualify for the program, the taxpayer must live on the property and have a total household income of less than \$44,000 for the year before application. Participants may remain on either program as long as their federal adjusted gross income does not exceed that amount. If a participant's income exceeds the \$44,000 limit, part of the taxes still may be deferred. Participants can come in and out of the programs if their income changes. In addition to meeting the income limitation and property ownership requirement, disabled persons must be receiving or be eligible to receive federal Social Security Disability benefits to qualify. Residents must be 62 years old or older to qualify for the Property Tax Deferral for Disabled and Senior Citizens Program. Call 800-356-4222 or visit the [Oregon Department of Revenue](#) website. If you are thinking of moving to Oregon, [click here](#).

Inheritance and Estate Taxes

The laws governing Oregon's inheritance tax have changed. First, the name of the tax changed from an "inheritance tax" to an "estate tax." This is consistent with the majority of states and the federal government which defines an estate tax, as a tax on an entire estate while an inheritance tax is defined as a tax assessed against only certain beneficiaries of an estate.

In addition, while the estate tax exemption of \$1,000,000 remains in effect, the tax only applies to the value of an estate in excess of \$1,000,000. Under current law, once an estate exceeds \$1,000,000, the tax applies to the entire estate and the rates change such that the majority of estates valued between \$1,000,000 and \$2,000,000 will pay slightly less in taxes on estates valued over \$2,000,000 will pay slightly more in taxes.

Note: Oregon has a statutory provision for automatic adjustment of tax brackets, personal exemption or standard deductions to the rate of inflation.

Other State Tax Rates

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

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

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For further information visit the Oregon Department of Revenue site <http://www.oregon.gov/DOR/pages/index.aspx> or call 503-378-4988. [Source: <http://www.retirementliving.com> August 2019 ++]



Notes of Interest

AUG 01 thru 15, 2019

- **Trump's approval rating.** According to Gallup President Donald Trump's approval rating currently stands at 41%, consistent with the 40% to 44% range it has been in since May.
- **Guns.** According to Gallup thirty percent of U.S. adults say they personally own a gun, while a larger percentage, 43%, report living in a gun household.
- **Budget deficit.** The gap between what the government takes in through taxes and other revenue sources and what it spends (The deficit) will reach \$960 billion for the 2019 fiscal year, which ends 30 SEP, and will widen to \$1 trillion for the 2020 fiscal year, the budget office said in updated forecasts.
- **Vet Homeless.** Veterans who are homeless or at imminent risk of becoming homeless can call or visit their [local](#) VA medical center, where VA staff are ready to assist. Veterans and their families can also access VA services by calling 1-877-4AID-VET (1-877-424-3838).
- **My Boys.** Check out this 44 minute clip at https://www.youtube.com/watch?v=V_f2PFmwh24 of the heroic life of Medal of Honor recipient Sgt. John Basilone, USMC.
- **Cherokee Delegate.** After 200 years the Cherokee Nation announced they intended to nominate a Cherokee delegate to Congress. They are allowed to do this by the Treaty of New Echota which the Senate ratified and President Andrew Jackson signed it into law in 1836. Delegates are non-voting members of Congress.
- **Amtrak Discount.** Amtrak is now offering a 10 percent discount for military veterans. The new discount is valid for travel across Amtrak's entire national network, including the Northeast Regional from Washington, D.C. to Boston; on all state-supported trains; and on the California Zephyr, Southwest Chief, City of New Orleans, Cardinal, Auto Train, Coast Meteor, Palmetto, Empire Builder and Texas Eagle. Discount is valid for coach and Acela business class seats only but is not available on weekday Acela service. It is also not valid with saver fares, non-Acela business class, first-class or sleeping accommodations and 7000-8999 Thruways.
- **Labor Day Creator.** In the wake of this massive unrest and in an attempt to repair ties with American workers, Congress passed an act making Labor Day a legal holiday in the District of Columbia and the territories. On June 28, 1894, President Grover Cleveland signed it into law. More than a century later, the true founder of Labor Day has yet to be identified.
- **Vet Suicide.** Military and veteran suicides have been increasing steadily. According to a report from the Defense Suicide Prevention Office, 325 active-duty members died by suicide in 2018, which is the highest number since the department started collecting the data in 2001. In 2016, the suicide rate among veterans was 1.5 times higher than for non-veteran adults; from 2008 to 2016, there were over 6,000 veteran suicides, according to VA's most recent report.
- **National Museum of the United States Army.** The museum is scheduled to open its doors to the public on June 4, 2020.
- **Space Command Reestablished:** President Trump announced the official reestablishment of the United States Space Command (USSPACECOM), which will be DOD's 11th Unified Combatant Command. Initially established in 1985, and deactivated in 2002 following the establishment of U.S. Northern Command, the primary mission of USSPACECOM is to focus on the protection of U.S. space assets and to strengthen the military's posture in space as adversaries develop more advanced anti-satellite weapons.

- **Federal Pay Raise.** In a surprising reversal, President Donald Trump has announced his plans to implement a federal pay raise — rather than a pay freeze — for civilian employees in 2020. Under Trump’s proposed pay plan, civilian federal employees would get an across-the-board pay raise of 2.6% next year. Locality pay rates, however, will remain frozen at 2019 levels. Military 3.1% pay raise on track for 1 JAN 2020.

[Source: Various | August 31, 2019 ++]

U.S. Census 2020

Update 01: Address Canvassing Has Started

On 12 AUG, the U.S. Census Bureau briefed the media on the launch of address canvassing, the first major field operation of the 2020 Census. Address canvassing improves and refines the Census Bureau’s address list of households nationwide, which is necessary to deliver invitations to respond to the census. The address list plays a vital role in ensuring a complete and accurate count of everyone living in the United States. “The Census Bureau is dedicated to ensuring that we are on track, and ready to accomplish the mission of the 2020 Census,” said Census Bureau Director Steven Dillingham. “We have made many improvements and innovations over the past decade, including better technologies for canvassing neighborhoods and developing complete and updated address listings and maps.”

The Census Bureau created new software called the Block Assessment, Research and Classification Application (BARCA). It compares satellite images of the United States over time, allowing Census Bureau employees to spot new housing developments, changes in existing homes and other housing units that did not previously exist. Reviewers also use BARCA to compare the number of housing units in current imagery with the number of addresses on file for each block. “We were able to verify 65% of addresses using satellite imagery — a massive accomplishment for us,” said Census Bureau Geography Division Chief Deirdre Bishop during the briefing. “In 2010 we had to hire 150,000 people to verify 100% of the addresses in the field, this decade we will only have to hire about 40,000 employees around the nation to verify the remaining 35% of addresses.”

Census Bureau employees (listers) have started walking through neighborhoods across the country checking addresses not verified using BARCA software. In-field address canvassing will continue through mid-October. To help identify address listers, employees will have badges and briefcases indicating their affiliation with the Census Bureau. They will knock on doors and ask a few simple questions to verify the address and any additional living quarters on the property for inclusion in the census. Employees will introduce themselves as a Census Bureau employee, show their official government ID badge, and explain the purpose of the visit. People may also ask them for a picture ID from another source to confirm their identity.

The 2020 Census: In-Field Address Canvassing (IFAC) [Viewer](#) provides county information on areas that listers will visit. This operation is one of several activities the Census Bureau conducts for an accurate and complete count. The Census Bureau also partners with the U.S. Postal Service and tribal, state and local officials to update the address list. “Ultimately, the success of the census depends on everyone’s participation,” said Marilyn Sanders, Chicago regional director. “And it’s important to remember, when you respond to the census you shape your future and the future of your community.”

The 2020 Census officially starts counting people in January 2020 in remote Toksook Bay, Alaska. Following the count of people in remote Alaska, most households in the country will start receiving invitations to respond online, by phone or by mail in March 2020. The U.S. Constitution mandates that a census of the population be conducted once every 10 years. Census data is used to determine the number of seats each state holds in Congress and how more than \$675 billion in federal funds are distributed back to states and local communities every year for services and infrastructure, including health care, jobs, schools, roads and businesses. For more information on address canvassing,

visit the Census Bureau [website](#). [Source: U.S. Census News Release | <https://www.census.gov/newsroom/press-releases/2019/ad-can-launch.html> | August 12, 2019 ++]

Batteries

Update 02: Lithium-ion Charging Tips



Do you let your laptop battery drain away to almost nothing before charging it, and then let the battery charge until it's at 100%? If so, you are making a mistake that could ultimately shorten the lifespan of your laptop battery. According to Consumer Reports, today's newer lithium-ion batteries — which you will find in everything from laptops to cellphones — should not be allowed to dip below 20% power or to rise above 80%. Instead, the optimal charging routine is to keep your battery's power in that 20%-80% range.

That advice probably sounds surprising to you; it certainly did to MoneyTalksNews. Unfortunately, the good folks at CR don't explain why charging a battery from 0% to 100% is a bad idea. So, we did a little digging — and found an answer. Digital Trends explains that laptop batteries typically are built to handle 500 charge cycles. A single cycle is basically one discharge to 0%, followed by a recharge back up to 100%. So, allowing your laptop battery to drain to 50% and then charging it back to 100%, for example, is one-half of a charge cycle. As the website further explains: *“Over time, each charge cycle decreases a battery's capacity from its design specifications, meaning that the fewer times you drain it, the longer the battery lasts — all other things being equal.”*

So, the key to extending your laptop battery's lifespan is to avoid giving it too many full charges. One way to prevent too many is to use the “Battery Saver” feature available as part of the Windows 10 operating system. According to Digital Trends, this mode kicks into action when your laptop drops to about 20% battery life: *“This will automatically block background apps, keep your features like Calendar from syncing or pushing notifications, lower screen brightness, and other various changes that will conserve your battery so you can get to an outlet ASAP.”* Other tips for conserving power include:

- Leave your laptop in hibernation mode when you aren't using it.
- Quit all apps or programs you aren't using, so they are not running in the background and wasting battery life.
- Shut off Wi-Fi and Bluetooth if you aren't using them.
- Turn off keyboard backlighting and other optional features that you don't need.

[Source: MoneyTalksNews | Chris Kissell | August 22, 2019 ++]

Hurricane Nuking

Not What the Air Force Is Planning. Here's What It's Doing Instead

The U.S. Air Force does not appear to be studying the possibility of "nuking hurricanes." After reports that President Donald Trump had suggested the use of nuclear bombs to dissipate hurricanes forming in the Atlantic, an Air Force spokesperson told Military.com that the proposal has not come up recently. The Air Force operates two-thirds of the U.S. "nuclear triad" with ground-launched and air-launched weapons. U.S. Strategic Command, the unified combatant command responsible for America's nuclear arsenal, would not discuss any interest in employing nuclear weapons against storms, referring all questions to the Defense Department. The DoD referred all questions on the topic to the White House.

On 26 AUG, Trump denied reports, made first by Axios, that he had asked top Homeland Security and national security officials on several occasions about bombing hurricanes. "The story by Axios that President Trump wanted to blow up large hurricanes with nuclear weapons prior to reaching shore is ridiculous," Trump said via Twitter. "I never said this."

Using nuclear weapons against major storms has been proposed before. Jack Reed, an Air Force meteorologist during World War II, studied the impact of storms on military operations; in 1959, he proposed firing submarine-launched nuclear missiles into the eye of a hurricane. Submarines were preferable to using a bomber because a sub crew could retreat deep into the ocean to avoid radioactive fallout, Reed said in his paper, "Scientific Uses of Nuclear Explosions," presented during the Plowshare Symposium in May 1959. However, many scientists advise against such a move. "This approach neglects the problem that the released radioactive fallout would fairly quickly move with the tradewinds to affect land areas and cause devastating environmental problems. Needless to say, this is not a good idea," notes a blog post published by the National Oceanic and Atmospheric Association. The post goes on to note that the vast amount of energy required to modify the path of a storm system makes the proposal at very least impractical.

While the Air Force may not be in the business of nuking hurricanes, officials are studying how to better prepare for them. Air Combat Command recently completed two back-to-back studies focusing on better hurricane preparation, as well as how the climate affects the command's day-to-day operations, officials recently told Military.com. "ACC stood up a Severe Weather Readiness Assessment team [with] the intent ... to support wing commanders to the maximum extent possible to ensure severe weather readiness with a focus on the upcoming 2019 hurricane season and those installations on or near the Atlantic and Gulf coasts," command spokeswoman Leah Garton said. Air Force Chief of Staff Gen. David Goldfein and then-Air Force Secretary Heather Wilson tasked ACC with the study following Hurricane Michael, a Category 5 hurricane that devastated Tyndall Air Force Base, Florida, in 2018.

The assessment looked at ways to safeguard bases, "evacuating the population if they need to, get airplanes out or covered or sheltered," Gen Mike Holmes, head of ACC, said last week during a roundtable discussion with reporters. Each wing and unit may take different actions "96 hours out, 72 hours out, 48 hours out," before a storm, he said. "So one of the things [the team] looked at was, 'Can we expand that to take more of a strategic view? Are there things we should do early in hurricane season that will make it easier to do those things?'" Holmes said. He continued, "We're taking a look at facility construction and what the limiting factors are. I think we learned several things about how to defend against ... weather as a threat and treat it like a threat to our operations and how to get further ahead in the planning phase for it."

A second study, dubbed the "ACC Weather Assessment" conducted by the 14th Weather Squadron at Offutt Air Force Base, Nebraska, looked at specific weather and climate threats to installations, according to spokeswoman Alexandria Worley. Experts from the unit examined data "to determine the prevalence of impactful weather conditions within 50 miles of 12 main ACC bases and two additional bases with a significant ACC presence," she said in an

email. The weather conditions studied included extreme temperatures, droughts, high winds, floods and wildfires, among others. The investigation also took regional weather patterns and location into account.

"Not only does the assessment estimate the frequency of environmental impacts for each installation, but it also reveals regional threat patterns," Worley said. For example, installations located in the western United States "have a lower incidence of severe weather compared to installations in the Midwest or East," she said. As part of the long-term study, here's what some bases are already facing, according to the ACC:

- [Joint Base Langley-Eustis](#), Virginia: tropical cyclones, sea level rise
- [Seymour Johnson Air Force Base](#), North Carolina: tropical cyclones, severe thunderstorms, heat
- [Shaw Air Force Base](#), South Carolina: severe thunderstorms, heat
- [Moody Air Force Base](#), Georgia: heat, tropical storms
- Tyndall: tropical cyclones, heat
- [Tinker Air Force Base](#), Oklahoma: severe thunderstorms, floods
- [Grand Forks Air Force Base](#), North Dakota: winter weather, winds
- Offutt: winter weather, severe weather
- [Mountain Home Air Force Base](#), Idaho: wildfires, winter weather
- [Hill Air Force Base](#), Utah: wildfires, winter weather
- [Beale Air Force Base](#), California: wildfires
- [Creech Air Force Base](#) and [Nellis Air Force Base](#), Nevada: winds, wildfires
- [Davis-Monthan Air Force Base](#), Arizona: floods, severe thunderstorms

In March, Offutt was hit by floodwaters that damaged multiple buildings and training equipment. The assessment's analysis "could inform future mitigation strategies and extreme weather preparations at ACC installations," Worley said. [Source: Military.com | Oriana Pawlyk | August 27, 2019 ++]

House Buying Tips

Critical Things to Look For When Touring an Open House



When touring an open house, it's easy to become distracted by things that don't matter much. What's with the orange-and-red shag carpeting in the master bedroom? Why the porcelain owl collection? But there are other, more important things to look for when walking through a house. Some are obvious, but others are not. Here are some bright red flags — and more subtle things — to look for when touring an open house.

Signs of water damage

Signs of water damage may not be as obvious in the photo above. Look for brown water lines across ceilings and on walls. If the home has a basement, pay attention to the carpet, walls and flooring. Don't be afraid to reach down and

touch the carpet in the lowest areas of the basement to see if it's wet, especially if there's just been a big rainstorm. Musty smells can also indicate water has found its way into the home's lower level.

Foundation cracks

Buyer beware: Foundation cracks may not be obvious. Real-estate site Trulia suggests checking for misaligned doors and windows, sticking doors, and sloping stairs or floors as signs that the house might not be solidly anchored. Most homeowners will pay around \$4,176 to repair foundation issues. Major repairs involving hydraulic piers can cost \$10,000 or more, and minor cracks cost as low as \$500. The typical homeowner pays between \$1,839 and \$6,574.

Nearby bodies of water

If you have children — or will someday — research whether there are bodies of water near your proposed new home. This can be a wonderful benefit: Ice-skating on the neighborhood pond! Wandering down to the local beach! But kids can wander out of eyesight quickly, and a body of water that looks enticing and fun can be deadly. So, take the not just the benefits but also the risks into consideration when considering a new home.

Too many stairs

Staircases are beautiful, and when you're young and healthy, they're easy to run up and down. But think twice about too many staircases. Grandma may not be able to climb them easily — and neither will you as you age. Also, reconsider a house that doesn't have at least one main-floor bedroom.

Window issues

Older windows may not close tightly, which can make for high utility bills. Test a few windows to see if they open easily and securely, and close in a similar way. Window replacement costs most residents \$650 each with an average range of \$300 to \$1,000. To replace all the windows in a standard 3-bedroom house would run \$3,000 to \$10,000.

The neighbors

You can do many things to improve your home, but you can't improve the neighbors. So, cast an eye over at the neighboring homes. Our real estate agent once warned us away from a particular block because a home a few houses down was known for having the police show up on a regular basis.

The neighborhood

We all know the real-estate agents' mantra: Location, location, location. There are many details to consider when picking a neighborhood. If you or anyone in your home will take public transportation, check how far it is to the nearest stop. If the home doesn't have a garage, is street parking plentiful? How are the local schools? For more on this subject, check out "[20 Tips for Buying a Home in the Best Location, Location, Location..](#)"

Funny smells

Home sellers are trying to put their best foot forward. If their house stinks, that means they likely tried, but couldn't extinguish a bad smell. It could be mold, mildew or pet accidents. Also sniff for overly false good smells, like a bunch of scented candles burning, or the old freshly baked cookie trick. It's possible the sellers are leaning hard on good scents to mask the bad ones.

Closet space

We all need room for our stuff. Try to picture how full your closets are at home and envision whether those items will fit into the new home's closet space.

The age of the roof

We recently replaced our 20-year-old roof, and it cost a giant chunk of change. Check the roof's age and condition on any home you might want to buy. A new asphalt shingles roof for a typical 2,000 sq. ft. single-story ranch house in 2019 can range in price from \$8,500 to \$16,500 fully installed. Across the US, a typical architectural asphalt shingle roof will cost between \$3.50 and \$5.50 per sq. ft. to install. This price range normally includes the cost of materials, removal of the old roof (up to 1 layer), dumpster and disposal fees, permitting fees, professional installation, and

workmanship warranty. An older roof may not scare you away from your dream home, but figure that replacement cost into future budgeting.

Chimney issues

A fireplace was one of the nonnegotiables in our first home. We lived in a wintry climate and wanted a cozy hearth where we could enjoy the crackling flames on a December night. But we soon learned that the chimney was damaged and had never been relined. When we went to buy our second house, I insisted on a chimney inspector taking a look inside the fireplace and chimney before we signed on the dotted line. If you need to hire for a major repair or construction job, check out: "[11 Tips for Hiring a Home Improvement Contractor You Can Trust.](#)"

Water pressure

Lackadaisical water pressure can be a sign of a problem you can't see — possible corrosion or other problems deep inside the home's pipes. Test the faucets by running them full blast to see how the water runs. It'll be a good preview of what showers might be like.

Storage space

Where are you going to store holiday ornaments, camping gear and out-of-season sports equipment? Think seriously not just about regular closet space for clothes, but about space to store all your extras. Most of us have at least a few boxes of items that we can't yet bring ourselves to toss. They need their own space too.

Natural light

You may be touring a home in bright daylight, but try to get an idea of what it'll look like on a gloomier day. Are there enough windows and doors to let in natural light, even in lower levels and rooms with small windows? You won't want to spend time in a gloomy home. On the other hand, if you are looking at homes in a desert climate, think about what shade or protection you will have in the home.

Leakage around the toilet

When you're in the house's bathroom, examine the floor around the base of the toilet. You're unlikely to find visible water, but you might see stains indicating there's been a leak. The floor around the toilet shouldn't be soft. Also, the toilet bowl should be tightly secured, so that even if you try to gently shake it, it doesn't move.

[Source: MoneyTalksNews | Gael F. Cooper | August 16, 2019 ++]

American Legion

Update 07: Former Oklahoma Adjacent Convicted for Embezzlement

Almost six years after coming under investigation, a former official at the American Legion of Oklahoma has been sentenced in an embezzlement case. **David Austin Kellerman**, 47, was accused in the felony case of engaging in schemes to embezzle from the Legion for his personal benefit. Thousands of dollars were spent at two casinos, according to a court affidavit. Oklahoma Attorney General Mike Hunter called Kellerman's actions "particularly reprehensible." "There was clear evidence of wrongdoing in this matter," the AG said. "He's taking advantage of veterans."

Kellerman was the state Legion adjutant from September 2003 to December 2011. In the paid position, he handled day-to-day operations for the Legion from headquarters in Oklahoma City near the Capitol. He remained active in the Legion in 2012 and 2013, serving as a voluntary and unpaid assistant to his successors. He has been charged three times before because of evidence found during the investigation. Those cases were dismissed. He denied wrongdoing and claims he was being harassed. His defense attorney questioned whether Kellerman was being prosecuted for political reasons. The attorney said "it all started" after Kellerman raised a stink over deaths of veterans at state rest homes.

The American Legion is a patriotic and politically powerful veterans organization. National officials took over the Oklahoma operations for nine months in 2014 after discovering money was missing. They estimated as much as \$500,000 to \$1 million was missing. In this new case Kellerman is accused of making around \$60,000 off various schemes. Prosecutors had planned to file an even broader embezzlement case against Kellerman three years ago. They did not because the main VA investigator turned out to be a phony. That investigator was fired from the Oklahoma Veterans Affairs Department in 2015. He was later sentenced to five years in prison for forgery, perjury and other crimes.

Prosecutors filed the new case against Kellerman 2 APR after a federal agent redid the investigation. He was arrested 5 APR. He was released from the Oklahoma County jail a day later on a \$5,000 bond. He faces four counts of embezzlement and one count of engaging in a pattern of criminal offenses. He is accused of selling loaned ceremonial rifles, pocketing \$4,650 from the sale of a closed Legion post, embezzling from the Memorial Poppy fund and misusing a Legion debit card. In one month in 2013, he spent \$6,598 with the debit card at the Newcastle Casino, the federal agent reported. The next month, he spent \$7,795 with the debit card at that casino and \$2,774 at the Remington Park Casino in Oklahoma City. Restitution is unlikely. Kellerman filed for bankruptcy in 2014.

- Kellerman was first charged with embezzlement in 2014. That case involved the accusations about the loaned World War I and World War II rifles. Days before trial in 2016, prosecutors dropped that case because of evidence problems. Prosecutors said those issues have been resolved.
- Kellerman was charged the second time after methamphetamine was found inside his home during a search in 2014. Prosecutors dropped the drug case in 2015 because the phony investigator had prepared the search warrant request.
- Kellerman was charged the third time, in 2016, over the sale of the closed Legion post in Fairland. Prosecutors dismissed that fraud case in December so the accusations could be incorporated into the new case.

Kellerman was finally tried, found guilty of the embezzlement, and sentenced 23 AUG to three years in prison. His plea for probation was denied by the judge. The evidence against him included bank records showing he used a debit card to withdraw thousands of dollars from ATMs at casinos in 2013. The sentencing came after Kellerman pleaded no contest in May to two felony embezzlement counts. [Source: The Oklahoman | Nolan Clay | August 26, 2019 ++]

Car Accessories

Things Everyone Should Keep in Their Car

Your car can be a smooth little self-contained universe. But when something goes wrong, that world can collapse quickly. If the car gets a flat or gets stuck in a snowdrift, for example, having the right tools and other conveniences in your car can make those situations bearable. Whether you've been driving for decades or have a new teen driver in the house, you should store some of the following helpful items in your car so they are within reach when you need them.

1. Tire pressure gauge

Many modern cars can read their own tire pressure and digitally report the results. But if that's not your car, a simple tire pressure gauge is easy to use and small to store. The purchase can also pay for itself in gas savings over time. Consumer Reports recommends checking your tire pressure at least once a month and before starting on a long trip.

2. Jumper cables

You have battery jumper cables, right? Even cars in great shape can end up with a dead battery. Or, you may want to have a set of car jumper cables on hand to help someone who's less prepared. If you don't already own one, you should be able to find a decent set of battery jumper cables for as little as \$20, if not less.

3. Bug spray

Mosquitoes don't announce their presence until it's too late, and some can carry dangerous viruses such as West Nile fever. So, be prepared before they land by applying mosquito repellent to exposed skin. Just make sure the spray you store in your car is not in an aerosol can. "Aerosol cans, such as those containing spray paint, sunblock or deodorant, shouldn't be kept in your car since they are sensitive to heat. Pressurized cans may expand, possibly causing them to explode."

4. Wet wipes

Parents and messy eaters don't need anyone to tell them this, but moist cleansing wipes can run rings around dry paper towels for quick cleaning jobs. The Wet Ones brand offers wipes in single-use pocket sizes and 20-count travel-size pouches. But if you're tossing them in your glove compartment or trunk anyway, you will save some money by buying a larger size.

5. Flashlight

You don't have to be Nancy Drew searching for a clue to need a flashlight. Not only are they useful outdoors, but you might need one to peek into the crevices and corners of your car seats when a cellphone or parking ticket inevitably slips away. If you prefer American-made products, consider MagLite flashlights. "The company is proud of its American-made tradition. Its flashlight factory and all production employees are in the United States." Whatever brand of flashlight you go with, make sure to keep fresh batteries in it. This is one time you don't want to be de-lighted.

6. Pen and paper

It's easy to fall back on our smartphones to record important info, but sometimes old-school is best. You don't want to take time for a phone to boot up when you need to take down the description or license plate number of the car that just rear-ended you and took off. Fortunately, this won't cost you much:

7. Reusable bags

Many shoppers are used to bringing reusable bags to the grocery or drugstore these days as environmental concerns grow about single-use plastic bags — not to mention the financial benefit. But reusable bags also can come in handy for everything from hauling library books or Goodwill donations to collecting beach toys.

8. Escape tools

Once upon a time, you would've thought that carrying a seat belt-cutting and window-breaking tool was excessive. However, if you cross high bridges over deep water in earthquake country it can feel reassuring to stow such automotive escape tools in my glove box.



9. Multi-tool

A handheld multi-tool can include such items as a can opener, small pair of scissors, screwdriver and more. It fits neatly in a car's glove compartment or center console and can come in handy for myriad reasons, from minor car repair to sawing open that ever-tricky plastic packaging that protects your new electronics purchase.

10. Phone charger

Phone chargers that plug in somewhere. Your car may have a port all ready for your charger, or you may have to use your cigarette lighter. If you want a charger that doesn't draw on your car's power, a portable power bank is a good option. Just remember to recharge it once you deplete the power bank.

11. Umbrella

Rainstorms can be sudden and give no warning, so a pocket umbrella that can slide into your glove box or the pocket of your car door will ensure you're not left all wet. Depending on your climate, you might want to go for something extra-sturdy.

12. Ice scraper

A driver's license or credit card will work to scrape your windshield in a pinch. But you're going to end up with ice and snow all over yourself in the process, and it will take a lot longer. Invest in a serious ice-scraping tool. You can find plenty of cheap options.

13. Windshield wiper fluid

Windshield wiper fluid seems like a no-brainer, but it can also be an out-of-sight, out-of-mind item you may not think to carry. In the wintertime, you can run out of fluid quickly when other cars keep splashing melty slush in your field of vision, so keep a jug in your trunk.

14. Gloves

From tough work gloves to winter warmer-uppers, gloves will help protect your hands if you need to change a tire or make another minor repair in order to get safely back on the road. Should you ever find yourself stranded in below-freezing temperatures, gloves can also help ward off frostbite.

15. Map

In this world of map apps and GPS devices built into cars, paper maps get a bad rap. But electronic devices can't always be counted on. Plus, in special circumstances, such as when planning a road trip, being able to see an entire state at once can be useful.

16. Water

A bottle or two of water can come in handy not just for drinking, but for everything from cleaning a small cut to sloshing over a pair of hiking shoes that are too muddy to put back in your car.

17. AAA or towing service info

If your car breaks down, who you gonna call? Sorry, the Ghostbusters won't help. But if you join a group like AAA or have towing and repair services through your car warranty, keep that info handy. It's smart to have it saved in your cellphone, but an old-fashioned paper version in the glove box is a good backup.

18. Blanket

Not every car has seat heaters, so a small blanket can fill the bill, even for a short ride to school on a snowy day. Blankets also have many emergency uses, such as keeping travelers warm in a broken-down car as they wait for roadside assistance.

19. Jacket or sweater

Once the sun goes down, it can get surprisingly chilly in most places, and you never know when you might have an unexpected stop in a cold climate. If you don't want to pack a blanket, a jacket, sweater or sweatshirt can double as a blanket, especially to sling over kids' cold legs. Or, cover all your bases and carry both a blanket and a jacket.

20. Snacks

Whether you prefer energy bars, granola bars, trail mix, nuts or dried fruit, a healthful snack can be useful in both emergency and nonemergency situations. Such food is nice to have after a strenuous hike, or when you realize that all the restaurants on your route hung up the "CLOSED" sign hours ago.

21. Kitty litter or cardboard

Many of us know that sound of tires spinning and getting no traction, whether on snow, mud or ice. Tucking a piece of cardboard or a carpet remnant under your tires can help you get out of a slippery situation. But if you've got a large enough trunk, stowing a container of kitty litter there will also help. Sprinkling it below the stuck tire can give you just enough oomph to move forward. I am not kitten you.

22. Paper towels

Never leave the house without a roll of paper towels tucked somewhere in my trunk or back seat. You need something for snack spills, in cases of sudden carsickness and to deftly remove a spider from the dashboard. A small roll can play a big role.

23. Matches or a lighter

You may need to strike a flame for something fun, like lighting your daughter's birthday cake at the trampoline place or getting the campfire started for s'mores. Or, it could be for something more serious, such as if you're ever stranded in a blizzard. On that note, carry some long-burning candles, too, especially if you frequently drive into snowy rural areas.

24. Backup shoes

You never know when you'll step on muddy or otherwise messy ground. And children never remember to tell you about the big hole in their rain boots until right after they've jumped full-force into a puddle. So, stow away a spare pair of footwear just in case.

25. Insurance info and registration

You may carry your auto insurance card in your wallet. But make sure there's a copy in the car as well, especially if other people drive your vehicle. Keeping it next to your registration in the glove box can make both handy if a law enforcement officer asks to see them.

26. Car owner's manual

What does it mean when the "CHECK ENGINE A1" light comes on? Is it just time for an oil change, or is it something bigger? The owner's manual can shed light on the subject. Your manual includes information about maintenance, security systems, and understanding the dashboard display gauges and other components.

[Source: MoneyTalksNews | Gael F. Cooper | August 30, 2019 ++]

Home Improvements

Update 01: How They Impact on Resale Value

Worst Home Upgrades for the Money -- A home improvement renovation can make your home a happier place. But there are many projects where hours of toil and thousands of dollars don't do much for your home's resale value. In fact, in some cases, you'll recoup barely half of what you spent on your investment, according to Remodeling magazine's 2019 [Cost vs. Value Report](#). The hard truth is that a home upgrade is almost always a money loser, according to Remodeling's findings. None of the renovation projects cited by the Remodeling report recoup all of their costs, let alone "add" value that will pay off when you sell the home.

The following five projects are especially unlikely to return much for all that you put into them. Of all the projects in the report, they offer the lowest returns:

- Master suite addition (upscale, or higher-priced, version): 50.4% of the cost recouped, on average
- Backyard patio (midrange, or standard, version): 55.2%
- Bathroom addition (upscale): 58.1%
- Master suite addition (midrange): 59.4%
- Major kitchen remodel (upscale): 59.7%

Why are remodeling projects such money losers? According to Remodeling magazine: “Due in large part to sharp increases in material costs over the past summer, the percentage of costs recouped is trending downward for all the replacement projects.” The report notes that new tariffs that have roiled commodities markets over the past year are also likely contributing to the rise in materials costs.

Best Home Upgrades for the Money -- Fortunately, not all remodeling projects are as costly as those cited above. Exterior replacement — or “curb appeal” — projects tend to net the best returns. Remodeling magazine notes this year’s top 10 projects below — ranked by the percentage of the project cost that is recouped when a home is sold:

- Garage door replacement: Project retains 97.5 percent of its value at resale, on average
- Replacement of vinyl siding with manufactured stone veneer: 94.9 percent
- Mid-range minor kitchen remodel: 80.5 percent
- Wood deck addition: 75.6 percent
- Replacement of existing siding with new siding: 75.6 percent
- Steel entry door replacement: 74.9 percent
- Vinyl window replacement: 73.4 percent
- Fiberglass grand entrance: 71.9 percent
- Wood window replacement: 70.8 percent
- Composite deck addition: 69.1 percent

The cost of remodeling projects may be rising, but you can fight back by taking steps to trim the tab. There are plenty of ways to save when planning a renovation. For instance, stop by a Habitat for Humanity ReStore when shopping for materials. To locate one go to <https://www.habitat.org/restores>. As is explained in “[11 Ways to Nail Savings on Your Remodeling Project](#)”, *Habitat for Humanity’s hundreds of ReStores sell new and gently used furniture, home accessories, building materials and appliances at a fraction of their retail prices. Donations to locally operated ReStores are sold to the public, and proceeds go toward building homes, rather than trying to fit donated items into homes that volunteers build.*”

And if you’re looking for a contractor to complete that remodeling project, check out “[Ready to Remodel? How to Hire a Contractor You Can Trust](#).” Finding the right contractor can help trim costs — as long as you don’t go overboard trying to save money. As we note in “[11 Tips for Hiring a Home Improvement Contractor You Can Trust](#)”: “When asking several contractors to make competitive bids, be wary of any that come in far lower than the rest. A little lower is fine, but the “too-good-to-be-true” rule applies here. There’s probably something wrong with a radically lower bid. It often means there will be expensive surprises later in the project.” [Source: MoneyTalksNews | Chris Kissell | August 16, 2019 ++]

Funerals

Update 03: Ways to Make them Affordable but Not Cheap

Funeral planning is something most of us would prefer to avoid. But it’s important to take control of this process. If you don’t, you might needlessly spend thousands of extra dollars in costs. Following are some key ways to save on the costs of a funeral — whether you’re planning your own or someone else’s.

1. Shop around

Call funeral homes and ask for their “general price list.” By law, this list must itemize charges. Having the list lets you compare costs accurately. Also, ask for the prices of packaged services.

Disable these ads

2. Choose direct burial

A funeral home’s least expensive option is a direct burial, in which the body is buried soon after death, with no embalming or visitation. A Federal Trade Commission pamphlet says: “Costs include the funeral home’s basic

services fee, as well as transportation and care of the body, the purchase of a casket or burial container and a cemetery plot or crypt. If the family chooses to be at the cemetery for the burial, the funeral home often charges an additional fee for a graveside service.”

3. Simplify the casket

Good funeral directors will help you find a casket that is within your budget. Watch out for up-selling, where a salesperson pushes higher-priced or unnecessary items.

4. Choose cremation

Cremation can be a cheaper alternative to burial. Americans’ preference for cremation is growing. According to the National Funeral Directors Association: *“By 2040 ... the cremation rate in the U.S. is projected to be 78.7% while the burial rate is predicted to be just 15.7%, signifying that cremation is no fading trend — it is the new norm, set in motion by Baby Boomers’ evolving end-of-life preferences.”*

5. Provide your own urn

Funeral homes and crematoriums usually give you the cremation ashes — called cremains — in a plastic bag inside a plastic box. An urn isn’t needed if you intend to scatter the ashes. To keep cremains at home, you will want an urn or container. These are sold by crematoriums and funeral homes. You can skip this purchase by providing a nice box or container from home.

6. Opt for a ‘green’ burial

A “green” or “natural” burial is cheaper and avoids using toxic embalming chemicals and steel caskets, which don’t biodegrade. Only a couple dozen “natural burial grounds” around the country accept shrouded bodies instead of those in a casket. But the green burial trend is growing. The [Natural Burial Co.](#) which distributes biodegradable burial products, has more information.

7. Hold the funeral at home

Home funerals can include a variety of activities, from holding a memorial service to preparing the body for burial, holding visiting hours or a wake, or building the coffin. [Threshold Care Circle](#) offers workshops and education in home funerals and green burials. Another resource is the [National Home Funeral Alliance](#). Reclaiming once-common death practices is done not only to save money but also to renew the meaning and intimacy of the rituals.

8. Have the funeral at church

A service at a church, mosque, temple or synagogue can be less expensive than one at a funeral home. Costs vary, so phone around for prices. Although clergy members typically officiate for free, it’s customary — and thoughtful — to tactfully give an honorarium. The amount is up to you.

9. Learn about veterans benefits

The U.S. Department of Veterans Affairs pays certain burial and funeral allowances. Check out the [VA website](#) for eligibility and rules. For other benefits — including the presentation of an American flag and playing of taps at a veteran’s funeral — ask your funeral director or call the VA at 800-827-1000.

10. Check into Social Security help

Social Security pays a lump-sum \$255 death payment to a surviving child or spouse who meets certain requirements. The Social Security Administration has details [online](#). Or, you can call 800-772-1213 or visit a local Social Security office.

11. Donate your body to science

Making a “whole body” donation for use in scientific research and education brings funeral costs to zero. Afterward, cremation of the remains is done free of charge. For more information, check out [Science Care](#), a company that connects donors with researchers and educators. The nonprofit [Anatomy Gifts Registry](#) does similar work.

[Source: MoneyTalksNews | Marilyn Lewis | August 14, 2019 ++]

Memories

Dad



Motivational Quotes

On the Humorous Side [02]

Is there such a thing as funny motivational quotes? Of course! I mean, why can't we have a little fun and be motivated at the same time? Some of the quotes below are pure gold! Here are 20 more short and funny motivational quotes to help brighten your day:

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21. "The difference between genius and stupidity is; genius has its limits." – **Albert Einstein**
22. "The trouble with having an open mind, of course, is that people will insist on coming along and trying to put things in it." – **Terry Pratchett**
23. "When I hear somebody sigh, "Life is hard", I am always tempted to ask, "Compared to what?"" – **Sydney Harris**
24. "You can't have everything. Where would you put it?" – **Steven Wright**
25. "A day without sunshine is like, you know, night." – **Steve Martin**
26. "Bad decisions make good stories." – **Ellis Vidler**
27. "Dreams are like rainbows. Only idiots chase them." – Unknown
28. "Happiness is just sadness that hasn't happened yet." – Unknown
29. "I cannot afford to waste my time making money." – **Louis Agassiz**
30. "If the world didn't suck we'd all fly into space." – Unknown
31. "Leadership is the art of getting someone else to do something you want done because he wants to do it." – **Dwight D. Eisenhower**
32. "Opportunity is missed by most people because it is dressed in overalls and looks like work." – **Thomas Edison**
33. "The elevator to success is out of order. You'll have to use the stairs, one step at a time." – **Joe Girard**
34. "Think like a proton. Always positive." – Unknown

- Places where \$100 is worth the most: Mississippi (\$116.69), Arkansas (\$115.61), Alabama (\$115.34), West Virginia (\$114.94), and Kentucky (\$113.77).

[Source: Tax Foundation Maps | August 14, 2019 ++]

One Word Essays

Beauty



Have You Heard?

Did I read that Right? | Just Thinking! | Proofreading

Did I read that Right?

- "TOILET OUT OF ORDER. PLEASE USE FLOOR BELOW."
- *In a Laundromat:* Automatic Washing Machines: Please Remove All Your Clothes When the Light Goes Out.
- *In a London department store:* Bargain Basement Upstairs...
- *In an office:* Would the Person Who Took the Step Ladder Yesterday Please Bring It Back or Further Steps Will Be Taken.
- *In an office:* After Tea Break, Staff Should Empty the Teapot and Stand Upside Down on the Draining Board.
- *Outside a secondhand shop:* We Exchange Anything - Bicycles, Washing Machines, Etc. Why Not Bring Your Wife Along And Get A Wonderful Bargain?
- *Notice in health food shop window:* Closed Due to Illness...
- *Spotted in a safari park:* Elephants, Please Stay in Your Car.
- *Seen during a conference:* For Anyone Who Has Children and Doesn't Know it, there Is a Day Care on the 1st Floor.
- *Notice in a farmer's field:* The Farmer Allows Walkers to Cross the Field for Free, But the Bull Charges.

- *Message on a leaflet: If You Cannot Read, This Leaflet Will Tell You How to Get Lessons.*
- *On a repair shop door: We Can Repair Anything. (Please Knock Hard On The Door - The Bell Doesn't Work.)*

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Just Thinking!

- No one, even the president is above the law. My question is , how come illegals are?
- How much better would life be if liar's pants really did catch on fire?
- Caution! Floor covered with political promises.
- Imagine breaking into another country and being angry that their detention camps weren't up to your standards!
- A Mexican cannot vote in Mexico without a valid ID. He must come to America to do that.
- Politicians killed a bill for giving tuition assistance for children of veterans killed in battle, THEN approve giving illegals free tuition.
- If you haven't risked coming home under a flag, don't you dare disrespect it.
- Do you really think it's okay for Iran to have nukes, but not okay for law abiding Americans to have guns?

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Proofreading (a dying art)

- Man Kills Self Before Shooting Wife And Daughter. (Not possible)
- Something Went Wrong in Jet Crash, Expert Says. (Really? Ya' think?)
- Police Begin Campaign to Run Down Jaywalkers. (Now that's taking things a bit far!)
- Panda Mating Fails; Veterinarian Takes Over. (What a guy!)
- Miners Refuse to Work after Death (Nogoodfornothing' lazy soandso's!)
- Juvenile Court to Try Shooting Defendant. (See if that works better than a fair trial!)
- War Dims Hope for Peace. (I can see where it might have that effect!)
- If Strike Isn't Settled Quickly, It May Last Awhile. (Ya' think?!)
- Cold Wave Linked to Temperatures. (Who would have thought!)
- Enfield (London) Couple Slain; Police Suspect Homicide. (They may be on to something!)
- Red Tape Holds Up New Bridges. (You mean there's something stronger than duct tape?)
- Man Struck By Lightning: Faces Battery Charge. (He probably IS the battery charge!)
- New Study of Obesity Looks for Larger Test Group. (Weren't they fat enough?!)
- Astronaut Takes Blame for Gas in Spacecraft. (That's what he gets for eating those beans!)
- Local High School Dropouts Cut in Half. (Chainsaw Massacre all over again!)
- Hospitals are sued by 7 Foot Doctors. (Boy, are they tall!)
- And the winner is... Typhoon Rips Through Cemetery; Hundreds Dead



A survey by Keebler shows that 61% of men prefer pretzels shaped like circles while 63% of women prefer pretzel rods.



30% of American women and 60% of men have extramarital affairs, while 66% of both believe that they will go to heaven.



How long people think someone should wait before asking an ex-lover's buddy out on a date: several weeks (40%); several months (32%); never (28%).

Thought of the Week

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader." -- **John Quincy Adams**

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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 19,534 subscribers who responded to that notice and/or have since subscribed. All others were deleted from the active mailing list.
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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.

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