

# RAO

# BULLETIN

## 1 October 2019



### PDF Edition

**THIS RETIREE ACTIVITIES OFFICE BULLETIN CONTAINS THE FOLLOWING ARTICLES**

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**NOTE**

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](mailto:raoemo@sbcglobal.net).
3. Recipients of the Bulletin are authorized and encouraged to forward the Bulletin to other vets or veteran organizations.

**\* ATTACHMENTS \***

- Attachment – Ohio Vet State Benefits
- Attachment – Military History Anniversaries 01 thru 15 OCT (Updated)
- Attachment – Sinking of Junyo Maru



**NDAA 2020**

**Update 21: OCT 1<sup>st</sup> Timeline Not Likely**

Congress has begun releasing the names of Democrats and Republicans who will meet in the coming days to finalize the fiscal 2020 defense authorization bill. These "conferees" – selected lawmakers from each chamber tasked with ironing out the differences between the House and Senate versions of the bill – will resolve a number of issues critical to MOAA members, including:

- Preventing the elimination of up to 18,000 medical billets
- Ending the widows tax
- Fixing unsafe military housing conditions
- Improving early guard and reserve retirement

Lawmakers initially set an ambitious timeline for completing the defense bill before 1 OCT, the start of the new fiscal year. However, disagreements between the House and Senate now mean the bill won’t receive a final vote until mid-October. The news means DoD will have to begin the new fiscal year under a stopgap spending measure known as a continuing resolution. With time running out, this may be your last chance to help influence what makes it into the bill. Act now. Dial 866-272-6622 to use MOAA’s toll-free Capitol Hill Switchboard to connect with your senators’ offices and say, “My name is \_\_\_\_\_ and I live in \_\_\_\_\_. If it is brought up for a vote, please VOTE YES on Senator Jones’s motion to instruct defense conferees to adopt House language to repeal the widows tax. Thank you.” To send

your elected officials a editable MOAA-suggested message click on <http://takeaction.moaa.org/moaa/app/write-a-letter?6&engagementId=502302>.

Regarding the widows tax repeal, Sen. Doug Jones (D-Ala.) plans to introduce a "motion to instruct" senators to accept House-passed language in the #FY20NDAA to repeal the widows tax. While a motion to instruct is non-binding, it provides critical guidance to Senate leaders as they conduct negotiations with their House counterparts. This is a chance for your senators to take a stand and show their support for military survivors. To date, 75 senators cosponsor Senator Jones's bill to end the widows tax. [Source: MOAA Newsletter| James Naughton | September 18, 2019 ++]

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## **NDAA 2020**

### **Update 22: Military Coalition Letter to Congress**

A letter sent to key legislators last week by a group of more than 30 military and veterans organizations stressed the importance of repealing the "widows tax" and protecting military medicine from planned staff cuts – issues at the heart of MOAA's Summer Storm advocacy efforts – among priorities for this year's defense bill. The Military Coalition, which includes MOAA among its member groups representing 5.5 million constituents, listed the two items among 10 areas of concern in the 13 SEP letter to the chairmen and ranking members of the House and Senate Armed Services Committee. Regarding the widows tax – also known as the Survivor Benefit Plan-Dependency and Indemnity Compensation (SBP-DIC) offset – the coalition noted it had "never ... seen such support for eliminating the offset. Congress should end this injustice."

The group praised passage of the Bipartisan Budget Act of 2019, which was designed to raise budget limits and prevent talk of another government shutdown until at least 2021. However, the broad deal left plenty of room for debate on specific budget items, leading to the possibility of a continuing resolution, sequestration, and even more budget uncertainty for servicemembers past and present, and their families.

[TAKE ACTION: [Ask Your Lawmaker to Support These Defense Bill Provisions](#)]

[TAKE ACTION: [Ask Your Lawmaker to End the Widows Tax](#)]

[TAKE ACTION: [Ask Your Lawmaker to Protect Military Medicine](#)]

The letter also addressed another kind of uncertainty facing servicemembers, retirees, and their families: One that comes as 20% of existing military medical billets face potential elimination. Such a move "presents significant risk to service member medical readiness, uniformed medical provider readiness, beneficiary care, and the military medical education training pipeline," per the letter. The other issues championed in the letter (read it [here](#)) – all of which can be addressed by the National Defense Authorization Act (NDAA):

- Continued support of the planned 3.1% FY 2020 military pay raise, with plans to address restoring the 2.6% "in accumulated losses from pay raises that lagged [the Employee Cost Index] between 2014 and 2016.
- Delaying any plans to consolidate military exchanges and commissaries until the release of the ongoing Government Accountability Office (GAO) report on the issue.
- Modifying TRICARE Reserve Select eligibility to remove restrictions on federal employees purchasing the benefit. Learn more about MOAA's efforts on this issue [here](#).
- Adding provisions to ensure the health and safety of military families in privatized military housing, to include a tenant bill of rights. Learn more about MOAA's efforts on this issue [here](#).
- Baking efforts to combat sexual assault in the military.
- Ensuring grad parity among leaders of the reserve components.
- Creating a Basic Needs Allowance (BNA) for servicemembers whose families fall below 130% of federal poverty guidelines.

The coalition also expressed disappointment that neither the House nor the Senate version of the NDAA included expansion of concurrent receipt, which has been among MOAA's top legislative priorities. Learn more about concurrent receipt [here](#). For more information about MOAA's Summer Storm, including how you can make your voice heard, click [here](#). [Source: MOAA Newsletter| September 18, 2019 ++]

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## **Air Force Standing**

### **Eroding Air Superiority Advantage**

Defense Secretary Mark Esper, not even two months into the job as the leader of the Pentagon, made his first major appearance before airmen on 18 SEP and reminded them the domination the service has enjoyed in the skies is coming to an end. "Our military's become very proficient at **low-intensity conflict**. For decades now the Air Force has dominated the skies. Air superiority has been relatively uncontested. Persistent ISR has become the norm. And precision airstrikes are now the weapons of choice," Esper said during a keynote address at AFA's Air, Space, & Cyber Conference. "But the conveniences of today's battlefield will not be the realities of the future."

The Defense Department, in its National Defense Strategy released in early 2018 under his predecessor, former defense secretary Jim Mattis, states that the resurgent power of China and Russia will threaten the US in all domains, especially air, space, and cyber. Under that strategy, Esper said he is leading two major reviews: one on the entire department's budget, and another on the military's force posture and major operational plans. "Put simply, some of our long-held advantages have started to diminish. Great power competition has once again returned to the global stage," Esper said. "If we are to remain the world's pre-eminent military power, then we must change course away from the past and face the challenges of the future head on."

The first review is taking a "microscope" to the Pentagon's entire budget, first focusing on the department's "fourth estate," or administrative agencies. The review will then move on to the rest of the Pentagon, aimed at not just saving money but also to "give warfighters more of what we need to deter adversaries and, if necessary, fight and win," he said. The second review is focusing on the Pentagon's force structure and operational plans, looking to ensure the department is not just doing things right, but is "doing the right things," he said. Esper, in response to a question from an information operations officer about how the military is structured for global threats from across a spectrum of operations, said "I don't think we're optimized from a force location perspective, [it's] one of the things we're looking at as we've begun this NDS review process. We need to think about how we position ourselves around the globe."

For the Air Force specifically, Esper said the service needs to focus on how it can organize, train, and equip airmen to be prepared for a "full spectrum" of threats, both kinetic and non-kinetic, and in realms such as space and cyber. These two steps to implement the strategy will help "better understand and balance the needs of today with the requirements of tomorrow" and address the "tradeoff of building readiness with consuming readiness," Esper said. [Source: Air Force Magazine | Brian Everstine | September 18, 2019 ++]

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## **Trump Border Wall**

### **Update 02: Pentagon | \$2.5B in Contracts Finalized**

The Department of Defense (DOD) has finalized nearly \$2.5 billion in contracts to build a portion of President Trump's wall along the U.S.-Mexico border, the Pentagon's top spokesman said 19 SEP. The amount means that, as of this week, 129 miles worth of projects in New Mexico, Arizona and California "has been obligated and is on contract," Jonathan Hoffman told reporters at the Pentagon. All but \$3 million of that money remains unobligated but will be used before the end of the month, Hoffman said.



The U.S. Army Corps of Engineers in April and May had awarded the funding for border wall projects after the Trump administration declared a national emergency and sought to reallocate the money from a DOD fund meant to combat drug trafficking. The dollars then became caught in a legal battle, with the Supreme Court ruling 5-4 in July that the Trump administration could start using the funds to construct a wall while litigation continues to play out. Defense Secretary Mark Esper also earlier this month authorized \$3.6 billion in Pentagon dollars, to be redistributed from military construction projects across the globe, to build 175 miles of wall along the southern border. To move forward on such wall projects, Interior Secretary David Bernhardt on 18 SEP transferred 560 acres of land to the Army for about 70 miles of barrier in Arizona, California and Texas.

Asked how long it will take to have that \$3.6 billion fully contracted out, Hoffman said there was no timeline but acknowledged that “it’s going to take months.” The administration’s goal is to have completed more than 450 miles of wall construction by the end of 2020, Hoffman added. “It’ll take a little while, as we do the planning, we buy the property, we do the environmental assessments ... and then you’ll see a rapid increase in the amount. Right now, we’re at a pace of about a mile a day and we’ll see that continue to go up,” he said. [Source: The Hill | Ellen Mitchell | September 19, 2019 ++]

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## Afghan War

### How Americans Are Split Over Whether It Was a Mistake

A Gallup poll published on 11 SEP found that 52 percent of Americans believe the war in Afghanistan was a not mistake in contrast to 43 percent who responded it was. The recent poll indicated the divide cuts across party lines. According to the poll:

- 25 percent of Republicans said sending troops to Afghanistan was a mistake
- 53 percent of Democrats said sending troops to Afghanistan was a mistake
- 48 percent of political independents said sending troops to Afghanistan was a mistake

Similarly, the poll also revealed Americans are almost evenly split over whether they believe the Afghanistan war has safeguarded the U.S. from terrorism. The poll found:

- 43 percent of Americans said the war has made the U.S. more safe from terrorism
- 46 percent of Americans said the war has made the U.S. less safe from terrorism

Views were also split among party lines about the impact of the Afghanistan war on safety against terrorism. The poll said:

- 66 percent of Republicans said the U.S. is safer from terrorism because of the war, 25 percent said it is less safe
- 33 percent of Democrats said the U.S. is safer from terrorism because of the war, 58 percent said it is less safe
- 35 percent of political independents said the U.S. is safer because of the war, 51 percent said it is less safe

The poll was conducted via phone from 15-30 AUG with a sample size of 2,291 adults in the U.S. It’s margin of error is plus or minus 3 percentage points. Since 2011, a slim majority of Americans consistently have responded to Gallup polls expressing that the war in Afghanistan was not a mistake. An exception occurred in 2014 when then-President Barack Obama announced most U.S. forces would be pulled from Afghanistan by 2016. In that poll, 49 percent of Americans said the war was a mistake, while 48 percent said it was not.

The war attracted dramatically more public support in its early stages. A month after U.S. troops were first sent to Afghanistan in October 2001, Gallup reported in November 2001 that 89 percent of Americans believed the war was not a mistake. The most recent Gallup poll comes days after a covert meeting with the Taliban and Afghan leaders at

Camp David was called off, dismantling ongoing peace negotiations between the U.S. and the Taliban. President Donald Trump said that he canceled the meeting after a U.S. soldier and 11 others were killed in a Taliban car bomb attack. Although Trump has repeatedly said it's time to end "endless wars," he told reporters 9 SEP peace negotiations with the Taliban are over. "They're dead. They're dead," Trump said. "As far as I'm concerned, they're dead."

U.S. Special Representative for Afghanistan Reconciliation Zalmay Khalilzad, who has spearheaded the peace talks, shared a draft of the U.S.-Taliban agreement with Afghan leaders earlier this month, the Associated Press reported. The agreement would have required the U.S. to withdraw approximately 5,000 of the roughly 14,000 U.S. troops in Afghanistan 135 days after signing the agreement, according to the Associated Press. U.S. troops have been stationed in Afghanistan since Oct. 2001 following the 9/11 terrorist attacks because the Taliban provided a safe haven for al-Qaida leader Osama bin Laden. But now, it remains uncertain how the Trump administration will proceed regarding a troop reduction.

Meanwhile, Trump said 11 SEP the U.S. was striking the Taliban harder than ever — in light of the Taliban's recent attack. "They thought they would use this attack to show strength. But actually, what they showed is unrelenting weakness," Trump said at the Pentagon during a 9/11 remembrance ceremony. "The last four days, we've hit our enemy harder than they have ever been hit before, and that will continue." CENTCOM did not immediately return a request for comment from the Military Times for details on missions conducted against the Taliban over the past week. [Source: MilitaryTimes | Diana Stancy Correll | September 12, 2019 ++]

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## **Arlington National Cemetery**

### **Update 82: New Burial Eligibility Criteria Proposed**

In order to stay ahead of shrinking burial space, the Army is proposing new criteria to decide who is and is not eligible to be buried at Arlington National Cemetery, the service announced on 25 SEP. Under current criteria, "[n]early all of the 22 million living armed forces members and veterans are eligible for less than 95,000 remaining burial spaces." Without changes, the Army says the cemetery will hit capacity by the 2050s. The Fiscal Year 2019 National Defense Authorization Act directed the Army Secretary to come up with "revised eligibility criteria" in order to keep the cemetery functioning, the Army press release said. "The hard reality is we are running out of space," Karen Durham-Aguilera, the executive director of Army National Military Cemeteries and Arlington National Cemetery, said. "To keep Arlington National Cemetery open and active well into the future means we have to make some tough decisions that restrict the eligibility."

The current plan is to preserve 1,000 remaining gravesites for current and future Medal of Honor recipients, and add 37 acres in a planned expansion project. The new criteria, according to the Army, proposes that below-ground interments be restricted to those who are killed in action, including repatriated remains of troops; recipients of the Silver Star and above who served in combat; Purple Heart recipients; those who were killed in combat-related incidents "while conducting uniquely military activities;" former prisoners of war; U.S. presidents and vice presidents; and veterans with combat services who served as civilian government officials and "made significant contributions to the nation's security."

Above-ground interment currently is available for "most veterans, who have at least one day of active service (other than for training) and an honorable discharge," according to the Arlington Cemetery. New criteria for above-ground interments, however, would extend only to World War II-era veterans, including legislated active duty designees; armed forces retirees eligible to receive retired pay but not eligible for interment; combat veterans who served a minimum of two years; and veterans with no combat service who served as civilian government officials and contributed to national security "at the highest levels of public service."



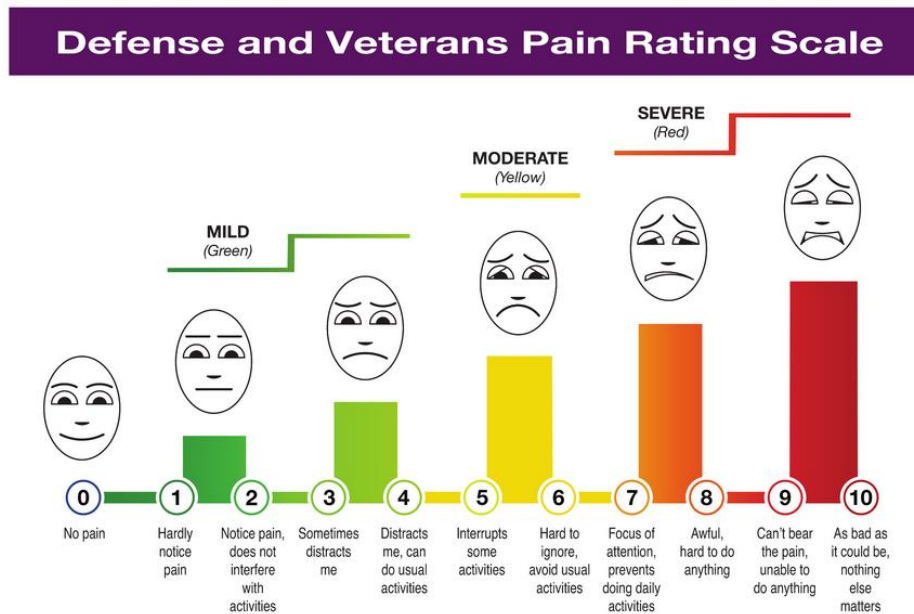
The implementation of the new criteria will not interfere with burials that were previously scheduled, nor will it interfere with the veterans' burial benefits or veteran eligibility at the VA's national cemeteries, and state veterans cemeteries. The criteria isn't yet final. The Army will offer a period of public comment and review before publishing the final rule, according to the press release. [Source: Task & Purpose | Haley Britzky | September 25, 2019 ++]

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## DOD Pain Rating

### Update 02: New Scale for Assessing Patients' Misery

The Defense Department has a new tool to help military health care providers tackle one of the most complex challenges facing patients: pain. The DoD has launched a new pain rating scale that bears the familiar 0-10 numbers, smiley and frowny faces and green, amber and red stoplight colors meant to signal a patient's acute or chronic pain. But the new Defense and Veterans Pain Rating Scale now includes more detailed descriptions designed to prompt patients to consider how the pain is affecting their daily functions, including activities, sleep and mood. Gone are descriptors ranging from "mild pain" to "worst pain," replaced with "hardly notice pain" to the "THIS IS AS BAD AS IT COULD BE, NOTHING ELSE MATTERS" type of pain.



**The Department of Defense launched a pain rating scale for use in hospitals to better assess pain in patients.**

Retired Army Col. Trip Buckenmaier, with the Uniformed Services University of the Health Sciences in Bethesda, Maryland, said the new scale will help physicians focus on the effects of pain in their patients' day-to-day lives. "This is a cultural change that we're bringing, not only to our patients but also to ourselves as clinicians," Buckenmaier said in a release. "The goal of pain management isn't exactly getting pain down to zero but optimizing both physical and emotional function." Until 2001, pain was largely treated as a symptom -- something doctors considered and tried to ameliorate if the pain was severe enough. But that year, the Joint Commission, a nonprofit organization that accredits and certifies hospitals and health care programs, introduced new pain management standards that required providers to ask every patient about their pain level, leading medical personnel to call pain the "fifth vital sign."

While launched with the best of intentions, the new emphasis on pain management has been blamed for the surge in opioid prescriptions and subsequent epidemic that has killed thousands of Americans. Buckenmaier said that, while opioids can be helpful for those in severe pain, they also could "keep a patient on a couch rather than living a full life."

"This is what our patients are telling us," he said. "When they became dependent on these medications and their daily functions are actually disturbed, they came back and told us we need to do something different."

The new rating scale will help doctors to better assess pain and make recommendations for controlling it, said Buckenmaier, who is a trained acupuncturist and proponent of alternative therapies, including massage, yoga and biofeedback. "It's not to replace opioids; it would be a mistake to think so. I would hate to deploy to the modern battlefield without these tools in my toolkit," he said. [Source: Military.com | Patricia Kime | September 20, 2019 ++]

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## **POW/MIA Recoveries & Burials**

**Reported 16 thru 30 SEP 2019 | Fourteen**

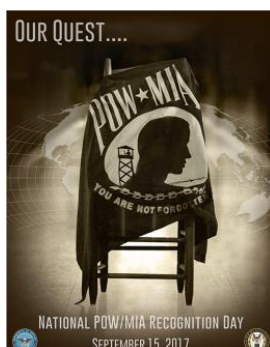
"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century as of FEB 2019 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. Herschel H. Mattes**, 22, of Pittsburgh, will be buried Sept. 23 in Avon, Conn. Assigned to the 525th Fighter-Bomber Squadron, 86th Fighter-Bomber Group, Mattis was piloting an A-36A Apache on March 6, 1944, when it crashed near Lake Bracciano, Italy, after being struck by ground fire. His remains could not be recovered immediately following the crash. [Read about Mattes.](#)

-- **Army Cpl. Asa E. Vance**, from Illinois, was a member of Company D, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division, who would be reported missing in action Dec. 2, 1950, following an engagement with enemy forces in North Korea. [Read about Vance.](#)

-- **Army Cpl. Harold Pearce**, 25, of Dillon, S.C., was buried yesterday in Latta, S.C. Pearce was a member of 1st Platoon, 24th Military Police Company, 24th Infantry Division. He was killed July 10, 1950, when his unit was withdrawing from the city of Taejon, South Korea. [Read about Pearce.](#)

-- **Army Cpl. Henry L. Phillips**, from Tennessee, was a member of Company C, 1st Battalion, 24th Infantry Regiment, 25th Infantry Division. He was reported missing in action on Nov. 28, 1950, as the result of enemy action 50 miles south of the Yalu River in North Korea. It would be later learned he had been captured, but would die in captivity on March 17, 1951. [Read about Phillips.](#)

-- **Army Cpl. Jerome V. Hummel**, of Missouri, was a member of Heavy Mortar Company, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action Nov. 30, 1950, in the vicinity of the Chosin Reservoir, North Korea, when his unit was attacked by enemy forces. Interment services are pending. [Read about Hummel.](#)

-- **Army Cpl. Kenneth E. Ford** was a member of Company C, 1st Battalion, 32nd Infantry Regiment. He was reported missing in action on Dec. 2, 1950, in the vicinity of the Chosin Reservoir, North Korea, when his unit was attacked by enemy forces. Interment services are pending. [Read about Ford.](#)

-- **Army Cpl. Lloyd B. Odom**, from Missouri, was a member of Company A, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division, 31st Regimental Combat Team. He was reported missing in action Dec. 2, 1950, as the result of enemy action in the vicinity of the Chosin Reservoir in North Korea. It would be later learned he had been captured, but would die in captivity of pneumonia on Jan. 31, 1951. [Read about Odom.](#)

-- **Army Cpl. Wilfred K. Hussey Jr.**, from Hawaii, was a member of Company K, 31st Infantry Regiment, 7th Infantry Division, who would be reported missing in action on Dec. 12, 1950, following an engagement with enemy forces. [Read about Hussey.](#)

-- **Army Pfc. William J. Winchester**, from Alabama, was a member of Company D, 1st Battalion, 24th Infantry Regiment, 25th Infantry Division, who was captured during combat operations in the vicinity of Unsan, North Korea. He was reported to have died in captivity in February 1951. [Read about Winchester.](#)

-- **Army Sgt. David C. Sewell**, of Minnesota, was a member of Company M, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. On Nov. 28, 1950, Sewell was killed in action after enemy forces launched a massive surprise attack on their position near the Chosin Reservoir, North Korea. Interment services are pending. [Read about Sewell.](#)

-- **Army Sgt. Willie V. Galvan**, 24, of Bexar County, Texas, was buried yesterday in San Antonio. Galvan was a member of Medical Company, 7th Infantry Division, 31st Regimental Combat Team. He was reported missing in action on Dec. 1, 1950, after the enemy attacked his unit near the Chosin Reservoir, North Korea. [Read about Galvan.](#)

-- **Coast Guard Lt. j.g. Thomas J.E. Crotty**, from New York, served aboard the USS Quail in the Philippines as part of the 16th Naval District-in-Shore Patrol Headquarters, during the onset of World War II. Crotty was among those reported captured after the surrender of Corregidor and held at the Cabanatuan POW camp, where he died on July 19, 1942. [Read about Crotty.](#)

-- **Navy Radioman 2nd Class Floyd A. Wells**, 24, of Cavalier, N.D., will be buried Oct. 1 in Mandan, N.D. On Dec. 7, 1941, Wells was assigned to the battleship USS Arizona, which sank after sustaining multiple torpedo hits as it was moored off Ford Island in Pearl Harbor, Hawaii. The attack on the ship resulted in the deaths of 1,177 crewmen. [Read about Wells.](#)

-- **Navy Seaman 2nd Class D.T. Kyser**, of Oklahoma, was assigned to the battleship USS Oklahoma, which capsized after sustaining multiple torpedo hits as it was moored off Ford Island in Pearl Harbor, Hawaii, on Dec. 7, 1941. The attack on the ship resulted in the deaths of 429 crewmen. Interment services are pending. [Read about Kyser.](#)

[Source: <http://www.dpaa.mil> | September 30, 2019 ++]



## VA National Suicide Prevention Report 2019 Report Released

On 20 SEP, the U.S. Department of Veterans Affairs (VA) released its 2019 National Veteran Suicide Prevention Report. It includes findings from its most recent analysis of Veteran suicide data from 2005 to 2017. The 2019 National Veteran Suicide Prevention Annual Report highlights suicide as a national problem, and urges all Americans to come together to address the larger social issues that contribute to the increased rates of suicide in the U.S. One key change from last year's report is that it does not group together Veterans eligible for VA services with servicemembers and former National Guard and Reserve members who were never federally activated. This change was necessary because these groups are unique and do not all qualify for the same benefits and services, therefore they require individualized outreach strategies.

Moving forward, VA's report will include a separate section focusing on never federally activated former Guard and Reserve members, while the Department of Defense will publish a separate report focusing on servicemember suicides. The most recent data, from 2017, has allowed VA to better understand and address current trends in Veteran suicide, as well as evaluate ongoing suicide prevention programs. Key VA initiatives described in the report reflect the department's efforts to prevent Veteran suicide through targeted strategies that reach all Veterans.

VA's [public-health approach](#) to suicide prevention focuses on equipping communities to help Veterans get the right care, whenever and wherever they need it. That approach is the foundation for the [President's Roadmap to Empower Veterans and End a National Tragedy of Suicide](#) (PREVENTS) executive order, which aims to bring together stakeholders across all levels of government and in the private sector to work side by side to ensure that our Veterans are able to seek and receive the care, support and services they deserve. "VA is working to prevent suicide among all Veterans, whether they are enrolled in VA health care or not," said VA Secretary Robert Wilkie. "That's why the department has adopted a comprehensive public health approach to suicide prevention, using bundled strategies that cut across various sectors — faith communities, employers, schools and health care organizations, for example — to reach Veterans where they live and thrive."

VA was one of the first institutions in the United States to implement comprehensive suicide risk surveillance, which involves collecting and interpreting suicide-related data. "Data is an integral part of our public health approach to suicide prevention," said Wilkie. "The latest data offers insights that will help us build networks of support and research-backed suicide prevention initiatives to reach all Veterans, even those who do not and may never come to us for care." The report yields several insights pertinent to ongoing suicide prevention efforts:

- From 2005 to 2017, suicides among all U.S. adults increased by 43.6 percent, while suicides among Veterans increased by 6.1 percent.
- America's non-Veteran population is increasing while its Veteran population is decreasing over time.
- The number of Veteran suicides exceeded 6,000 each year from 2008 to 2017.
- In 2017, the suicide rate for Veterans was 1.5 times the rate for non-Veteran adults, after adjusting for population differences in age and sex.
- Firearms were the method of suicide in 70.7 percent of male Veteran suicide deaths and 43.2 percent of female Veteran suicide deaths in 2017.

- In addition to the aforementioned Veteran suicides, there were 919 suicides among never federally activated former National Guard and Reserve members in 2017, an average of 2.5 suicide deaths per day.

Suicide is heartbreaking, and our nation understandably grieves with each one. However, suicide is preventable, and we all have a role to play in saving lives. The 2019 National Veteran Suicide Prevention Annual Report emphasizes that suicide can be prevented through meaningful connection, one person at a time. The full report and the accompanying state data sheets are available at [https://www.mentalhealth.va.gov/suicide\\_prevention/Suicide-Prevention-Data.asp](https://www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp).

If you or someone you know is having thoughts of suicide, contact the Veterans Crisis Line to receive free, confidential support and crisis intervention available 24 hours a day, 7 days a week, 365 days a year. Call 1-800-273-8255 and Press 1, text to 838255, or chat online at [VeteransCrisisLine.net/Chat](https://www.veteranscrisisline.net/Chat). [Source: VA News Release | September 20, 2019 ++]

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## VA Flu Shots

### Update 06: Two Options to Get Your Shot



With flu season approaching, Veterans have two options through VA for getting a no-cost flu vaccination nationwide. Like previous years, free flu shots will be given at all VA Medical Centers and Community Based Outpatient Clinics. A Veteran simply needs to visit any VA medical facility and ask for a vaccination or ask their primary care physician for a flu shot during an appointment. Veterans can also receive a no-cost vaccination is through the VA-Walgreens partnership. There are 9,600 Walgreens pharmacies nationally. The Veteran simply needs to visit a Walgreens pharmacy and present their Veterans Health Identification Card and one other form of photo ID to receive a vaccination. Huge increase in the number of vaccinations

Since the program's inception in 2014-2015 the number of vaccinations has increased dramatically. The first year, less than 20,000 shots were provided; last year's campaign delivered 104,993 vaccinations. The final cost to the taxpayer was \$3,181,058.50. Over 50% of those vaccinations given were to rural or extremely rural veterans, a notoriously underserved population. In total this partnership has delivered approximately 1.5 million no-cost vaccinations to VHA registered Veterans since 2014. "Our partnership with Walgreens for the past five years has been a positive and effective force in the VA's ability to meet the vaccination needs of our rural Veterans, with Walgreens providing over 325,000 vaccinations on behalf of the VA," said Elizabeth Tyler, VA's program manager for the Retail Immunization Program.

"We expect that partnership to grow even more strong and effective for our current 2019-2020 season with an estimated delivery of 175,000 vaccinations between August 2019 and the end of March 2020," she said. Another perk



of the VA-Walgreens partnership is information sharing. When a Walgreens pharmacist administers the shot, the immunization information is transmitted to VA through the eHealth Exchange. The immunization becomes part of the Veteran's VA health record. The Walgreens immunization records are automatically available for VA clinicians to review within 24 hours.

For the 2019-2020 flu season, the no-cost option is for the quadrivalent version of the vaccine only. There will be no high-dose option this year at either VA medical facilities or Walgreens. To find your nearest participating Walgreens partner, call 800-WALGREENs (800-925-4733), or go to [www.walgreens.com/findastore](http://www.walgreens.com/findastore). As of this writing VA does not yet have the vaccine on hand but does anticipate obtaining it sometime in October. Most Walgreens do have the vaccine on hand now but you might want to call your local Walgreen's to verify they do before you make the trip. Visit [www.va.gov/COMMUNITYCARE/programs/veterans/immunization.asp](http://www.va.gov/COMMUNITYCARE/programs/veterans/immunization.asp). For more information about this benefit, [Source: Vantage Point | Glenn A. Johnson | September 20, 2019 ++]

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## VA Debt

### Update 07: Collection Systems Leave Vets Confused, Frustrated

Veterans Affairs officials acknowledged to lawmakers that the department's debt collection practices remain "too clunky and too confusing" to ensure families aren't left in financial jeopardy. And they promised additional reforms within the next year. "We are too often fragmented, uncoordinated and highly variable in our processes," said Jon Rychalski, chief financial officer for the Department of Veterans Affairs, told members of the House Veterans' Affairs Committee on Thursday. "

Frankly, we have a way to go before we can declare success." Last fiscal year, VA overpayments to veterans totaled roughly \$1.6 billion, on par with mistakes in previous years. The cases include mistakes in disability payouts after beneficiary information is updated, payments that conflict with other federal benefits like drill pay, changes in college enrollment that lower GI Bill eligibility, and simple math errors by department employees.

Officials from Veterans Education Success said one in four recipients of GI Bill benefits face some time of overpayment-related debt. The department sent out more than 600,000 debt collection notices to veterans and their families in fiscal 2018 in an effort to recover the money. Members of the House Veterans' Affairs Committee said too often they hear from veterans who face significant financial hardship as a result of those actions, even when they incur the debt through no fault of their own. VA has a lot of work ahead to reduce the number of overpayments sent to veterans," said Rep. Chris Pappas (D-NH). "Receiving these notices of balance due can prove particularly burdensome to veterans living on fixed incomes."

VA has changed policies in recent years that required withholding future checks until the debt was fully repaid, instead opting for automatic 12-month repayment plans to ease the burden. But lawmakers and outside advocates said in many cases the debt — which often tops \$2,500, according to committee statistics — is still too large to comfortably deduct from monthly payouts. "The resultant debts owed by veterans often cause severe financial hardships for veterans and their families," said Shane Liermann, deputy national legislative director for benefits at Disabled American Veterans. "In many cases, the burden of repaying these debts can negatively impact a veteran's quality of life, put them at risk of homelessness and affect their access to VA health care."

Lawmakers pressed VA on making hardship waivers for debt collection easier to obtain, and for broader use of VA's authority to wipe out the debt completely. Rychalski said officials have to balance their responsibility to taxpayers to recover overpayments with veterans' financial health, but said the department is reviewing how cases are handled to see if systemic changes are needed. He said within the next year he expects VA to offer a new online portal where



veterans can monitor any outstanding debts, and new department policies to minimize the number of debt notices sent to veterans from various sub-agencies within VA.

The department is also targeting a new online debt payment system within the next three years. Rychalski acknowledged that timeline is slower than many would like, but said the process will require coordinating a host of aging computer systems. Lawmakers urged more speed on the solutions. “The clock is running,” Pappas said. “Every day this isn’t enacted is a day where a veteran is potentially put in dire financial straits.” [Source: MilitaryTimes | Leo Shane III | September 19, 2019 ++]

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## VA Rating Decisions

### Initial, Deferred, & Confirmed and Continued

A *INITIAL* rating decision is issued by the VA after they have considered the veteran’s claim. Typically, a rating decision tells the veteran if their claim has been granted or denied. The rating decision will also tell the veteran how the VA came to the decision that they reached. Receiving a rating decision also means that your case is moving along in the very slow VA system, and even if the decision is not favorable, at least that means you are able to move forward with your case and determine the next steps that you will take. The rating decision should include a cover letter (we referred to as the Notice of Action, or NOA). The NOA is important because the date of the NOA is the date that will be used to determine whether a Notice of Disagreement is timely. The NOA also includes a breakdown of the decision made on each issue and boilerplate language from the VA about the appeal process.

However, sometimes a veteran might receive a rating decision that says “*DEFERRED*.” A deferred rating decision is issued when the claim is underdeveloped (not enough evidence) or if the claim is incomplete. Other times, a veteran might receive a decision that says “*CONFIRMED AND CONTINUED*.” Confirmed and continued rating decisions are issued when the veteran submits additional evidence and the VA believes this evidence is repetitive, not new and material, or unpersuasive.

A deferred rating decision is issued when the veteran has submitted multiple claims to the VA, but the VA only has sufficient evidence to decide some of these claims. For example, a veteran files a claim for PTSD, hearing loss, and migraines. Then the VA grants the PTSD, denies the hearing loss, and defers the migraines. This means that the VA had enough evidence to make a decision on the PTSD and hearing loss claims, but they need more evidence on the migraine claim in order to reach a decision. A deferred rating decision basically means that claim needs more development. Reasons why the VA might need more evidence include: a doctor didn’t provide certain language in his opinion, medical records or military records that were previously unavailable became available, or something new happens to the veteran that would have an effect on his claim ( such as, having an operation or getting social security compensation). Simply put, this deferred rating decision is not really a decision at all. It can also be thought of as a decision to not decide something. Either way you put it, a deferred rating decision means the veteran will have to wait a little bit longer before their claim is actually decided.

Unlike a deferred rating decision, a rating decision that is confirmed and continued means that the issues making up a veteran’s claim are ready for a decision. Confirmed and continued decisions are issued after a veteran has received an initial rating decision and has submitted additional evidence to the VA on the claim decided by that initial rating decision. The VA will confirm and continue its initial rating when it feels that the additional evidence submitted by the veteran does not change what the outcome should be.

Overall, think of a deferred rating decision as meaning a claim needs more evidence while a confirmed and continued rating decision means a claim needs different evidence. [Source: Hill & Ponton Blog | Attorney Anne Linscott | May 28, 2015 ++]

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## **VA Disability Ratings**

### **Update 04: Protected**

Certain VA disability benefits are considered Protected Ratings, according to the VA (though others say the term “protected” is a misnomer). This is where it helps to be able to find and read the appropriate regulations or find an expert who can help you through the task. Protection is covered Under 38 CFR 3.951 and 38 CFR 3.952. The present rules are:

- 5-year rule: If the rating has been in effect for 5 years, it cannot be reduced unless your condition has improved on a sustained basis (The VA must have documentation supporting this is a permanent improvement).
- 10-year rule: A service connected disability rating cannot be terminated if it has been in effect for 10 years. Compensation can be reduced if evidence exists that the condition has improved. The sole exception is if the VA can prove fraud, in which case the VA can terminate the benefits.
- 20-year rule: If the rating has been in effect for 20 years, it cannot be reduced below the lowest rating it has held for the previous 20 years. The only exception is if the VA can prove fraud. Measure the 20-year period of 38 CFR 3.951(b) from the earliest effective date of the combined or individual evaluations.
- 100% rule: The VA must prove your medical situation has materially improved and as a result, you are able to perform substantial work.

What do these protected ratings mean? Basically, if you have had a VA service-connected disability rating for 5 years or more, the VA must prove your condition has improved on a sustained basis before they can reduce or terminate your disability rating. After 10 years, the VA can only reduce your rating; they cannot terminate it (absent proof of fraud). And, after 20 years, your rating cannot be reduced below the lowest rating you have held for the last 20 years. These distinctions are important because some ratings can vary over the years, based on the medical condition.

For example, let’s say you have a knee injury that warrants a 30% disability rating when you complete your initial VA evaluation. After 5 years, the VA cannot reduce this rating below 30% unless they can prove the injury has healed on a sustained basis. If it has improved to the point the injury warrants a lower rating, or the injury no longer exists, the benefit can be reduced or terminated. After 10 years, the benefit can no longer be terminated, but it can be reduced if the VA can document substantial sustained health improvements. After 20 years at that rating, your benefit can no longer be reduced below its lowest rating or terminated (unless there is proof of fraud).

The 100% rule is much more difficult to have decreased. The VA must prove your health has materially improved, and you are now able to perform substantial work. If all of your injuries still leave you unemployable, then it is likely your benefit will not be reduced. Most veterans with a 100% rating have one or more major service-connected medical conditions, and possibly additional multiple less-severe injuries. The VA must prove the veteran is able to perform substantial work even with this assortment of medical conditions. [Source: The Military Wallet | Ryan Guina | April 10, 2019 ++]

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## **VA Hospital Harassments/Assaults**

### **Troubling Series Occurring at VA Facilities**

Navy Reserve Lt. Andrea Goldstein, a congressional staffer on female veterans' issues, recounted 26 SEP how she was groped and shoved at the Washington, D.C., VA Medical Center in the latest of a troubling series of veteran-on-veteran

assaults and harassments at Department of Veterans Affairs facilities. There were several witnesses to the daytime assault, Goldstein said, adding it took place "right up front" in the facility's atrium last week. But "they did nothing" to help or intervene, and her assailant escaped, she said. One witness tried to tell the assailant to stop, but there was no immediate response from VA staff, Goldstein said, adding that police were not called until she reported the incident to a doctor. It was first reported by The New York Times. "I do believe my assailant was a veteran," she said.

Goldstein, a senior policy adviser on the House Veterans Affairs Committee's Women Veterans Task Force, said she was carrying with her at the time of the incident legislative proposals on curbing sexual harassment and assault on VA campuses. She said she had previously received "timely, high-quality health care, all without co-pays" at the Washington hospital. "I will continue to use the facility," said Goldstein, who served seven years on active duty as a Navy intelligence officer and now is in the Reserve.

Rep. Mark Takano (D-CA), chairman of the House Veterans Affairs Committee, joined Goldstein for a news conference in front of the hospital, saying, "All veterans, regardless of gender, should have an expectation of safety" when they come to the VA for the health care they've earned. "One of our own has experienced a sexual assault right here on this campus," he said. "It's still clear we have work to do" on behalf of two million female veterans. Takano called on the VA to make training mandatory for all personnel on sexual assault and harassment. However, "this goes beyond training," he added. "Veterans themselves need to be held to a higher level of behavior."

In recent years, the VA has posted signs at facilities warning against catcalling, other forms of harassment, and sexual assault. But earlier this month, federal authorities and the VA's Inspector General began investigating a series of sexual assaults at the Beckley, West Virginia, VA Medical Center. One patient, who spoke on condition of anonymity, told WVVA News he is among more than a dozen patients sexually assaulted at the Beckley hospital. U.S. Attorney Mike Stuart in West Virginia issued a statement saying, "My office takes these allegations very seriously and is working closely with federal, state and local law enforcement agencies to ensure this matter is investigated thoroughly and quickly."

Last year, in response to female veterans' complaints about harassment by other vets at VA medical centers, the department responded to the issue in website postings and signs at facilities warning against foul language and unwanted touching. Signs at the D.C. medical center began to appear, saying, "Catcalls and stares are not compliments, they're harassment." The hospital also posted on its Facebook page a list of behavioral "do's" and "don'ts." For instance, it is OK to talk about the weather, but "commenting on someone's body" is not. At the flagship Michael E. DeBakey VA Medical Center in Houston, a sign says, "There is no excuse for harassment." "Cat calls NOT welcome. Staring and whistling -- NOT okay at the VA," the Houston medical center said in a release.

At the news conference 26 SEP, Goldstein said that, in addition to several other veterans in the atrium, "several employees witnessed the assault and said nothing," "I reported the incident to multiple employees -- a worker at the information desk, the patient advocate, and finally my doctor -- before police were called," she said. Citing the ongoing investigation, Goldstein declined to say whether the assault had been recorded by hospital cameras. She said her work with the Senate committee had shown that, "At least one in four women veterans experienced sexual or gender-based harassment at VA facilities" while seeking health care. Goldstein said she is still stunned that harassment and assault could come from another veteran. "We are not faceless staff. We are veterans. We are your neighbor. We are your co-worker. We are partners, friends and parents," she said.

Her complaint has been turned over to the VA's Inspector General and local law enforcement, VA spokeswoman Christina Mandreucci said in a statement. "These are serious allegations, and VA is treating them as such," she said. "VA will not tolerate this alleged behavior, and we are committed to delivering justice." Melissa Bryant, a former Army intelligence captain and now legislative director for the American Legion, attended the news conference. She said later that harassment of women at the D.C. medical center has become almost routine. In a Twitter statement, she said, "I can personally attest to what I can describe at best as feeling uncomfortable when being catcalled outside [the D.C.

medical center] and inside by other patients and veterans. We should not feel dehumanized when seeking care."  
[Source: Military.com | Richard Sisk | September 29, 2019 ++]

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## **VA Reexamination Notice**

### **How the VA Can Reduce Disability Benefits**

Did you know it's possible for the VA to reduce your VA disability rating? When you are awarded a VA Service-Connected Disability rating, the VA retains the right to reexamine you to determine if your disability is still present and warrants the original rating. In short, it is possible for the VA to increase, reduce, or terminate, disability benefits based on a reexamination. But don't let this scare you: not every veteran's disability rating is scheduled for a reexamination, and not every rating will change. For example, some service-connected disability ratings are considered protected, and will not be changed. Veterans with a P&T Rating (Permanent and Total) will usually not be scheduled for a reexamination. The same thing goes for injuries that are considered permanent or static. These include injuries that will never change, such as a missing limb.

However, some medical conditions are not considered permanent and may be subject to reexamination. And if your VA disability rating is reviewed, keep in mind reviews work both ways: they can increase or decrease your rating, depending on supporting evidence and documentation. Reexaminations are usually scheduled within two to five years after the initial examinations, or they can take place any time there is material evidence in your change of condition. The VA needs to establish substantial evidence of a change in condition before any change can occur to your service-connected disability rating. This puts the onus of the work on them.

You will receive a Reexamination Letter detailing what will take place, and when. It's essential that you attend this appointment, or work to reschedule it for a better time. If you don't attend the appointment or provide supporting evidence for your case, the VA can reduce or terminate your benefits. Reestablishing your rating could take some time, or may be impossible, barring a legitimate reason for missing the appointment. The Notice should include contact information where you can reschedule your appointment if necessary. The VA may send a Notice of Reexamination at pre-scheduled interval or when they have material evidence there has been a change in your medical condition. This could be evidence that your situation has improved or disappeared.

You have 30 days to request a hearing if you wish to contest the VA decision, and you have up to 60 days to submit evidence that a reduction in your rating is not warranted. The VA cannot reduce your service-connected disability rating without first sending you notice. Failure to do so on their end should result in a full reinstatement of your benefits. The VA will typically not request to reexamine your rating under the following conditions:

- The veteran is over age 55.
- The disability is static (such as a loss of limb).
- The disability is considered permanent and is not expected to improve (e.g. blindness, deafness).
- The disability is already at a minimum rating for that particular disability.
- Reducing an individual rating would not affect the total combined disability rating.

These conditions are significant. The VA will not schedule a reexamination for permanent and static disabilities, so you can safely assume those ratings will remain the same. Age 55 is significant because it represents an age at which the VA assumes the veteran is too old to reasonably reenter the workforce (keep in mind VA disability ratings represent your ability to perform work at the level you were able to before you had the injury while you were serving in the military). Finally, the VA will not look to reduce your VA disability rating when reducing one rating wouldn't have a material impact on your overall disability rating. This applies to veterans with multiple medical conditions and disability ratings.

If you have been contacted by the VA to have your case reexamined and you meet any of the above criteria, then contact them with the phone number listed on your Notice of Reexamination and explain why you do not believe you should be reexamined. You may be able to have the reexamination canceled. The VA will not usually be able to reduce your disability rating without a reexamination, so your rating should be safe if you meet any of the above criteria. You can also request a hearing if the VA wishes to reduce your rating. You may find it helpful to enlist the help of a lawyer or your own medical professionals (be sure to obtain copies of your medical records from the VA if you are currently using VA health care for your medical needs). You will want to ensure you have sufficient documentation to support your claims – whether you believe the rating should remain the same, or if it should be increased. [Source: The Military Wallet | Ryan Guina | April 10, 2019 ++]

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## **VA Caregiver Program**

### **Update 58: Support Services Offered to Caregivers**

As a Caregiver, the very best thing you can do for those who depend on you is to take care of yourself. VA offers a number of services to support Family Caregivers. These services are available in and out of the home to help you care for the Veteran you love and for yourself.

#### **Caregiver Support Line**

Help is just a phone call away with VA's Caregiver Support Line – 1-855-260-3274. Caring licensed professionals staffing the support line can connect you with VA services, a Caregiver Support Coordinator at your nearest VA medical center, or just listen if that's what you need right now. Caregivers can participate in monthly telephone education groups, where they can discuss self-care tips and ask questions on a variety of topics. If you want to learn more about the monthly calls, you can listen to a recording at <https://www.caregiver.va.gov/support-line/presentations.asp> or view one of the following educational handouts:

- [Burnt Out OK Now What Handout](#) - (PDF)
- [Caregiver Partners Understanding and Healing the Wounds of PTSD Handout](#) - (PDF)
- [Choosing Your Words Harnessing the Power of Communication Handout](#) - (PDF)
- [Finding Comfort in the Healing Gifts of the Season Handout](#) - (PDF)
- [Free Yourself Don't Get Tripped Up with Caregiver Guilt Handout](#) - (PDF)
- [Good Grief Finding Hope in the Necessary Losses of Being a Caregiver Handout](#) - (PDF)
- [Leaning into Love Building Strong Relationship Bonds Handout](#) - (PDF)
- [Let's Talk About Money Managing Your Financial Reality Handout](#) - (PDF)
- [Making My Goals Matter Looking Forward to the Year Ahead Handout](#) - (PDF)
- [Own Your Emotions Labeling and Communicating Your Feelings Handout](#) - (PDF)
- [Quiet on the Homefront Restoring Connections at Home Handout](#) - (PDF)
- [Sailing in Turbulent Waters How to Have Positive Conflict Resolution Handout](#) - (PDF)
- [Setting Boundaries Defining What is Best for You Handout](#) - (PDF)
- [Standing on Solid Ground Finding Your Path Along the Challenging Road of Caregiving and Mental Illness Handout](#) - (PDF)
- [Stepping Into Stillness Maintaining Your Center of Gravity When Caring for a Veteran Loved One Handout](#) - (PDF)

#### **Peer Support Mentoring**

Caregivers of Veterans of all eras may participate in peer support mentoring, both as mentors and as mentees usually for 6 months. Mentors and Mentees communicate using email, telephone, and letter writing depending on what works best for both of them. If you are unable to commit to 6 months, one-time support is available through the Compassionate Connections Program.

#### **Building Better Caregivers**

Caregivers can build their skills and confidence to care for their Veteran at home with the free, online workshop, Building Better Caregivers™ at <https://va.buildingbettercaregivers.org>. The program has been recognized for its ability to reduce caregiver stress and depression, and increase caregiver overall well-being.

### **Caring for Seriously injured Post-9/11 Veterans**

The program at [https://www.caregiver.va.gov/support/support\\_benefits.asp](https://www.caregiver.va.gov/support/support_benefits.asp) for Comprehensive Assistance for Family Caregivers provides approved caregivers services such as a monthly stipend, travel expenses, health insurance, mental health services, and respite care.

### **REACH VA**

Mentoring in the challenging areas of caregiving, stress management, mood management, and problem-solving is available through REACH VA at [https://www.caregiver.va.gov/REACH\\_VA\\_Program.asp](https://www.caregiver.va.gov/REACH_VA_Program.asp). The program is available for Caregivers of Veterans diagnosed with: ALS, Dementia, MS, PTSD, or Spinal Cord Injury/Disorder.

### **Additional Support**

Visit Tips & Tools at [https://www.caregiver.va.gov/Tips\\_Tools.asp](https://www.caregiver.va.gov/Tips_Tools.asp) for additional information on the following subjects:

- [Managing Medicines](#)
- [Talking with Your Provider](#)
- [Caring for Oneself](#)
- [Caring for your Finances](#)
- [Plan Ahead for Disasters](#)
- [Staying Organized](#)
- [Moving around Safely - \(Video Series\)](#)
- [Office of Rural Health - Caregivers "Dementia Video Series"](#)
- [Series Two: Managing Dementia Behavior - ABCs for Caregivers](#)
- [Series One: Information and Support for In-Home Dementia Caregiver - PSA/Caregiver Support Line Video](#)

[Source: [https://www.caregiver.va.gov/support/support\\_services.asp](https://www.caregiver.va.gov/support/support_services.asp) | September 17, 2019 ++]

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## **VA Caregiver Program**

### **Update 59: Boggled Down by Bad Data, IT Issues, GAO Finds**

Inaccurate data kept by the Department of Veterans Affairs on its staff for the \$900 million annual cost of the Family Caregiver Program and delays in the technology infrastructure needed to expand the program are hampering an effort to include the caregivers of injured veterans from World War II through Vietnam, a government watchdog agency has found. The Government Accountability Office released its report 16 SEP noting that the number of staff supporting the Family Caregiver Program at VA medical centers does not match the data kept by the program office -- an inaccuracy that prevents the VA from fully understanding the number of personnel that will be needed as the program grows.

The GAO also found that delays in implementing a new information technology system needed to support the program mean the expansion, mandated by Congress, is not expected for at least a year. "The initial replacement for the Caregiver Application Tracker is not expected until late October 2019. Further, despite this initial deployment and additional releases expected through the summer of 2020, the department has not yet fully committed to a date by which it will certify that the new IT system fully supports the program," GAO analysts noted in the report. VA officials said earlier this year that they did not expect the required technology infrastructure to be ready until mid- to late-2020.

The VA missed a progress deadline on building the needed system on Oct. 1, 2018, and the department will not be able to certify the system by Oct. 1, 2019, as required by Congress. This means that caregivers of veterans from the Vietnam War and earlier will not be able to apply as expected starting 1 OCT. And it's unclear whether the system will



even be ready by Oct. 1, 2020. "Until the system is implemented and certified, the expansion of eligibility for the Family Caregiver Program will be delayed," the report states.

The VA Mission Act of 2018 mandated that the VA create and certify the IT system for the expansion. Congress inserted the requirement into the law to prevent similar problems to those seen last year when thousands of veterans didn't receive housing payments related to the Forever GI Bill because of technology system challenges and an aging technology infrastructure at VA. By law, applications were to be phased in with Vietnam War and earlier veterans eligible first. Those who served from May 1975 through Sept. 11, 2001, are to become eligible two years later. [Source: Military.com | Patricia Kime | 17 September 2019 ++]

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## **VA Caregiver Program**

### **Update 60: Expanded to All vice Just Post 911 Vets**

On 25 SEP the Department of Veterans Affairs (VA) announced actions to strengthen the Caregiver Support Program and establish a timeline for expanding the Program of Comprehensive Assistance for Family Caregivers (PCAFC) in accordance with section 161 of the VA MISSION Act of 2018 (MISSION Act). Under the MISSION Act, VA will expand the PCAFC to eligible Veterans from all eras using a phased approach. Currently, the program is only available to eligible Veterans seriously injured in the line of duty on or after September 11, 2001. Prior to expanding, VA must upgrade its information technology (IT) system and implement other improvements to strengthen the program. "Caregivers play a critical role in the health and well-being of some of our most vulnerable Veterans," said VA Secretary Robert Wilkie. "Under the MISSION Act, we are strengthening and expanding our program to positively impact the lives of Veterans and deliver the best customer experience to them and their caregivers."

In December 2018, VA suspended certain discharges from the program due to ongoing concerns about inconsistent application of eligibility requirements at VA medical centers. Since then, VA has held listening sessions with caregivers and other stakeholders, developed or amended 14 standard operating procedures to clarify program requirements for VA staff, increased oversight in each Veterans Integrated Service Network, provided training and education to staff and caregivers and is boosting operational capacity with the hiring of more than 680 staff.

To modernize its caregiver IT system, VA is adopting a three-phased approach and will deploy a new system based on a commercial off the shelf product called Caregiver Record Management Application (CARMA) beginning in October 2019. VA will deploy phase two in January 2020 to centralize and automate stipend payment calculations and expects to deploy phase three in the summer of 2020, which will enable caregivers to apply for benefits online. VA will then perform testing and verify that the system has full functionality before expanding the program as required under the MISSION Act.

The expansion will occur in two phases, beginning in the summer of 2020 or once the Secretary has certified that the new IT system is fully implemented. In the first phase, PCAFC will be expanded to eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975. The final phase of the expansion will begin two years later. It will expand PCAFC to eligible Veterans who incurred or aggravated a serious injury in the line of duty after May 7, 1975 through September 10, 2001. Additionally, VA has gathered input and is developing regulatory changes to streamline the program and provide more clarity for Veterans and their family caregivers. VA will publish a proposed rule for public comment prior to issuing final regulations.

VA is also working across the department to ensure caregivers have a positive experience through program improvements and initiatives to include:

- Providing home and community-based care alternatives through the Choose Home Initiative at 21 VA medical centers.

- Establishing the Center for Excellence for Veteran and Caregiver Research named after Senator Elizabeth Dole.
- Expanding telehealth services to enable Veterans and their caregivers to get care in the comfort of their homes.
- Delivering valuable programs for caregivers such as peer support mentoring, a Caregiver Support Line, self-care courses and educational programs to help caregivers succeed.

Caregivers play a critical role in enabling Veterans to maintain their highest level of independence and remain in their homes and communities for as long as possible. VA leads the nation in providing unprecedented benefits and services to caregivers. The MISSION Act strengthens VA's ability to serve as a trusted partner in the care of our nation's most vulnerable Veterans. To learn more about the many support services available for caregivers of Veterans, visit [www.caregiver.va.gov](http://www.caregiver.va.gov) or call the Caregiver Support Line at 1-855-260-3274. [Source: VA News Release | September 25, 2019 ++]

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## **Emergency Medical Bill Claims**

### **Update 06: How Will VA Comply w/Court Decision**

Following a federal court ruling 9 SEP that determined the Department of Veterans Affairs erroneously denied reimbursement to thousands of veterans who received medical care at non-VA emergency rooms, the top Democrats on the House and Senate Veterans Affairs Committees have urged the department to notify veterans of their rights and accelerate reimbursements to those wrongly billed. House Veterans Affairs Committee Chairman Rep. Mark Takano (D-CA) and Sen. Jon Tester (D-MT), the Senate VA committee's ranking member, said 13 SEP that they "demand answers from VA ... to explain how many veterans are affected." They want to know how the VA will comply with the court decision, which ordered it to reimburse veterans with other health insurance who incurred additional bills that weren't paid by their primary insurer.

The ruling in *Wolfe v. Wilkie* found that the VA, for the second time, violated a law requiring the department to approve veterans' claims for emergency room expenses not covered by private insurance, other than co-payments. "We applaud the federal court's decision this week. By siding with our veterans, we are finally getting justice for those who were saddled with an unfair financial burden after receiving emergency health care," the lawmakers said in a prepared statement. "We demand answers from VA as soon as possible to explain how many veterans are affected, how VA intends to comply with the court's order, and what additional resources -- if any -- Congress will need to provide for the department." According to NVLSP, the decision could cost the VA between \$1.8 billion and \$6.5 billion in reimbursements for claims filed from 2016 through 2025.

The VA covers emergency medical services for veterans if their condition is service-related or caused by a service-linked condition and medical services are unavailable at a VA facility. For non-service-connected conditions, the VA also can pay for emergency care under certain conditions. But the department claimed it cannot provide coverage for co-payments, co-insurance or deductibles. Two of the three judges on the Court of Appeals for Veterans Claims ruled that the VA's interpretation of the law is incorrect. "VA was ... informing veterans that they were not entitled to reimbursement for non-VA emergency medical care if they had any insurance covering the service at issue," the judges wrote. "In other words, the agency was telling veterans that the law was exactly opposite to what a federal court had held the law to be."

An August VA Office of Inspector General report found that the department had wrongfully denied \$53.3 million in claims to 17,400 veterans -- about 31% of all claims filed by veterans for non-VA emergency services. The VA has not said whether it will appeal the ruling. A VA spokeswoman said 11 SEP that the department is reviewing the decision.

Following publication of the ruling, Military.com received numerous emails from veterans whose credit has been harmed by non-payments or whose bills have gone to a collection agency because of the VA's interpretation of the law. A Vietnam veteran who lives more than 100 miles from a VA medical center said he has been fighting the department since 2016 about his emergency room bills from a non-VA facility. "I have tried calling VA, and I get a run-around. They give me a number, and [the next people] give me another number, and they give me another number and nobody seems to know," wrote the veteran. "On July 15 this year, I tried to commit suicide. I was tired of all this. The only person who saved me is my wife. She called 911, and I tried to stop her."

Another veteran said he was homeless and had no way to get to a VA hospital. "So I went to the emergency room," he wrote. "I would give them my VA card, and they said they would handle it ... but they denied every [bill] and they went on my credit report." Similar stories prompted members of Congress to send a letter to VA Secretary Robert Wilkie 12 AUG requesting a "thorough explanation" of how the VA intends to implement its OIG recommendations regarding emergency room reimbursements. In the wake of the judicial decision, Takano and Tester now want the VA to move faster. "VA must drop its fight and implement the Emergency Care Fairness Act of 2010 as Congress always intended," they wrote. [Source: Military.com | Patricia Kime | September 16, 2019 ++]

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## **VA Telehealth Program**

### **Update 01: Delivering Benefits to Veterans w/Tablet Devices**



Two recent studies indicate a plan by the U.S. Department of Veterans Affairs to use distributed tablet devices to provide telehealth benefits to patients is working. A JAMIA Open study published in August concluded the initiative successfully reached veterans in rural areas and patients with mental health conditions, while a separate study published by Psychiatric Services found the VA's efforts also led to improved clinical efficiency.

The most common home telehealth devices the VA uses are ones that make it possible to connect a veteran patient to a VA hospital using messaging devices that collect information about symptoms and vital signs from the veteran's own home. Geographic and travel barriers are potentially the greatest obstacle to VA access, with a VHA Office of Rural Health report noting of the approximate 9 million enrolled veterans receiving VA healthcare, nearly a third live in rural, highly rural or insular island areas. "Telehealth technology remains a vital platform to provide high-quality healthcare to all veterans, regardless of challenges they may face in accessing care," VA Secretary Robert Wilkie said in a statement. "VA's tablet program is a model that other networked healthcare systems across the country can mirror, and demonstrates the potential of telehealth capabilities in the years to come."

The news comes as the VA is undergoing a massive push toward digitalization. In June, the Department of Defense and the VA announced the creation of a special office to help centralize decision making as the VA makes its multibillion-dollar electronic health records upgrade. Among the recent efforts is a mobile application called Launchpad, which helps streamline access for both vets and their caregivers, and coordinates various VA apps in one place, as well as enables easier sharing of EHR data and access to telehealth.

In July, the VA and telecommunications giant Verizon announced a plan to offer new telehealth access for veterans through a platform that connects veterans with their healthcare team. The platform uses encryption to ensure a secure and private session, and users can then participate in video appointments or engage with health professionals using the built-in chat feature. Overall, telehealth is set for a major expansion in the U.S. The Federal Communications Commission announced in June plans to vote to advance a \$100 million Connected Care Pilot Program, enabling telehealth expansion for low-income Americans nationwide, including veterans and others in medically underserved areas.

Expansion of telehealth coverage and reimbursement at the state level has grown since 2017, according to the latest American Telemedicine Association study, though the report also indicated some states still lack the authority or resources needed to fully deploy telehealth across the state. However, the results of a July J.D. Power survey suggest that, for the patients standing to gain the most from telehealth, services need to be positioned and explained as a way to reduce costs while maintaining a high level of care. [Source: HealthCare IT News | Nathan Eddy | September 16, 2019 ++]

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## VA Transparency

### Update 02: Wilkie Accuses Lawmaker of Misleading Public over Office Eviction



Department of Veterans Affairs Secretary Robert Wilkie accused a Florida congressman of misleading the public 13 SEP after the lawmaker expressed outrage at being evicted from his congressional office inside a VA hospital. The VA sent eviction notices to six members of Congress at the end of August, booting them and their staffs out of their offices inside VA hospitals in West Palm Beach and Orlando. Rep. Brian Mast (R-FL), an Afghanistan War veteran and double amputee who in 2017 opened the first-ever congressional office inside a VA hospital, accused the agency of trying to avoid transparency and accountability.

On “Fox & Friends” last week, Mast referenced a tense exchange between he and Wilkie at a hearing in April, during which Mast pressed the secretary to visit the West Palm Beach VA hospital after a doctor there was shot by a patient. Following the “Fox & Friends” interview, Wilkie wrote the congressman, alleging he made false implications about the VA’s decision to remove the lawmakers from their offices by the end of December. Mast is being evicted, Wilkie wrote, so the VA hospital in West Palm Beach can use the space for its smoking cessation program. The VA is planning to make all of its health care facilities smoke free beginning 1 OCT. “VA’s decision to reclaim the office space in question is not related to any congressional hearing and is rooted instead in the need to maximize the clinical space in VA medical facilities,” Wilkie wrote.

Wilkie said Mast could use his offices in Washington and his district to conduct congressional oversight, writing: “You are one of only six members of Congress who currently have office space in a VA facility. None of the other 529 members of Congress, all of whom conduct oversight and constituent services, are making such demands.” Reps. Alcee Hastings (D-FL), Ted Deutch (D-FL), and Lois Frankel(D-FL), share the office with Mast. Their staff members take

turns using the space to meet with veterans. Reps. Darren Soto (D-FL) and Stephanie Murphy (D-FL) share a space in the Orlando VA Medical Center. “It does something good for our veterans while not hurting anybody,” Mast said. “If you really want to understand a problem... you have to get your eyes on it and witness it yourself. I want to have an office in the VA so I can have my eyes on it, so my staff can have their eyes on what’s going right and wrong on a daily basis.”

Mast said last week that the extra oversight was necessary for the VA, which has “limped from crisis to crisis.” In his letter, Wilkie also argued against that point. “While that was true during the [former President Barack] Obama Administration, under President Trump, VA has done more in the last two and a half years than previous administrations have in decades to reform the department and improve health care and benefits for our nation’s patriots,” he wrote. Mast said he planned to appeal to Trump to let him keep the office space.

The issue is likely to come before the House Veterans’ Affairs Committee, which in recent months has raised its own complaints about a lack of cooperation from VA officials in providing information on key programs and personnel. VA leaders have disputed that, saying they have provided all of the documentation available upon request. [Source: | Stars & Stripes | Nikki Wentling | September 16, 2019 ++]

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## **VA Nursing Homes**

### **Update 16: Nationwide Ratings System Review Pending**

Days after news broke of a veteran who suffered hundreds of ant bites as he lay dying in a Department of Veterans Affairs-run nursing home, the Government Accountability Office announced it will review the ratings system the department uses to assess its community living centers. In a letter sent to three Senate Democrats on 17 SEP, Orice Williams Brown, the GAO's managing director for congressional relations, said the office will begin work on the project early next year. The review comes in response to a request from the lawmakers, Sens. Edward Markey and Elizabeth Warren of Massachusetts and Sen. Jon Tester of Montana, for the office to look into the VA's star ratings system, first published in mid-2018.

The VA released the ratings of its community living centers, or CLCs, following an investigation by USA Today and the Boston Globe that found its rating system, initially developed for internal use only, showed 60 VA nursing homes, or nearly half the 133 homes in 2017, received a one-star rating, the lowest on a five-star scale. The senators said they want the GAO to review the system based on reports of poor quality ratings and "disturbing anecdotal stories of substandard treatment and conditions at some CLCs across the country." "We appreciate that many community living centers care for a disproportionately complex resident population with multiple chronic and difficult conditions," they said. "But public concerns and reporting underscore the need to ensure CLCs have the tools, resources and properly trained staff necessary to provide the quality nursing home care our veterans need and deserve."

The investigation follows a shake-up at the Atlanta VA Health Care System, where an Air Force veteran residing at the VA-run Eagles' Nest Community Living Center suffered hundreds of ant bites as the result of an infestation in his room. Nine staff members, including the VA's top executive in the region, have been reassigned or placed on administrative leave while the VA investigates the incident, involving veteran Joel Marrable, and the staff's response. Marrable died Sept. 14 following a battle with cancer. The senators asked the GAO to look into how the VA developed its rating system, what inputs it uses to develop the ratings and how it ensures that they are accurate. [Source: Military.com | Patricia Kime | September 23, 2019

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## VA Blue Water Claims

### Update 75: Advocates Demand White House Speed up Timeline

Doctors have told Navy veteran Bobby Daniels that he may only have another two years before his terminal prostate cancer takes his life, so he was furious in June when Veterans Affairs officials announced a six-month delay in processing “blue water” Vietnam benefits cases. “It just feels like they want for us old boys to die out, so they don’t have to worry about us anymore,” said Daniels, a 79-year-old Missouri resident. “Everything has been on hold for us. I don’t know how much more we can downsize while we wait.” Daniels, who served on the USS Lexington 58 years ago, was one of several veterans on hand at a Capitol Hill rally 24 SEP asking for the White House to force VA to move ahead on a host of toxic exposure benefits cases that have been delayed while department officials update their processing systems to absorb the new cases.

“Our pleas (to VA) have fallen on deaf ears,” said Shane Liermann, deputy national legislative director for benefits at Disabled American Veterans. “We’re calling on President Trump directly to end the wait for these veterans ... He can and should end it today.” In June, Trump signed into law legislation finalizing presumptive benefits status for “blue water” veterans who served on ships off the coast of Vietnam during the war there. As many as 90,000 veterans could be eligible for thousands of dollars a month in disability benefits under the law. But in July, VA Secretary Robert Wilkie announced plans to halt processing of those claims until January 2020 to allow his department time to set up new computer systems for handling the cases to ensure the system isn’t overwhelmed by a flood of new claims. He has noted on several occasions that the law as drafted allowed for the processing delays.

Advocates note that the delay was not required, however. They note that some cases were processed earlier this summer before the stay was announced, and insist that more could be fast-tracked if VA would drop its stubborn new policy. “It’s hard to look these veterans in the eye and tell them they have to wait even longer for their benefits,” said Ryan Gallucci, deputy director of the Veterans of Foreign Wars’ National Veterans Service. “Some of these cases could be settled today.” Both House Veterans’ Affairs Committee Chairman Rep. Mark Takano (D-CA) and Senate Veterans’ Affairs Committee ranking member Sen. Jon Tester (D-MT) said they have repeatedly asked VA for more information on their benefits delivery timeline, but so far have received no answers. VA officials dispute that, saying they have provided a pair of briefings to congressional staff along with other documentation.

The lawmakers and advocates are also pressing VA to move ahead with a long-pending decision to add several new illnesses to the list of presumptive benefits cases linked to Agent Orange. The presumptive status allows veterans to skip a host of documentation and paperwork when filing a claim, speeding up their receipt of payouts. VA officials sent a letter to veterans groups updating them on the work thus far to prepare their staff for the new cases, but not offering any changes in the proposed timeline for starting to process them. Several advocates worry that even if the department begins taking cases starting in January, it could be another long wait before veterans see any payouts, since processing can often take months. For veterans like Daniels, it could mean the difference between receiving regular checks or dying without any response to their health problems.

Daniels served as a petty officer second class on the Lexington. It took 33 years after his tour of duty for the first of his cancers to appear. It took another 12 years before VA recognized any service-connected medical conditions for him, and even then it was for dental problems, not toxic exposure. The dying veteran, who would qualify for benefits under the new law because his ship traveled through a designated area believed to have been exposed to Agent Orange contamination, said he wants to get his case settled soon so his wife, Judy, will have a more stable income after he passes. In recent years, he has taken out a second mortgage and sold off personal possessions to pay for medical treatments for his cancers, still not officially recognized by VA as linked to his services in the seas around Vietnam. “My biggest fear is leaving Judy behind in tough times to struggle alone,” Daniels said. “She shouldn’t have to face these issues.” [Source: MilitaryTimes | Leo Shane III | September 24, 2019 ++]

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## VA Agent Orange Claims

### Update 10: Orange Letter Writing Campaign

More than 6,000 orange envelopes mailed by Vietnam veterans across the country have arrived at the White House, the VA and now a Senate Veterans' Affairs Committee hearing. "Most of you have probably received letters in the bright orange envelopes like these," said U.S. Sen. John Boozman, (R-AR). "Constituents coming forward, talking about problems they're having and then translating that to legislation. Bill Rhodes did a great job of doing that." Boozman has been working with Rhodes, a Vietnam veteran in his home state who is behind the letter campaign, on legislation that would allow more veterans who served in Thailand to be eligible for Agent Orange benefits. "It is so restrictive in Thailand. It's just to the perimeter, and you have to be essentially a military policeman," said Boozman.



Veterans like Rhodes are suffering from diseases that research indicates were likely caused by exposure to the toxic herbicide, but right now, they can't apply for benefits. "It makes no sense that if you were in the interior of the base or posted patrolling for some other reason that you wouldn't be able to qualify," said Boozman. Arkansas Congressman Bruce Westerman has also been working on the legislation in the House. "It bothers me that here we are this many years later, and we've got veterans still trying to get benefits that they were promised long ago," said Westerman.

At the 25 SEP hearing, the Veterans Affairs' chief consultant on the matter says the VA is currently evaluating a list of more locations from the U.S. Department of Defense that could be linked to Agent Orange exposure. "We are looking at it right now. It is with my office and with VBA [Veterans Benefits Administration]. We hope to post that soon," said Dr. Patricia Hastings, VA Post-Deployment Health Chief Consultant. But Hastings wouldn't make any promises about helping veterans like Rhodes. Congress recently passed a similar bill, the Blue Water Navy Vietnam Veterans Act, that extends Agent Orange benefits to veterans who were serving on ships off of the coast of Vietnam. Hastings said the VA is trying to hire more people to start processing claims next year. [Source: NBC 4 | Jessi Turnure | September 26, 2019 ++]

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## POW/MIA Displays

### Update 05: VAMC Manchester POW Bible Display Lawsuit

A lawsuit over a Bible on display at a memorial for POWs at the Veterans Affairs Medical Center can move forward, a federal judge ruled 25 SEP. The ruling failed to end a months-long fight over a Bible display that prompted even Vice President Mike Pence to chime in. The Bible, which sits on the "Missing Man Table" at the Manchester VA Hospital, was donated by a former POW in a German prison camp who is now 100 years old, the Union Leader reports. But U.S. Air Force veteran James Chamberlain – who is a Christian himself – said it offended him every time he walked past it at the hospital and sued in May with the assistance of the Military Religious Freedom Foundation.



A billboard (left) calling on President Trump, Vice President Pence, and the VA to take the Bible out of the hospital on display in downtown Manchester, N.H. Veteran Quinn Morey (right) showed up at the hearing in support of keeping the Bible at the VA hospital.

The organization also bought a billboard in downtown Manchester calling on President Trump and Vice President Pence to “Remove the Bible, Honor All Veterans.” “Based upon Jim’s beliefs and his service to our country and his Christianity,” Chamberlain’s lawyer, Lawrence Vogelmann, said outside the courthouse, “he thinks excluding people is just wrong.” Judge Paul Barbadoro said in his decision not to toss the lawsuit that any case involving alleged religious freedom violation requires a “highly fact-specific analysis.” There was also a legal debate over whether or not Chamberlain could claim “injury” over the Bible’s presence since he himself is Christian. Vogelmann argued that it was, in fact, a violation of his beliefs not to include other religions. “My client seriously believes that it diminishes him as a veteran and as a Christian to exclude those other people that he served with,” Vogelmann said.

In May, after Chamberlain’s initial complaint, the VA center quietly removed the Bible from the memorial only to return it to the memorial following an outcry from other veterans at the hospital. Vice President Pence sent a firm message to the Manchester VA hospital in remarks he made last month at The American Legion’s national convention in Indianapolis. “You might’ve heard even today that there’s a lawsuit to remove a Bible that was carried in World War II from a Missing Man Table at a VA hospital in New Hampshire,” Pence said. “Let me be clear: under this administration, VA hospitals will not be religion-free zones.”

At the hearing on Wednesday, several veterans showed up to show support for the VA – and the Bible’s presence in it. “The Bible on the Missing Man Table represents something that the actual POWs clung to to survive,” said Quinn Morey of the Northeast POW/MIA Network. Veteran Quinn Morey showed up at the hearing Wednesday in support of keeping the Bible at the VA hospital. Morey’s group is one of several that maintains the memorial at the hospital with the VA’s permission. He said Chamberlain is the first to complain about it. “If any of the MIAs or POWs were offended by a Bible being on the Missing Man Table,” Morey said. “They would have contacted us or come to the VA.”

Chamberlain’s lawyer maintained that the lawsuit is about honoring all POWs and MIAs equally. “The reality is that not all of them are Christian,” Vogelmann said. “Every faith, every creed are among the MIA and POW. We are not a Christian nation. We are not a religious nation.” After hearing what some of his friends went through, Morey said he strongly disagrees with that idea. “The Bible got the POWs through their horrible captivity,” Morey said. “It would actually be an affront to them if it were not represented at the Missing Man table.” Both sides will meet with the judge within the next few weeks to discuss the next steps. After that, oral arguments are expected to begin. [Source: Fox News | Rob DiRienzo | September 25, 2019 ++]

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## VA Manila OPC Policy Changes

Effective October 1, 2019, the VA Manila Outpatient Clinic will stop issuing *prosthetics* and *durable medical equipment (DME)*, *eye glasses*, *hearing aids* and processing *clothing allowance claims*. Veterans outside of the United States can be reimbursed for prosthetics services through the Foreign Medical Program (FMP) if the item is needed for

a VA rated service-connected condition. The FMP allows Veterans to choose from any provider for needed service-connected care. Although you are not required to use them the vendor formerly used by the Manila OPC for many years, *Manila Hearing Aid Company (MHAC)*, has agreed to bill the FMP directly for their services starting October 1, 2019. This will allow Veterans with service-connected hearing loss to receive their hearing related care from MHAC without upfront costs.

Veterans will need to present an FMP benefit authorization letter or a Veterans Benefits Administration code sheet to MHAC to confirm service-connection. MHAC can provide new and replacement hearing aids, perform repairs, and issue batteries. Veterans can also use MHAC’s staff audiologists to obtain audiograms and other hearing-related medical care. Following is a listing of the MHAC Branch locations throughout the Philippines.

**Manila Hearing Aid Company Locations**  
<https://manilahearingaid.com.ph>

<p align="center"><b>Cebu</b></p> <p>Manila Hearing Aid Center SM City Cebu            2nd level, SM City Cebu            Telephone: +63 32 231-8445</p>	<p align="center"><b>Cavite / Dasmariñas</b></p> <p>Manila Hearing Aid Center SM City Dasmariñas; Dasmariñas City, Cavite            Telephone: +6346 416-1932</p>
<p align="center"><b>Laguna</b></p> <p>Manila Hearing Aid Center            SM City Calamba            Telephone: +63 49 530-0354</p>	<p align="center"><b>Makati</b></p> <p>Manila Hearing Aid Center - Glorietta 3            3/F Ayala Mall Entrance            Telephone: +63 2 817-2756</p>
<p align="center"><b>Manila – Taft</b></p> <p>Manila Hearing Aid Center            4/f Manila Astral Tower            Tel. +63 2 521-5726 and 405-0141</p>	<p align="center"><b>Manila – Chinese General Hospital</b></p> <p>Manila Hearing Aid Center            Room 913 Medical Arts Bldg.            Tel: +63 2 711-4141 ext.1913</p>
<p align="center"><b>Mandaluyong City</b></p> <p>Manila Hearing Aid Center            SM Megamall            Telephone: +63 2 633-6039</p>	<p align="center"><b>Muntinlupa City</b></p> <p>Manila Hearing Aid Center            Alabang Town Center            Telephone: +63 2 809-3902</p>
<p align="center"><b>Pasay City</b></p> <p>Manila Hearing Aid Center            SM Mall of Asia – 2F Wellness Zone            Telephone: +63 2 556-0589</p>	<p align="center"><b>Taauig City</b></p> <p>Manila Hearing Aid Center - BGC            32nd Avenue, Bonifacio Global City            Telephone: +63 2 403-2441</p>
<p align="center"><b>Quezon City</b></p> <p>Manila Hearing Aid Center            Ali Mall Cubao            Telephone: +63 2 911-1528</p>	<p align="center"><b>Quezon City</b></p> <p>Manila Hearing Aid Center            SM North EDSA - The Block            Telephone: +63 2 442-0047</p>
<p align="center"><b>Quezon City</b></p> <p>Manila Hearing Aid Center            SM North EDSA – 2/F, North Towers            Telephone: +63 2 442-0047</p>	<p align="center"><b>Quezon City</b></p> <p>Manila Hearing Aid Center            IPO Building - 14 Quezon Avenue            Telephone: +63 2 712-3630/3623</p>
<p align="center"><b>Quezon City</b></p> <p>Manila Hearing Aid Center            SM City Fairview            Telephone: +63 2 709-8327</p>	<p align="center"><b>Pampanga / Angeles City</b></p> <p>Manila Hearing Aid Center            Marquee Mall, Angeles City, Pampanga            Telephone: +63 045 304-7156</p>

VA Manila will continue to provide Ear, Nose, and Throat (ENT) and Audiology services to Veterans who choose to continue receiving care from the VA Manila Outpatient Clinic. VA’s Denver Logistics Center can provide Veterans in the Philippines with hearing aid batteries and supplies. It is recommended that Veterans reorder when your remaining supply of batteries is enough for approximately 30 days. Each order will contain batteries enough to operate your hearing aid or device for at least six months and be mailed to the veteran via UPS. Additional information on this service is available on their website: <https://www.va.gov/opal/nac/dlc/index.asp>. To make your request, please use one of the following three ways:

- You may use the blue VA Form 2346, Request for Batteries and Accessories card/envelope received with your initial or last battery order. Complete the form and mail it to the DLC at the address provided on the form. These forms will also be available at VA Manila Outpatient Clinic.
- You may now order batteries online. Users of the online ordering system are required to register through the E-Authentication credentialing process. Additional details about using the online system to order batteries are available at: <https://www.va.gov/opal/docs/nac/dlc/orderingBatteriesOnline.pdf>.
- You may send an order via email to [dalc.css@va.gov](mailto:dalc.css@va.gov). Please include your hearing aid model number and the type of batteries the hearing aid uses.

Also, effective October 1, 2019, VA Manila Outpatient Clinic will no longer process clothing allowance claims. This applies to all clothing allowance claims received on/after August 2, 2019. Clothing allowance claims for all

Veterans residing in the Philippines will need to be mailed to the FMP Office in Denver, Colorado for initial review. VA Manila will forward the applications received at the Outpatient Clinic for the 2020 Benefit Year to the FMP Office. Once a claim is received by FMP, they will forward that claim to the Pittsburgh VA Medical Center, which will determine eligibility and process claims for payment. Additional information regarding clothing allowance claims will be provided to all Veterans in future monthly Clinic update emails.

If you have questions or need additional information regarding prosthetic services, contact Daniel Gutkoski, MHA VA Manila Clinic Manager directly, at (02) 550-3888 or via email at [daniel.gutkoski2@va.gov](mailto:daniel.gutkoski2@va.gov). [Source: VA Manila OPC | Daniel Gutkoski | September 18, 2019 ++]

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## VAMC Columbia SC

### Update 02: Eric Walker Medical Malpractice Lawsuit



A Navy veteran who sued Dorn Veterans Hospital for allegedly failing to diagnose and promptly treat him when he came to the hospital sick has gotten \$150,000 in a settlement of his medical malpractice lawsuit. "I didn't expect any money out of this," said Eric Walker, 49, of Camden, the Navy veteran. "It was mainly about what can we do to make the VA better. What can we do to keep this from happening again?"

In 2015, when Walker went to Dorn hoping to be treated for severe abdominal pains, medical workers at the hospital accidentally switched his urine sample with that of a cocaine addict, his lawsuit alleged. Doctors then told him to leave the hospital and stop taking cocaine, Walker's lawsuit alleged. "I said, 'I don't do cocaine,' and he said, 'I hear that all the time — but your urinalysis says otherwise,'" Walker told The State. Walker said he has never taken cocaine, is not a drug addict and went to Dorn hoping to get relief from what he described as horrible pain. On a scale of 1 to 10, Walker recalled in a recent interview, his pain was "probably a 12." "I had been pretty much in a fetal position at my house for five or six days, couldn't move. I thought I had just bad stomach pains," Walker said. "It was bad enough to where I couldn't stand up straight."

Sending Walker away from Dorn without more tests that should have been done to detect his real condition — gallstones and a diseased gallbladder and pancreas — constituted a failure to properly and promptly diagnose the veteran, Walker's lawsuit contended. In a statement 23 SEP, Veterans Affairs took issue with the lawsuit's urine sample allegation. "There is no evidence this veteran's lab results were handled improperly. VA settled this case to avoid further litigation," a VA statement said. "Thousands of S.C. veterans choose to be treated at the Columbia VA health care system because they know we provide exceptional health care that improves their health and well-being," the statement said.

After being sent home, Walker's pains grew and he finally had a friend take him to Lexington Medical Center. There, he was diagnosed promptly and scheduled for surgery for gallstones and gallbladder and pancreatic disease. Walker's lawyer, Todd Lyle of Columbia, said 23 SEP that had the case gone to trial, "the evidence concerning the urine sample was more than sufficient to convince a jury that Mr. Walker's urine sample had been improperly analyzed. Also, Lyle

said, Walker had numerous tests from his previous VA treatments in which he was never found positive for cocaine, and Lexington Medical Center several days later found no cocaine in his system. Lyle is also a veteran. He flew Apache helicopters in combat in Iraq in 2011 and continues to serve in the S.C. Army National Guard. "Eric Walker was never interested in filing a lawsuit, but the VA's failure to make this right gave him no choice," Lyle said. "Ultimately, the VA finally provided Mr. Walker with just compensation." Walker was in the Navy from 1989 to 1993, serving a six-month tour in the Persian Gulf as part of Operation Desert Shield in the first Iraq War. An enlisted man, he was part of the crew on a guided missile ship.

In settlement documents, Veterans Affairs admitted no fault and said it was settling the case to avoid "the expenses and risks of further litigation." Walker, who grew up in Camden and graduated from Camden High School in 1988, said he filed the lawsuit because he believed the public attention from the lawsuit might help other veterans avoid the kind of suffering he had because of what he says was a medical error. "When a veteran goes to the VA, we expect good care," Walker said. "We take care of this country. We expect to be taken care of when we get home." [Source: The State | John Monk | September 24, 2019 ++]

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## **VAMC Salisbury**

### **Update 03: Wide-Awake Hand Surgery**

Doctors have streamlined the Wide-Awake Hand Surgery at the Salisbury VA to allow 12 patients to have the minor procedure every Friday morning. Most of the procedures take between 5 and 15 minutes to perform under local anesthesia. Minor hand surgeries performed using this method include carpal tunnel releases, trigger finger releases, ganglion excisions and De Quervain releases. Also Dupuytren's releases, tennis elbow surgery and ulnar nerve releases at the wrist. The advantage of the procedure is the patient does not require general anesthesia to undergo surgery. Patients enter the procedure room fully clothed and undergo local numbing medication to the affected area only.

After the procedure, patients are given post-op instructions and can leave the procedure room unassisted. Patients do not need a driver if they are having surgery on only one hand. They also can eat and drink before surgery. The surgeries do not require antibiotics because they are all soft tissue procedures. No IVs or medications are needed prior to the procedure. The environment is very interpersonal as surgeons and staff talk with the patient throughout the procedure. The procedure eliminates the use of narcotics because the patient is awake and realizes how quick and simple the procedure is.

Dr. Jeffrey A. Baker, a hand and upper extremity specialist, introduced the relatively new technique called 'Wide-Awake Hand Surgery' to Salisbury VA in November of 2016. Using this technique at the Salisbury VA Medical Center has greatly helped improve access for our Veterans. Yet very few orthopedic surgeons have adapted their hand practices to this technique. Dr. Baker believes Salisbury VA is the first clinic that is able to complete 12 cases between 7:30 a.m. and 1:00 p.m. Salisbury VA was able to perform surgery on 349 Veterans over the last year with no complications. Dr. Baker anticipates this number will increase. A 2017 scientific article on the "Wide-Awake Hand Surgery Program at a Military Medical Center" showed that with just 100 patients, there was a 75-80% savings in the cost of surgery. The total cost savings were around \$393,100 for the 100 procedures, compared to performing these procedures in the regular OR.

Veterans who have undergone Wide-Awake Hand Surgery at the Salisbury VA have expressed extreme satisfaction with the technique. Dr. Baker strongly feels other VA facilities, with practice and very little additional cost, also could easily implement the procedure. [Source: Vantage Point | September 19, 2019 ++]

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## VA Fraud, Waste, & Abuse

Reported 16 thru 30 SEP 2019

**Woodstock, CT** -- The United States Attorney for the District of Connecticut, announced that **John Deppert**, 64, of Woodstock, was sentenced 11 SEP by U.S. District Judge Vanessa L. Bryant in Hartford to six months of imprisonment, followed by two years of supervised release, for stealing benefits from the U.S. Department of Veterans Affairs. According to court documents and statements made in court, Deppert's sister received disability compensation benefits from the VA through a direct deposit to her bank account. After Deppert's sister died in January 2015, Deppert had access to her sister's bank account, which continued to receive regular deposits of VA benefits.

- In September 2017, the VA identified that Deppert's sister had died and terminated the benefits payments. In October 2017, Deppert called the VA and, posing as his sister, explained that "she" was not deceased. As a result, the VA reinitiated the benefits payments to the bank account, and also issued a back payment of benefits.
- In April 2018, after the VA again identified that Deppert's sister had died, a VA employee contacted the telephone number it had for Deppert's sister. Deppert, again posing as his sister, answered the call, provided his sister's date of birth and social security number, and stated that "she" was alive.
- In May 2018, Deppert, posing as his sister, left a message on a VA employee's voicemail system requesting that all future contact be by fax or email. He subsequently sent a fax with a change of address form attached to the VA. The coversheet for the fax stated: "I am alive and living in Woodstock Valley, CT!" Deppert signed his sister's name on the coversheet.

Through this scheme, Deppert stole \$77,292. Judge Bryant ordered Deppert to pay full restitution. On April 4, 2019, Deppert pleaded guilty to one count of theft of government property. Deppert, who is released on a \$50,000 bond, is required to report to prison on 23 OCT. [Source: DOJ Dist. of CT | U.S. Attorneys Office | September 11, 2019 ++]

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**Maltimore, MD** – A federal grand jury returned an indictment charging **Angela Marie Farr**, a/k/a Angela Pace, **Angela Mullins**, and **Angela Biggs**, age 33, of Leonardtown, Maryland; **Michael Vincent Pace**, age 39, of Leonardtown, Maryland, and **Mary Francis Biggs**, age 62, of Lexington Park, Maryland with conspiracy and theft of government property. Farr was also charged with aggravated identity theft and social security fraud.

The five-count indictment alleges that Farr served as the organizer of a conspiracy in which she submitted false and fraudulent documents to the Department of Veterans Affairs claiming that Farr, her then-husband, Michael Pace, and her father, Individual 1, were homebound and required full-time assistance and disability compensation. Farr's mother, Mary Biggs, conspired with Farr to file fraudulent documents on behalf of Individual 1, and, when Farr so exaggerated Individual 1's disabilities that the VA determined that Individual 1 could not handle his own finances, appointed Biggs as Individual 1's fiduciary.

Angela Marie Farr was a member of the United States Navy from August 2, 2005 to April 19, 2007. On October 6, 2009, Farr received a service-connected disability rating of 70% based on fraudulent documentation she submitted, which purported that she suffered from post-traumatic stress disorder from an incident in which she was raped by another serviceman. Farr admitted to local law enforcement to fabricating the incident. Farr also claimed to the VA that she suffered a traumatic brain injury from an on-duty car accident, which was also determined to be a fabrication. Ultimately, the VA increased Farr's service-connected disability rating to 100% based on additional fraudulent documentation she submitted. As a result, Farr received approximately \$390,000 from the VA to which she was not entitled. Farr is also charged with stealing the identity of a physician identified in the indictment as "Doctor 1" when she submitted forged documents to the VA purportedly authored by that physician. Farr is also charged with social security fraud for fraudulently receiving \$35,000 in Social Security Disability Insurance benefits for her claimed disabilities.



Michael Vincent Pace was a member of the United States Army from August 30, 2001, to February 2, 2002, and from January 4, 2005, to June 2, 2006, as well as the United States Army National Guard from May 22, 2007, to October 28, 2007. Pace and Farr were married from 2008 until they divorced on December 5, 2017. Pace was deemed to be 100% disabled by the VA, based on fraudulent medical documentation submitted to the VA. Despite claiming to be profoundly disabled, Pace also received a Caregiver Assistance stipend from the VA exceeding \$2,500 per month for purportedly caring for Farr. As a result, Pace received approximately \$274,000 from the VA to which he was not entitled.

Mary Francis Biggs was Farr's mother, and the wife of Individual 1. Individual 1 was a member of the United States Navy from January 29, 1974, to January 31, 1997, and is Farr's father. Individual 1 received a 100% service-connected disability rating by the VA based on fraudulent documentation Farr and Biggs submitted on his behalf. On July 5, 2017 the VA determined, based on fraudulent documentation that Individual 1 was not capable of managing his finances because of his purported disabilities, and appointed Biggs as Individual 1's fiduciary. As such, Biggs was responsible for the receipt and expenditure of Individual 1's fraudulently obtained VA benefits funds. As a result, Biggs and Individual 1 received approximately \$156,000 in disability compensation and SMC to which they were not entitled. Biggs conspired with Farr to hide from the VA the fact that Individual 1 was capable of working, and was in fact actively employed.

Farr, Pace, and Individual 1 purported to be wheelchair-bound and to require in-home nursing to accomplish everyday tasks due to their claimed service-connected injuries. However, during the period they were purportedly disabled, Farr operated a social media marketing company based in Leonardtown, Maryland, Pace raised his three children and regularly exercised at a local CrossFit gym, and Individual 1 was employed as a division head at the Naval Air Warfare Center Aircraft Division in Patuxent River, Maryland. If convicted, Farr faces a mandatory minimum of 2 years in federal prison and a maximum sentence of 10 years in prison; Biggs and Pace face a maximum sentence of 10 years in prison. [Source: DOJ Dist. of MD | U.S. Attorneys Office | September 19, 2019 ++]

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## GA Vet Home

### Update 04: Eagle's Nest Community Living Center Ant Infestation

U.S. Sen. Johnny Isakson is demanding answers from the U.S. Department of Veterans Affairs after a Georgia woman said her father was bitten more than 100 times by ants at a veterans' home in Decatur. Isakson says he was horrified and "downright maddened" after Laquna Ross told WSB-TV that she found her father, Joel Marrable, with swollen, red bumps all over his body when she visited him at the nursing home near Atlanta last week before his death. "I am shocked, horrified and downright maddened by the news that a veteran under the care of the VA was treated so poorly and without any regard for his wellbeing," Isakson said in a statement. "This patient, at the end of his life, was clearly not being monitored closely enough, and I am so sad for his family who had to discover his insect-infested conditions before anything was reportedly done," Isakson said.

At least three veterans were affected by the 2 SEP ant infestation, Isakson said the Atlanta VA Health Care System confirmed to him. The Atlanta VA Health Care System said in a statement that all of the bedrooms at the Eagle's Nest Community Living Center have been cleaned and that a pest control company is monitoring conditions. "We would like to express our heartfelt remorse and apology to the Veterans' families and have reached out to them to offer appropriate assistance," the statement said. The ants were found "everywhere" in Marrable's room, including the ceiling, the walls and the bed, his daughter said. "The staff member says to me, 'When we walked in here, we thought Mr. Marrable was dead. We thought he wasn't even alive, because the ants were all over him,'" Ross said. Employees bathed her father and cleaned the room, but the ants were still around the next day, Ross said. Marrable was then moved to a new room, where he died, she said.

On 17 SEP VA announced a number of actions it is taking in response to recent events at the Atlanta VA Medical Center's Eagles' Nest Community Living Center and ongoing issues at other VA facilities in that region. These actions included:

- Placing the Veterans Integrated Service Network 7 director on immediate administrative leave
- Effective immediately, Charleston, S.C., VAMC director Scott Isaacks will take over as Acting VISN 7 director
- Detailing the VISN 7 Chief Medical Officer to other administrative duties outside the VISN, pending a review of the quality and safety of care issues in the network
- Detailing seven Atlanta VAMC staff members into non-patient care positions while an Administrative Investigation Board composed of subject matter experts from outside VISN 7 investigates the handling of this issue
- Realigning VA's Office of Network Support, a VA Central Office-based organization that had been responsible for collecting and disseminating reports regarding incidents at medical centers across the nation to VHA leadership This move will streamline VA's adverse action reporting processes by ensuring issues are quickly reported from local and regional officials to VHA leaders
- Retraining all VA personnel involved in reporting urgent issues throughout the chain of command

The VHA Chief of Staff and VHA Deputy Under Secretary for Health for Operations and Management were in Atlanta this week working with Atlanta VA Health Care System's new Director Ann Brown to conduct an onsite review of Eagles' Nest CLC's operations to ensure it has the right leaders and staff in place to provide the highest quality health care and services possible. "What happened at Eagles' Nest was unacceptable, and we want to ensure that Veterans and families know we are determined to restore their trust in the facility," said VHA Executive in Charge Dr. Richard Stone. "Transparency and accountability are key principles at VA, and they will guide our efforts in this regard." [Source: Associated Press & VA News Release | September 14 & 17, 2019 ++]

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## **Vet Suicide**

### **Update 38: VA Stats of 20 a Day Clarified**

For years, the Department of Veterans Affairs reported an average of 20 veterans died by suicide every day -- an often-cited statistic that raised alarm nationwide about the rate of veteran suicide. However, the statistic has long been misunderstood, according to a report released this week. The VA has now revealed the average daily number of veteran suicides has always included deaths of active-duty servicemembers and members of the National Guard and Reserve, not just veterans.

Craig Bryan, a psychologist and leader of the National Center for Veterans Studies, said the new information could now help advocates in the fight against military and veteran suicide. "The key message is that suicides are elevated among those who have ever served," Bryan said. "The benefit of separating out subgroups is that it can help us identify higher risk subgroups of the whole, which may be able to help us determine where and how to best focus resources."

The VA released its newest National Suicide Data Report on 16 SEP, which includes data from 2005 through 2015. Much in the report remained unchanged from two years ago, when the VA reported suicide statistics through 2014. Veteran suicide rates are still higher than the rest of the population, particularly among women.

In both reports, the VA said an average of 20 veterans succumbed to suicide every day. In its newest version, the VA was more specific. The report shows the total is 20.6 suicides every day. Of those, 16.8 were veterans and 3.8 were active-duty servicemembers, guardsmen and reservists, the report states. That amounts to 6,132 veterans and 1,387 servicemembers who died by suicide in one year. The VA's 2012 report stated 22 veterans succumbed to suicide every day -- a number that's still often cited incorrectly. That number also included active-duty troops, Guard and Reserve, VA Press Secretary Curt Cashour said 18 SEP. VA officials determine the statistic by analyzing state death certificates and calculating the percentage of veterans out of all suicides. The death certificates include a field designating whether the deceased ever served in the U.S. military.

Information in the 2012 report wasn't as complete as the newer ones. At the time, only 21 states shared information from their death certificates. California and Texas, which have large veteran populations, were two of the states that didn't provide their data. "Since that report was released, we have been closely collaborating with the [Department of Defense] to increase our level of accuracy in reporting," Cashour wrote in an email. Following the release of the new National Suicide Data Report on Monday, some veteran advocates responded on social media with questions. One person said the community was "thrown off." Bryan said the situation "highlights a common source of confusion regarding who is and who is not considered a 'veteran.'"

Heidi Kar, a project director at the nonprofit Education Development Center and a clinical psychologist with expertise in veteran suicide, said she had previously understood the statistic to be a veteran-only number. Overall, Kar thinks the VA put more emphasis in its latest report about suicide as a public health issue that requires the help of multiple agencies and community-based groups. The report shows that of the 20.6 veterans and servicemembers who died by suicide every day, six had recently used VA health care services. The suicide rate among the people who didn't receive VA care increased faster than ones who did. "The biggest message is that suicide prevention is everyone's job," Kar said. "It's a problem for active duty, it's a problem for vets, it's a problem for the elderly and for young people. So, the response has to be multidimensional, and different sectors have to problem-solve together."

The VA said in a statement that it's working with the Defense Department and the national Centers for Disease Control and Prevention to publish 2016 suicide statistics in the fall. The agency said it's part of an ongoing review of millions of death records that could lead to improvements in the VA's suicide prevention programs. To contact the Veterans Crisis Line, veterans, servicemembers or their families can call 1-800-273-8255 and press 1. They can also text 838255 for assistance. [Source: Stars & Stripes | Nikki Wentling | September 20, 2019 ++]

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## Vet Jobs

### Update 252: Veterans Curation Program Now Hiring

The Veterans Curation Program (VCP) is a *paid* five-month employment and training initiative by the US Army Corps of Engineers. Veterans receive education about archaeological processing, and personal growth and development assistance, including time and instruction for resume building and job searches. Furthermore, VCP provides Veterans a bridging transition into the public sector, and its teams process at-risk archaeological collections belonging to the U.S. Army Corps of Engineers.

Using industry-specific technology and software, Veterans work to repackage, photograph, and catalog important archaeological collections. These collections can include artifacts and their associated records, as well as historic documents and photographs. Veteran participants also get to work on themselves, prepping for job interviews and skill building, all with the support of VCP staff and their fellow Veteran classmates. Veterans Curation Program labs

typically have three archaeologists and one Veteran lab manager overseeing operations. The VCP has three flagship lab locations in [Alexandra, Virginia](#) | [Augusta, Georgia](#) | [St. Louis, Missouri](#) with Satellite labs in:

- [San Francisco, California](#) metropolitan area
- In conjunction with Arizona State University (ASU) and the Digital Archaeological Record ([tDAR](#)) in Tempe, Arizona
- [Texas State University](#) in San Marcos, Texas
- [Washington State University](#) in Pullman, Washington

The schedule includes either 20-hour weeks or 40-hour weeks, but flexible upon mutual agreement. No overtime, and the period of employment by the program is expected to last up to five months. All federal holidays are paid in addition to up to one week of personal time off, which can be used for medical appointments or other purposes. Hiring is now open for the next training session that begins March 2020. For more on the Veterans Curation Program and to apply, visit: <https://veteranscurationprogram.org>. [Source: Vantage Point | Beth Lamb | September 18, 2019 ++]

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## **Vet Online Troll Alert**

### **Targeting the Military and Veterans Community**

On 17 SEP Vietnam Veterans of America made public the results of a two-year investigation into foreign entities targeting servicemembers, veterans, and their families online. VVA's 191-page document, posted at [www.vva.org/trollreport](http://www.vva.org/trollreport), details how foreign trolls target the military and veterans community for the purposes of sowing discord in our democracy, perpetrating financial fraud, and spreading anti-American propaganda. The report also includes evidence of election interference regarding the 2020 election cycle similar to that which the Russians engaged in during 2016.

“Vietnam veterans, likely, remember the Chieu Hoi (Open Arms) program, the psychological operation campaign of our war — with leaflets strewn from the air into enemy-controlled areas and messages delivered via bullhorn from helicopters,” said John Rowan, VVA National President. “Today’s version of psychological warfare, as VVA’s Kristofer Goldsmith details in *An Investigation into Foreign Entities Targeting Servicemembers and Veterans Online*, is broadcast through the internet into our homes through our personal computers. Hostile forces have and continue to infiltrate our families and communities. This insidious attack on our democracy is a serious national security threat that continues to go without check. We must act to stop this interference now.”

VVA’s report documents foreign entities’ persistent and pervasive efforts to infiltrate and influence the military and veterans community. Individual servicemembers and veterans, including those who have been elected to Congress, are being imitated online so that their identities and personal stories can be leveraged in so-called “romance scams.” These foreign online predators use these imposter accounts to frequent forums and social media groups dedicated to Gold Star Families so that they can prey on Americans who have recently lost a loved one. Foreign cybercriminals have also falsely represented themselves as VVA employees, tricking our supporters into giving away sensitive financial information on the premise that they’re offering jobs to help fundraise for VVA. VVA’s trademark has been infringed upon both in these types of fraud schemes, as well as to sell counterfeit merchandise that’s advertised as being sold to “help veterans.”

VVA has found these foreign entities to be both sophisticated and dedicated to targeting American troops and veterans. In order to add credibility to their imposter social media accounts, they often create websites that plagiarize legitimate news relevant to veterans, as well as create original content related to veterans’ benefits. Foreign trolls have created pages that represent fake VSOs on social media, both stealing from real VSOs trusted logos, and creating their own unique branding. VVA found that these foreign admins also run private Facebook groups specifically targeting disabled veterans, which they then use to disseminate divisive political content.

VVA analyzed the Russian ads released by the House Permanent Select Committee on Intelligence, and found at least 113 ads that were targeted at, or related to servicemembers and veterans. Of those 113 ads, the millions of social-media followers of 5 major congressionally chartered VSOs, the Department of Veterans Affairs, and a host of other reputable veterans organizations were specifically included in the Russians' targeting criteria. The content used in these ads was often meant to divide Americans against one another based on identity or beliefs. At least one veteran who is currently a candidate for president in the 2020 election had their military service and personal story used in one of these Russian ads.

In early 2019, foreign trolls from Macedonia stole a Facebook page from a group of veterans supporting a presidential candidate for the 2020 election. The Macedonians then used this Facebook page to engage in election interference, promoting one presidential candidate while attacking others. These foreign trolls also tricked followers of this veteran-focused political page into donating money to the Macedonians overseas, under the pretense that it was to support veterans and their work promoting a presidential candidate.

"We are making this report open to the public so that Americans, our government, and groups targeted by foreign trolls can better understand this problem," said Rowan. "We are calling on the federal government to take swift, coordinated actions to impede criminal activity by foreign trolls." "Because our military service makes veterans a target for foreign adversaries," said Rowan, "VVA is calling for the federal government to provide all servicemembers and veterans complementary cybersecurity software and training on cyber-hygiene." With over 22-million veterans in the country, the VA must play a central role in these efforts to protect veterans in online environments.

"VVA is also calling on Congress to remove the current 2026 expiration of the identity-theft insurance and credit-monitoring services provided to victims of the 2015 data breach of the Office of Personnel Management (OPM), and to extend those programs indefinitely for all affected individuals, and all servicemembers and veterans," said Rowan. "The data that was stolen in the OPM breach by a hacking group suspected of being sponsored by the Chinese government is now and always will present a risk to the Americans impacted, so the resulting assistance programs should be without limitation." [Source: VVA Press Release | Mokie Porter | September 17, 2019 ++]

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## **Vet Fraud & Abuse**

**Reported 16 thru 30 SEP 2019**

**VAMC Coatesville, PA** -- United States Attorney William M. McSwain announced that **Jacoya Brazzle**, 31, of Coatesville, Pennsylvania, was sentenced to eight months' incarceration, five years supervised release and full restitution by United States Timothy J. Savage for stealing money from a veteran patient in her care. The defendant was a nursing assistant at the VA Medical Center (VAMC) in Coatesville. As part of her duties, she was assigned to care for a veteran who uses a wheelchair. Brazzle learned the veteran's ATM card PIN number, and used his ATM card to access his account – withdrawing funds on more than 10 occasions from ATMs in the Coatesville area over a two month timespan. In all, the defendant stole approximately \$11,000 from the victim's bank account. "Our veterans deserve our gratitude for their service, and it goes without saying that they deserve safe and trustworthy care at VA Medical Centers," said U.S. Attorney McSwain. "The defendant's conduct here – stealing from a wheelchair-bound veteran in her care – is reprehensible. My Office will investigate and prosecute any crimes against veterans to the fullest extent possible."

"VA employees that take advantage of vulnerable veterans in their care will not be tolerated," said Special Agent in Charge Sean J. Smith, Department of Veterans Affairs, Office of Inspector General, Criminal Investigations Division, Northeast Field Office. The case was investigated by the Office of Inspector General for the U.S. Department

of Veterans Affairs, and is being prosecuted by Assistant United States Attorney Nancy Rue. [Source: DoJ Eastern Dist. of PA | U.S. Attorney's Office | September 4, 2019 ++]

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**Bedford, MA** -- A former Veterans Affairs hospice nurse was arrested 16 SEP for allegedly stealing morphine from her dying patients at the Edith Nourse Rogers Memorial Veterans Hospital, in Bedford, Massachusetts. **Kathleen Nofle**, 55, was arrested and charged on 19 SEP with one count of obtaining a controlled substance by misrepresentation, fraud, deception, and subterfuge, and another count of tampering with a consumer product, according to a statement from the U.S. Attorney's Office for the District of Massachusetts. Between Jan. 13 and 15, 2017, Nofle allegedly used her position as a hospice nurse to obtain doses of morphine that were meant for dying veterans under her care.

According to the government, Nofle "admitted to federal agents that she mixed water from a sink with a portion of the liquid morphine doses, and then administered the diluted medication to patients orally." Nofle then allegedly ingested the remainder of the diluted drug. A federal investigation revealed that by diluting the morphine and then administering the drug to her patients, one veteran experienced increased difficulty breathing, which led to suffering in his final days. The investigation also found that prior to working at the Bedford Veterans Affairs hospital, Nofle had resigned from her position as a nurse at another hospital due to "her failure to follow appropriate procedures when wasting narcotics on 60 occasions," according to the government.

In a statement to Task & Purpose, the director for the Bedford VA hospital confirmed that Nofle was fired and the allegations were reported to the VA Office of Inspector General, but the hospital did not provide specifics on when she was terminated, or when the VA OIG was notified of the allegations. "I want to express my sincere apologies to family and friends of any Veteran affected by the actions of this individual," Joan Clifford, the director for the Edith Nourse Rogers Memorial Veterans Hospital told Task & Purpose. "These allegations run counter to VA's culture, and is why we terminated this individual and reported her behavior to VA's independent inspector general."

If found guilty of both charges, Nofle could face up to 14 years in prison, four years of supervised release, and fines as high as \$500,000. The charge of obtaining a controlled substance by misrepresentation, fraud, deception, and subterfuge, comes with a possible sentence of up to 10 years in prison, in addition to three years of supervised release, and a fine of as much as \$250,000. The second charge – tampering with a consumer product – carries with it a possible sentence of no more than four years in prison, one year of supervised release, and another fine for up to \$250,000. A probable cause hearing for Nofle has been set for 16 OCT, according to CNN. [Source: Task & Purpose | James Clark | September 19, 2019 ++]

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## **Vets For Trump** **Facebook Page Hijacked by Macedonians**

The Facebook page "Vets for Trump" was for most of its existence exactly what it seemed: a place where former U.S. service members touted Donald Trump, discussed veterans issues and shared conservative memes with its more than 100,000 followers. Then in March, say its longtime operators, a Macedonian businessman hijacked it, leaving the Americans to watch helplessly as their page began operating under foreign control. Their messages seeking help from Facebook led to months of miscommunication and inaction. The takeover of "Vets for Trump," which has not previously been reported, underscores how money, politics and online misinformation remain deeply and often invisibly entangled ahead of the 2020 presidential election, despite years of promises by government officials and technology companies to combat such problems.





**This screenshot (left) shows a post made in January on the Facebook page "Vets for Trump" while American administrators had control of the page. The screenshot right) shows a post made in April on the Facebook page "Vets for Trump" while Macedonians were in control of the page.**

Foreign actors — some seeking profit, some seeking influence and some seeking both — haven’t flagged in their efforts to reach U.S. voters through online information sources such as Facebook, Twitter and YouTube. Veterans and active duty military personnel are especially valuable targets for manipulation because they vote at high rates and can influence others who admire their records of service. “Veterans as a cohort are more likely than others to participate in democracy. That includes not only voting but running for office and getting others to vote,” said Kristofer Goldsmith, chief investigator for Vietnam Veterans of America. He was the first to discover the takeover of “Vets for Trump” during research for a report to be released Wednesday documenting widespread, persistent efforts by foreign actors to scam and manipulate veterans over Facebook and other social media.

The saga of “Vets for Trump” is a case study in how misinformation and political activism can become intertwined, and how the line between domestic and foreign actors can blur in an online world where social media accounts can be bought, sold and even hijacked. Ferreting out misinformation could become even harder ahead of the election as Facebook expands its private “groups,” which are less transparent than “pages” such as “Vets for Trump.” The shift to foreign control -- into the hands of people who were neither American veterans nor U.S. voters -- was all but invisible to those following “Vets for Trump.” There was no announcement, no telling change in the page’s graphics, which depicted the president with his fists raised as if in a boxing ring. And the conservative memes kept coming, including many celebrating the president and bashing his potential Democratic opponents for re-election.

One meme in April pictured Sen. Bernie Sanders and former vice president Joseph Biden with the caption, “THE TWO FRONT RUNNERS FOR THE PARTY THAT HATES OLD, RICH, WHITE MEN.” Other memes posted during the period of Macedonian control ridiculed Special Counsel Robert S. Mueller III, former FBI director James Comey and Rep. Alexandria Ocasio-Cortez, a liberal New York Democrat who is a leading target of conservative attacks. As the memes flowed, “Vets for Trump” also started seeking donations, according to online records of the exchanges. When a woman calling herself “Laura” messaged the page in July offering to give \$25 in memory of her late father, who was a veteran and Trump supporter, a page administrator directed her to a PayPal account affiliated with a Macedonian website known for spreading highly partisan, pro-Trump stories to American audiences during the 2016 presidential election.

“I’ve been writing Facebook letters saying, ‘I have a problem, I have a problem, I have a problem,’” said “Vets for Trump” administrator Vlad Lemets, a U.S. Army veteran who lives in Florida and also is a co-founder for the group. “This could have been easily avoided if Facebook had just listened.” Facebook said it replied to one of the notes as far back as April but did not get a response to its request for more information. “For many groups, their Pages are an essential way to connect, and this particular instance is an unfortunate abuse of what they’ve worked to build,” said Jennifer Martinez, a Facebook spokesperson.

## Hacked page

The takeover of “Vets for Trump” began after a seemingly innocuous inquiry arrived in March over Facebook, according to Lemets, who was born in Russia but immigrated to the U.S. as a teenager and is now a citizen. A man who identified himself as Andrej Spasovski offered to generate profit for the page by helping expand its audience and place ads. In the exchange, Spasovski and his company, AD BREAK, were to share the resulting revenue, which he estimated eventually could reach into the tens of thousands of dollars. Fielding the inquiry was Navy veteran Joshua Macias, a Trump enthusiast and information technology consultant who was one of the page’s main administrators and also co-founder of “Vets for Trump.” Macias said he previously had seen but ignored dozens of inquiries about business opportunities. He found Spasovski’s pitch more compelling than others because he said it would allow the Americans to maintain control while reaping money to underwrite the site’s political activities.

Spasovski soon added Macias as an administrator to the AD BREAK business page on Facebook. Then Macias agreed to give AD BREAK administrative powers over “Vets for Trump,” a move that let whoever controlled AD BREAK operate the page, post content and alter settings. Macias soon realized that he had been duped. His status on the AD BREAK page was abruptly demoted to “employee” -- with less authority than an administrator -- and AD BREAK was listed as the “owner” of “Vets for Trump.” Macias said he had been under the impression that he had several days to reverse such a transfer of administrative powers, but he was wrong. There was no way for Macias to undo the move. Then the news got worse: AD BREAK removed Macias and several other administrators from the “Vets for Trump” page, he said. Spasovski was in charge. “I realized we had a real problem when he locked me out,” recalled Macias, who lives in Virginia Beach. “That’s when I knew he had control.”

The takeover of Facebook pages -- sometimes through deception, sometimes through private purchase agreements -- has become increasingly common on the platform, say misinformation researchers. Those who gain control of popular pages can place ads, direct traffic to outside web sites and sell products such as t-shirts or solicit donations. Martinez, the Facebook spokeswoman, said, “We encourage Page owners to exercise extreme caution in turning over administrative rights to anyone, and never to someone they don’t know.” In the course of the struggle over “Vets for Trump” in March, Macias discovered that AD BREAK was based in Kumanovo, a city less than an hour’s drive from Skopje, the capital of North Macedonia.

The Baltic state had emerged as a hub for sites peddling misleading news reports aimed at American readers, as documented by BuzzFeed News and other news organizations. BuzzFeed counted 140 politically-themed websites operating in Macedonia shortly before the November 2016 presidential election. Such sites pushed viral reports about the Pope favoring Trump and the FBI preparing to charge Democrat Hillary Clinton with crimes. As the sense of crisis at “Vets for Trump” deepened, Macias and his partner, Lemets, who also was an administrator on the page, sought help from Facebook. They began sending emails, they said, and Macias sent a note through an online Facebook portal he found on 6 APR. “ALERT,” said the message, according to a screen shot. “HACKED PAGE.”

Macias then described the “hostile takeover by a foreign entity” and said that he also had called the company to report the problem. Facebook -- in an apparently automated response -- took note of the complaint from Macias and assigned a 16-digit case number. This query, according to Facebook, prompted a response to Macias delivered to an in-box on his personal Facebook page and accompanied by a notification. But Macias said he does not recall seeing any such communication and that he would have acted on it if he had. “Anything they did was really pathetic,” Macias said. A few weeks later, on 29 APR, Lemets sent his own email to Facebook’s advertising department along with a sworn affidavit from Macias. Memes from Macedonia, meanwhile, were appearing several times a day on “Vets for Trump.” “We LOST the control of the page,” Lemets wrote to Facebook. “This is NOT our Team. This has NOTHING to do with us. They POSE as the page owners and post content WE have NOT approved. We don’t know at this point who they are. Please return the page to rightful owners.” The frantic communications and missed connections went on for several more months.

### **The misinformation business**

Sometime between March and August, “Vets for Trump” came under the control of a second Macedonian, Panche Arsov, the younger of two brothers well known to those who study foreign misinformation. The Arsovs had featured

prominently in the BuzzFeed story last year. Elder brother Trajche Arsov, an attorney, was the creator and owner of USAPoliticsToday.com, which during the 2016 election generated millions of page views with sharply conservative, pro-Trump stories, many of them variations on conservative conspiracy theories, according to BuzzFeed. One headline read, “Obama’s Ex-Boyfriend Reveals Shocking Truth That He Wants To Hide From America.”

Trajche Arsov said he paid freelance writers to do this work, which consisted mainly of *rewriting articles they found on conservative American news and opinion sites and adding new headlines*. A key goal was avoiding violations of U.S. copyright law, Trajche Arsov told The Washington Post. Of such activity, Trajche Arsov said by phone, “We have done nothing wrong. It’s not criminal here. It’s all legal.” Other Macedonians that election season followed the lead of Trajche Arsov, creating their own sharply conservative sites to profit from the rapt attention of American readers, but he remained the industry leader. It was an operation, he said, that started as a business venture but increasingly became a political passion. “I respect conservatives more than liberals,” he said. Of his site’s efforts to help Trump in 2016, Trajche Arsov added, “We helped the American people decide on the right person.”

As Trajche Arsov recounted the story of his brother acquiring “Vets for Trump,” he offered a twist. When Panche Arsov first raised the subject of possibly purchasing the page, his elder brother was surprised, he said. Trajche Arsov knew there was rampant buying and selling of pages on Facebook, which he said was riddled with fraud. But this particular page, “Vets for Trump,” was one that Trajche Arsov had heard of before. “Wait a second,” he told his brother, “I know the real owner of this page.” And while ownership is a slippery concept when it comes to social media accounts, Trajche Arsov did indeed know the man who once controlled “Vets for Trump.” But it wasn’t Spasovski. It wasn’t even Lemets or Macias.

### **The world of memes**

The man Trajche Arsov knew was a talkable, conservative Texan named Thomas Dillingham. A former Marine, he was the original veteran behind “Vets for Trump.” Facebook records showed that the page for a time was called “Thomas Dillingham, a Vet for Trump.” Not long after starting the page in 2015, Dillingham had joined forces with Lemets and Macias, whom he had met online. All three were veterans and all three were excited about Trump and his conservative rhetoric. Dillingham backed away from “Vets for Trump,” however, in 2017 as he focused on other projects, leaving Lemets and Macias in charge. But, as Trajche Arsov recalled, there was more to Dillingham’s story.

Back in 2016, Dillingham provided online services to more than a dozen politically conservative sites from his business in suburban Fort Worth, Dillingham said. He said this included, for a brief period, Arsov’s site USApoliticstoday.com. But the busiest and most lucrative was LibertyWritersNews.com, run by a pair of former restaurant workers who dubbed themselves the “new yellow journalists” as they churned out stories with headlines such as “BREAKING: Top Official Set to Testify Against Hillary Clinton Found DEAD!,” according to a Washington Post story shortly after the presidential election that year. At its peak around the presidential election, the site generated tens of millions of clicks a month, said Dillingham. “I wasn’t paying attention to what they were writing,” Dillingham recalled. “I was eyeballs deep in the technical aspects of it,” though he acknowledged that the content was “click bait.” “I don’t dispute the fact that their headlines were deceptive.” (He said the site closed in 2017.)

After Dillingham turned over control of “Vets for Trump” to Macias and Lemets, they worked to build its popularity by posting and re-posting conservative memes, including some that generated accusations of misinformation. The report from Vietnam Veterans of America singles out a doctored, misleading image from January, of Rashida Tlaib (D-Mich.), a Muslim pictured with three other women of color with a black ISIS flag and a picture of Osama bin Laden in the background. The text says, “Guess who’s sitting with a picture of Osama bin Laden and an ISIS flag!? Yep, the new Congress woman and leftist media darling Rashida Tlaib.” The fact-checking sites Snopes identified a meme posted in September 2017 by “Vets for Trump” as “false” for depicting an African American football player burning a flag in the Seattle Seahawks locker room -- an incident that never happened.

Both doctored images were posted during the period when Macias and Lemets controlled the content on “Vets for Trump.” Both said, in interviews with the Post, that while they didn’t create the images, they were fair game in the

world of memes, where those who share such images do not expect literal truth. “You’re fact checking a meme?” Macias said. “Come on, man.”

### **Shifting control**

The story behind “Vets for Trump” began to surface when Goldsmith, the researcher for Vietnam Veterans of America, was digging through pages that targeted veterans and noticed some curious things. The page was relentlessly political, with little content for veterans specifically. When Goldsmith checked the “Page Transparency” box -- a feature Facebook that allows users to see where page administrators are based -- he discovered that three of those listed for “Vets for Trump” were based in Macedonia; none was based in the United States. One more thing caught his attention: Under the contact information for “Vets for Trump” was an email address that included the name “Arsov” -- a name he recognized from the BuzzFeed story.

Goldsmith sent a query to the email address -- without knowing anything about the struggle among Macias, Lemets and Spasovski -- asking basic questions about who controlled the page. In the exchange that followed, Panche Arsov declared himself the rightful owner of “Vets for Trump.” “I am the owner of that Page Vets for Trump since April 2019,” Arsov wrote to Goldsmith. “I bought it from the previous owner. What else do you want to know about it?” When Goldsmith pushed for a more thorough explanation, he hit a wall. “Unfortunately, I can’t tell you anything else cuz you should respect my privacy,” Arsov said by email. “Have a nice day.” The full story gradually tumbled out. Goldsmith found Macias, Lemets and Dillingham and heard their stories. Panche Arsov, despite his initial resistance, kept chatting by email. Goldsmith also learned that “Vets for Trump” had recently shifted back to the control of the American vets.

Lemets and Dillingham said they finally established successful contact with a representative in Facebook’s advertising department in July -- in a communication in which they also offered to buy ads if they could regain control of the page. Facebook returned it to them in mid-August, they said. Panche Arsov, however, was unhappy about losing control of “Vets for Trump,” and complained to Goldsmith that his legitimate purchase had been undermined by Facebook. In email exchanges with the Post, Panche Arsov declined to say how much he paid for “Vets for Trump” or provide evidence of the purchase, which his brother said happened in June. Panche Arsov also said he was “pro-conservative” and supported Trump.

Goldsmith came away convinced that the entire Macedonian operation was about deceiving and manipulating American veterans ahead of the 2020 election. It’s a theory with ample circumstantial evidence. Two leading misinformation research groups -- Oxford University’s Computational Propaganda Project and network analysis firm Graphika -- have documented extensive efforts to target U.S. veterans, active duty personnel and their families online. But, according to Goldsmith, who studied the page for months, the content on “Vets for Trump” did not markedly change either after the Macedonian takeover or when the American veterans regained control. “The changes are subtle and would only be noticeable to somebody like me who’s been staring at this propaganda for two years,” Goldsmith said.

Goldsmith’s suspicions about the motive behind the Macedonian takeover are shared by Lemets. “They were growing this following, and they were pretending to be us,” he said. “It all boils down to what would have happened during the election time.” But Trajche Arsov said the motive was not influence but profit. “It was just business,” Trajche Arsov said. [Source: Microsoft News | Craig Timberg | September 17, 2019 ++]

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## **Veterans FAQs**

### **Can I File a VA Claim for my Adult Children?**

**Q.** My husband served in Vietnam in 1969 – 1970 and he told me he was exposed to Agent Orange almost daily. Unfortunately, all 5 of our children have physical and mental disabilities. All of our children have dental problems,

cleft palates, severe and uncontrollable rashes, one daughter has six fingers on one hand, a son has six toes on both feet, one child has scoliosis, another child has one leg longer than the other, and more problems. I hope you get it by now. I believe all of their problems come from my husband being exposed to Agent Orange. Even though they are all adults now, all of them still live with me and need constant care. My two oldest are autistic. Can I submit disability claims for them through the VA and claim Agent Orange exposure?

### Answers

**A1:** If your husband is still alive, have him (and you) go see your local DAV Service Officer and have him/her walk you through your desire claim. Even though the VA states the Spinal Bifida is the only illness they'll approve as an benefit due to AO, the statement also says '*and other*' conditions. You should prepare all your evidence documents and file. However, when you file, make sure you use the term. 'Herbicide Exposure' instead of Agent Orange. The VA might still deny your his claim, but then you get your local congressional members involved. You should fight this as much as possible. Good luck. (JL) 6/9/19

**A2:** If I was you, I would definitely see the VA and the DAV. Yes submit a disability claim for sure. (TS) 6/9/19

**A3:** I am a retired VA service representative who worked on veteran's disability claims for 10 years. If what you say is true, you do have a good basis to file a claim for your husband's disabilities and for your children. First things first. If your husband is still alive he needs a copy of his DD 214 which should show his service in Vietnam. If he is deceased you still need a copy of his DD 214. Second, please go to a veterans service organization like the Disabled American Veterans or Veterans of Foreign Wars. Tell them about your husband and children's illnesses. You must have medical evidence that your husband suffered from illnesses directly related to his Agent Orange exposure. Make an appointment with your local DAV or VFW office and let them advise you how to proceed with your claim with the VA. These organizations will represent your husband and you for free as long as you have proof that your husband was a veteran. Good luck and God bless. (KG) 6/9/19

**A4:** There are many questions that I would still ask. But it can never hurt to apply for benefits anyway. This way and either way, approved or not, you will know where you stand and what type of appeal argument you will have to make. Please also understand when making an appeal it could take "years" to hear an appeal. I believe this to be by design to see if you will give up. NEVER GIVE UP. I am waiting on a benefit hearing and I have been waiting now for over 6 years. So do apply anyway and NEVER GIVE UP. (CS) 6/9/19

**A5:** WOW!!! Seriously, if I were you...I'd Lawyer Up. (RB) 6/9/19

**A6:** Your claim should have been filed years ago. Take your husband his DD-214 to a Service Officer with a National Service Organization, VFW, American Legion, DAV or other organization. (GH) 6/9/19

<b>Note:</b> Go to <a href="http://www.veterandiscountdirectory.com/question148.html">http://www.veterandiscountdirectory.com/question148.html</a> if you would like to add your experience regarding this question.
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[Source: U.S. Veteran Compensation Programs | September 30, 2019 ++]

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## Veterans FAQs

### Do I still receive a VA ID card when I turn 66?

**Q.** Do I still receive an ID card after age 66 and am I still able to use military clinics and hospitals for medical care and medicine? I am retired. Or do I have to go on Medicare?

### Answers

**A1:** The answer is YES, if you've been seen by a VA doctor in the past 12 months. If you haven't then you'll have to file a 1010 EZ form to receive a card. (ML) 6/28/19

**A2:** You must go on Medicare/Tricare for Life. There is a penalty for your Medicare premium for every year you delay Medicare after 65. You must be on Medicare in order to get Tricare for Life. Best deal going for retirees. Of course if you have a disability rating with the VA that will cover your present and all future medical conditions you can also use them if you do not want the premium for your Medicare benefit deducted from your SSA benefits. (BL) 6/28/19

**Note:** Go to <http://www.veterandiscountdirectory.com/question168.html> if you would like to add your experience regarding this question.

[Source: U.S. Veteran Compensation Programs | September 30, 2019 ++]

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## Veterans FAQs

### Can I qualify for Kidney Disease Due to AO-Related Diabetes?

**Q.** I have Agent Orange-related diabetes with peripheral neuropathy for which I was approved compensation. I had been taking Metformin for the diabetes since 1999 when I was diagnosed with it. Then in 2017 I started taking it with Lisinopril (to prevent kidney disease). I am now diagnosed with kidney disease. Can I claim benefits based on the disease?

#### Answers

**A1:** Yes, you can as long as the medical records shows a diagnosis for kidney disease caused by sugar diabetes. File a 21-526ez. (GR) 9/4/19

**A2:** Yes you can, secondary to diabetes. Also my doctor took me off Metformin for that reason and put me on Glipizide instead. (AM) 9/4/19

**A3:** Never stop filing claims if you think you may have a compensable condition. Some of the things that you mention could be side effects of diabetes and might not be stand-alone rated. Don't make assumptions, FILE YOUR CLAIM. It would help to solicit assistance from a qualified service officer at your choice of veteran organizations, i.e. VFW, DAV, AM Legion, etc. (GC) 9/4/19

**Note:** Go to <http://www.veterandiscountdirectory.com/question241.html> if you would like to add your experience regarding this question.

[Source: U.S. Veteran Compensation Programs | October 01, 2019 ++]

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## WWI Vets 07

### Theodore Roosevelt – Oldest Man at D-Day





Theodore “Ted” Roosevelt Jr. was born in Oyster Bay, N.Y., in 1887. After graduating high school, Roosevelt attended Harvard College and worked as a branch manager at an investment bank. In 1914, Roosevelt began the junior officer summer program in Plattsburgh, N.Y. Roosevelt commissioned into the Army as a major when the United States entered World War I in April 1917. Roosevelt was one of the first U.S. soldiers deployed to France as part of the American Expeditionary Forces. In Europe, Roosevelt’s regiment fought in several major battles including the Battle of Cantigny and the Battle of Soissons.

For actions, he was awarded several medals and commendations, including the Distinguished Service Cross and the French Chevalier Légion d’Honneur. After returning to the US, Roosevelt became the governor of Puerto Rico and later governor-general of the Philippines. Throughout the interwar years, Roosevelt continued military training each summer. By the outbreak of World War II in 1939, he had graduated from the United States Army Command and General Staff College at Fort Leavenworth, KS, and was eligible for a senior commission. When the US entered World War II in 1941, Roosevelt returned to active duty to command the 26th Infantry Regiment, 1st Infantry Division.

After promotion to brigadier general, Roosevelt led the 26th Infantry Regiment in the attack on Oran, Algeria. His contempt for personal danger and unorthodox tactics made him popular amongst his troops but often brought him in conflict with high command. General Patton recorded his disdain for Roosevelt’s unorthodox behavior in his personal journal. Nevertheless, Roosevelt proved to be a competent general and was assigned as assistant commander of the 1st Infantry Division during the Allied invasion of Sicily.

In February 1944, he was reassigned to England in preparation for the D-Day invasions of France. Understanding the difficulties many of the young American soldiers would be facing during the landings and hoping to use his rank and seniority to inspire confidence, Roosevelt requested that he be deployed along with the first landing wave. Despite protests from high command, his request was granted. At 56 years old, Roosevelt was the oldest man deployed in the landings. Commanding the 8th Infantry Regiment and the 70th Tank Battalion, he was one of the first to land on Utah Beach. Armed only with a pistol and his walking cane, he carried out reconnaissance and began directing his forces under heavy enemy fire. After the war, many of the men under his command recalled his calm and humorous demeanor as having inspired them to push forward.

On July 12, 1944, one month after the D-Day Landings, Ted died from a heart attack. In addition to the Distinguished Service Cross, the Army Distinguished Service Medal, four Silver Stars, and the Purple Heart. Roosevelt was awarded the Medal of Honor in recognition of his actions on D-Day. We honor his service. [Source: Michelle Canon | September 26, 2019 ++]

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## WWII Vet 205

**Melva Dolan Simon | 102 Year Old WAVE**



When the Navy called on women to volunteer for shore service during World War II to free up men for duty at sea, 102-year-old Melva Dolan Simon was among the first to raise her hand and take the oath. “I went in so sailors could board ships and go do what they were supposed to be doing,” said Simon. She recalled her military service as

“something different” in an era when women traditionally stayed home while men went off to war. “I helped sailors get on their way.”

Simon was 25 years old in October 1942 and working as an office secretary at the former Hurst High School in Norvelt – a small Pennsylvania town named for Eleanor Roosevelt – when she joined the Navy’s Women Accepted for Volunteer Emergency Service, or WAVES. She was the first woman in her hometown of Bridgeport, Pa., to join the WAVES, according to a yellowed clipping of a 1942 newspaper article. She was also among the first in the nation to join the service. It was just three months earlier, on July 30, 1942, that President Franklin D. Roosevelt had signed the law establishing the corps. “I had a good job with the school, but I felt I would be doing more for my country by being in the service,” said Simon.

The seventh of 12 children, Simon said she chose the Navy because several of her brothers were already serving in the Army, Air Force and Coast Guard. “They were all enlisted, and I thought, well, what’s wrong with joining the Navy?” said Simon. “I decided I wanted to go, and I was accepted.” She attended WAVES Naval Station Training at Oklahoma A&M College (now Oklahoma State University) in Stillwater, Okla. Each class of 1,250 yeoman learned military discipline, march and drill, and naval history over a six to eight-week training period. “That’s where we learned the basics of the Navy,” said Simon. “We were trained to march, we studied hard, and they drilled into us how important what we were doing was.”

After completing basic, many of the WAVES trainees spent another 12 weeks at the college for advanced training in secretarial duties. From Oklahoma, Simon was assigned to active duty at the Philadelphia Naval Shipyard, which during World War II employed 40,000, built 53 warships and repaired another 1,218. She and her fellow yeomen earned anywhere from \$50 to \$125 in basic pay per month, depending on their rank, plus food and quarters allowance, unless provided by the Navy. She lived on the all-female fourth floor of the Benjamin Franklin Hotel in Philadelphia. WAVES personnel were under strict orders not to visit any other floors of the hotel – an order Simon said she followed. “I didn’t go on the other floors,” said Simon, sternly. “It was none of my business.”

Simon’s military responsibilities included taking dictation from the officer in charge, performing clerical duties and driving officers around the base. “They gave me a driver’s license for the Navy, and I would drive these officers, sometimes just very short distances,” Simon said, smiling as she motioned from her seat at a dining room table to the far side of her kitchen. “I thought that was interesting because it would have done them some good if they’d just walked.”

She wrote letters home to her family at first, then sent her parents money to have a home phone installed. Simon said that home phones were a luxury at the time. Before they installed the phone, her family used a telephone at a nearby store to call her. “I sent them money every payday to keep the phone bill paid,” Simon said. “It was much easier to call than to sit down and write, especially since I was writing all day at the office.” The phone also allowed her future husband, Joseph “Joe” Simon, to keep in touch with her. The two had met at the high school where Joe Simon worked as an agriculture teacher, and he’d visit with her when she was home on leave. They married in July 1945, just a few weeks before Melva Simon received an honorable discharge from the Navy in August 1945.

The couple purchased a 22-acre farm in 1947 in Mt. Pleasant Township, Pa., where they supplemented Joe’s teacher’s salary by growing and selling sweet corn. “It sold like hot fire because it was good sweet corn,” Melva Simon said. “Then Joe planted apple trees, and that’s what we decided to do.” The couple started an apple orchard – Simon’s Apple Orchard – that remains family-run today. The orchard opens its doors to customers every fall, offering everything from pure sweet cider still made using the Simons’ original recipe to bags of fresh McIntosh, Stayman, Rome, Jonathan, red and yellow delicious, and other apple varieties. Melva Simon worked the orchard alongside her husband, then took over when he died in 2004 at the age of 88. Still spry at 102, she drove tractors, harvested apples, made cider and worked the counter at a small shop on the property until just a few years ago.

Blessed with a lifetime of good health, Melva Simon only recently discovered she is eligible for health care benefits through the Department of Veterans Affairs. With the help of her daughter, Melvajo Bennett, the World War II Veteran

has, since August, received care through VA Pittsburgh Healthcare System's Westmoreland County VA Outpatient Clinic. "It didn't dawn on her to go to the VA because she's always had such good health and never really had to see the doctor," said Bennett. "But they've been wonderful with how they are treating her." Asked for the secret to good health and a long life, Melva Simon gave a simple answer. "There is no secret," she said. "All it takes is simple living. I eat simple food. I don't drink, and I don't smoke." As for her military service, Melva Simon said she'd do it all over again. "That was all I ever wanted to do, was to do something for the government and the country," she said. "I'd do it again". [Source: Vantage Point | Liz Zemba | September 18, 2019 ++]

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## **Korean War Vets**

**Regina Schiffman**

Army Veteran, Jean Schiffman grew up in Philadelphia, Pennsylvania. After graduating high school, began a three-year nurse training program at Hahnemann Hospital School of Nursing, which is now Drexel University's College of Nursing and Health Professions. After completing the program and qualifying as a registered nurse, Jean began work at New York-Presbyterian Hospital in New York City. In 1949, Jean joined the United States Army Nurse Corps and received basic training at Fort Sam Houston, Texas. In 1951, Jean deployed to Korea with the 8063rd Mobile Army Surgical Hospital. There, she served as an operating room nurse and was responsible for assisting Army surgeons and injured U.S. service members.



Regarding her time in Korea, Schiffman said in a 14 JAN 2014 interview:

"Our hospital was a tent, initially — later they put it into a frame — but it was a tent with just canvas over the dirt for the floor. We had a potbellied stove in there. The patients we had—the stretchers were brought in, we put on horses; we didn't have operating room tables. Our enlisted personnel were really great and they devised an actual scrub sink. They had a big tank outside where they heated water and we could actually scrub with not ice cold water for surgery. Our living was really hard. In the winter time, you'd wake up in your sleeping bag and we slept on cots with sleeping bags and looked up and there were icicles because our potbellied stove line would be frozen and no heat. Then we didn't want to get out of the sleeping bags because then we had to go to the latrine. It's a tent where the seats would be frozen. That's a wild, bad awakening in the morning. Really got you going, though."

And overall, our food was relatively okay. We ate out of mess kits, and I think -- one thing, like our shower broke down so that for six months we strictly were washing out of our helmet. And I think one thing that really strikes me is that you really learn to appreciate the very simple things in life, like being able to take a bath, being in a bed, being able to drink milk. We didn't get -- we got that powdered stuff or whatever it was over there. And there was a picture there where I went to Tokyo to meet a regular army board. I had TDY and that was like in heaven because I was able to do these things and realize that, you know what, these things are simple and yet I'd been missing them. We had wonderful -- we really had a wonderful group there, like one big family. We were out in the field, not near any town or anything

like that. There were civilians not allowed, except we had some young boys cleaning for us and that was about it. Is that enough about Korea?

After spending a year in Korea, Schiffman returned to the United States, assigned to Fort Knox, Kentucky, then Aberdeen Proving Ground, Maryland. She later served at Valley Forge Army Hospital, Pennsylvania; Landstuhl and Frankfurt, Germany; and Brooke Army Medical Center at Fort Sam Houston, Texas. After serving four years at Brooke Army Medical Center, Schiffman completed her bachelor's degree in nursing. She later served in Japan and Fort Benning, Georgia, where she taught nursing until she retired from the U.S. Army in 1970 at the rank of lieutenant colonel. For exceptional dedication throughout her service, she earned the Meritorious Service Medal.

Schiffman passed away on July 15, 2014 at the age of 89. More of her story can be found at: <http://memory.loc.gov/diglib/vhp/story/loc.natlib.afc2001001.41229/transcript?ID=sr0001>. We honor her service. [Source: Vantage Point | Ashley Levi | September 21, 2019 ++]

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## Opioid Addiction

### Update 07: Study | Afghan/Iraq Post 911 Vet Epidemic

Veterans who were stationed in Afghan and Iraqi war zones after the 9/11 terror attacks have been hit hardest by the opioid crisis, according to new research. Veterans of the global war on terrorism are experiencing an opioid epidemic nearly twice as severe as the one plaguing civilians, according to a new study distributed by the National Bureau of Economic Research. Researchers affiliated with the University of Connecticut, University of Georgia, and San Diego State University concluded that combat veterans who were deployed after the 9/11 attacks have an opioid abuse rate about seven times higher than civilians who have never served in a combat zone.

“While grim national statistics about the ‘worst drug overdose epidemic in history’ are increasingly well known to the American public, far less well known is that combat veterans constitute a population at ground zero of this crisis,” the authors concluded. They found that veterans not only deal with chronic pain that has to be treated when they return from war zones, but also post-traumatic stress that sometimes leads to drug use as a coping mechanism. Many cases of prescription opioid and heroin abuse arise from treating chronic pain from serious injuries, but the study's authors say that veterans didn't even have to be in the line of fire every day to show an increased risk of opiate abuse and post-traumatic stress.

The Department of Defense saw the problem coming early on, and mandated annual random drug testing in 2002 for all military service members. The drug testing panel did not include prescription opioids until 2005, however, when the epidemic was well underway. Veterans Affairs has cut the number of prescriptions for opioids since 2012 by almost half, due primarily to increased prescription costs for patients, but researchers behind the study say veterans could be turning to heroin to replace prescription opioids that are now too expensive to fill. The Defense Department promotes non-drug treatments for chronic pain, including acupuncture and yoga, but another treatment is gaining in popularity — medical marijuana.

The study, which has not undergone peer review, notes that states that have legalized medical marijuana and opened dispensaries have seen lower rates of opioid addiction and overdose deaths. But marijuana is still a Schedule I drug along with heroin and ecstasy thanks in part to former Attorney General Jeff Sessions who, in early 2018, nixed Obama-era policies of non-interference with state laws that have legalized or decriminalized marijuana use. The paper's authors say that medical marijuana "may provide an alternative, less addictive, and less unhealthy means of treating pain," but the Sessions memo may have inadvertently hurt efforts to treat veterans effectively and safely. [Source: Washington Examiner | Cassidy Morrison | September 17, 2019 ++]

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## Vet Hiring Fairs

Scheduled As of 01 OCT 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 30, 2019 ++]

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## Military Retirees & Veterans Events Schedule

As of 01 OCT 2019

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

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

- HTML: [http://www.hostmtb.org/RADs\\_and\\_Other\\_Retiree-Veterans\\_Events.html](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.html).
- PDF: [http://www.hostmtb.org/RADs\\_and\\_Other\\_Retiree-Veterans\\_Events.pdf](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.pdf).
- Word: [http://www.hostmtb.org/RADs\\_and\\_Other\\_Retiree-Veterans\\_Events.doc](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.doc).

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

Please report broken links, comments, corrections, suggestions, new RADs and/or other military retiree/veterans related events to the Events Schedule Manager, [Milton.Bell126@gmail.com](mailto:Milton.Bell126@gmail.com)

[Source: Retiree/Veterans Events Schedule Manager | Milton Bell | September 30, 2019 ++]

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## State Veteran's Benefits

Ohio | 2019

The state of Ohio provides several benefits to veterans as indicated below. To obtain information on these refer to the attachment to this Bulletin titled, “**Veteran State Benefits – OH**” for an overview of the below benefits. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each refer to <http://dvs.ohio.gov/main/home.html> and <http://www.military.com/benefits/veteran-state-benefits/ohio-state-veterans-benefits.html>.

- [Housing](#)
- [Financial](#)
- [Employment](#)
- [Education](#)
- [Recreation](#)
- [Other State Veteran Benefits](#)

[Source:<https://www.military.com/benefits/veteran-state-benefits/ohio-state-veterans-benefits.html> | September 2019  
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### \* 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.

## Hyperbaric Oxygen Therapy

H.R.4370/S.2504 | TBI and PTSD Treatment Act

Two lawmakers introduced legislation in the House and Senate on 18 SEP that would require the Department of Veterans Affairs to offer hyperbaric oxygen therapy for veterans with post-traumatic stress disorder and traumatic brain injury – an unproven treatment that some veterans have praised as a useful tool in their recovery. The VA began offering hyperbaric oxygen therapy for veterans with PTSD at a few select VA facilities in 2017. The TBI and PTSD Treatment Act, introduced by Rep. Andy Biggs (R-AZ) and Sen. Kevin Cramer (R-ND) would require the VA to make it available to any veteran with PTSD. The bill also extends the use of the therapy to veterans with traumatic brain injury. “This bill gives veterans an additional choice to treat these serious mental health issues,” Biggs said in a statement. “[Hyperbaric oxygen therapy] has the potential to help the VA make progress in their mental health and suicide prevention efforts. This is an avenue where we have a lot of ground to gain.”

The treatment uses pressurized hyperbaric chambers to send higher oxygen levels to patients. Former VA Secretary David Shulkin announced in 2017 that the agency would begin offering it to veterans with PTSD, despite a lack of



evidence that it's effective for mental health. The therapy has been federally approved for illnesses such as decompression sickness and carbon monoxide poisoning. At the time, the VA said it was an "off-label" use of the treatment, but a promising one. "There is nothing more important to us than caring for our nation's veterans, and that care must include finding different approaches that work best for them," Shulkin said. The VA started using the therapy at facilities in Oklahoma and California to treat veterans with PTSD. The agency recently decided to expand the therapy to a facility in North Dakota, the West Fargo Pioneer reported this month. It's also now available in Texas and Florida, the report stated.

The therapy is supervised by a VA physician and only available to veterans who haven't noticed a decrease in PTSD symptoms after going through other, evidence-based treatments. Cramer said his legislation would build upon what the VA is already doing by making hyperbaric oxygen therapy a covered treatment under federal law. "I look forward to continuing to work with the administration and my congressional colleagues on getting more access to hyperbaric oxygen therapy for our veterans," he said in a statement. The VA said in 2017 that it would conduct new research into the effectiveness of the therapy before deciding whether to make it available to more veterans. [Source: Stars & Stripes | Nikki Wentling | September 18, 2019 ++]

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## WWII Merchant Marines

### Update 01: HR.550/S.133 | Merchant Mariners of WWII Congressional Gold Medal Act

The U.S. House of Representatives has given unanimous approval to a bipartisan bill to award the Congressional Gold Medal to the merchant mariners of World War II. "Throughout the Second World War, our armed forces relied on the Merchant Marine to ferry supplies, cargo and personnel into both theaters of operation, and they paid a heavy price in service to their country," said Rep. John Garamendi (D-CA), the bill's sponsor. "The Merchant Marine suffered the highest per capita casualty rate in the U.S. Armed Forces during World War II. An estimated 8,300 mariners lost their lives, and another 12,000 were wounded, to make sure our service members could keep fighting. Yet, these Mariners who put their lives on the line were not even given veteran status until 1988."

The bill now awaits consideration by the Senate Committee on Banking, Housing and Urban Affairs, which has a parallel bill introduced by Sen. Lisa Murkowski (R-AK) on its docket. Garamendi says that he will continue to push for its passage. The merchant marine played an essential role in the Second World War, delivering most of the material for the D-Day invasion and providing a lifeline for Russian forces via the notoriously dangerous Murmansk Run. In 1944, President Franklin D. Roosevelt noted the merchant marine's critical contribution in undertaking "the biggest, the most difficult, and dangerous transportation job ever undertaken."

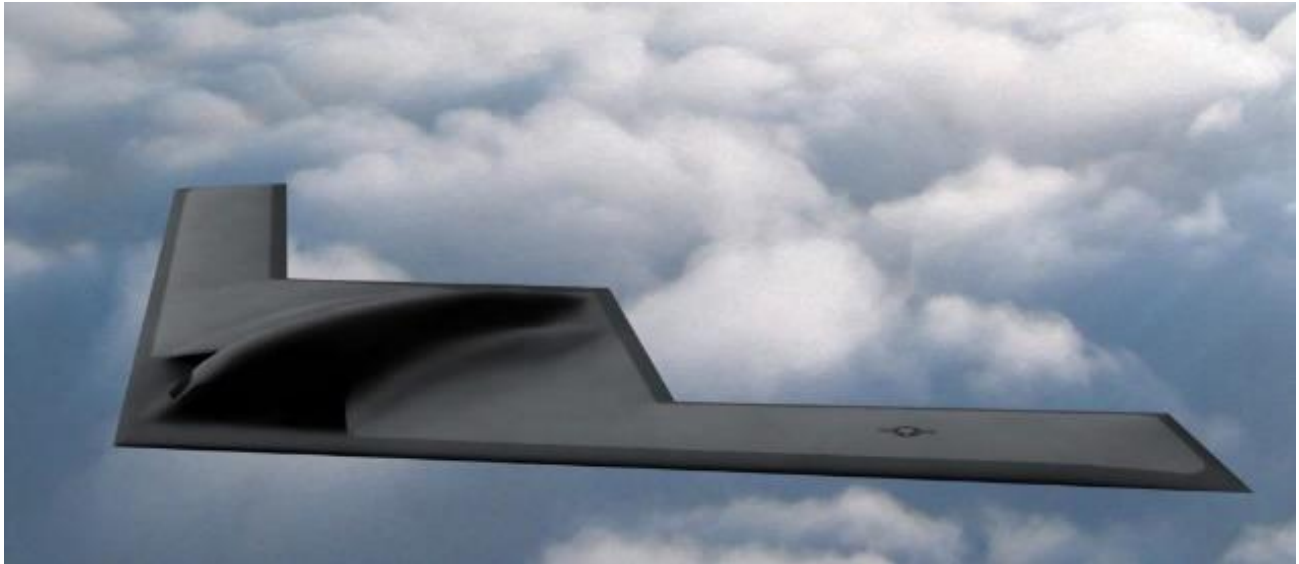
If passed, the bill will grant one Congressional Gold Medal to all WWII merchant mariners as a group - including the last surviving members, the youngest of whom are now in their ninth decade of life. "A Congressional Gold Medal would give them the recognition they deserve, and that's why I introduced this bill: to give these veterans and their families the honor and respect they are owed," said Rep. Garamendi. [Source: The Maritime Executive 2019-09 | September 24, 2019 ++]

\* Military \*



## B-21 Stealth Bombers

### Update 02: Air Force is Committed to Boasting 386 Squadrons



The United States will probably need substantially more B-21 bombers than the 100 it currently plans to buy. He didn't say it that way, but that's the only conclusion one can reach after listening to the head of Air Force Global Strike, Gen. Timothy Ray, here. The US has 156 bombers today. But the Air Force is committed to boasting 386 squadrons, up 75 from its total today. "Certainly," Ray said, "that means good growth for the bombers." He cited outside studies that conclude the Air Force needs 225 bombers. The current official benchmark, set by the bomber roadmap, is for 75 B-52s and 100 of the new B-21s bombers being built by Northrop Grumman. So 225 would mean another 50 bombers.

As Breaking Defense reported last year, the math for more bomber squadrons was that there would probably need to be an additional 75 B-21 bombers bought to boost the Air Force bomber squadrons by 2030, 25 more than the estimates in the outside studies Ray mentioned. And only the United States flies or builds bombers among its allies and partners, Ray noted. The last foreign squadron retired in 1984, he said. We still fly B-2s for nuclear missions and the B-1 for conventional missions (it almost literally flown its wings off executing Close Air Support and other bombing missions in Afghanistan, Iraq and Syria.)

In the large allied strike against Syrian targets in April last year, B-1 bombers launched 19 Joint Air-to-Surface Standoff Missiles (JASSM-ER). But by August of this year, data indicated the B-1 fleet faced serious problems and at one point only six bombers were ready for war. Ray said things are looking up for the beautiful aircraft. "The depot level work required for the structures is not as extensive as we thought," he said, adding that much work on aircraft deficiencies should be done by the end of next month. For the longer term, the service plans to use the B-1s for different missions than it has spent most of the last 20 years executing. A rotary launcher will enable the aircraft to carry up to eight — and at least four — "large hypersonic weapons," Ray said.

Perhaps taking the lessons learned from the strikes against Syria, Ray told the conference yesterday afternoon that the plan is to "put a lot more JASSM-ERs externally on the hard points there." And, for the venerable B-1s, Ray predicted a "pretty good flying season" over the next six to nine months. [Source: Breaking Defense | Colin Clark | September 17, 2019 ++]

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## Navy Fleet Readiness

### Update 01: Taking Steps to Complete Planned Repairs on Time



We don't know who it will be yet but the Navy is creating a new position, deputy assistant secretary for sustainment, to make sure more ships are fitted out and ready to leave port on time after they come in for repairs. Last year, only 16 percent of the Navy's workhorse guided missile destroyer fleet managed to get through planned repairs on time. Those slippages have forced combatant commanders to keep tired crews and worn-out ships on patrol for longer periods of time. Those extended deployments on patched-together ships in many ways helped set the conditions that led to accidents like the twin tragedies in 2017 that saw the USS John S. McCain and USS Fitzgerald collide with commercial ships, leaving 17 sailors dead.

While Navy officials insist the backlog is improving, the new deputy assistant secretary for sustainment will be tasked with keeping that trend heading in the right direction. Navy acquisition chief James Geurts told reporters in his Pentagon office 13 SEP he envisions the new office working as the "synchronizer" between the service's logistics, maintenance, research and development, and sustainment arms, keeping the various offices moving in the same direction. "Where there are opportunities or things we need to do here at the secretariat level, this will make sure the sustainment functions throughout the Navy and the Marine Corps have an advocate and can help accelerate those," he said. The idea is to draw the different back-end functions closer together "so we can ensure we're fully leveraging all the things we're doing in science and technology and R&D to help sustainment, taking lessons learned from sustainment into new construction so that we don't have handoff issues there."

Vice Adm. Tom Moore, head of Naval Sea Systems Command, added that the number of destroyers getting out of their repair availabilities on time has shot up to 40 percent this year, due partially to new contracting methods that have allowed shipyards and industry to plan more efficiently for coming work. "Six out of the next eight DDGs will be one time so we're headed in the right direction there," Moore said, chalking up the better performance to a closer discussion between maintainers, the defense industry, and fleet commanders, along with a push to give industry more lead time to prepare for when ships would come in to dock.

Until recently, shipyards did not know from one ship availability to the next if they would win the contract for repair work, meaning they would wait to hire workers until they received a contract and a ship was ready to pull in. "What we found was, industry was reluctant to hire so their hiring always lagged behind the work," Moore said. "The other piece was, the fleet would give us a deployment schedule, and we would then build the maintenance schedules to exactly meet that, and then we would look at the workload of the port and often see that it was completely overloaded." The solution to smoothing over these tensions was to have deeper conversations with fleet commanders about schedules and where to do the work, rather than just plugging in data and trying to smooth it out later. This has created a more free-flowing discussion between the operational commanders and the maintainers and logistics arm of the service about what is possible, and what kind of work to do and where.

Thanks in part to the new fixed-price contracts the Navy is awarding, “if you win, you’re going to win availabilities over a 2 to 4 year period head-to-toe, so you can then go and make capital investments, and you can hire,” Moore said. The moves have given shipyards better visibility over work schedules. Over the past three years, employment at shipyards has risen from 33,800 to 36,100.

The push to turn ships around more quickly isn’t just to keep fleet and combatant commanders happy; it’s a key part in the Navy’s plan to reach its goal of a 355-ship fleet in the next several decades. Budget realities being what they are, it’s just not possible for the service to simply build its way to 355. Instead, the admirals have long recognized they’ll have to extend the lives of dozens of ships — and do so at a time when shipyard space and capacity are already stretched. As Geurts pointed out, the service is about to kick off “a generational-level of submarine work,” building new Columbia-class subs and performing major upgrade work on existing Virginia-class boats at the same time. The two programs share a single industrial base, and their interwoven schedules present a difficult logistical issue for the Navy as, beginning in the early 2020s, plans call for shipbuilders to churn out one Columbia and two to three Virginia subs per year.

Those builds come as the Navy is also building two more Ford-class aircraft carriers, and deciding how it can also begin building a new class of frigates, and a number of large unmanned vessels. There’s a lot of shipbuilding to be done in the coming years, but there’s also work to be completed to ensure that those ships can be equipped and repaired on time, and on budget. [Source: Breaking Defense | Paul McLeary | September 16, 2019++]

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## **Credit Monitoring**

### **Update 03: Services Expanded to All Active Duty Troops**

The three credit reporting agencies have agreed to provide free credit monitoring services to all active duty members, going beyond the federal government’s requirements, according to two senators who had pushed for broader eligibility. The free credit monitoring, which often costs \$30 a month or more, can help troops keep on top of their finances, with information about new activity on their credit reports. With early detection, troops can take steps to nip fraud and other problems in the bud. A 2018 law gave the new benefit to service members, but the Federal Trade Commission’s implementation guidelines limited it to those “assigned to service away from the usual duty station of the consumer.” It applied to active duty members and reservists on active duty under Title 10 orders. There are about 1.4 million active duty members, and more than 800,000 members of the Guard and Reserve components.

However, the three credit reporting agencies – Equifax, Experian and TransUnion – have recently agreed to broaden the benefit, to provide the service to all active duty members, according to the two senators from Delaware, who had requested the agencies provide the service to more troops. “This decision will result in broader financial protection for active service members and make a profound difference in the lives of their families,” wrote Delaware senators Thomas Carper and Christopher Coons, both Democrats, in a 12 SEP letter to the chief executive officers of the three credit reporting agencies, thanking them for broadening the eligibility.

“We’re happy to provide them with the means to keep an eye on changes to their Experian credit report,” said Experian spokesman Greg Young. Experian officials don’t yet have a specific start date for the new benefit, he said, but when it begins there will be a link to a registration page designed specifically for the offering. Troops will need to renew the credit monitoring service every two years, but that requirement will likely be revisited and evaluated before the deadline for the first two-year renewal, he said. Information wasn’t immediately available from the other two credit reporting agencies about when the benefit begins, or how service members can request the free credit monitoring. These credit monitoring services alert consumers about material additions or changes to their credit files, such as new accounts opened in your name; changes to address, name or phone number; changes to credit limits and inquiries or requests for

a consumer report, other than for pre-screening or account review. The Federal Trade Commission rule requires that the credit reporting agencies notify military consumers within 48 hours of any of these changes or additions.

The senators noted that the companies have agreed to define “active duty military consumer,” for their purposes in implementing the benefit, as “a consumer who is on full-time duty in military service of the United States, which includes full-time training duty; annual training duty; full-time National Guard duty;” and during attendance, while on active duty, at a service school. That’s consistent with the Defense Department’s request for a broader definition of those eligible, eliminating the requirement that active duty members and reservists be assigned away from their usual duty station. DoD officials had notified the Federal Trade Commission that the requirement for the military member to be assigned to service away from the usual duty station would be “severely limiting,” because a military consumer is likely to spend most of the active duty career assigned to “the usual duty station.”

Credit files maintained by the credit reporting agencies include information about where you live, whether you pay your bills on time and the amount of debt; whether you’ve been sued or arrested; or filed for bankruptcy. The information is used to make decisions on whether to lend you money, whether to rent you an apartment, and, importantly for many in the military, it’s also used in security clearance determinations. Under new guidelines, officials are conducting continuous monitoring of financial records of those who roles in national security, including service members. Using proactive measures, consumers can learn early on about potential fraud or problems, and deal with them early. Military members won’t have to pay to get access to their credit files if they receive notice that there’s an important change. If the credit reporting agency notifies a consumer about a change to the credit file, it must also provide the consumer with free access to the file, according to the final Federal Trade Commission rule. [Source: MilitaryTimes | Karen Jowers | September 16, 2019 ++]

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## **HIV Discharge Lawsuit**

### **Irrational and Outdated Policies Alleged**

Lawyers for two Air Force members who are HIV-positive urged a federal appeals court 16 SEP to uphold an injunction that bars the Trump administration from continuing with discharge proceedings against them. The Department of Defense is appealing a ruling by a judge who found that the Air Force is working under policies that are “irrational” and “outdated.” The policies prevented the service members with HIV from deploying outside the U.S. without a waiver and resulted in them being considered “unfit” for continued service. The Department of Justice has argued that the military allows service members who contract HIV to continue to serve if they can perform their duties.

While acknowledging that treatment decreases the risk of transmitting HIV, the DOJ argues that the risk is amplified on the battlefield where soldiers often come into contact with blood. The U.S. Central Command, which governs military operations in the Middle East, North Africa and Central Asia, prohibits personnel with HIV from deploying without a waiver. A three-judge panel of the 4th U.S. Circuit Court of Appeals questioned a Department of Justice attorney extensively about why the military policy is still necessary despite major advances in the treatment of HIV. “There are risks in the combat context,” said Lewis Yelin, an attorney in the DOJ’s Civil Division. But Geoffrey Eaton, an attorney for the airmen, argued that the odds of transmitting HIV in combat are infinitesimal and should not limit their deployment or lead to their discharge. Eaton said advances in science and treatment of HIV have made the military’s policies outdated.

The 2018 lawsuit filed by the airmen argues that there is no rational basis for prohibiting deployment of service members with HIV. They argue that they can easily be given appropriate medical care and present no real risk of transmission to others. The DOJ argues in legal briefs that the Air Force determined that the two airmen could no longer perform their duties because their career fields required them to deploy frequently and because their condition



prevented them from deploying to Central Command's area of responsibility, where most airmen are expected to go. U.S. District Judge Leonie Brinkema issued a preliminary injunction in February, a ruling that ensured that the men would remain in the Air Force at least until their claims could be heard at trial. Brinkema is also expected to hear a separate lawsuit filed by a sergeant in the D.C. Army National Guard who says he was denied the opportunity to serve as an officer and faces possible discharge because of his HIV-positive status.

The airmen are not named in the lawsuit and are referred to by pseudonyms, Victor Voe and Richard Roe. The lawsuit was filed by Lambda Legal, the Modern Military Association of America and the law firm Winston & Strawn LLP. "Serving my country has been the greatest honor of my life, one that I am extremely grateful for and proud of," Voe said in a statement released by his attorneys. "All my fellow service members in this lawsuit and I want is to be able to continue to serve, and to do so without unnecessary restrictions preventing us from giving this country what it deserves — our best," he said. The appeals court did not indicate when it would rule. [Source: The Associated Press | Denise Lavoie | September 19, 2019 ++]

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## **Army Readiness**

### **Update 01: Transition Team Report**

According to an internal Army document, soldiers feel that the service's overwhelming focus on readiness is wearing down the force, and leading some unit leaders to fudge the truth on their unit's readiness. "Soldiers in all three Army Components assess themselves and their unit as less ready to perform their wartime mission, despite an increased focus on readiness," reads the document, which was put together by the Army Transition Team for new Chief of Staff Gen. James McConville and obtained by Task & Purpose. "The drive to attain the highest levels of readiness has led some unit leaders to inaccurately report readiness."

Lt. Gen. Eric J. Wesley, who served as the director of the transition team, said in the document's opening that though the surveys conducted are not scientific, the feedback "is honest and emblematic of the force as a whole taken from seven installations and over 400 respondents." Those surveyed were asked to weigh in on four questions — one of which being what the Army isn't doing right. Responses included:

- "Readiness demands are breaking the force."
- "Readiness requirements are almost impossible to meet," one male Army captain responded to the question. "The [Sustainable Readiness Model] is breaking the force."
- "I'm taking vacation days from my civilian job to keep up with metrics and mission," one major in the reserves said.
- "We know how to do training management," a former battalion commander said. "Stop telling us we don't know how to manage training."
- "Please stop the idea that readiness is number one priority and then literally define everything as readiness," an active-duty captain said. "Name the three concrete things you want us as an army to improve on and enable us to do it. Abstract notions don't allow us to prioritize."

Readiness is a top priority for the Army, but red flags have already been raised as to how the service is going about it. A Government Accountability Office report in February said that while the Army has made progress, "it faces challenges in staffing its evolving force structure, repairing and modernizing its equipment, and training its forces for potential large-scale conflicts." But weariness related to readiness doesn't necessarily translate to dislike of the service; the transition team also found that the "majority of personnel surveyed remain passionate about being part of the Army team," but that they are concerned their "quality of life will be further sacrificed by the Army's strategic drive toward readiness and modernization."



Lt. Col. Curtis Kellogg, spokesperson for McConville, told Task & Purpose that the "feedback and the transition team's analysis, helped shape the priorities and quality of life initiatives Gen. McConville has undertaken." When asked what the Army was doing right, respondents believed that the Army is "capable of fighting and winning our nation's wars," and that morale is "generally positive." "The Army provides me purpose and direction," one staff sergeant responded. "If I weren't in the Army I don't know what I'd be doing. I enjoy the teamwork and camaraderie. We all want to accomplish the mission." An active-duty spouse of 10 years said that the Army is good "about being transparent about the direction the Army is heading," and that it has "capitalized on the abundant use of social media as a form to communicate to troops and their families."

It's not just the active-duty Army that is feeling the heat — the transition team found that the Reserve component is feeling increasing pressure to train outside the one weekend and two weeks a year they signed up for. [Source: Task & Purpose | Haley Britzky | September 20, 2019 ++]

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## **Army Reserve Enlistment**

### **Update 01: Leaked Document Revelation**

The recruiting commercials for the Army Reserve proclaim "one weekend each month," but the real-life Army Reserve might as well say "hold my beer." That's because the weekend "recruiting hook" — as it's called in a leaked document compiled by Army personnel for the new chief of staff — reveal that it's, well, kinda bullshit. When they're not activated or deployed, most reservists and guardsmen spend one weekend a month on duty and two weeks a year training, according to the Army recruiting website. But that claim doesn't seem to square with reality. "The Army Reserve is cashing in on uncompensated sacrifices of its Soldiers on a scale that must be in the tens of millions of dollars, and that is a violation of trust, stewardship, and the Army Values," one Army Reserve lieutenant colonel, who also complained that his battalion commander "demanded" that he be available at all times, told members of an Army Transition Team earlier this year.

In addition, the colonel added, the Army Reserve had sucked up so much of his time that he was "struggling to keep his marriage and family together." The quote was among several compiled by an Army-wide team tasked with compiling data and answering questions for new Army Chief of Staff Gen. James McConville. They also offered up plenty of gripes among the rank-and-file, to include their near-universal hatred of the service's "Sustainable Readiness Model" of getting soldiers ready for combat — which, according to soldiers, quite often has reservists working overtime for no pay. "Not only are Soldiers presenting themselves in uniform more often, but more importantly, there is a greater expectation that Soldiers, on non-pay status, complete military work in order for the unit to maintain their readiness," said one staff sergeant in the Army National Guard.

Under the theme "Readiness demands are breaking the force" in the 142-page document, which was obtained by Task & Purpose earlier this week, the report's authors note a sentiment among soldiers that SRM is "neither sustainable nor effective," since they are under constant stress to meet quotas for mandatory training programs — while other things like housing, job satisfaction, and healthcare tend to go out the window. "The Reserve Component feels this strain too," the authors write, "which manifests in additional time necessary to meet requirements outside of the espoused one weekend a month, two weeks a summer recruiting hook." For example, according to one Army major with 12 years in the reserves: "I'm taking vacation days from my civilian job to keep up with metrics and mission. Give me more time and money for the job I'm doing. The only reason I am staying is to get the 20 year pension." "We tell our Soldiers, if you're at an interview don't tell people that you're a reserve component Soldier," said another Army Reserve captain. "When I was a Reserve Company Commander I worked 20 hours a week for the Army for free. Right now I lose 2-3 months a year for reserve component commitments."

Though the personal feedback from soldiers was limited, it was "honest and emblematic of the force as a whole," wrote Lt. Gen. Eric Wesley, Army Transition Team director, in the report's executive summary. "The Army Reserve has this fundamental imperative to be ready enough for the next fight," Chief of Army Reserve, Lt. Gen. Charles Luckey, told reporters earlier this year. "But not so ready that we can't keep meaningful civilian jobs, and a healthy family lifestyle. We have soldiers out there every day that are committed to something larger than themselves: selfless-service support in defense of the United States of America. It is a national imperative to continue to share this talent, and encourage and incentivize our soldiers to continue to serve." [Source: Task & Purpose | Haley Britzky/Paul Szoldra | September 20, 2019 ++]

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## KC-46 Pegasus Tankers

### Update 01: Cascade of Problems Delaying Delivery



A KC-46 tanker (top) refuels a C-17 transport in mid-air

Gen. Maryanne Miller, the head of Air Mobility Command, made clear 19 SEP that the cascade of problems with the KC-46, which Boeing called low risk and promised to deliver 18 of them combat-ready aircraft in 2017, is unlikely to deliver planes ready for war for several more years, "Boeing has not made the progress needed," to fix a crucial system on its KC-46 aircraft, meaning that, combined with other problems afflicting the program, the fleet of crucial airborne tankers will be ready four war years later than its contract with the Air Force required. The Air Force has been worried for some time and has withheld about \$500 million in payments for delivered planes until Boeing fixes the major problems.

The service has accepted delivery of KC-46s since January even though they aren't ready for prime time. They are too important for combat, the service argued. But the discovery of Foreign Object Debris (FOD) in a range of places and aircraft caused the Air Force to temporarily halt delivery in February. And none of the major problems with the plane have been solved yet. Miller said the service believes Boeing has tackled the FOD problem, first identified in late February. The service hopes to accept delivery of about three KC-46s each month, getting back to the planned rate of delivery. "We're eight months into accepting our airplanes and Boeing has not presented a solution that has met all the parameters," Miller said. "In a couple of months, that's what I'm looking for. A pass-fail grade for Boeing on this."

From the beginning, Boeing sold its plane as a low-risk solution to the need for a new tanker. The fleet of 179 planes the Air Force plans to buy will replace the creaky KC-135s, the last of which were produced in 1965. The age of the original tankers is why Miller said: "I need to get this [plane] into the fight." Miller said Boeing's solutions for the Remote Vision System (RVS), which is crucial to effective tanking since the planes don't have a window to watch the boom, just aren't good enough. The cameras used to monitor the fueling systems feed three images to the screen and Boeing has struggled to provide effective depth perception, which makes it pretty challenging to mate the boom and manage refueling. Repeatedly calling the RVS acuity problems complex and capable of solution, Miller said she had faith the company would fix it. But they aren't there yet.

The House also clearly is worried. The House Armed Services Committee version of the fiscal year 2020 National Defense Authorization Act says it “believes that the Secretary of the Air Force has several viable options to ensure future tanker capability, to include acquiring a non-developmental commercial derivative tanker while “bridging” from the end of the KC-46A production to the new developmental tanker. The Air Force Secretary would be required to submit a report on the future of airborne tankers for the military by Sept. 30, 2020. [Source: DefenseNews | Colin Clark | September 18, 2019 ++]

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## **Navy Aerial Refueling Drone**

### **MQ-25 Stingray 1<sup>st</sup> Test Flight**

The U.S. Navy’s MQ-25 Stingray refueling drone, destined to be the first carrier-launched autonomous unmanned aircraft integrated into the service’s strike arm, took its first test flight from MidAmerica Airport in Illinois, Boeing announced 19 SEP. The two-hour flight, remotely controlled by Boeing pilots, tested the basic flight functions of the aircraft, a Boeing statement said. “The aircraft completed an autonomous taxi and takeoff and then flew a pre-determined route to validate the aircraft’s basic flight functions and operations with the ground control station,” the release said.

Boeing’s project head said it was an important step toward getting the drone on the flight deck. “Seeing MQ-25 in the sky is a testament to our Boeing and Navy team working the technology, systems and processes that are helping get MQ-25 to the carrier,” MQ-25 Program Director Dave Bujold said in the release. “This aircraft and its flight test program ensures we’re delivering the MQ-25 to the carrier fleet with the safety, reliability and capability the U.S. Navy needs to conduct its vital mission.” An \$805 million contract awarded to Boeing last August covers the design, development, fabrication, test and delivery of four Stingray aircraft, a program the service expects will cost about \$13 billion overall for 72 aircraft, said Navy acquisition boss James Geurts. The award to Boeing kicks off what the Navy would be aiming to be a six-year development effort moving toward a 2024 declaration of initial operational capability. At the end, it will mark a historic integration of drones into the Navy’s carrier air wing.



The MQ-25 flown Thursday is a Boeing-owned test asset and a predecessor to the first four engineering design model aircraft provided for under last year’s contract. The model “is being used for early learning and discovery to meet the goals of the U.S. Navy’s accelerated acquisition program,” the release said. The Stingray was a priority pushed by the Navy’s previous chief of naval operations, Adm. John Richardson, who saw it as a chance to force a program through the system and field a new capability quickly. “The MQ-25 was really a signature program to test the limits and plow new ground in that direction,” Richardson told Defense News last April. “And so we brought

industry in way earlier. I think that's key to getting the acquisition cycle faster, even in the refinement of the requirements phase.

“And so that's where we've been with MQ-25, is to bring them in, see what they've got and see how fast they can get a prototype together to fly. One thing we did do was we locked down on requirements. We could probably get agreement from everybody that we need something to tank. It liberates a lot of our strike fighters from doing that mission and it's something that we can get done — its relatively straightforward.” [Source: DefenseNews | David B. Larter | September 20, 2019 ++]

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## E-cigarettes

### Update 02: Most Exchanges to Remove by 1 OCT

Exchanges on Army, Air Force and Navy installations are in the process of removing e-cigarettes and vaping products from their shelves and from concessionaires by 1 OCT, in light of recent deaths and illnesses associated with vaping. Marine Corps Exchange officials have not yet made a decision about whether they will pull the products. Commissaries don't sell e-cigarettes or vaping products. The decisions were made in the wake of news about the outbreak of mysterious vaping-related lung injuries. At least 530 cases from 38 states have been reported, and seven deaths have been confirmed in six states, according to the Centers for Disease Control and Prevention.

Navy Exchange Service Command officials were the first to determine that stores will no longer sell these products “out of an abundance of caution,” said Courtney Williams, spokeswoman for NEXCOM. Two types of e-cigarettes are sold on Navy Exchange shelves, both approved by the Food and Drug Administration, will be removed by 5 p.m., Sept. 26, she said. Navy Exchanges don't sell any vaping products, but some exchange locations have concession vendors that do sell them. As of 1 OCT concessionaires and vendors will be prohibited from selling e-cigarettes or vaping products in any Navy Exchange, Williams said. The Army and Air Force Exchange Service will also remove the e-cigarette and vape products from its shelves, effective the close of business 30 SEP, according to AAFES spokesman Chris Ward. The products are being removed until the Food and Drug Administration's work with the CDC state health departments to collect information on the products is complete, he said.

Ward cited the Army Public Health Center's Public Health Alert warning that advises soldiers and families not to use e-cigarettes or vaping products until more is known about the mysterious vaping-related lung injuries. Officials have not yet identified any specific e-cigarette or vaping product that is linked to all the cases, according to the CDC. E-cigarettes are a form of vaping. It's called vaping because tiny puffs of vapor are produced when the device is used. E-cigarettes have the potential to help adult smokers quit smoking regular cigarettes.

Vaping now appears to be more common in the military than smoking regular cigarettes, according to results of the most recent Defense Department Health-Related Behaviors Survey of Active-Duty Service Members. The results of that survey, conducted in 2015, showed 11.1 percent of troops said they were daily e-cigarette users, compared to 7.4 percent who said they smoked cigarettes daily. In the junior enlisted ranks, nearly 20 percent said they were current e-cigarette smokers. At the time they released the survey, Rand researchers noted that the health effects of e-cigarettes are not yet known, and flagged it as a potential health issue for DoD leadership to address.

The trends for e-cigarette sales vary among the military exchanges, which started selling the products in 2012 or 2013. Sales of e-cigarettes at exchanges on Army, Air Force and Navy bases increased steadily through 2015 or 2016, but decreased since then. Marine Corps exchanges had a different trend line, with the number of e-cigarette units decreasing through 2016, then starting to jump. In the first 11 months of the 2018 fiscal year, which ended 2 FEB, sales of e-cigs nearly doubled. [Source: MilitaryTimes | Karen Jowers | September 25, 2019 ++]

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## Navy Terminology, Jargon & Slang ► ‘Crush Depth’ thru ‘Deadlight’

**Crush Depth** – The designed depth at which the pressure hull of a submarine will collapse.

**Crusher** - (RN) A member of the Regulating Branch, i.e. Naval Shore Patrol.

**Cumshaw** - Procurement of needed material outside the supply chain, usually by swapping, barter, or mutual backscratching. Often involves the barter of coffee or other food items. Officially frowned upon, but a widespread practice. The word comes from the Pidgin English of the old China Fleet for "Come Ashore" money. It was usually anything useless to a sailor or ship, scavenged and saved for trade to locals for the purpose of earning a little extra liberty money.

**Cunt Cap** – Fore and aft or "garrison" cap, so named because the folds of material at the upper ridge of the cap vaguely resemble labia.

**Cut and Run** – To leave quickly, from the practice of cutting a ship's moorings in a hasty departure.

**Cut Lights** – Part of the array of lights found in the FRESNEL LENS. Originally used to give the CUT SIGNAL. Most common use today is to acknowledge that the LSO has heard the approaching pilot call the ball.

**Cut of his Jib** – From the days of sail, when individual sails were made aboard the ship and a certain amount of individuality was expressed in the design (shape and size) of the sails. Ships could be, and were, identified by the "cut of their jib."

**Cut Signal** – (or Cut Sign) (1) (aviation). The signal to pull the throttles back to idle; can be given by the CUT LIGHTS or the classic throat-cutting gesture. In older use, this signal was used when piston-engine aircraft come aboard the carrier. With the straight-deck carriers, an aircraft either trapped successfully or engaged the barricade. (2) The signal to shut down a piece of gear.

**Dabtoe** - (RN) Surface sailor.

**DACT** – Dissimilar Air Combat Training. ACM conducted between aircraft of different types. Also seen as DACM. Valuable in that it teaches an aircrew to consider comparative performance points of their aircraft and others.

**Datum** – (1) A point or location where a submarine has been detected or has made its own detection possible, especially by firing missiles or torpedoes. (2) The horizontal row of green reference lights found on a FRESNEL LENS array, which indicate the optimum glideslope.

**DC** - Damage Control.

**DCA** - Damage Control Assistant. Responsible, under the Chief Engineer, for damage control and stability of a ship.

**Dead Head** – The resistance of a magnetic compass to swinging back and forth excessively; a compass with insufficient deadhead will swing so much (due to normal movement of the ship or aircraft) that it is difficult to steer a course.

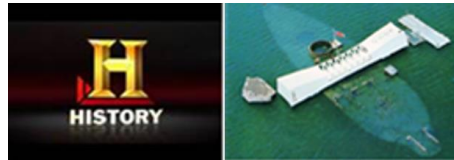
**Dead Horse** - An interest-free loan which is paid off via payroll deduction. Often used to cover relocation expenses, or to pay back a disbursing error which was originally in your favor.

**Deadlight** – A glass window set in the deck or bulkhead.

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

[Source: <http://hazegray.org/faq/slang1.htm> | September 30, 2019 ++]



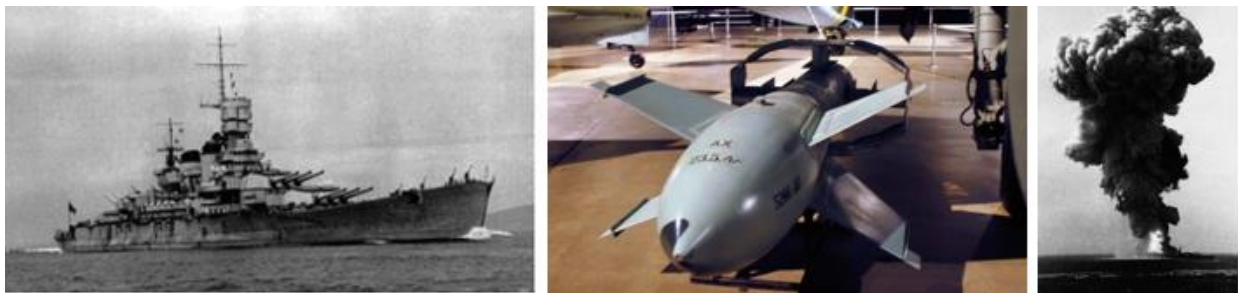


## Battleship Roma Sinking

### Dawn of the Age of Precision Guided Munitions

A couple of hours after midnight on the morning of Sept. 9, 1943, a large force of Italian warships – three battleships, three cruisers, and eight destroyers – slipped out of the northern Italian port of La Spezia. Leading them was the Roma, the Italian Navy’s newest and largest battleship, and they were going out to attack a large Allied naval force, which was, at that moment, staging an amphibious invasion further down the coast at Salerno, Italy. At least that was what Adm. Carlo Bergamini told a local German commander. But what they were really doing that night was switching sides and joining the Allies.

Roma was a beautiful ship, but then, building beautiful warships was something the Italians were known for. She was trim, and graceful, unlike, say, British warships, which tended to be blocky, purposeful, and businesslike. But the Roma was not just pleasing to the eye, she was also well-armed, fast moving, and very capably armed with three main gun turrets, two forward and one aft, each mounting three 15-inch guns that could fire a high-velocity, armor-piercing shell more than 25 miles. Roma was built to withstand incoming shells, and its compartmented hull, with its ingenious system of bulkheads and expansion cylinders, was made to withstand enemy torpedoes.



By this point, the war was going very badly for Italy and they wanted out. Mussolini had already been deposed and arrested two months earlier, and even though his successor, Prime Minister Badoglio, continued to openly profess solidarity with Adolf Hitler, he quickly started secret negotiations with Allied supreme commander Gen. Dwight D. Eisenhower. At the beginning of September, a secret “short” armistice was signed between representatives of Badoglio and Eisenhower, which, among other things, called for handing over the Italian fleet to the Allies at Malta. Over the next several days, the navy’s commanders were told to make preparations for getting under way, though none except for Bergamini and one or two others were told the actual reason why. The fleet got ready, but there were repeated delays and postponements. Then, on 8 SEP, just as they were beginning their invasion of Salerno, the Allies announced the armistice from a radio station in Algiers. The cat was out of the bag, and Italy was plunged into chaos. A few hours later, Bergamini boarded the Roma and gave the order to cast off and head for the open sea.

For the Roma, this marked her first actual foray out since joining the fleet a year earlier. During that time, Roma had clocked only about 130 hours under way, and all while repositioning from one port to another. The other warships had taken part in some naval actions earlier in the war, but for the last two years it had been the same story for them as well. Italy had been suffering from a major fuel shortage. Not having any native source of petroleum, Italy depended on Germany for fuel, and Germany wasn’t exactly flush either. The most warlike thing Roma had done was serve as a



floating anti-aircraft battery during air raids while tied up in La Spezia. Twice during that time, she'd been severely damaged after being hit by large bombs dropped from American B-17s. She'd had to be towed to Genoa for repairs.

The armistice agreement directed the Navy to go to Malta and surrender the ships there. However, Bergamini had a different plan. He was taking his fleet to La Maddelena on Sardinia, where King Victor Emmanuel III was setting up a "free government" favorable to the Allies. Eisenhower had apparently given his approval and allowed the transfer of one Italian destroyer there to be placed at the King's disposal. Bergamini decided it might be a better idea to move the whole fleet there and let the monarch take his pick. Once in the open sea, the fleet was joined by three cruisers from Genoa. The flotilla steamed through the rest of the night, making good speed and keeping about fifteen miles off the west coast of Corsica. At dawn they spotted an allied aircraft shadowing them. Bergamini took it as a good sign.

No one bombed ships from heights like that, not if they wanted to actually hit it. Besides, they estimated that instead of releasing their bombs at an 80-degree angle, as was normally done, they had released them at a 60-degree angle. It didn't make any sense. Why had they done that? At 1200, the Italian fleet, traveling in line astern formation, made its first sighting of the Strait of Bonifacio, the four-and-a-half-mile gap separating Corsica from Sardinia. Bergamini ordered a 90-degree turn toward La Maddelena. At 1340 they received news that the Germans had seized La Maddelena. Bergamini immediately ordered the fleet to reverse course 180 degrees and head to Malta. By 1400, the fleet was in sight of the Asinara, a rocky, mountainous island off the northwestern tip of Sardinia. Beyond it lay the western Mediterranean.

Then the lookouts spotted aircraft shadowing them. They were twin-engine aircraft, but flying at high altitude, and no one could tell for sure whether they were Allied or Luftwaffe. To the Italians' surprise, they dropped bombs. But the bombs came down into the water, far from any other ships. As soon as they had, they turned and left. Everyone was bewildered. No one bombed ships from heights like that, not if they wanted to actually hit it. Besides, they estimated that instead of releasing their bombs at an 80-degree angle, as was normally done, they had released them at a 60-degree angle. It didn't make any sense. Why had they done that? Could it be that they weren't actually trying to hit them?

More than an hour passed and nothing happened. Asinara Island was much closer now. Then the lookouts reported that the twin-engine aircraft were back. The lookouts identified them as German Dornier Do 217 medium bombers. Each seemed to be carrying a single, very large bomb under the wing in the space between the starboard engine and fuselage. At 1530, the aircraft climbed from 5,000 up to 5,500 meters (18,044 feet) and then began closing in on the fleet. Bergamini ordered the ships to begin evasive maneuvers and told the AA batteries to open fire. A moment later the ships' anti-aircraft guns started shooting, but the bombers were too high up to hit.

At 1533 the first aircraft attacked. It dropped its bomb at the same 60-degree angle as the earlier one had. But as it came down, they noticed that instead of simply falling downward, it came at them as if it were being steered. It splashed into the water, narrowly missing the stern of the battleship *Italia* by just a few feet. Then it exploded. A few seconds later, the *Italia* reported that the explosion had jammed its rudder and that it could no longer steer. Tense minutes passed as the repair crews aboard the *Italia* struggled to free the rudder. While they did, messages traveled back and forth between the ships about what had happened. Several of the lookouts reported that the bomb seemed to have four long wing-like fins and a boxlike tail. Someone noted that instead of peeling off once the bomb had been released, the Dornier remained in place, flying slowly, as if it needed to stay there to guide the bomb in.

At 1545 there was another attack. The AA batteries opened fire, but again the bomber was beyond the range of their guns. The Do 217 released its bomb and maintained its position as the bomb hurtled downward toward the Italian fleet. Sure enough, as it came in, it became sickeningly obvious that the bomb was being steered to the target. The bomb struck *Roma* on its starboard side aft of amidships, crashing through the ship's seven decks, and exited the hull before exploding beneath the keel. The boiler rooms and after engine room flooded, disabling the two inboard propellers. Electrical arcing started innumerable fires throughout the after portion of the ship. Her speed now reduced to 12 knots,

the Roma fell out of the battle group. By now, many of the ship's electrically controlled systems, its directors and gun mounts were out.

At 1552, Roma was hit by a second bomb, again on the starboard side, this time detonating inside the forward engine room. The forward magazine detonated. There was heavy flooding in the magazines of main battery turret No. 2 as well as the forward portside secondary battery turret. A few moments later the No. 2 turret's magazines exploded, blowing the entire turret skyward. The forward superstructure was destroyed with it, killing Bergamini, the ship's captain, Adone Del Cima, and nearly everyone else there. Fires had broken out all over the ship. Whoever wasn't killed was burned horribly. At 1612, Roma began going down, bow first. Then, her starboard decks awash, the Roma capsized, broke in two and sank. By 1615, she was gone, with 1,253 of her crew of 1,849 officers and men dead.

What sent Roma to the bottom was the first of a wholly new class of weapon, known today as precision guided munitions (PGM). This PGM in particular was a massive 3,450-pound, armor-piercing, radio-controlled, glide bomb, which the Luftwaffe called Fritz-X. It had been developed on the tails of the Hs 294, a more complex, but somewhat less effective, winged rocket, also deployed from a D0 217 bomber. Unbeknownst to almost everyone, the Hs 293 had already made its debut two weeks earlier, when it sank one British warship and seriously damaged two others in the Bay of Biscay. Unlike the Hs 293, which combined a compressed-air injection system with a binary-fuel rocket motor, Fritz-X was a simple system. To reach its target, Fritz-X mainly needed gravity. Dropped from 6,000 meters, Fritz-X came in at a nearly transsonic velocity, which is why it could go right through so many layers of deck and armor before exploding, something the Hs 293 could not do.

Fritz-X consisted of an 11-foot-long, machined steel penetrator casing, loaded with 320 kilograms of impact-fuzed amatol explosive. The bomb had four centrally mounted fins and a complex, boxlike tail structure, inside of which was a set of radio-controlled, electrically operated, oscillating spoilers that provided pitch and yaw control. Though the Fritz-X used the same radio-link receiver guidance package as the Hs 293, its control package included a gyroscope to provide roll stabilization. This was necessary, since it received controlling signals through a conformal antenna built into the tail section. The gyro ensured that the Fritz-X's tail remained pointed at the aircraft throughout the drop.

Guiding the Fritz-X was relatively simple. Upon release, a flare ignited in the bomb's tail. Looking through the bombsight, the bombardier would simply line up the flare with the target, using a dual-axis, single joystick-equipped radio controller. After that, it was just a question of keeping the two lined up with each other. For the next week, the Fritz-X repeatedly wreaked havoc at Salerno. Its first victim was the cruiser USS Savannah, which suffered more than two hundred dead when one of the glide bombs smashed into a gun turret. After that came the cruiser USS Philadelphia, followed by the Royal Navy's HMS Uganda, then several merchant ships and finally the British battleship Warspite. In each case, the ships were put out of action for up to a year, though all eventually went back into action. But as terrible as the damage was, it wasn't enough to turn back the invasion.

[Source: Defense Media Network | Brendan McNally | June 2014 ++]

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## **Military History Anniversaries**

### **01 thru 15 OCT**

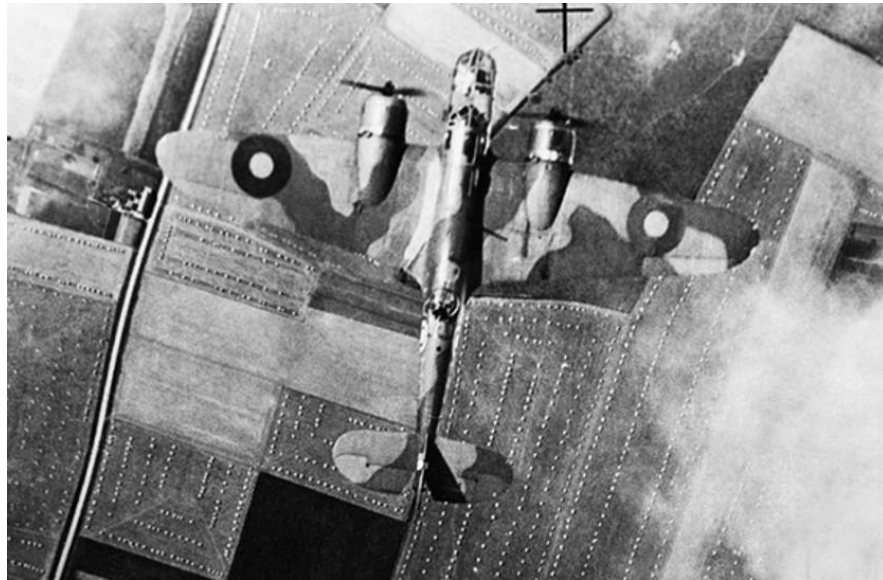
Significant events in U.S. Military History over the next 15 days are listed in the attachment to this Bulletin titled, "**Military History Anniversaries 01 thru 15 OCT**".

[Source: This Day in History [www.history.com/this-day-in-history](http://www.history.com/this-day-in-history) | September 2019 ++]

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## Every Picture Tells A Story

### Camo Cameo



Camo Cameo. A British Bristol Blenheim Mk IV light bomber of 226 Squadron, Royal Air Force hides among the fields and roadways of England at haying time in August of 1941 (note the hay bales in tidy rows below). Though the Blenheim was not as capable as the Havocs and Mitchells that the squadron would soon operate, it was far better than the Fairey Battles (single engine light bombers) with which they entered the fray during the Battle of France in early 1940. The unit suffered heavy losses, their Battles being no match for the Messerschmitt Bf 109s and 110s of the Luftwaffe.

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## WWII Memories

### Women War Workers



1943 Breast Protectors for War Workers (left) and Geraldine Doyle, who was the inspiration behind the famous Rosie the Riveter poster (right)

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## **Sinking of Junyo Maru**

### **4,320 Men Lost When Torpedoed by British Submarine**

Junyo Maru was an old three-island, single-stack merchantman, displacing about 5,000 tons and sailing under the orders of the Japanese government. She was reportedly built in Glasgow in 1913, although one prisoner on her last run later said that somebody had seen a plaque on board bearing the legend Liverpool, 1908. She had been owned by three British lines at various times, then passed through three Japanese owners. She had gone through five name changes. Her last—Junyo—means hawk in Japanese. Maru is simply the standard Japanese designation for merchant ship.

As was common on the hell ships, conditions on Junyo Maru were appalling. Between decks, the Japanese had inserted a layer of bamboo scaffolding to make extra decks, and the holds were crammed with bunks, three or four deep. Every level was jammed with prisoners, many of them sick, weak and emaciated. The bunks filled up quickly. Many men could only stand; the others sat with their legs pulled up or squatted in holds coated with a glutinous black substance, probably the melted remains of a cargo of sugar cane mixed with remnants of later loads of coal or iron ore. Both forward holds—numbers one and two—and the forward deck were crammed with about 4500 miserable romushas (forced laborers). Aft, holds three and four held about 2200 Western and Indonesian POWs.

A little before 4 p.m. on 18 September 18, 1944, the British submarine HMS Tradewind was in position at a right angle to the plodding merchant ship's course and about 1,800 yards away. A few moments later, Tradewind fired four torpedoes at 15-second intervals, dived and turned away. About a minute and a half later, her crew heard an explosion, and 15 seconds later came a second blast. To learn about the events that led up to the explosions and what happened after refer to the attachment to this Bulletin titled, "Sinking of Junyo Maru".

[Source: <https://www.historynet.com/juno-mayru-torpedoed-by-british-submarine-hms-tradewind.htm> | September 18, 2019 ++]

## **Post WWII Photos**

### **Chinese Communist Eighth Route Army Soldiers**



Soldiers of the Chinese communist Eighth Route Army on the drill field at Yanan, capital of a huge area in North China which is governed by the Chinese Communist Party, seen on March 26, 1946. These soldiers are members of the "Night Tiger" battalion. The Chinese Communist Party (CPC) had waged war against the ruling Kuomintang (KMT or Chinese Nationalist Party) since 1927, vying for control of China. Japanese invasions during World War II forced the two sides to put most of their struggles aside to fight a common foreign foe -- though they did still fight each other from time to time. After World War II ended, and the Soviet Union pulled out of Manchuria, full scale civil war erupted in China in June of 1946. The KMT eventually was defeated, with millions retreating to Taiwan, as CPC leader Mao Zedong established the People's Republic of China in 1949. (AP Photo)

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## Missouri National Veterans Memorial

### Washington's DC Sister Memorial



The Missouri National Veterans Memorial in Perryville is a full-scale black granite Vietnam Veterans Memorial identical to that in Washington D.C. on the National Mall. It has been built privately to the exact specs inclusive of the black granite slabs quarried from the same India source, to the same size, same polishing, same everything. Engraving names include the same errors, omissions and duplication's, Orientation of the monument follows the same as in Washington, with statuary and environmental settings also duplicated.

This all started in 1968, when Jim Eddleman made a promise to himself in Vietnam: He would one day honor his comrades if he made it out alive. Fast-forward to 2011, when Jim and his wife Charlene were involved with another veterans' project. Jim spoke of his promise to the organizers, and they helped connect him with those who now make up our Board of Directors. In 2016, plans began coming together, and in 2017, the growing Board of Directors began convening weekly. After meeting with officials in Washington, D.C. and gaining the support of Robinson Construction, the planning began for the campus layout of Missouri's National Veterans Memorial. Volunteers checked about 60,000 names three times to ensure the spellings were correct.

The MNVM Board was adamant that this would be an exact replication of the Vietnam Veterans Memorial, character by character. Over time, the project has gained significant support from more community members and national organizations across America. In 2018 the final touches of Missouri's Vietnam Wall replica project (Phase I) were completed. The names on the replica are arranged exactly as they are on the original wall in Washington D.C. The MNVM is also directionally situated so that the sun rises and sets almost identically on both memorials. It offers veterans, civilians and those currently serving a place to reflect on the sacrifices of all service men and women in the quiet, peaceful setting that Perryville offers – at no cost.

The wall was just a first step, and work is ongoing on the overall memorial. "Phase 2 includes walking paths and other memorials to other wars. All features are wheelchair accessible. The Memorial at 1172 Veterans Memorial Pkwy, Perryville, MO 63775 is located 1.5 hours from St. Louis, Mo., and approximately 3 miles off a major interstate, making it easily accessible for visitors, especially those with limited capacity for travel. There is no entry fee but for those who have the means a \$10 donation per person is requested. This helps them ensure upkeep and growth of the Memorial. Parking is free. America's Wall and other outdoor areas have year-round access, day and night. The Welcome Center is open Monday-Friday 8 a.m.-5 p.m. [Source: <https://www.mnvmfund.org> | Stephen White | September 16, 2019 ++]

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## WWII Bomber Nose Art

[39] Fuddy Duddy



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## Medal of Honor Citations

William W. Henry | Civil War



*The President of the United States takes pride in presenting the*

**MEDAL OF HONOR**

*To*

**William W. Henry**

**Rank and organization:** Colonel, 10th Vermont Infantry, U.S. Army

**Place and date:** At Cedar Creek, Va., 19 October 1864

**Entered service:** 20 May 1861 Waterbury, Vt.

**Born:** 21 November 1831, Waterbury, Vt.

### Citation

Though suffering from severe wounds, rejoined his regiment and led it in a brilliant charge, recapturing the guns of an abandoned battery.





Henry was born the son of James Madison and Matilda (Gale) Henry. He taught school in his hometown for one year, then caught 'gold fever,' and moved to California in 1851. He served as constable in White Oak, El Dorado County, California, in 1856. He returned to Vermont in 1857 and joined his father's business manufacturing pharmaceuticals. He married on August 5, 1857, Mary Jane Beebe, daughter of Lyman and Mary (Sherman) Beebe of Waterbury, Vermont. They had five children. Mary Jane died in 1871, and Henry then married Valeria (Lillie) Heaton, daughter of Timothy and Susan (White) Heaton of Waterbury.

He was commissioned first lieutenant of Company D, 2nd Vermont Infantry, on May 20, 1861, but resigned on November 5, 1861, for medical reasons. He rejoined his father's business, and returned to the Washington area, selling drugs to sutlers and military surgeons. He then accepted a position as major of the 10th Vermont Infantry on August 26, 1862. He was promoted to lieutenant colonel on October 17, 1862, and assumed command of the regiment as colonel on April 26, 1864, replacing Albert B. Jewett, who had resigned. He commanded his regiment at the battles of the Wilderness, Spotsylvania, North Anna, Totopotomoy Creek, Cold Harbor, and Cedar Creek.

He was wounded in action six times, slightly at Cold Harbor on June 3, 1864, and Monocacy on July 9, 1864, and was hit four times at Cedar Creek on October 19, 1864. Due to his wounds and other medical reasons, he resigned his commission on December 17, 1864 and was mustered out of the volunteer service. His departure from the regiment, was "greatly regretted by the officers and men, and their personal regard and regret found expression in a highly complementary parting testimonial, signed by all but two of the officers of the regiment. In this paper they also requested Colonel Henry to carry home with him and present to the Legislature of Vermont the tattered colors of the regiment, under which no less than twenty of the color guard had been killed or wounded."

After Henry was mustered out of the Union Army, on March 7, 1865, President Abraham Lincoln nominated him for appointment to the brevet grade of brigadier general, to rank from March 7, 1865, and the U.S. Senate confirmed the appointment on March 9, 1865. Henry rejoined the family business, which included, over the years, manufacturing and wholesaling of drugs, first in Waterbury, and then in Burlington, Vermont. Henry served as a state senator from Washington County from 1865 to 1868, and from Chittenden County in 1888-1889. He served two years as mayor of Burlington, from 1887 to 1889. He was appointed United States Marshal on April 10, 1879, replacing George P. Foster, and served until June 24, 1886. In 1892 he was appointed U.S. Immigration Inspector. He also received the Medal of Honor on December 21, 1892, for his actions at Cedar Creek. From 1897 until 1907, he was the American Consul in Quebec.

Henry died at the age of 83, and is buried at Lake View Cemetery in Burlington, Vermont.

[Source: <http://www.cmoahs.org/recipient-detail/606/henry-william-w.php> | September 2019 ++]



## E-cigarettes

### Update 01: Teen Use has Doubled Since 2017

Data from the 2019 Monitoring the Future Survey of eighth, 10th and 12th graders show alarmingly high rates of e-cigarette use compared to just a year ago, with rates doubling in the past two years. University of Michigan, Ann Arbor, scientists who coordinate and evaluate the survey released the data early to The New England Journal of Medicine (NEJM) to notify public health officials working to reduce vaping by teens. The survey is funded by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health.

The new data show a significant increase in past month vaping of nicotine in each of the three grade levels since 2018. In 2019, the prevalence of past month nicotine vaping was more than 1 in 4 students in 12th grade; 1 in 5 in 10th grade, and 1 in 11 in eighth grade. “With 25% of 12th graders, 20% of 10th graders and 9% of eighth graders now vaping nicotine within the past month, the use of these devices has become a public health crisis,” said NIDA Director Dr. Nora D. Volkow. “These products introduce the highly addictive chemical nicotine to these young people and their developing brains, and I fear we are only beginning to learn the possible health risks and outcomes for youth.”

“Parents with school-aged children should begin paying close attention to these devices, which can look like simple flash drives, and frequently come in flavors that are appealing to youth,” said University of Michigan lead researcher Dr. Richard Miech. “National leaders can assist parents by stepping up and implementing policies and programs to prevent use of these products by teens.” The NEJM Research Letter can be found at <https://www.nejm.org/doi/full/10.1056/NEJMc1910739>. Additional findings from the 2019 Monitoring the Future Survey, documenting the use of and attitudes about marijuana, alcohol and other drugs, will be released in December. [Source: NIH News Release | September 18, 2019 ++]

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## Vaccines

### Update 01: CDC Says You Need these 4 if You are Age 50+

With summer fun now behind us, it’s time to prepare for a long fall and winter. So, if you are 50 or older, consider scheduling vaccinations that can keep you healthy — and even save your life. The aging process weakens our immune systems, putting us at greater risk for several types of disease, according to the U.S. Centers for Disease Control and Prevention. For this reason, the CDC recommends adults 50 or older schedule the following vaccines. Just talk to your doctor before getting any vaccine, as there are some exceptions to CDC recommendations.

#### Flu shot

The CDC recommends that all adults get a flu shot, but it is particularly important for older adults and those with chronic health conditions such as diabetes, asthma and heart disease. These people have a greater risk of developing

serious complications if they catch influenza. While the flu might seem like a minor nuisance, it can be deadly. As the CDC reminds us: “Every year in the United States, millions of people are sickened, hundreds of thousands are hospitalized and thousands or tens of thousands of people die from the flu.”

### **Shingles vaccine**

Around 1 in 3 Americans will develop shingles at some point, and the risk of getting the painful rash grows with age, according to the CDC. This painful condition can cause symptoms that last months or years. It can even cause permanent blindness, as we report in “[This Cause of Blindness Is Soaring Among Seniors.](#)” A newer vaccine, called Shingrix, is more than 90% effective in preventing shingles in older people, according to the CDC. But the vaccine has been running short for years. So, call your health care provider now to set up an appointment for the two-dose vaccine. Or, use the CDC’s Vaccine Finder tool or the Shingrix locator tool from GSK, the vaccine’s manufacturer.

### **Tdap or Td vaccine**

The Tdap vaccine protects you against tetanus, diphtheria and pertussis. Chances are good that you have had this vaccine in the past. But if you haven’t, the CDC urges you to get it “as soon as possible.” The Td vaccine only protects against tetanus and diphtheria, and requires a booster every 10 years.

### **Pneumococcal vaccines**

Pneumococcal vaccines help protect against pneumococcal disease, meaning infections caused by the *Streptococcus pneumoniae* bacteria. The CDC recommends all adults age 65 or older get both types pneumococcal vaccines that available in the U.S.: pneumococcal conjugate and pneumococcal polysaccharide.

[Source: MoneyTalksNews | Chris Kissell | September 18 2019 ++]

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## **Schizophrenia**

### **A Chronic and Severe Mental Disorder**

Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality. Although schizophrenia is not as common as other mental disorders, the symptoms can be very disabling. Symptoms of schizophrenia usually start between ages 16 and 30. In rare cases, children have schizophrenia too. The symptoms of schizophrenia fall into three categories: positive, negative, and cognitive.

- *Positive symptoms:* “Positive” symptoms are psychotic behaviors not generally seen in healthy people. People with positive symptoms may “lose touch” with some aspects of reality. Symptoms include: hallucinations, delusions, thought disorders (unusual or dysfunctional ways of thinking), and/or movement disorders (agitated body movements).
- *Negative symptoms:* “Negative” symptoms are associated with disruptions to normal emotions and behaviors. Symptoms include: “Flat affect” (reduced expression of emotions via facial expression or voice tone), reduced feelings of pleasure in everyday life, difficulty beginning and sustaining activities, and/or reduced speaking.
- *Cognitive symptoms:* For some patients, the cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking. Symptoms include: Poor “executive functioning” (the ability to understand information and use it to make decisions), trouble focusing or paying attention, and/or problems with “working memory” (the ability to use information immediately after learning it).

### **Factors that contribute to the risk of developing schizophrenia.**

*Genes and environment:* Scientists have long known that schizophrenia sometimes runs in families. However, there are many people who have schizophrenia who don’t have a family member with the disorder and conversely, many people

with one or more family members with the disorder who do not develop it themselves. Scientists believe that many different genes may increase the risk of schizophrenia, but that no single gene causes the disorder by itself. It is not yet possible to use genetic information to predict who will develop schizophrenia. Scientists also think that interactions between genes and aspects of the individual's environment are necessary for schizophrenia to develop. Environmental factors may involve:

- Exposure to viruses
- Malnutrition before birth
- Problems during birth
- Psychosocial factors

*Different brain chemistry and structure:* Scientists think that an imbalance in the complex, interrelated chemical reactions of the brain involving the neurotransmitters (substances that brain cells use to communicate with each other) dopamine and glutamate, and possibly others, plays a role in schizophrenia. Some experts also think problems during brain development before birth may lead to faulty connections. The brain also undergoes major changes during puberty, and these changes could trigger psychotic symptoms in people who are vulnerable due to genetics or brain differences.

### **Treatments and Therapies**

Because the causes of schizophrenia are still unknown, treatments focus on eliminating the symptoms of the disease. Treatments include:

- *Antipsychotics* -- medications are usually taken daily in pill or liquid form. Some antipsychotics are injections that are given once or twice a month. Some people have side effects when they start taking medications, but most side effects go away after a few days. Doctors and patients can work together to find the best medication or medication combination, and the right dose. Check the U.S. Food and Drug Administration (FDA) website (<http://www.fda.gov>), for the latest information on warnings, patient medication guides, or newly approved medications.
- *Psychosocial Treatments* -- These are helpful after patients and their doctor find a medication that works. Learning and using coping skills to address the everyday challenges of schizophrenia helps people to pursue their life goals, such as attending school or work. Individuals who participate in regular psychosocial treatment are less likely to have relapses or be hospitalized. For more information on psychosocial treatments, see the [Psychotherapies webpage](#) on the NIMH website.
- *Coordinated specialty care (CSC)* -- This treatment model integrates medication, psychosocial therapies, case management, family involvement, and supported education and employment services, all aimed at reducing symptoms and improving quality of life. The NIMH [Recovery After an Initial Schizophrenia Episode](#) (RAISE) research project seeks to fundamentally change the trajectory and prognosis of schizophrenia through coordinated specialty care treatment in the earliest stages of the disorder. RAISE is designed to reduce the likelihood of long-term disability that people with schizophrenia often experience and help them lead productive, independent lives.

### **How to help someone you know with schizophrenia**

Caring for and supporting a loved one with schizophrenia can be hard. It can be difficult to know how to respond to someone who makes strange or clearly false statements. It is important to understand that schizophrenia is a biological illness. Here are some things you can do to help your loved one:

- Get them treatment and encourage them to stay in treatment
- Remember that their beliefs or hallucinations seem very real to them
- Tell them that you acknowledge that everyone has the right to see things their own way
- Be respectful, supportive, and kind without tolerating dangerous or inappropriate behavior
- Check to see if there are any support groups in your area

[Source: <https://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml> | September 2019 ++]

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## **Heart & Circulation**

### **Conditions That Impact Negatively on Each**

The heart and blood vessels are among the first organs to start working in a human body. And when they stop working 70, 80 or 90 years later, that marks the end of life. Until then the heart will beat up to three billion times and pump 200 million liters of blood through the blood vessels. The heart and circulation adapt quickly to the body's needs. The larger blood vessels are flexible, muscular tubes that can quickly become wider or narrower. As we age there are a number of adverse conditions that impact negatively on the heart and circulation and if not recognized in their early stages and treated properly can result in our deaths. Following are the major ones. To learn more about each (i.e. symptoms, causes, risk factors, treatment, etc.) just click on their name:

#### **[Hemophilia](#)**

This is a disease that causes problems with blood clotting. It makes blood clot (coagulate) much more slowly than usual. The worse the ability of the blood to clot, the more severe the symptoms. Read about the levels of severity, causes, effects and treatment options.

#### **[High cholesterol](#)**

Find out the difference between “good” and “bad” cholesterol, which levels are considered to be normal, and what some related medical terms mean. Also learn about other factors that influence the development of cardiovascular disease, and how to assess your individual risk.

#### **[Stroke](#)**

The signs of a stroke include a sudden and severe headache, paralysis and speech difficulties. These problems are caused when part of the brain doesn't get enough oxygen. The exact symptoms mostly depend on what part of the brain is affected.

#### **[Deep vein thrombosis \(DVT\)](#)**

Deep vein thrombosis (DVT) occurs when a blood clot forms in a vein. It can cause symptoms such as tenderness, skin redness, swelling of the lower leg, or warmth in the affected area. But DVT often causes no symptoms at all.

#### **[Abdominal aortic aneurysm](#)**

An abdominal aortic aneurysm may arise if the wall of the aorta becomes less elastic, for example due to the normal aging process, smoking or high blood pressure. Abdominal aortic aneurysms are more common in men than in women. Most remain harmless.

#### **[High blood pressure](#)**

Many people have high blood pressure (hypertension), but they usually don't notice it – which means that over time it can damage blood vessels. Having blood pressure that is always too high can make you more likely to have health problems like a heart attack, stroke or kidney damage.

#### **[Heart failure](#)**

Many people with heart failure avoid physical activity in order to prevent symptoms like shortness of breath and trouble breathing. But physical exercise is actually considered to be good for people with heart failure in the long term: Research has found that special exercise programs can improve their fitness and quality of life.

#### **[Atrial fibrillation](#)**

A heart rate that is irregular and often too fast is the most common sign of atrial fibrillation. Although the condition isn't immediately life-threatening, it increases the risk of a stroke and can weaken the heart over time. There are a number of different treatment options.

#### **[Varicose veins](#)**

About one in five adults have varicose veins. These bumpy, bluish veins are mostly a cosmetic issue for a lot of people. But they sometimes cause heavy-feeling legs, pain or muscle cramps. Read about the treatment options for varicose veins.

### [Heart valve diseases](#)

When people talk about heart valve diseases, they usually mean conditions caused by damage to heart valves over time. These tend to occur in older age due to wear and tear. If treatment is needed, the more suitable of the two treatment options will depend on various factors.

### [Coronary artery disease](#)

Coronary artery disease (CAD) is caused by the narrowing of the large blood vessels that supply the heart with oxygen. These vessels are called coronary arteries. The symptoms of CAD can vary greatly, depending on how long the arteries have been narrowed and how constricted they are.

[Source: [https://www.informedhealth.org/topic-area.2029.en.html?filter\\*cat=9&filter\\*tag=Heart+and+circulation](https://www.informedhealth.org/topic-area.2029.en.html?filter*cat=9&filter*tag=Heart+and+circulation) | September 2019 ++]

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## **Medicare Fraud**

### **Update 139 ► Disclosures 16-30 SEP 2019**

**Texas** -- The Justice Department announced 18 SEP a coordinated health care fraud enforcement operation across the state of Texas, involving charges against a total of 58 individuals across all four federal districts in Texas for their alleged involvement in Medicare fraud schemes and networks of “pill mill” clinics resulting in \$66 million in loss and 6.2 million pills. Of those charged, 16 were doctors or medical professionals, and 20 were charged for their role in diverting opioids.

The charges announced today aggressively target schemes billing Medicare, Medicaid, TRICARE, Department of Labor-Office of Worker’s Compensation Programs, and private insurance companies for medically unnecessary prescription drugs and compounded medications that often were never even purchased and/or distributed to beneficiaries. The charges also involve individuals contributing to the opioid epidemic, with a particular focus on medical professionals allegedly involved in the unlawful distribution of opioids and other prescription narcotics, a particular focus for the Department. Today’s arrests come three weeks after the Department announced that the Health Care Fraud Unit’s Houston Strike Force coordinated the filing of charges against dozens in a trafficking network responsible for diverting over 23 million oxycodone, hydrocodone and carisoprodol pills.

“Every dollar stolen from Medicare through fraud comes out of the pocket of taxpayers,” said U.S. Attorney Joseph D. Brown of the Eastern District of Texas. “These are real costs that help drive up the cost of medical services for everyone. It is important that there be real consequences for those who cheat the system.” “Today’s announcement demonstrates the close collaboration between the FBI and its law enforcement partners in North Texas,” said Special Agent in Charge Matthew J. DeSarno of the FBI’s Dallas Field Office. “The enormous economic damage caused by those who defraud crucial public health programs, as well as the ever-increasing loss of life caused by illicit and illegitimate pill schemes cannot be overstated. The public can rest assured the FBI will continue to make these investigations a top priority moving forward.” Among those charged in the Northern District of Texas are the following:

- Michael Charles Braddick, Kyle Martin Hermes, and Bioflex Medical were charged for their alleged participation in a scheme to defraud the Department of Labor- Office of Worker’s Compensation Programs. Bioflex Medical is located in Dallas, Texas. The case is being prosecuted by Special Assistant U.S. Attorney Jennifer Bray.



- Nehaj Rizvi was charged for his alleged participation in a scheme to defraud Medicare through Life Spring Housecall Physicians, Inc., a company located in Dallas, Texas. The case is being prosecuted by Assistant U.S. Attorney Douglas Brasher.
- Dr. Brian Carpenter and Jerry Hawrylak were charged for their alleged participation in a scheme to defraud TRICARE through a compounding pharmacy located in Fort Worth, Texas. The case is being prosecuted by Trial Attorney Brynn Schiess of the Fraud Section.
- Leah Hagen and Michael Hagen were charged for their alleged participation in conspiracies to pay and receive kickbacks and launder money through Metro DME Supply and Ortho Pain Solutions, both durable medical equipment companies in Arlington, Texas. The case is being prosecuted by Trial Attorney Brynn Schiess.
- Nilesch Patel, Dr. Craig Henry, and Bruce Henry were charged for their alleged participation in a scheme to defraud TRICARE through marketing company RxConsultants and a compounding pharmacy located in Fort Worth, Texas. The case is being prosecuted by Trial Attorney Carlos Lopez of the Fraud Section.
- Bruce Stroud and Bobbi Stroud were charged for their alleged participation in a scheme to defraud Medicare through New Horizons Durable Medical Equipment, Striffin Medical Supply, and 4B Ortho Supply, all durable medical equipment companies located in the Dallas/Fort Worth area of Texas. The case is being prosecuted by Trial Attorney Carlos Lopez.
- Jamshid Noryian, Dehshid Nourian, Christopher Rydberg, Leyla Nourian, Ashraf Mofid, Dr. Leslie Benson, Dr. Michael Taba, and Ali Khavarmanesh were charged for their alleged participation in a scheme to defraud the Department of Labor- Office of Worker’s Compensation and Blue Cross Blue Shield and conspiracies to launder money and evade the payment of taxes through Ability Pharmacy, Industrial & Family Pharmacy, and Park Row Pharmacy, all located in the Dallas/Fort Worth area of Texas. The case is being prosecuted by Assistant Chief Adrienne Frazier of the Fraud Section.

The charges and allegations contained in the indictments are merely accusations. The defendants are presumed innocent until and unless proven guilty. The Fraud Section leads the MFSF, which is part of a joint initiative between the Department of Justice and HHS to focus their efforts to prevent and deter fraud and enforce current anti-fraud laws around the country. MFSF maintains 15 strike forces operating in 24 districts. Since its inception in March 2007, MFSF has charged nearly 4,000 defendants who have collectively billed the Medicare program for more than \$14 billion. In addition, HHS Centers for Medicare & Medicaid Services, working in conjunction with HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers. [Source: DoJ Northern District of Texas | U.S. Attorney’s Office | September 18, 2019 ++]

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## **Pain**

### **Update 03: Non-Opioid Relief Approaches**

Pain is a signal in your nervous system that something may be wrong. It is an unpleasant feeling, such as a prick, tingle, sting, burn, or ache. Pain may be sharp or dull. It may come and go, or it may be constant. You may feel pain in one area of your body, such as your back, abdomen, chest, pelvis, or you may feel pain all over. Pain can be helpful in diagnosing a problem. If you never felt pain, you might seriously hurt yourself without knowing it, or you might not realize you have a medical problem that needs treatment.

There are two types of pain: acute and chronic. Acute pain usually comes on suddenly, because of a disease, injury, or inflammation. It can often be diagnosed and treated. It usually goes away, though sometimes it can turn into chronic pain. Chronic pain lasts for a long time, and can cause severe problems. Pain is not always curable, but there are many ways to treat it. Treatment depends on the cause and type of pain. There are drug treatments, including pain relievers. There are also non-drug treatments, such as acupuncture, physical therapy, and sometimes surgery. Following are some alternate approaches to obtaining relief for those experiencing it who want to avoid Opioids:

## **Pain relievers**

These are medicines that reduce or relieve headaches, sore muscles, arthritis, or other aches and pains. There are many different pain medicines, and each one has advantages and risks. Some types of pain respond better to certain medicines than others. Each person may also have a slightly different response to a pain reliever. Over-the-counter (OTC) medicines are good for many types of pain. There are two main types of OTC pain medicines: acetaminophen (Tylenol) and nonsteroidal anti-inflammatory drugs (NSAIDs). Aspirin, naproxen (Aleve), and ibuprofen (Advil, Motrin) are examples of OTC NSAIDs.

If OTC medicines don't relieve your pain, your doctor may prescribe something stronger. Many NSAIDs are also available at higher prescription doses. The most powerful pain relievers are opioids. They are very effective, but they can sometimes have serious side effects. There is also a risk of addiction. Because of the risks, you must use them only under a doctor's supervision.

## **Imagery**

Relaxation helps lessen tension. One way to help decrease pain is to use imagery. Imagery is using your imagination to create a thought or image that will distract you from your pain. Imagery does not replace pain medicine. It works with your pain medicine to help you have better pain relief. Imagery is used to help reduce stress that can cause muscle tension. It can help relieve tense muscles that may add to the pain. Imagery can be thought of as a focused daydream that uses all of your senses – sight, touch, hearing, smell and taste. Certain images may reduce pain both during imagery and for a period of time afterward. You can imagine and revisit favorite spots in your mind to help you relax, relieve boredom, decrease anxiety and help you sleep. Directions for Using Imagery:

1. Find a quiet room where you can get into a comfortable position to relax. Close your eyes.
2. Do not fold your arms or cross your legs. You may cut off circulation and cause numbness and tingling.
3. Breathe in deeply. Exhale slowly as though you are whistling. Breathe deeply and exhale slowly three times. This will help you relax.
4. Picture in your mind something that is peaceful to you or a place that you have enjoyed visiting. This pleasant image should represent how you picture pain relief. For example
  - Think of pain as a large boulder that is on a part of your body weighing you down and causing pain. Picture large helium-filled balloons attached to the boulder carrying it away from you and taking away the pain.
  - Think of the pain as a thunderstorm with lightning and thunder that rains on your body. Imagine how the pain medicine is like a gentle breeze that blows the rain and thunderclouds away. Instead of rain and thunder, you have sunshine and warmth. The air smells clean and fresh, the rain has watered all the beautiful flowers and the grass is green and lush. There are swans and ducks on a pond. Only a ripple, caused by the ducks' gentle paddling, disturbs the water's peaceful state.
5. Use imagery at least 20 minutes a day. It is best to try imagery before your pain becomes severe, or while you are waiting for your pain medicine to work.

## **Osteopathic Manipulative Treatment (OMT)**

OMT, is a set of hands-on techniques used by osteopathic physicians (DOs) to diagnose, treat, and prevent illness or injury. Using OMT, a DO moves a patient's muscles and joints using techniques that include stretching, gentle pressure and resistance. As part of their education, DOs receive special training in the musculoskeletal system, the body's intricate system of muscles, nerves and bones. This advanced training provides DOs with a keen understanding of how the body's systems are interconnected and how each one affects the others. When appropriate, OMT can complement, and even replace, drugs or surgery. In this way, DOs bring an important dimension to standard medical care.

OMT can help people of all ages and backgrounds. The treatment can be used to ease pain, promote healing and increase overall mobility. Although often used to treat muscle pain, the treatment can also help patients with a number of other health problems such as: Asthma, Sinus disorders, Carpal tunnel syndrome, Migraines, and Menstrual pain.

through OMT, physicians manually apply a specific amount of pressure to different regions in the body. These techniques can help:

- Treat structural and tissue abnormalities
- Relieve joint restriction and misalignment
- Restore muscle and tissue balance
- Promote the overall movement of blood flow throughout the body

### **Topical Pain Relievers**

OTC topical pain relievers for muscles and joints include creams, lotions, ointments and patches. If you've ever rubbed a topical pain reliever—a cream, gel or other product applied to the skin—on a sore muscle or joint, you're familiar with the sensation of warmth or coolness that soon follows. In many cases, burns where the product was applied occurred after just one application, with severe burning or blistering occurring within 24 hours. Some had complications serious enough to require hospitalization. There's no way to predict who will have this kind of reaction to a topical pain reliever for muscles and joints. FDA has the following advice for consumers using OTC topical muscle and joint pain relievers:

- Don't apply these products onto damaged or irritated skin.
- Don't apply bandages to the area where you've applied a topical muscle and joint pain reliever.
- Don't apply heat to the area in the form of heating pads, hot water bottles or lamps. Doing so increases the risk of serious burns.
- Don't allow these products to come in contact with eyes and mucous membranes (such as the skin inside your nose, mouth or genitals).
- It's normal for these products to produce a warming or cooling sensation where you've applied them. But if you feel actual pain after applying them, look for signs of blistering or burning. If you see any of these signs, stop using the product and seek medical attention.

### **Magnets**

Magnets are often marketed for different types of pain, such as foot or back pain resulting from arthritis and fibromyalgia. Made from metal or alloys, magnets vary considerably in their strength. Magnets marketed for pain are usually encased in a wrap or sold in a product that is placed against the skin near where pain is felt. Different types of magnets have been studied for pain.

- **Static or permanent magnets:** Static magnets have magnetic fields that do not change. The activity of electrons in the metal causes it to be magnetic. These magnets usually aren't very strong and are often put in products such as shoe insoles, headbands, bracelets, and more.
- **Electromagnets:** This type of magnet is created when an electrical current charges the metal, making it magnetic. Devices with electromagnets in them are also marketed for health purposes.

Research studies don't support the use of static magnets for any form of pain. Electromagnets may help with osteoarthritis but it's unclear if they can relieve the pain enough to improve quality of life and day-to-day functioning, a 2013 research review concluded. For osteoarthritis, small machines or mats are used to deliver electromagnetic fields to the whole body or to certain joints. In 2013 the U.S. Food and Drug Administration approved a device that uses strong electromagnets to treat migraines by stimulating nerve cells in the brain, a process called transcranial magnetic stimulation (TMS). TMS may help other pain conditions as well.

### **Complementary Approaches**

These including acupuncture, massage therapy, meditation, spinal manipulation, yoga, and more. In a national survey, many Americans—more than 30 percent of adults and about 12 percent of children—use health care approaches that are not typically part of conventional medical care or that may have origins outside of usual Western practice. When describing these approaches, people often use “alternative” and “complementary” interchangeably, but the two terms refer to different concepts:

- If a non-mainstream practice is used together with conventional medicine, it's considered “complementary.”
- If a non-mainstream practice is used in place of conventional medicine, it's considered “alternative.”

Most people who use non-mainstream approaches also use conventional health care. For more information on this refer to <https://nccih.nih.gov/health/integrative-health>. Also, you'll find summaries of what the science says about whether these approaches are useful and safe, as well as tips to help you be an informed consumer in the 47 page eBook at [https://files.nccih.nih.gov/s3fs-public/Pain-eBook-2019\\_06\\_508.pdf](https://files.nccih.nih.gov/s3fs-public/Pain-eBook-2019_06_508.pdf). To learn more about complementary approaches for specific health conditions, visit Health Topics A–Z (<https://nccih.nih.gov/health/atoz.htm>).

[Source: <https://medlineplus.gov> | September 2019 ++]

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## Blood Clots

### What They Are and What Causes Them

When we injure ourselves and start to bleed, our bodies make sure that the bleeding soon stops by forming a clump of blood (a blood clot) that closes the wound. This reaction is very important, because it ensures that we lose as little blood as possible, stops germs from getting into the wound, and allows the wound to heal. But sometimes blood clots form in the bloodstream even though there are no external injuries, and blood vessels may become blocked as a result. This can lead to dangerous complications such as a heart attack or stroke. These kinds of blood clots only occur very rarely in healthy people. But certain illnesses and genetic factors can increase the risk of blood clots forming. Many people who have this higher risk take anti-clotting medication as prevention.

When we injure ourselves and start to bleed, this is what happens:

- Our blood vessels become narrower. This reduces the flow of blood to the injured tissue, limiting the loss of blood.
- Blood platelets in the bloodstream, known as thrombocytes, attach to the damaged area of the blood vessel and clump together to reduce the bleeding.
- The body then activates a number of substances in the blood and the tissue. These substances solidify the clump by forming a special protein and fix the clump at the wound. These substances are called clotting factors or coagulation factors. There are 13 clotting factors in human blood and tissues. Most of them are made in the liver. The liver needs vitamin K to make some of these clotting factors. Our bodies cannot make their own vitamin K, so people have to get it in their diet.

Blood clots can also form even if the person does not have any external injuries. For instance, if blood flows too slowly and it starts to build up, large numbers of blood platelets may group together and stick to each other, forming a blood clot. It is also not uncommon for them to form because the inner walls of blood vessels are damaged, for example in atherosclerosis. If clotting factors are stronger, that can also increase the risk of blood clots forming for no identifiable reason. There are a number of reasons that this can happen, including a genetic predisposition, a tumor, or because somebody is taking a particular kind of medication. The medical term for a blood clot is “thrombus”.

When can blood clots become dangerous?

If a blood clot forms in a vein it is called venous thrombosis. Venous thrombosis usually affects the veins in the legs. The main reason people get this kind of thrombosis in the legs is because they do not get enough movement over a long period of time – perhaps because they have had major surgery, or have a serious illness or injury. A blood clot in the legs can become dangerous if part of the clot (called an embolus) breaks off and blocks a blood vessel in the lungs. The medical term for this condition is pulmonary embolism. Typical signs of pulmonary embolism include sudden breathing difficulties, coughing, coughing up blood, and chest pain.

If blood clots form in arteries, the tissues and organs that they usually supply no longer get enough blood, or might not get any blood at all. This kind of thrombus usually develops in the coronary (heart) arteries or inside the heart. If a thrombus blocks a coronary artery, it can cause a heart attack. Blood clots that develop in the heart itself could cause a stroke if they move to the brain and block blood vessels there. People who have atrial fibrillation have a higher risk of

blood clots in the heart. Atrial fibrillation is a particular type of irregular heartbeat, where two of the chambers (called atria) beat very fast and irregularly. This means that blood does not flow through the heart as quickly and steadily. Artificial heart valves also increase the risk of a thrombus: Their surface is not as smooth as that of natural valves, so blood platelets are more likely to attach to them and form a blood clot.

Particular medications or illnesses such as cancer or genetic coagulation disorders can also increase the risk of blood clots developing. [Source: <https://www.informedhealth.org> | September 16, 2019 ++]

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## Acupuncture

### Alternative Medicine for Pain Treatment

Acupuncture is a component of the health care system of China that can be traced back at least 2,500 years. The general theory of acupuncture is based on the premise that there are patterns of energy flow (Qi) through the body that are essential for health. Disruptions of this flow are believed to be responsible for disease. Acupuncture may, it has been theorized, correct imbalances of flow at identifiable points close to the skin. The practice of acupuncture to treat identifiable pathophysiological (disease) conditions in American medicine was rare until the visit of President Richard M. Nixon to China in 1972. Since that time, there has been an explosion of interest in the United States and Europe in the application of the technique of acupuncture to Western medicine.

Acupuncture is a family of procedures involving stimulation of anatomical locations on or in the skin by a variety of techniques. There are a variety of approaches to diagnosis and treatment in American acupuncture that incorporate medical traditions from China, Japan, Korea, and other countries. The most thoroughly studied mechanism of stimulation of acupuncture points employs penetration of the skin by thin, solid, metallic needles, which are manipulated manually or by electrical stimulation. After reviewing the existing body of knowledge, the U.S. Food and Drug Administration (FDA) removed acupuncture needles from the category of "experimental medical devices." The FDA now regulates acupuncture needles, just as it does other devices such as surgical scalpels and hypodermic syringes, under good manufacturing practices and single-use standards of sterility.

Needle therapy typically involves insertion, frequently with a plastic guide tube, after the skin is sterilized. Needles may be manipulated in various ways, including spinning, flicking, or moving up and down relative to the skin. Since most pain is felt in the superficial layers of the skin, a quick insertion of the needle is recommended. Often the needles are stimulated by hand in order to cause a dull, localized, aching sensation that is called de qi, as well as "needle grasp," a tugging feeling felt by the acupuncturist and generated by a mechanical interaction between the needle and skin. Acupuncture can be painful. The skill level of the acupuncturist may influence how painful the needle insertion is, and a sufficiently skilled practitioner may be able to insert the needles without causing any pain.

The most common serious injury reported from the needles of acupuncture has been accidental puncture of the lung, which results in a partial collapse of the lung called pneumothorax. The most common infection reported from acupuncture treatments is viral hepatitis, a potentially serious infection of the liver. Other side effects include bacterial infections locally at the site of needle insertion in the skin and elsewhere in the body. Generally, side effects seem to relate to poor hygiene and training of the acupuncturist.

Cupping therapy is usually used as part of acupuncture or body work treatment. Cupping therapy involves heating the air inside a glass cup, which removes some of the air from the cup. The cup is then quickly placed on the skin, and the resulting vacuum pulls the skin part of the way into the cup. The cup may be left in place for several minutes and then removed, leaving behind a bright red, circular welt. The theory behind cupping is that it moves or stimulates the body's natural energy - also called qi.

Acupuncture is used most commonly for pain relief, though it is also used to treat a wide range of conditions. It is generally only used in combination with other forms of treatment. For example, American Society of Anesthesiologists states it may be considered in the treatment for nonspecific, noninflammatory low back pain only in conjunction with conventional therapy. Acupuncture has been shown to be effective for the treatment of nausea and vomiting in adults following surgery or taking chemotherapy and post-operative dental pain. It may be effective in treating a number of other conditions, however, more research is needed to define more precisely the role of acupuncture in health care.

[Source: <https://www.medicinenet.com/acupuncture> | September 2019 ++]

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## **TRICARE Vision Benefits**

### **Update 04: Make Vision Coverage Choices to Fit Your Needs**

According to the National Eye Institute, more than 150 million Americans have a vision problem that makes it hard for them to see clearly—but many don't know that they could be seeing better. Prescription contact lenses and eyeglasses can help you see clearly. But they're expensive. If you aren't an active duty service member (ADSM) or activated National Guard and Reserve member. TRICARE only [covers](#) prescription glasses and contacts to treat certain conditions. If you or your family members wear glasses or contacts, did you know you might be eligible to purchase vision insurance through the Federal Employees Dental and Vision Insurance Program ([FEDVIP](#))?

Routine eye exams can help keep your vision strong. The Centers for Disease Control and Prevention reports that regular eye exams help to find eye diseases early and preserve your vision. In other words, reduce your risk of experiencing vision loss or blindness. Take the time to understand your TRICARE vision benefits and what other options you may have.

#### **TRICARE Vision Coverage**

TRICARE's program depends on who you are, your health plan, and your age. It includes an annual routine eye exam for active duty family members (ADFM) using TRICARE Prime and TRICARE Select. TRICARE also covers other services to help diagnose or treat medical eye conditions. TRICARE Prime ADFMs and retiree family members may get their exam from any TRICARE-authorized network provider without a referral or pre-authorization from their primary care manager (PCM). If you see a non-network provider and you don't have a referral from your PCM, you'll be using the point-of-service option. TRICARE Select ADFMs may visit any TRICARE-authorized provider

An authorized provider is any individual, institution/organization, or supplier that is licensed by a state, accredited by national organization, or meets other standards of the medical community, and is certified to provide benefits under TRICARE. There are two types of TRICARE-authorized providers: Network and Non-Network. US Family Health Plan (USFHP) enrollees can find an eye doctor online through their [USFHP provider](#). TRICARE Select retirees and their family members don't have coverage for eye exams. If you have TRICARE For Life (TFL), you also don't have eye exam coverage.

#### **FEDVIP Vision Coverage**

With [FEDVIP](#), you can choose from multiple vision plans and eye care providers. The plans vary in coverage and cost. But most plans include routine eye exams, vision correction, glasses, and contact lenses. You can check to see if you can enroll in a FEDVIP vision [plan](#) online. ADFMs, retirees, retiree family members, and National Guard and Reserve members enrolled in TRICARE Reserve Select or TRICARE Retired Reserve may qualify to purchase FEDVIP vision coverage. You must be enrolled in a TRICARE health plan or have TFL coverage to enroll in FEDVIP. You can use the [plan comparison tool](#) to learn about and compare FEDVIP plans. The tool lets you view rates, benefits, and coverage information for multiple plans at a time.



During Federal Benefits Open Season, you can enroll in or change FEDVIP vision plans. Open season begins on 11 NOV and ends on 9 DEC. Your enrollment choices will take effect on Jan. 1, 2020. You can only make plan changes during open season, or when you experience a FEDVIP qualifying life event (QLE). Examples of FEDVIP QLEs include events, like getting married or moving.

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Remember that as long as you're enrolled in a TRICARE health plan, your TRICARE vision coverage continues. To learn more about your vision benefit, contact your [regional contractor](#). To learn more about FEDVIP vision plans, check out the FEDVIP [enrollment website](#).

[Source: TRICARE Communications | September 25, 2019 ++]

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## **TRICARE Open Season**

### **Begins 11 NOV | Time to Make Changes to Coverage**

Open season is an annual period when you can enroll in or change health plans for the next year. Now is the time to think through whether you or your family members want to make changes to your current health, dental, and vision plan coverage. Two open seasons run at the same time this fall: [TRICARE Open Season](#) and [Federal Benefits Open Season](#). Both the TRICARE and FEDVIP open seasons begin on 11 NOV and end on 9 DEC. Enrollment choices made during this period will take effect on Jan. 1, 2020.

- TRICARE Open Season applies to anyone enrolled in or eligible for [TRICARE Prime](#) (including the [US Family Health Plan](#)) or [TRICARE Select](#).
- Federal Benefits Open Season is for enrollment in the Federal Employees Dental and Vision Insurance Program (FEDVIP).

“Every year your health coverage needs may change,” said Mark Ellis, chief of the Policy and Programs Section of the TRICARE Health Plan at the Defense Health Agency. “Open season is your chance to think about the kind of coverage you’ll need for the upcoming year and make any changes.” To get ready for open season, you can use tools on the TRICARE website, like the [TRICARE Plan Finder](#) and [TRICARE Compare Cost Tool](#). These resources help you see which plans you’re eligible for and help you to compare plans and costs. On the [FEDVIP enrollment website](#), you can enroll in or make changes to your FEDVIP plan. The website also provides tools to help you find the right dental and/or vision plans for you and your family.

If you're eligible to participate in TRICARE Open Season, you have three choices for your 2020 health coverage:

- Do nothing. If you want to stay in your current TRICARE health care plan, you don't have to take any action. You'll continue in your current health plan through 2020 or as long as you're eligible.
- Enroll in a plan. If you're eligible for TRICARE Prime or TRICARE Select but not enrolled, you can enroll in a plan now.
- Change plans. If you're already enrolled in a TRICARE Prime or TRICARE Select plan, you can switch plans and switch between individual and family enrollment.

TRICARE Open Season doesn't apply to [TRICARE For Life](#) (TFL). TFL coverage is automatic if you have Medicare Part A and Medicare Part B. Open season also doesn't apply to the following premium-based plans which you can purchase any time:

- [TRICARE Retired Reserve](#)
- [TRICARE Reserve Select](#)
- [TRICARE Young Adult](#)
- [Continued Health Care Benefit Program](#)

Outside of TRICARE Open Season, you can only enroll in or make changes to your TRICARE Prime or TRICARE Select plan following a [Qualifying Life Event](#) (QLE). A QLE is a certain change in your life, such as marriage, birth

of a child, change of address, or retirement from active duty. Different TRICARE health plans may be available to you and your family members after a QLE.

### **What can you do during Federal Benefits Open Season?**

Your chance to enroll in FEDVIP is during the [Federal Benefits Open Season](#). FEDVIP, managed by the U.S. Office of Personnel Management, offers eligible TRICARE beneficiaries a choice between multiple vision and dental plans and carriers. Some plans offer both high and standard options. If you're already enrolled in a FEDVIP dental and/or vision plan, your enrollment will automatically continue in 2020. If you wish to make changes to your existing plan, you must do so during open season. Those eligible for FEDVIP dental coverage include:

- Retired service members and their eligible family members
- Retired National Guard and Reserve members and their eligible family members
- Certain survivors
- Medal of Honor recipients and their immediate family members and survivors

To enroll in a FEDVIP vision plan, you must be enrolled in a TRICARE health plan or have TFL coverage. Those who may qualify to purchase FEDVIP vision coverage include:

- Active duty family members
- National Guard and Reserve members and their eligible family members
- Retired service members and their eligible family members
- TRICARE For Life beneficiaries

Take command of your health and learn about this year's TRICARE Open Season and Federal Benefits Open Season. If you want to change your 2020 coverage, you must take action during open season. Sign up for email updates about open season on the [TRICARE website](#). [Source: TRICARE Communications | September 16, 2019 ++]

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## **Posture**

### **Lifestyle Tweaks to Implement with Age**

Your mother always nagged you to stand up straight. But even if you followed her advice all these years, sitting for so long in front of screens — and age itself — have likely taken your posture down a few notches. "We begin to naturally lose muscle mass in our 30s, and it really starts to accelerate in our 50s," explains Christina Rodriguez, a physical therapist at the Hospital for Special Surgery in New York City. "But we need this muscle strength and endurance to hold us upright and stand up against gravity." Bone loss is also common (think osteoporosis and osteopenia), and women are particularly susceptible to its effects since they tend to lose more bone mass than men.

As people age, they also may notice a decline in their balance, which leads them to look down more, further throwing off their posture. "All these age-related changes together can lead to rounded shoulders and a forward head tilt, which affects your posture and also can cause neck, shoulder, upper-back and lower-back pain," Rodriguez says. Not to mention the fact that many folks tend to sprout a spare tire around their middle, which leads to a weight redistribution that puts even more stress on the spine. But there is also another big, controllable reason why we're all so slumped over: We're sitting too much. "Many of the age-related spine changes we see in older adults are from us taking on these prolonged, fixed positions in our work environments — like sitting in a cubicle all day, staring at a computer screen — that we weren't designed for," explains Chad Adams, a chiropractor at the Center for Integrative Medicine at the Cleveland Clinic. "Ultimately, our bodies start to adapt to it, and it becomes our natural structure."

That's a problem, he adds, because poor posture often leads to your body unevenly distributing force throughout your joints and tissues, which can lead to problems like hip, knee and back pain as well as other conditions like degenerative disc disease. The good news: If your poor posture's due to years of sitting slouched over and/or general muscle weakness and limited flexibility, then it most likely can be significantly improved with a few general day-to-

day lifestyle tweaks. Some conditions that can affect your posture by accentuating the natural curve in your upper spine — like osteoporosis, degenerative disc disease and vertebral fractures — aren't as easily addressed. But even in these cases, you can still take steps to prevent it from worsening.

The best thing you can do? Move. “Our bodies were designed to move, so the most simple thing to start with is to avoid sitting for long periods of time,” Rodriguez says. “When we sit, we usually slouch and spend a lot of time either looking down at a device or craning our head forward.” The more you get up and hoof around, the easier it is to “reset” your body for good posture. Set a timer to remind yourself to get up and walk the hallways or your block a few times a day. You can also try these easy exercises designed to be done without leaving your desk or living room.

- While sitting in a chair, put your feet on the floor and push yourself straight up into a standing position. “As you engage the muscles in your legs, your spine will straighten up automatically,” says Adams, who recommends doing this exercise four to five times every half hour to see drastic improvements.
- When you're sitting, periodically squeeze your shoulder blades together and hold for a count of three to five seconds, Rodriguez advises. (Just make sure you keep your shoulders down.)
- Every time you take a sip of water at your desk, do three to five shoulder circles. This will help keep your shoulders back, preventing them from automatically rolling forward.
- When sitting at your computer, periodically check that your chin is parallel to the floor and your ears are close to being aligned with your shoulders, Rodriguez adds.

It's also key to make sure you develop a good strength training plan. One of the best ways to improve your posture is to focus on core exercises that strengthen abdominal and lower back muscles, explains physical therapist Eric Robertson, spokesperson for the American Physical Therapy Association. These connect to your spine and pelvis, so they're essential to ensuring you can stand up straight. Here are three to follow. (Incorporate them into your workout two to three times a week.)

- **Side leg raise**  
Stand behind a sturdy chair with your feet slightly apart, holding onto the chair as needed for balance. Slowly lift one leg straight out to the side, your back straight and your toes facing forward. Hold for a second, then return to starting position. Repeat 10 to 15 times, then switch to the other leg. As you get stronger, you can add in ankle weights.
- **Plank**  
This classic move strengthens all your abdominal, shoulder and back muscles. Get on your hands and knees with your palms aligned under your shoulders. Now extend both legs straight behind you, toes tucked under, into a push-up-like position, with your abdominal muscles pulled in. Hold for as long as possible until you start to feel fatigued. (While at the beginning you may not be able to hold for longer than 10 seconds, gradually work your way up to 30, then 45 seconds, until you can hold it for a full minute.)
- **Cobra pose**  
This yoga pose strengthens the erector spinae, the back muscles that extend your spine and prevent slouching. Lie on your stomach with your palms flat on the floor, legs extended straight behind you. Now slowly raise your head and chest off the floor, pushing your hands into the floor in front of you while engaging your back muscles, making sure to keep your hip bones on the floor. Slowly lower back down. Hold for 15 to 30 seconds.

Beyond the Cobra pose, many other [yoga](#) moves are also helpful for spreading open the muscles of the chest and upper back, countering the effects of us hunching forward during daily activities. “Sun Salutations [a series of yoga poses done in a continuous flowing sequence] are particularly great because they take you through the entire range of motion,” Robertson says. Focus on poses like the Mountain pose, Raised Arm pose and Downward-Facing Dog. [Source: AARP | Hallie Levine | August 23, 2019 ++]

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# Cholesterol

## Update 05: Clearing the Confusion

What most influences your cholesterol levels? Fat? Cholesterol? It's challenging to know what to look for on food labels. If you think you are making a good choice because the package "contains no cholesterol," the food companies have succeeded in distracting you from the two culprits: saturated fat and trans-fat. Experts report that there isn't enough evidence to recommend an 'upper limit' of cholesterol (in foods) that we should consume. But the American College of Cardiology/American Heart Association's most updated [guidelines](#) for reducing heart disease risk tell us which fat is dangerous: trans-fat. This fat raises LDL (the "bad" cholesterol) and lowers HDL (the "good" cholesterol) in our blood (the AHA [website](#) explains these terms). Some think of it this way: LDL is Lousy; HDL is Healthy. Saturated fat is another unhealthy choice, because eating it causes the liver to send cholesterol into the bloodstream, causing a build-up or plaque inside our arteries.

### Saturated fats

For optimal heart health, eat less saturated fat and as little trans-fat as possible. Saturated fat is found in foods that come from animals and some plants. Saturated fats are found in high amounts in fatty cuts of meat, poultry with skin, whole-milk dairy foods, butter, lard, and coconut and palm oils. But wait: Isn't coconut oil a "health food?" Why does this blog post say that we should limit it in our diet? There is a lot of buzz about the health benefits of coconut products. The reality is that coconut oil is a highly saturated oil and therefore will raise your blood cholesterol. If you like to eat coconut, make it an occasional treat rather than using it as an everyday cooking ingredient.

### Trans fats

Limit intake of trans fats to very little or none. Trans fats are found in high amounts in foods made with partially hydrogenated oils, such as some desserts, microwave popcorn, frozen pizza, stick margarines, and coffee creamers. You may be thinking: Didn't our government recently ban trans-fat from food products? Well, because of that law, the Nutrition Facts Label on any package will state: trans-fat: 0 grams. Unfortunately, that doesn't always mean zero grams, because the FDA (writer of the Food Label law) says "The Nutrition Facts Label can state 0 g of trans fat if the food product contains less than 0.5 g of trans fat per serving". So, the more servings you eat, the more trans-fat you could be consuming in many processed foods. A summary of food sources of healthy vs. unhealthy fats can be found [here](#).

Your VA dietitian can help you with lifestyle changes to lower your cholesterol and your risk for heart disease. He or she can really help clear the confusion. Call your VA and request a visit with a Registered Dietitian today! [Source: Vantage Point | Anne Koth | September 24, 2019 ++]

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## Cancer Q&A

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### (Q) How do Organic, Irradiated, and Processed foods 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 address common concerns about organic, irradiated, and processed foods in relation to cancer:

- *Are foods labeled "organic" more effective in lowering cancer risk?* The term "organic" is widely used to describe foods from plants grown without adding artificial chemicals, and foods from animals raised without hormones or antibiotics. Organic plant foods come from farming methods that do not use most conventional pest or weed killers, chemical fertilizers or sewage sludge as fertilizer, or food irradiation in processing. Foods that are genetically modified cannot be called organic.

While the purpose of organic food production is to promote sustainable farming practices, it is widely perceived that eating organic foods may carry health benefits. There is some debate over whether organic produce may have higher nutritional levels than conventionally grown produce. But at this time, there is no evidence that such foods are more effective in reducing cancer risk or providing other health benefits than similar foods produced by other farming methods.

- *Do irradiated foods cause cancer?* There is no proof that irradiation of foods causes cancer or has harmful human health effects. Radiation is increasingly used to kill harmful germs on foods to extend their shelf life. Radiation does not stay in the foods after treatment, and eating irradiated foods does not appear to increase cancer risk.
- *Should I avoid processed meats?* Some studies have linked eating large amounts of processed meat to increased risk of colorectal and stomach cancers. This link may be due in part to nitrites, which are added to many lunch meats, hams, and hot dogs to maintain color and to prevent bacterial growth. Eating processed meats and meats preserved using smoke or salt increases exposure to potential cancer-causing agents and should be reduced as much as possible.
- *How does cooking meat affect cancer risk?* Adequate cooking is needed to kill harmful germs in meat. But some research suggests that frying, broiling, or grilling meats at very high temperatures forms chemicals (polycyclic aromatic hydrocarbons or heterocyclic aromatic amines) that might increase cancer risk. These chemicals can damage DNA and cause cancer in animals, but it is not clear how much they (as opposed to other substances in meat) may contribute to the increased colorectal cancer risk seen in people who eat large amounts of meat in some studies. Techniques such as braising, steaming, poaching, stewing, and microwaving meats produce fewer of these chemicals.

When you eat meat, try to select lean cuts. Choose cuts of beef with “loin” or “round” on the label. Look for pork with “loin” or “round” in the name. Or, look for cuts that don’t have a lot of fat streaks (marbling) in them. Also, be sure to trim any visible fat you see – an easy way to drastically reduce the saturated fat!

[Source: American Cancer Society | September 30, 2019 ++]

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## **TRICARE Podcast 519**

### **TRICARE Young Adult - Reporting Fraud - Coverage after Divorce**

**TRICARE Young Adult** -- Did you know that if you’re a TRICARE beneficiary turning age 21, you may no longer be eligible for regular TRICARE coverage? But don’t worry—even if you’ve aged out, you may still be eligible for TRICARE Young Adult, or TYA. TRICARE Young Adult is a premium-based health care plan. There are two options—TRICARE Young Adult Prime and TRICARE Young Adult Select. Your sponsor’s status and your geographic location determine whether you can purchase either TYA Prime or TYA Select. Young adults must show as eligible in the Defense Enrollment Eligibility Reporting System to enroll in TYA. You can purchase TYA coverage if you’re:

- An unmarried, adult child of an eligible uniformed service sponsor,
- At least age 21, but not yet age 26,

- Ineligible for an employer-sponsored health plan under your own employment as defined in TYA regulations, and
- Not otherwise eligible for other TRICARE program coverage

Anyone who qualifies for TYA may enroll in TYA Select. However, those who are only eligible for TYA Prime include:

- Children of active duty sponsors in all U.S. locations and in all overseas areas, if command-sponsored, and
- Children of retired sponsors if they live in a Prime Service Area

If you're TYA Prime eligible and live in an area where the US Family Health Plan is offered, you may choose this plan for your TYA Prime option. Learn more about TYA, including how to get care and costs in this week's article, "Getting to Know Your TRICARE Young Adult Plan," at [www.TRICARE.mil/news](http://www.TRICARE.mil/news).

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**Reporting TRICARE Fraud** -- Fraud against TRICARE beneficiaries can happen. Protecting your personal information is vital to your privacy, and prevents abuse of taxpayer funds. Be safe; don't share your military ID or other personal or family information with an unknown person. Fraudsters often target TRICARE beneficiaries, including active duty service members. Examples include fake surveys used to collect personal information or offering gift cards to get your information, then billing TRICARE for services you didn't need or never received.

If you think you're the victim of TRICARE-related fraud, you can report it to the Defense Health Agency at [www.health.mil/reportfraud](http://www.health.mil/reportfraud). You can also report cases where you think someone is trying to defraud TRICARE. For example, if your TRICARE explanation of benefits shows a bill for something you didn't get, tell your TRICARE regional contractor. TRICARE usually doesn't contact you asking for personal information, such as your military ID number or Social Security number. Only provide that information to a trusted entity, like your doctor, a claims processor, or your TRICARE regional contractor. Be suspicious of an unknown person offering a gift or reward in exchange for providing a health service. They may be trying to get your information to commit fraud. Learn more at [www.health.mil/fraud](http://www.health.mil/fraud).

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**TRICARE Coverage After Divorce** -- Divorce, annulment, or dissolution of a marriage is a TRICARE Qualifying Life Event. A Qualifying Life Event allows you and family members to make changes to your TRICARE Prime or TRICARE Select health plan outside of TRICARE Open Season. To help you and your loved ones understand your TRICARE health care options after getting divorced, here are some things to know. After a divorce, the sponsor remains eligible for TRICARE. This is the same for the sponsor's biological and adopted children. If the sponsor didn't adopt his or her stepchildren, they lose eligibility once the divorce is final. The former spouse only remains eligible for TRICARE if he or she meets certain criteria. If not, the former spouse stays eligible up until the day the divorce is final.

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

When you qualify for TRICARE as a former spouse, you have the same benefits as a retired family member, and your health plan options depend on where you live. You'll lose TRICARE benefits if you remarry or enroll in an employer-sponsored health plan. Going through a divorce is difficult. Learn more about how divorce affects TRICARE benefits for spouses and children at [www.TRICARE.mil/divorce](http://www.TRICARE.mil/divorce).

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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> | September 13, 2019 ++]

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## **TRICARE Podcast 520**

### **"Ask TRICARE" Webinar - TRICARE Prime - TRICARE Dental/Medical Enrollment**

**September "Ask TRICARE" Webinar** -- Do you have questions about your TRICARE benefit? Here's your chance to get some answers. Join the "Ask TRICARE" webinar on September 26th, from 1 to 2 p.m. eastern. The Q&A webinar will include a panel of experts to answer your stateside and overseas questions about TRICARE health care, pharmacy, and dental programs. This is a unique opportunity for beneficiaries to ask questions directly to TRICARE experts. In addition to the "Ask TRICARE" webinar, you can find many TRICARE resources to help you get answers to your questions on the TRICARE website. Visit [www.TRICARE.mil/publications](http://www.TRICARE.mil/publications) for handbooks, brochures, fact sheets, newsletters, and more. To join the "Ask TRICARE" webinar, check out this week's article, "Bring Your TRICARE Questions to September 26 Webinar," at [www.TRICARE.mil/news](http://www.TRICARE.mil/news).

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**TRICARE Prime** -- TRICARE keeps you covered with several different health plans and programs to fit all of your unique needs. Plan availability depends on who you are and where you live. If you're on active duty, you're automatically enrolled in TRICARE Prime. Active duty family members, retirees, and retiree family members may also enroll in TRICARE Prime. In overseas locations, TRICARE Overseas Program Prime is available to active duty service members and their command-sponsored family members. Under a TRICARE Prime plan, you get most of your care from an assigned or selected primary care manager. The primary care manager refers you to specialists for care that he or she can't provide. He or she also works with your TRICARE regional contractor for referrals and authorizations.

TRICARE Prime generally has the lowest out-of-pocket costs of all the TRICARE health plans. Active duty service members and active duty family members pay no deductible and generally have no costs for TRICARE-covered services. There are no enrollment fees for active duty service members, active duty family members, and transitional survivors. However, retirees, their families, and others pay annual enrollment fees. For more cost details, go to [www.TRICARE.mil/costs](http://www.TRICARE.mil/costs). To learn more about how TRICARE Prime works, go to [www.TRICARE.mil/prime](http://www.TRICARE.mil/prime).

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**TRICARE Dental and Medical Enrollment** -- Not sure if you have dental coverage? Did you enroll in a dental plan? Your TRICARE dental and medical benefits are separate benefits. To gain coverage, you need to enroll in a dental plan and health care plan separately.

If you aren't an active duty service member, you may be eligible for two different dental programs. They are the TRICARE Dental Program, or TDP, and the Federal Employees Dental and Vision Insurance Program, or FEDVIP. Both dental programs require you to enroll for coverage. Remember that to use TRICARE, you must be registered in the Defense Enrollment Eligibility Reporting System. After you're registered, you may enroll yourself and your eligible family members in TRICARE health and dental plans. For a list of health and dental plans, click on the "Plans and Eligibility" tab at [www.TRICARE.mil](http://www.TRICARE.mil).

You can enroll in the TRICARE Dental Program online, by phone, and by mail. Enrolling online will speed up your enrollment. However, your date of TDP coverage depends on when the TDP contractor processes your TDP enrollment. Visit [www.TRICARE.mil/tdp](http://www.TRICARE.mil/tdp) for more details. For information on how to enroll in a FEDVIP dental plan, visit [www.BENEFEDS.com](http://www.BENEFEDS.com). There are more helpful tips on dental enrollment in this week's article, "TRICARE Dental and Medical: Separate Programs, Separate Enrollments," at [www.TRICARE.mil/news](http://www.TRICARE.mil/news).

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> | September 20, 2019 ++]

**\* Finances \***



## Pricing Tricks

### 7 That Make You Overspend

If you automatically reach for a \$39.99 sweater or load up on \$11.99 albums on iTunes, you're not alone. The strategy of ending prices with 99 cents has worked its magic on all of us. Merchants use a variety of strategies to get us to spend more — from labeling prices without dollar signs to setting a per-customer limit. These practices are used with all kinds of products, including clothes, food, toys, cars and houses. Whether you're shopping for the holidays or for everyday items, it's easy to fall for simple pricing tricks, warns Money Talks News money expert Stacy Johnson: While you probably don't stop to consider the pennies on a price tag, let me assure you, your friendly merchant does. Here are seven common pricing traps — and how to avoid them.

#### 1. Prices ending in '9,' '99' or '95'

Known as “charm prices,” tags that end in “9,” “99” or “95” make items appear cheaper than they really are. Since people read from left to right, they are more likely to register the first number and make an immediate conclusion as to whether the price is reasonable. When professor Robert Schindler of the Rutgers Business School studied prices at a women's clothing store, he found the 1 cent difference between prices ending in “.99” and “.00” had “a considerable effect on sales,” with prices ending in “.99” far outselling those ending in “.00.”

This works to the last digit on a product as small as a \$1.29 iTunes download. But it's also effective on anything from a pair of jeans to a car or house. Homes selling for \$299,000 often sell faster than those costing \$300,000. The reason? It's under, rather than at, the upper limit of those shopping for houses in the \$250,000 to \$300,000 price range. Pricing that doesn't end in “9” also tells our minds a story. If a price ends in “4” or “7,” for example, it's likely to stand out because it doesn't end in “9.” And it subliminally suggests the seller has seriously considered the price.

#### 2. Dollars without cents

If you see prices stated as whole-dollar amounts and no change, the retailer or restaurateur is sending the message that you're in a high-end place. The implication is that if you're concerned about pocket change, you should move on.

#### 3. Prices without dollar signs

In a Cornell University study, guests given a menu with only numbers and no dollar signs spent more than those who received a menu with either prices showing dollar signs or prices written out in words. The same tactic translates to retail stores. When items are marked “20” without the dollar sign, retailers are hoping customers won't associate the amount with money. Thus, they will be less likely to keep a running tally of how much they're spending as they shop.

#### 4. '10 for \$10' trick

Stores push deals like “10 for \$10,” aiming to get shoppers to buy items like soup, cereal, etc., in bulk. But here’s something stores don’t advertise: You don’t always have to buy in bulk to get the deal. In many cases, you can just as easily buy one for \$1. Ask your retailer before loading up your cart.

### 5. Per-customer limits

When stores add limits to products — like “limit four per customer” — it tricks shoppers into thinking the product is scarce, the price is low or both. It also gives the impression of big demand. You find yourself buying several — when you would normally buy just one — to avoid missing out.

### 6. ‘Free’ promotions

Retailers know “free” is the magic word. So, they roll out deals like “buy one, get one free,” sometimes persuading us to buy things we normally wouldn’t. Free-shipping incentives requiring us to spend at least a certain amount of money also draw us in.

### 7. Simple prices

Simple prices, especially on products susceptible to future markdowns, allow shoppers to quickly compare how much they’re saving. It’s easy to compute the discount on a product originally priced at \$50 that now costs \$35, as opposed to an item originally priced at \$49.97 that is now on sale for \$34.97.

## The bottom line

The psychology of shopping affects virtually everything you buy. These tricks are so simple, it’s easy to believe you’re too sophisticated to fall for them. However, odds are that you do — and so do millions of other people. Otherwise, retailers wouldn’t use these practices. But being aware they exist — and work — may help you overcome them, and make you a smarter shopper. [Source: MoneyTalksNews | Renee Morad | September 18, 2019 ++]

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## GI Bill

### Update 295: Montgomery Bill FY 2020 Increases

If you are one of the few remaining veterans who isn't using the Post-9/11 GI Bill, you'll be seeing an increase in your monthly payments beginning 1 OCT. The fiscal year 2020 monthly GI Bill payment rates will rise an average of 2.8% over last year's rates. The annual cost-of-living allowance is being rolled out for all GI Bill programs except the Post-9/11 GI Bill, which received its increase on August 1. You should see the increased payments in your Nov. 1, 2019 payment. Following is how much more you can expect to receive for the upcoming year under the Montgomery GI Bill.

- Active Duty -- A full-time student will see their monthly payment increase from \$1,994 to \$2,050, while a half-time student will see an increase from \$997 to \$1,025. Check out all the rates [here](#).
- Reserves -- A full-time student will see their monthly payment increase from \$384 to \$392, while a half-time student will see an increase from \$191 to \$195. Check out all the rates [here](#).
- Dependents Education Assistance -- A full-time student will see their monthly payment increase from \$1,224 to \$1,248, while a half-time student will see an increase from \$710 to \$724. Check out all the rates [here](#).

### Post-9/11 GI Bill

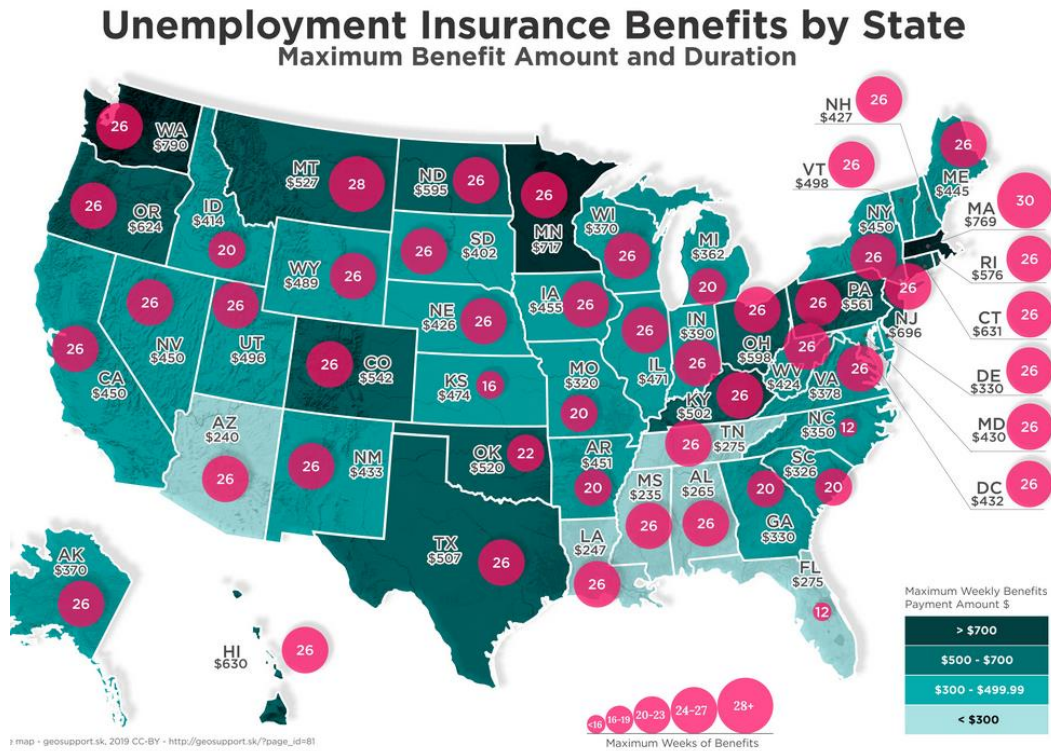
The Post-9/11 GI Bill Monthly Housing Allowance and maximum amount payable for private, foreign and online schools increased on Aug. 1, 2018. Check out those rates [here](#). [Source: MOAA Newsletter | September 12, 2019 ++]

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# Unemployment Benefits

## Comparison of Weekly Amount and Duration by State

Losing one’s job is stressful on many levels, but the state you live in can influence that stress. Unemployment payments vary greatly from state to state, with the most generous state paying out more than three times the maximum weekly benefits of the stingiest state. States also differ as to the maximum number of weeks an unemployed person may receive payments — again, by a wide margin. Massachusetts offers up to 30 weeks of payments, the most of any state. But lose your job in North Carolina or Florida, and you’d better have a new one after 12 weeks, the maximum time allowed for unemployment benefits. Cost information website [www.Howmuch.net](http://www.Howmuch.net) created a visualization showing how unemployment benefits differ from state to state. It uses data from state departments of labor and the U.S. Department of Labor’s database.



[Source: MoneyTalksNews | Gael F. Cooper | September 18, 2019 ++]

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## Safe Deposit Boxes

### Banks Have No Responsibility for Contents

Here’s a thought to keep you awake at night: Stashing something of value in a safe deposit box might not be so safe after all. A recent New York Times report highlighted the fact that the rules around safe deposit boxes operate in a “legal gray zone” that can leave you vulnerable. According to the Times: “There are no federal laws governing the boxes; no rules require banks to compensate customers if their property is stolen or destroyed.”

The Times recounted the story of Philip Poniz, a Colorado resident who stored rare watches, coins and photographs in a Wells Fargo safe deposit box, only to discover that the valuables had mysteriously disappeared. While some of the items later turned up in a Wells Fargo storage facility, others — valued at more than \$10 million in total — remained

missing. Each year, a few hundred people like Poniz report to authorities that the contents of their safe deposit boxes have gone missing, the Times reports. Even when the bank is clearly at fault, “customers rarely recover more than a small fraction of what they’ve lost — if they recover anything at all,” the newspaper reports.

You might be surprised that banks are not responsible for safeguarding the contents of your safe deposit box. But the Federal Deposit Insurance Corp., the government agency that insures bank deposits, offers this stark warning: “Remember that, by law, FDIC insurance covers only deposit accounts. Also, don’t expect the bank to reimburse you for theft of or damage to the contents of your safe deposit box. Again, you can ask your insurance agent about providing some coverage in your homeowner’s or renter’s policy.” Bank customers have relatively few options when looking for alternatives to safe deposit boxes. Home safes and hiding places have their own drawbacks.

The FDIC states the sad reality: “No safe deposit box or home safe is completely protected from theft, fire, flood or other loss or damage.” With that in mind, your best bet might be to insure your items. Doing so might require an insurance rider — or even a separate policy. For more, check out “[Your Insurance Company Might Not Pay for These 4 Damages](#). [Source: MoneyTalksNews | Chris Kissell | September 20, 2019 ++]

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## Social Security Taxation

### Update 13: Ways to Avoid Taxes on Social Security Income

Tax reform changed a lot of rules, but one thing remains the same: It is exceedingly difficult to evade the long reach of the tax man. That’s even true of Social Security benefits. Many people know that if you work while collecting benefits before reaching your full retirement age, it can result in a reduced benefit. But earn too much money — even by simply making withdrawals from some types of retirement plans — and you also can end up owing income taxes on your Social Security benefits. According to the Social Security Administration (SSA):

*“Some of you have to pay federal income taxes on your Social Security benefits. This usually happens only if you have other substantial income in addition to your benefits (such as wages, self-employment, interest, dividends and other taxable income that must be reported on your tax return).”*

Whether you owe taxes on these benefits depends on your “combined income.” The SSA defines this as the sum of:

- Your adjusted gross income
- Your nontaxable interest
- One-half of your Social Security benefits

If you file an individual tax return and your combined income is between \$25,000 and \$34,000, you may owe income taxes on up to 50% of your Social Security benefits. Earn more than that, and up to 85% of your benefits could be subject to taxes. If you file a joint return and your combined income is between \$32,000 and \$44,000, you may owe taxes on up to 50% of your benefits. Earn more than that, and up to 85% could be taxable. Fortunately, there are ways to reduce your income and lower — or even avoid paying — taxes owed on your Social Security benefits. They include:

#### 1. Delay collecting your benefits

Choosing to delay collecting Social Security benefits until your full retirement age — or even beyond — might be the simplest way to avoid paying taxes on your Social Security benefits, at least for a while. Waiting to file for benefits also means you will get a bigger check each month once you finally do start collecting.

#### 2. Don’t work, or work less, in retirement

Every dollar you earn doing part-time work can push you a little closer to owing taxes on your Social Security benefits. Of course, it’s silly to quit a job you enjoy — or need — simply to trim your tax bill. But if the job is a low-wage pain in the neck that only provides you with a modest financial benefit, you might be better off quitting so that you can reduce your income for the tradeoff of lowering or eliminating taxes on your Social Security benefits.



### 3. Avoid municipal bonds

A lot of people turn to municipal bonds as a way to lower their tax bill. Interest earned from these types of bonds typically is not subject to income taxes. However, municipal bond interest is included in the formula that determines whether you will pay taxes on your Social Security benefits. As MunicipalBonds.com states:

*“When it comes to taxing Social Security benefits, tax-free municipal bond interest can become a ‘stealth tax’ that quietly eats away at income. Bondholders should be aware of these potential tax consequences when deciding between tax-free muni bonds and other kinds of fixed-income investments.”*

Consider consulting with a financial adviser to help you determine whether municipal bond holdings might cause such trouble for you.

### 4. Withdraw money from a Roth account

If you have socked away money in a traditional IRA or 401(k), expect Uncle Sam to come calling during your retirement. After years of deferring taxes on those contributions, the bill is due once you begin making withdrawals on the money. Additionally, these withdrawals will boost your combined income, which could make the difference in whether or to what extent your benefits are taxed. One way to avoid such taxation is to withdraw only as much money as the government obligates you to do each year — known as the required minimum distribution (RMD) — and to take any additional cash that you need from a Roth IRA or Roth 401(k), if you have one. No taxes are due on Roth distributions, and these withdrawals will not impact your combined income. However, there are many good reasons not to withdraw money from a Roth account — including that RMDs do not apply to Roth IRAs. So, consult with a tax professional before making this decision. A pro can help you decide whether withdrawing money from a Roth account — or making a combination of withdrawals from both a Roth and a traditional account — is the best strategy for you.

### 5. Distribute your RMD to a charity

Giving money to charity is a great way to help make the world a better place. While doing good for others, you can also lower the odds that your Social Security benefit will be taxed. If you are at least 70½, you can take up to \$100,000 of your annual required minimum distribution, give it to a charity and avoid income taxes on the money. This is known as a qualified charitable distribution. Since the money is not taxed, it will not boost your adjusted gross income. But you need to be aware of some key rules.

- For starters, the money must be directed to a qualified 501(c)(3) organization.
- Also, you cannot use funds from a 401(k) or other employer-sponsored plan to make this type of distribution. There are ways around this — such as rolling over money to an IRA — but again, this strategy should not be used without consulting your tax adviser.

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

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## Seniors Tuition Free College

### 10 That Offer It



Seniors enjoy discounts for just about everything. Did you know that can even include the cost of higher education? Some schools think it’s a smart idea. Whether through a state-supported program or school-based initiatives, there are



plenty of opportunities to learn — and earn credit toward a degree — without the burden of crippling student loans. The following colleges currently offer tuition-free, credit-bearing courses for students in their golden years. Admission to classes is likely to depend on whether space is available. Consider this your chance to advance a career, change direction or finish a degree you started many moons ago.

### **1. University of Alaska**

Not everyone wants to retire to Florida. Those who prefer spending their post-career years in a colder climate might want to consider the Last Frontier State. At the University of Alaska, which comprises three universities on a system of campuses across the state, residents who are eligible for full Social Security retirement benefits — those who have reached what is technically known as “full retirement age” — are entitled to free tuition. You must submit a tuition waiver request [form](#) before tuition payments can be made. The waiver is valid for “[regular tuition](#),” which the school defines as “the base institutional charge for enrollment in a course offered for credit at the university.”

### **2. University of Arkansas**

The University of Arkansas offers its local silver foxes the opportunity to become “[Senior Razorbacks](#).” (The razorback, the university mascot, is a feral hog known for its “tenacious, wild fighting ability.”) You must be a resident of Arkansas, at least 60 years of age and hold a high school diploma or GED. As other degree-seeking college students, you’ll need to apply to the university as either an undergraduate or graduate student. Start by filling out the [Senior Citizen Fee Waiver](#) and then follow the step-by-step application instructions. Note that some non-tuition fees apply, including application fees, textbooks and supplies.

### **3. Clemson University**

Clemson University waives tuition costs for qualifying seniors. If you are at least 60 years old, a resident of South Carolina and not employed full-time, you are eligible for [Senior Citizen Enrollment](#) at the university. You can either audit classes or enroll for credit in classes where space is available. The best part is, there’s no limit to the number of credit hours you can take.

### **4. University of Connecticut**

[State law](#) requires the University of Connecticut to waive tuition costs for older students. To be eligible, you must be a resident of the state, admitted to the university and 62 years of age before starting classes. Eligible students must be enrolled in a degree-granting program. You cannot receive a tuition waiver for a [graduate certificate](#) program or for extension courses.

### **5. University of Delaware**

The University of Delaware’s [Over-60 Tuition-Free Degree](#) program encourages any Delaware resident aged 60 or older the opportunity to further their education. SAT scores are not required, but you do need a high school diploma or the equivalent. You can apply online to the university. Once accepted, eligible seniors can seek an undergraduate or graduate degree free of charge. You are, however, responsible for the cost of textbooks, service fees and dining on campus. Your course registration depends on whether space is available in the classes you want.

### **6. Georgia Tech**

If you have your heart set on earning a master’s degree, you might want to move to Georgia. The University System of Georgia sponsors a [program](#) that opens Georgia Tech’s graduate-level courses to seniors. You must be able to prove that you are at least 62 years of age, a resident of Georgia and legally in the United States. The Georgia Tech program was designed for students seeking a graduate degree or “special non-degree seeking” students. Undergraduate coursework is available, as well.

### **7. University of Illinois**

Love the Windy City but prefer to settle in the suburbs? The University of Illinois at Urbana-Champaign, a pioneer in research, offers nearly 5,000 courses in more than 150 undergraduate [programs](#) alone. If you are 65 or older and a resident of Illinois, you can apply free of charge if your annual household income is below a certain threshold. It is necessary to apply and be accepted to attend the university. If you meet these criteria, the [Senior Citizen Courses Act](#)

[Tuition Waiver](#) can allow you to earn undergraduate- and graduate-level credit tuition-free. Fees and other non-tuition charges are not covered by the waiver. Extramural and correspondence courses aren't available through the program.

### **8. University of Kentucky**

Cheering for the Wildcats means so much more when you're a student at the University of Kentucky. That's what makes the [Donovan Fellowship](#) tuition waiver extra-special. It is only available for adults age 65 and up taking academic classes. Other than age and the availability of space in classes, the tuition program is fairly flexible. As a Donovan Fellow, you can audit classes without earning credit. Or, you can earn credit even not working toward a degree. Or, take courses as a degree-seeking student. It's up to you. If you're working toward a degree you'll need to be accepted for admission to the university. But there are no educational requirements to audit undergraduate academic classes.

### **9. University of Maryland at College Park**

Through the [Golden ID Card Program](#), the University of Maryland at College Park waives tuition for students 60 years of age and older. Some other fees apply, however. A few stipulations: You must be a resident of Maryland, a U.S. citizen or legal permanent resident and you must be retired (defined as "not engaged in gainful employment for more than 20 hours a week"). If you meet the university's admission requirements and space is available, you may register for credit-bearing courses. The [program](#) allows Golden ID Program participants to take up to seven undergraduate credits or six graduate-level courses per semester.

### **10. Penn State at University Park**

Penn State's [GO-60](#) program is an opportunity open to retired adults age 60 and above who live in Pennsylvania. They must be residents of Pennsylvania and employed no more than 20 hours per week. A limited number of GO-60 spots are available. When accepted, you may take undergraduate-level, tuition-free GO-60 courses for credit, or you can choose to audit them (not for credit). Other fees may apply.

[Source: MoneyTalksNews | Elizabeth Lotts | September 24, 2019++]

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## **Braces**

### **A Few Ways to Take a Bite Out of the Orthodontist's Bill.**

Kids fear braces because their peers can be judgmental. Parents fear braces because they're expensive. Insurers rarely foot the bill, even though treatment is often needed for health reasons in addition to aesthetics. But that's no reason to shy away from necessary dental work. Following are ways to cut the costs of this work — in some cases, by a substantial amount.

#### **1. Check programs for low-income families**

[Smiles Change Lives](#) is a national program that pairs low-income families with charitable orthodontists. Qualifying for the program depends on your family income, number of people in your household and where you live — and can be determined through this short [questionnaire](#). Also, check out the American Association of Orthodontists' Donated Orthodontic Services [program](#), which provides orthodontic care to underserved children who don't have insurance coverage or can't qualify for other assistance. The [Dental Lifeline Network's](#) national Donated Dental Services program gives free, comprehensive dental treatment to people who have a disability, are elderly or are medically fragile. Braces may be included.

**2. Evaluate your insurance --** If you have dental insurance, check your policy and see if orthodontic treatment is covered, partially or at all. In rare cases, the insurer may pay up to half the cost.

**3. Consider dental savings plans** -- If you have a lousy policy or none at all, consider a dental savings plan. By paying an annual fee, you can get a price break at participating orthodontists. Make sure you understand the policy's limitations — read the fine print — and that your orthodontist or dentist participates in the network.

#### **4. Try dental schools**

Many dental schools offer services similar to private practices, and some do it for significantly less than what local orthodontists charge. While students are not the most experienced of dental professionals, they do have extensive training. (Orthodontics is a specialty that requires years of training beyond dental school.) Professional orthodontists supervise the students. The AAO has a list of [accredited orthodontic programs](#) in each state

**Editor's Note:** The wife had some major dental work done at a school in California. The disadvantage was the time (i.e. number of appointments) it took to complete the entire job. The advantage was it cost about 75% of the lowest price I could find elsewhere. The results were excellent.

**5. Negotiate** -- Sometimes rates for orthodontic treatment are fixed. But you won't know until you ask, and you may find an orthodontist who's more flexible than you expected, especially if you can detail your financial difficulties.

**6. Ask about payment plans** -- While some orthodontists are inflexible on price, they may be flexible on time. Ask about payment plans — monthly payment options are common. Be sure to get the plan in writing upfront.

**7. Shop around** -- Braces are expensive, but prices vary among providers. Ask for recommendations from family and friends, but don't jump on the first offer you hear.

**8. Inquire about cash discounts** -- If you don't need a payment plan, go in the other direction and ask about a discount for paying cash up front.

**9. Ask about procedures or charges that might be unnecessary** -- Orthodontists sometimes recommend work that will produce the best results fast. But such treatment might be beyond what you want, need or can afford. Be firm in asking what's really necessary in your case.

**10. Be wary of third-party payment plans** -- Your dentist may offer the option of a third-party payment plan, but these often charge big interest fees compared with arrangements made directly with the dental office. If your dentist doesn't accept payment arrangements, visit a bank or credit union to discuss loans and compare the costs of borrowing.

[Source: MoneyTalksNews | Brandon Ballenger | September 23, 2019++]

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## **Free Trial Offer Scam 2**

### **Scammers Clone Major News Sites to Mislead Buyers**

In a brazen new move to lend legitimacy to the pills and potions they pitch, shady companies are now hijacking the look and feel of major news media websites to hawk their products, according to a Consumer World investigation. No longer content to simply create fake news websites with familiar but made-up names like "Entertainment Today" or "News 8" on which they deceptively sell their products, scam artists have now appropriated the logos and cloned the format of popular news sites like those of the "Today" show, CNBC, People, Fox News and CNN, and there they publish phony news stories touting their products. "With this move, the operators of these sites have become even more brazen in their deceptive tactics, if that is possible," commented Consumer World founder, Edgar Dworsky. "Even savvy readers could easily be fooled into believing that these are genuine and familiar news websites. I sure fell for it at first glance."

On these cloned news sites, unscrupulous sellers create phony news stories usually centered around a celebrity and the company's product — typically weight loss pills, dietary supplements, or anti-aging creams. Fake customer testimonials are often included. The story concludes with a 14- to 30-day free trial offer in which customers just pay about \$5 shipping for the initial order. The clock on the trial offer can start on the day the order is placed, unbeknownst

to the customer. That might trigger an unexpected costly charge if the buyer does not cancel in time. These plans also tend to enroll the buyer in a recurring product shipping program at a cost of \$70-\$90 a month. Cancellation of the trial and future shipments is often difficult.

Sites like these periodically face enforcement actions by the Federal Trade Commission alleging various deceptive practices including misrepresentation, not labeling the site as advertising, burying details of the offer in fine print and failing to make refunds. Consumer World advises readers who find a story online about a product to verify that they are actually on the real website of the news organization whose logo appears at the top of the page. To do this, simply check the URL (internet address). In the example below, although it appears to be the foxnews.com website, it is actually a site called “healthylifeupdate.com.”



Consumers can learn more about the deceptive nature of these free trial offers by reading a comprehensive report published by the Better Business Bureau last December, “[Subscription Traps and Deceptive Free Trials Scam Millions with Misleading Ads and Fake Celebrity Endorsements.](#)” For an in-depth look at how the “Today” show website was deceptively used to promote certain diet pills, please visit Consumer World’s sister site, Mouse Print at <https://www.mouseprint.org/2019/09/09/today-show-caught-in-diet-pill-scam>. [Source: MoneyTalksNews | Stacy Johnson | September 9, 2019 ++]

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## Social Media Ad Scam 05

### Proceeds to Charity Claim

Social media advertising is an effective way for small business to get the word out about their products. Unfortunately, the same goes for scams. [BBB.org/ScamTracker](http://BBB.org/ScamTracker) is getting reports of Facebook and Instagram ads that take advantage of shoppers’ goodwill by claiming to give proceeds to charity.

#### How the Scam Works:

- As you scroll through your Facebook or Instagram feed, you see an ad from a small business selling adorable jewelry, t-shirts, or other merchandise. The best part? Some of the proceeds from the sale will go to a charity that helps rescue animals, foster children, or support another worthy cause. Some consumers even report getting direct messages from sellers promoting the products and asking them to spread the word to friends and family.
- You make your purchase and feel great! You’ll receive a product you love, and you’ve done a good deed. But as the days turn into weeks and your merchandise never gets delivered, the doubts start to build. After a while, you contact the company to inquire about your merchandise and they are suddenly unreachable or reply with an autoresponder. In reality, the product never existed. It was all a ploy to get your money.

#### Tips to Avoid This Social Ad Scam

- Do your research. Before making a purchase, do a quick search for the business in question. Do they have valid contact information? Don’t be fooled by professional photography or consumer reviews on their website. These can be lifted from other sites. Check BBB Scam Tracker to see if others have been duped ([BBB.org/ScamTracker](http://BBB.org/ScamTracker)).

- Search for previous complaints. Do a Google search of the business name followed by “complaints”, “reviews”, or “scam” and see what pops up. If you find other people have been cheated by this business, steer clear.
- Use good judgment. Many con artists play on consumers’ desire to help those in need. Keep this in mind and use your head, not just your heart, when supporting charitable causes. Go to Give.org to research organizations before giving.

### **For More Information**

For more ways to protect yourself from social media shopping scams, see [BBB.org/ShoppingOnline](http://BBB.org/ShoppingOnline). You can also find more general tips at [BBB.org/AvoidScams](http://BBB.org/AvoidScams). If you’ve been the victim of a social media charity scam, share your experience at [BBB.org/ScamTracker](http://BBB.org/ScamTracker). Your report could help other consumers avoid falling victim to similar scams.

[Source: BBB Scam Alerts | September 13, 2019 ++]

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## **Student Job Con Scam**

### **Update 01: Cons Impersonating Professors or University Departments.**

This back-to-school season, many college students are on the lookout for flexible, part-time employment to help cover their school expenses. If this describes you or a student in your life, watch out for scams. BBB Scam Tracker ([BBB.org/ScamTracker](http://BBB.org/ScamTracker)) has gotten reports of employment cons impersonating professors and university departments.

### **How the Scam Works**

- You receive an email to your school email address encouraging you to apply for a job. The message appears to come from your school’s job placement office, student services department, or even a specific professor. The position – it may be anything from pet sitting to secret shopping -- sounds perfect for a college student. The work is easy, has flexible hours, and offers excellent pay.
- When you reply to the message, things start to get strange. The “employer” hires you without an interview. Then, they send you a check with instructions to deposit it before you’ve even done any work. You are instructed to use this money to purchase gift cards, money orders, prepaid debit cards, or other supplies you’ll need for your new job. Part of what you purchase should be sent to your new employer. The rest of the money will be your payment.
- However, the check is a fake – a detail your bank will let you know a day or two after you deposit it. Any money you sent to your “employer” is gone for good.

### **Tips to Avoid a Job Scam**

- Do your research. Before you say yes to any job, research the company that wants to hire you. Does the company have a professional website and legitimate contact information? Search for what others saying about their experience with this company.
- Beware of red flags. Scammers often send emails with many typos and grammatical errors. They offer to hire you without an interview and even pay you before you’ve done any work. None of these are behaviors of a reputable business.
- Never send money to strangers. Never send funds in the form of cash, checks, gift cards or wire transfers to someone you don’t know or haven’t met. No legitimate company will ask you to pay them to get a job.

### **For More Information**

To learn more about how to avoid employment scams, see [www.BBB.org/EmploymentScam](http://www.BBB.org/EmploymentScam). You can also find valuable information at [www.BBB.org/AvoidScams](http://www.BBB.org/AvoidScams). If you’ve been the victim of an employment scam, report it on

[www.BBB.org/ScamTracker](http://www.BBB.org/ScamTracker). Your experience can help others to recognize suspicious behavior and stop scammers in their tracks.

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

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## Home Buying

### Update 02: Myths | 8 Common and Costly Ones

Buying a home is a complicated financial transaction, so it's no surprise that there are quite a few myths that surround home buying. Unfortunately, these common beliefs can be costly in the long run. They can cost you money or prevent you from getting a home. Before starting house hunting, make sure you aren't falling prey to the following misconceptions.

#### 1. You need 20% down.

You may have heard that you can't buy a home without a down payment of 20% or more. Not so. "There are plenty of loans out there that will allow you to purchase a home with less than 20% down," says Money Talks News founder Stacy Johnson. He cites: FHA loans, requiring 3.5% down and VA loans, which might not require a down payment at all. Also, banks and mortgage lenders offer conventional mortgages for 3% down or less, Spokane, Washington, mortgage broker Tony Byrne tells The Spokesman Review. Paying less than 20% can get you into a home sooner, but just because you can get a home with less than 20% down doesn't mean you should.

"Generally, if you don't put 20% down, you'll pay to insure the mortgage," says Stacy. "If you borrow \$200,000, you could be paying an extra \$2,000 a year to insure your mortgage" and "The average annual cost of private mortgage insurance (PMI) typically ranges from 0.55% to 2.25% of the original loan amount," according to NerdWallet, which cites information from the Urban Institute, Genworth Mortgage Insurance and Ginnie Mae. Stacy points to other benefits of putting 20% down: You'll have a lower mortgage payment and you'll pay less in mortgage interest over the life of the loan.

#### 2. Getting prequalified for a mortgage is better than getting preapproved.

Don't be fooled. Getting prequalified, despite how it sounds, won't help you buy a home. It only shows that your lender gave you an estimate for a loan. It doesn't prove you'll get the funds. Instead, get a preapproval letter. A preapproval letter is one of the best ways to save money on a mortgage. Your preapproval letter shows a seller you're all set with the funds and can purchase immediately.

#### 3. Your only buying cost is the mortgage

Homebuyers may be surprised to learn about closing costs, additional fees you'll pay for services and products required to complete your mortgage transaction. Expect to pay 2% to 5% of your mortgage amount for closing costs, Stacy says. It's possible to roll these fees into your total mortgage amount. But that means borrowing a larger sum and paying more interest on that higher loan amount. To get the best deal on closing costs, save up so you can pay for closing costs with cash.

#### 4. Your only ongoing cost is the mortgage payment.

When calculating homeownership costs, buyers may assume that the mortgage payment is their main expense and not worry beyond that. Unfortunately, you'll also encounter other, often unanticipated costs, including property taxes, homeowners insurance, repairs and ongoing maintenance. Saving for these ongoing costs is an important part of homeownership. Otherwise, you could end up avoiding needed repairs or running up a credit card — and paying even more in interest over time.

#### 5. The lowest initial interest rate is always best.



It's true that a higher interest rate means a bigger monthly payment. But don't base your mortgage decision solely on the interest rate, at least not on the initial rate. Adjustable-rate mortgages (ARMs) often have lower initial rates than fixed-rate mortgages. But interest rates on these mortgages reset periodically. When that happens, your rate could rise, making your payments larger. Adjustable-rate mortgages are sophisticated loans for borrowers who understand and can manage the risks, says The Washington Post. If you expect to sell the home or refinance before your interest rate resets, an ARM could be a good idea. Otherwise, you'll probably feel safer with a fixed-rate mortgage. Even if the interest rate is slightly higher, your payment and interest rate will remain the same for the life of your loan, with less risk of the payment becoming unaffordable. Selecting an adjustable mortgage based solely on the initial low interest rate can be a mortgage mistake.

#### **6. An agent isn't necessary when you're buying a home.**

You might feel that an agent isn't necessary, but in reality, an agent can help you reduce the time you spend looking and even guide you through the mortgage process. A good buyer's agent is legally required to help you, the buyer. Working with a home's listing agent (the agent representing the home listing) could work against you. That's because, as [www.Realtor.com](http://www.Realtor.com) explains, "listing agents — the agent representing the home listing — have a fiduciary duty to the home seller." In other words, their legal obligation is to the person selling the home, not to you.

With a buyer's agent, you can be sure that your agent doesn't have a conflict of interest from representing the seller. Besides, using a buyer's agent may cost you nothing. In many cases, the seller pays the commission for both the buyers' and sellers' agents. That way, you won't need to pay a cent for first-class help. Using a buyer's agent was one of the best decisions I made when buying my first home.

#### **7. You don't need to shop around for a mortgage.**

Unfortunately, many homebuyers don't shop around for the best deal — and this for what could be the biggest purchase you'll ever make. Comparison shopping to get the lowest rate available on a mortgage can save you thousands of dollars in interest. In this [example](#) — from U.S. Consumer Financial Protection Bureau research — you'd save \$9,000 over the life of the loan. Follow this advice: Get an estimate from three to four lenders before deciding on a mortgage. Look for the best deal and reap the savings. Start here by comparing mortgage rates.

#### **8. Buying is always better than renting,**

One of the biggest homebuying myths is the idea that renting is always "throwing money away," and you should buy a home as soon as you can. In reality, buying a house doesn't automatically lead to greater wealth. Depending on your situation, renting sometimes makes better sense. If you can get a good deal on a rental and you're diligent about investing, you might be better off [financially](#) staying on Team Rent.

[Source: MoneyTalksNews | Bob Sullivan | September 10, 2019 ++]

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## **Money Advise**

### **Six Tidbits That Could Make You Poorer**

We've all received financial advice that later left us scratching our heads in disappointment or confusion. Self-proclaimed financial experts abound. Unfortunately, it's tough to weed out the bad information found in books or on the internet. But we can help you separate the gold from the dross. Here are six common tidbits of financial advice you may want to ignore.

#### **1. Credit cards are evil.**

Credit cards do not have any inherent qualities, good or bad. Human behavior determines whether they are beneficial or problematic. If you are unable to resist swiping the magic plastic, your issues go deeper than a credit card. Used responsibly, credit cards offer great rewards and eliminate the need to have a wad of cash in tow. They also provide buyer protections. You just need to be disciplined enough to pay off the balance each month.

#### **2. Following a rigid spending plan will set you free.**

What happens to avid dieters who have cravings but continue to suppress those urges until they can't take it anymore? They give up and resort to comfort foods. Lots of them. That's why incorporating mad money into your spending plan is OK. If you never have any fun with your money, deprivation will usually backfire, causing you to break down and go on spending benders. If you are trying to curb purchases, be realistic. Take small steps and modestly reward yourself from time to time. Also, begin with the end in mind and incorporate plenty of visual reminders so you will focus on the financial goal you are working toward.

### **3. Sign up for life insurance — or else.**

If you are 25 with no dependents and minimal assets, how much life insurance do you really need? The answer is likely “none.” A parent of young children typically has a high need for life coverage, especially if he or she is the family's primary wage earner. However, if you have no spouse or dependents, a life policy might not be necessary.

### **4. 10% is the sweet spot for retirement contributions.**

Saving 10% of your income used to be the standard advice, but not anymore — particularly if you didn't start setting aside money early in your working years. If you did not get an early start, you will need to save a higher percentage of your income to reach retirement goals. For example, people in their 40s who have not saved much for their golden years likely will find that 10% is not nearly enough. How much will you need? Figure out what you will spend on health care, food, shelter and other necessities. Now consider what you will get from Social Security and other sources. Filling in the gap will be your responsibility. If you need help zeroing in on a specific amount, consider sitting down with a fee-only financial adviser.

### **5. You should buy a house because it is a good investment.**

Were you around for the last housing crisis? Most homeowners of several years, can definitely attest that homes do not always appreciate as rapidly as you would like them to and that they do lose value. That does not mean buying a home is a bad idea. One of the beauties of owning a home is that a fixed-rate mortgage locks you into a set cost each month. You will make the same monthly payment for years while the price of rent goes up. Eventually you will own that home free and clear. That is an investment in your future financial security. But remember that buying a home is not a surefire path to riches. Being underwater — where your outstanding mortgage exceeds the value of your house — is not a pleasant place to be.

### **6. Home equity loans are a great way to get out of a hole.**

Under a mountain of credit card debt and looking for a way out? Home equity loans may seem like the perfect solution because of the competitive interest rate. But if you fall on hard times and default on the loan, everything goes downhill. In a worst-case scenario, an inability to pay back the loan could end up with you losing your home.

[Source: MoneyTalksNews | Allison Martin | September 25, 2019 ++]

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## **Tax Burden for Rhode Island Retired Vets**

**As of SEP 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 **Rhode Island**.

### **Sales Taxes**

**State Sales Tax:** 7% (food, some clothing, precious metal bullion, some burial-related items, prescription and non-prescription drugs are exempt). The tax on clothing applies to each sale of clothing and footwear with a sales price of more than \$250. Tax on meals and beverages is 8%. [Click here](#) to see taxes on other items.

**Gasoline Tax:** 52.4 cents/gallon (Includes all taxes) \*\*

**Diesel Fuel Tax:** 58.4 cents/gallon (Includes all taxes) \*\*

**Cigarette Tax:** \$3.75/pack of 20

\*\* Once every two years, the Rhode Island Division of Taxation is required by statute to determine whether inflation has been sufficient to increase the gasoline tax. This time around, the Division found sufficient inflation to result in an increase in the gasoline tax as of July 1, 2019. Therefore, based on statutory formula, the gasoline tax as of July 1, 2019, is now 34 cents per gallon, up from 33 cents per gallon before the change, an increase of one cent. To learn more, go to [http://www.tax.ri.gov/Advisory/ADV\\_2018\\_48.pdf](http://www.tax.ri.gov/Advisory/ADV_2018_48.pdf).

### **Personal Income Taxes**

**Tax Rate Range:** Low – 3.75% (\$0 to \$64,049), High – 5.99% (\$145,600+).

**Income Brackets:** Three. Bracket levels are adjusted for inflation each year.

**Personal Exemptions:** Federal exemptions multiplied by \$4,100. The phase-out range for the personal exemption and deduction is \$203,850 - \$227,050. The exemptions and deductions are completely phased-out at a modified Federal AGI of \$227,050.

**Standard Deduction:** Federal amount or if age 65 or older, \$8,750 (single), \$17,500 (married filing jointly).

**Medical/Dental Deduction:** Federal amount

**Federal Income Tax Deduction:** None

**Retirement Income Taxes:** Railroad Retirement benefits are exempt. Out-of-state government pensions are fully taxed. Social Security is taxed to the extent it is federally taxed.

**Retired Military Pay:** Follows federal tax rules.

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

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

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

### **Property Taxes**

State property taxes are not imposed directly by the state, but a portion of the city and town taxes are set aside for state purpose. Taxes are assessed and collected by the local jurisdiction. Fire district taxes are collected in some rural communities. Homeowners 65 and older who earn \$30,000 or less can get a property tax relief credit of up to \$300. Call 401-222-2280 for details.

### **Inheritance and Estate Taxes**

There is no inheritance tax. Rhode Island imposes a tax on the transfer of the net value of the assets of every resident decedent and the value of real and personal property of nonresident decedents located within this state. The tax is apportioned in accordance with the location of the assets with actual situs (both real and persona property) in another state. The fraction is Rhode Island assets over total estate assets.

The Rhode Island estate tax is in effect for estates of more than \$1,500,000. It falls on the estate of the person who died, the beneficiaries, or heirs. The maximum Rhode Island estate tax rate is 16%. The Rhode Island estate tax is in addition to the federal estate tax. If someone dies in Rhode Island with less than the federal exemption amount of \$5,450,000, their estate doesn't owe any federal estate tax. Or, if someone dies in Rhode Island with an estate worth less than \$1,500,000, there is no Rhode Island estate tax.

### **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>.

### Charts and Tables to Compare States

- State Taxation of Retirement Income ([Click here](#))
- State Tax Treatment of Social Security and Pension Income ([Click here](#))
- State Individual Income Tax Rates and Brackets for 2018 ([Click here](#))
- Property Taxes in Your Destination State ([Click here](#))
- State Tax Agencies ([Click here](#))
- Contact Phone Numbers for State Revenue Offices (or the equivalent of a tax help office) ([Click here](#))
- State Sales Tax Rates ([Click here](#))

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For further information, visit the Rhode Island Division of Taxation site <http://www.tax.state.ri.us> or call 401-222-1111. [Source: <https://www.retirementliving.com/taxes-by-state> | September 2019 ++]

\* General Interest \*



## Notes of Interest

SEP 01 thru 15, 2019

- **COLA.** The August 2019 CPI is 250.112, 1.5 percent above the FY 2019 COLA baseline. The Consumer Price Index for September is scheduled to be released 10 OCT. The CPI baseline for FY 2019 is 246.352.
- **Restoring Youth.** Go to <https://www.facebook.com/PhotoshopSurgeon/videos/1160651167451598/?t=260> and watch a very very old lady have her youth restored.
- **Paper towels.** Americans use 13 Billion a year. If each person used one less per day it would be a saving of 531 million pounds per year. Check out <https://youtu.be/2FMBSblperc> to see the trick to use fewer towels.
- **Recalls.** According to a recall notices from the Defense Commissary Agency's food safety office sent 29 & 30 AUG and 16 SEP General Mills is voluntarily recalling their 5-pound Gold Medal Unbleached All Purpose Flour product due to potential E. coli contamination, Frito-Lay is doing a voluntary market withdrawal of specific Tostitos dip and salsa products due to a defect in the glass jar which may affect the vacuum seal and potentially lead to product spoilage, and Heatherfield Foods, Inc. is voluntarily recalling over 4,000 pounds of pork sausage products due to mislabeling.
- **Military Pay.** The Senate Armed Services Committee chairman said his team is readying a "skeleton" version of the 2020 defense policy bill to ensure troops are paid in the event he and his House counterpart can't resolve their partisan differences.
- **Budget.** The House of Representatives 19 SEP cleared a seven-week continuing resolution, an important first step in Congress' attempts to avoid another government shutdown at the fiscal year deadline. The measure passed the House with a 301-123 vote. The CR would fund agencies at 2019 levels through 21 NOV, buying lawmakers more time to negotiate over several full-year appropriations bills. The Senate, which is expected to take up the continuing resolution next week, must pass some sort of short-term funding solution by 30 SEP.
- **Civil War.** During the Civil War, the North generally named a battle after the closest river, stream or creek, and the South tended to name battles after towns or railroad junctions. Hence the Confederate name Manassas after Manassas Junction, and the Union name Bull Run for the stream Bull Run. The largest operational unit during the American Civil War was referred to as an "Army" (Army of Northern Virginia; Army of the

Potomac, etc.) and it was named for the department in which it operated. A total of 16 separate armies were formed by the Union and 23 in the Confederacy.

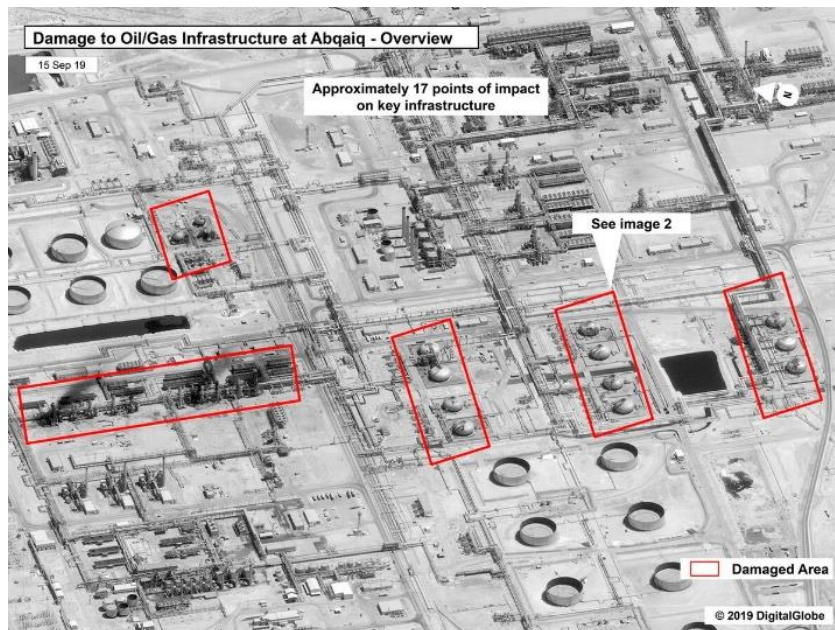
- **Trump Ukraine call.** You can Read the declassified White House call record between Trump and Ukraine's president at <https://www.whitehouse.gov/wp-content/uploads/2019/09/Unclassified09.2019.pdf>.
- **Budweiser Clydesdales.** Check out this 911 ad at <https://www.youtube.com/watch?v=U1qEZHhJubY> that played only once. Then go to <https://www.youtube.com/watch?v=GT0G-7GQkBA> to learn how they were trained to do this tribute.
- **National Budget.** President Trump signed a continuing resolution 27 SEP, averting government shutdown until 21 NOV.

[Source: Various | September 15, 2019 ++]

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## Iran Tensions

### Update 07: Attack on Saudi Arabia Oil Refinery



Senate Republicans were advising against immediate military action against Iran in response to an attack on Saudi Arabian oil facilities, calling for more analysis and discussion first. “I think it’s appropriate that all of us get together and exchange ideas, respectfully, and come to a consensus—and that should be bipartisan,” said Senate Foreign Relations Committee Chairman Jim Risch (R-ID). “I can tell you I’m sure there will be differing views; there always are on matters like this with complex options.” The comments came as lawmakers expected a classified briefing in the coming days, and as the Trump administration made available a classified briefing book, in the Senate’s security facility. House Speaker Nancy Pelosi, D-N.Y., has reportedly requested the administration provide the House with an all-members briefing.

The administration seemed to be trying to balance diplomacy with fresh talk of military action on 17 SEP. Echoing President Trump’s warning from earlier in the week, Vice President Mike Pence said American forces were “locked and loaded” for war if needed. But he also noted that Trump said he doesn’t want war with Iran or anyone else. “As the president said yesterday, it’s ‘certainly looking like’ Iran was behind these attacks,” Pence said. “And our intelligence community at this very hour is working diligently to review the evidence.” Secretary of State Mike



Pompeo was headed to Jiddah in Saudi Arabia to discuss possible responses to what U.S. officials believe was an attack coming from Iranian soil.

Pence met with Senate Republicans at their weekly caucus lunch 17 SEP, but he did not say Iran was responsible for the attack, nor did he outline possible responses, according to Sen. Lindsey Graham, R-S.C. Pence did say that the goal was to “restore deterrence” toward Iran. Graham, who is calling for a retaliatory strike against Iran, said Tehran had mistakenly discerned “weakness” in Trump’s cancellation of a strike after Iran shot down a U.S. drone in June. “Iranians saw the president’s restraint as weakness and not as space for diplomacy. So clearly they got the wrong message that inaction on the drone event, I think, has reinforced the narrative that the administration, the Western world [and] the region really isn’t going to do much about provocations,” Graham told reporters. Graham said the appropriate response would be to knock out an Iranian oil refinery, but he also suggested the administration build a regional coalition to explore its next move.

In the Democratic-controlled House, Foreign Affairs Committee Chairman Eliot Engel (D-NY) said the Constitution bars the president from launching a military action unless America is attacked first. “The notion that the White House may be waiting for a foreign government to make a decision instead of adhering to the Constitution is outrageous,” Engel said in a statement. “The administration needs to brief Congress fully and if the President is considering military options, his first stop must be Capitol Hill, not Riyadh.” Virginia Democratic Sen. Tim Kaine, a member of the Senate Foreign Relations and Armed Services committees, vowed 17 SEP to force a vote blocking military action against Iran if Trump moves ahead without first obtaining the consent of Congress.

Though several Senate Republicans—including Graham and Senate Intelligence Committee Chairman Richard Burr (R-NC) said they had no doubt Iran was involved in the attack, a number of their colleagues said it was premature to consider military action. “I think you’re several steps ahead here, the intelligence assessments are still going on,” Sen. Susan Collins, R-Maine, and a member of the Senate Intelligence Committee, told reporters. “Even though I’ve just read the classified report, there’s more intel to be gathered, more people to be consulted, and time is on our side,” said Sen. Kevin Cramer, R-N.D., a member of the Senate Armed Services Committee. “It’s appropriate for the president to exercise some restraint while allies in the neighborhood and elsewhere are consulted.”

Asked if military action would be warranted, Senate Committee on Homeland Security and Governmental Affairs Chairman Ron Johnson (R-WI) said, “I think the intelligence was pretty convincing that it was Iran, but let’s verify that and then we can talk about [a possible military response].” Sen. Jim Lankford (R-OK), a senior member of the homeland security committee, ripped Iran’s “acts of terrorism” in the region, but said now was not time to go to war with Iran. “Military is always last—always, always,” Lankford said. “Our beef is not with the people of Iran, but the regime of Iran. Why would we take aggressive action against people who mean us no harm.” [Source: Defense News | Joe Gould | September 18, 2019 ++]

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## **Iran Tensions**

### **Update 08: Attack on Saudi Oil Site an Iranian ‘Act of War’**

U.S. Secretary of State Mike Pompeo on 18 SEP called the attack on Saudi Arabia’s oil installations an “act of war” against the kingdom by Iran, as the Saudis displayed missile and drone wreckage and cited other evidence they said shows the raid was “unquestionably sponsored by Iran.” Iran, which has denied involvement in the attack, warned the U.S. it will retaliate immediately if it is targeted. President Donald Trump, meanwhile, said he is moving to increase financial sanctions on Tehran over the attack. At a news conference, Saudi military spokesman Col. Turki al-Malki said the attack 14 SEP that did heavy damage to the heart of the Saudi oil industry was “launched from the north and was unquestionably sponsored by Iran.” Yemen is south of Saudi Arabia, while Iran and Iraq lie to the north.



Al-Malki stopped short of accusing Iran of actually firing the weapons itself or launching them from Iranian territory. Yemen's Iranian-backed Houthi rebels have claimed responsibility for the attack, saying it was in response to the Saudi-led war in Yemen that has killed tens of thousands of people. At the news conference, the Saudis displayed broken and burned drones and pieces of a cruise missile that Al-Malki identified as Iranian weapons collected after the attack. He also played surveillance video that he said showed a drone coming in from the north.



Eighteen drones and seven cruise missiles were launched in the assault, Al-Malki said, with three missiles failing to make their targets. He said the cruise missiles had a range of 700 kilometers (435 miles), meaning they could not have been fired from inside Yemen. "This is the kind of weapon the Iranian regime and the Iranian IRGC are using against the civilian object and facilities infrastructure," Al-Malki said, referring to Iran's Revolutionary Guard. He added: "This attack did not originate from Yemen, despite Iran's best effort to make it appear so." Pompeo, who landed in Saudi Arabia shortly after the news conference, took a harder line, telling reporters: "The Saudis were the nation that was attacked. It was on their soil. It was an act of war against them directly." He said en route to Saudi Arabia that "it doesn't matter" whether the Houthis claim they were behind the attack. "This was an Iranian attack," he said. "It doesn't change the fingerprints of the ayatollah as having put at risk the global energy supply," Pompeo said, referring to Iran's Supreme Leader Ayatollah Ali Khomeini.

The attack came after a summer of heightened tensions between Iran and the U.S. over Trump's withdrawal from the 2015 Iranian nuclear deal. Iran sent a note to the U.S. via Swiss diplomats 16 SEP, reiterating that Tehran denies involvement in the aerial attack, the country's state-run IRNA news agency reported. The Swiss have looked after American interests in Iran for decades. "If any action takes place against Iran, the action will be faced by Iran's answer immediately," IRNA quoted the note as saying. It added that Iran's response wouldn't be limited to the source of the threat. The U.S. State Department had no comment on the warning. Trump, meanwhile, tweeted: "I have just instructed the Secretary of the Treasury to substantially increase Sanctions on the country of Iran!" He did not elaborate, and it was not immediately clear what further means are available since he has already cut deeply into Iran's oil market. National Security Council officials declined to comment.

IRNA also reported that Iran's delegation to the annual U.N. General Assembly meeting has yet to receive the necessary U.S. visas. Foreign Minister Mohammad Javad Zarif was to travel to New York on 20 SEP, with Iranian President Hassan Rouhani following on 21 SEP. The U.N. meeting had been considered as an opportunity for direct talks between Rouhani and Trump. Asked in Los Angeles whether Rouhani will come to New York, Trump said, "I really don't know. If it was up to me, I'd let them come." "I've always felt the United Nations is very important," he added. "I think it's got tremendous potential. I don't think it's ever lived up to the potential it has. But I would certainly not want to keep people out if they want to come."

As the host of the U.N.'s headquarters, the U.S. is required to offer world leaders and diplomats visas to attend meetings. But as tensions have risen, the U.S. has put increasing restrictions on Iranians like Zarif. In Tehran, Rouhani told his Cabinet that Saudi Arabia should see the weekend attack as a warning to end its war in Yemen, where it has fought the Houthi rebels since 2015 and sought to restore the internationally recognized government. Rouhani said Yemenis "did not hit hospitals, they did not hit schools or the Sanaa bazaar," referring to the Saudi-led coalition's

airstrikes. He said the Houthis were responsible for the attack on the oil installations: “They attacked an industrial center to warn you. Learn the lesson from the warning.” [Source: The Associated Press | September 18, 2019 ++]

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## GTMO Prison

### Update 14: Cost of Running It is \$13 Million Per Prisoner

Holding the Nazi war criminal Rudolf Hess as the lone prisoner in Germany’s Spandau Prison in 1985 cost an estimated \$1.5 million in today’s dollars. The per-prisoner bill in 2012 at the “supermax” facility in Colorado, home to some of the highest-risk prisoners in the United States, was \$78,000. Then there is Guantánamo Bay, where the expense now works out to about \$13 million for each of the 40 prisoners being held there. According to a tally by The New York Times, the total cost last year of holding the prisoners — including the men accused of plotting the Sept. 11, 2001, attacks — paying for the troops who guard them, running the war court and doing related construction, exceeded \$540 million.



A communal cellblock for some of the 40 prisoners who are detained at Guantánamo Bay

The \$13 million per prisoner cost almost certainly makes Guantánamo the world’s most expensive detention program. And nearly 18 years after the George W. Bush administration took a crude compound called Camp X-Ray and hastily established it as a holding station for enemy fighters picked up in the war on terrorism, it has taken on a sprawling and permanent feel, with the expense most likely to continue far into the future. Because of the relative isolation of its location on a United States Navy base on Cuba’s southeast coast, the military assigns around 1,800 troops to the detention center, or 45 for each prisoner. The troops work out of three prison buildings, two top-secret headquarters, at least three clinics and two compounds where prisoners consult their lawyers. Some also stand guard across the base at Camp Justice, the site of the war court and parole board hearing room.

The prison’s staff members have their own chapel and cinema, housing, two dining rooms and a team of mental health care workers, who offer comfort dogs. Judges, lawyers, journalists and support workers are flown in and out on weekly shuttles. The 40 prisoners, all men, get halal food, access to satellite news and sports channels, workout equipment and PlayStations. Those who behave — and that has been the majority for years — get communal meals and can pray in groups, and some can attend art and horticulture classes. The estimated annual cost of \$540 million covers the 12-month period that ended last Sept. 30 and does not include expenses that have remained classified, presumably including a continued C.I.A. presence. But the figures show that running the range of facilities built up over the years has grown increasingly expensive even as the number of prisoners has declined.

A Defense Department report in 2013 calculated the annual cost of operating Guantánamo Bay’s prison and court system at \$454.1 million, or nearly \$90 million less than last year. At the time, there were 166 prisoners at Guantánamo, making the per-prisoner cost \$2.7 million. The 2013 report put the total cost of building and operating the prison since 2002 at \$5.2 billion through 2014, a figure that now appears to have risen to past \$7 billion.

Guantánamo Bay, said Capt. Brian L. Mizer, a Navy lawyer who has represented detainees at the prison across a decade, has “America’s tiniest boutique prison, reserved exclusively for alleged geriatric jihadists.” Guantánamo has held a cumulative total of about 770 foreign men and boys as wartime prisoners at different times, with the prison population peaking at 677 in 2003. The last prisoner to arrive came in 2008. The Bush administration released about 540 of the detainees, mostly by repatriating them to Pakistan, Afghanistan and Saudi Arabia. Then the Obama administration released another 200 through third-country resettlement or repatriation. President Trump ran for office on a promise to keep the prison open and possibly send more “bad dudes” there, though no one new has arrived since he took office.

It has been clear for years that there is no political consensus to end detention operations at Guantánamo Bay and move the remaining prisoners to the United States. The growing costs represent the bill for that choice. And with the military justice system moving at a crawl, the cost is a particular sore spot for critics of the prison. “I don’t think there’s any need to have an incredibly expensive facility down at Guantánamo housing, you know, 40 people,” Representative Adam Smith, Democrat of Washington, the chairman of the House Armed Services Committee and a longtime proponent of closing the prison, said in June. “So ultimately I think they should be transferred here.”

Comparing Guantánamo with more traditional prisons is tricky. Federal prisons employ civilians who pay for their own food and health care, drive their own cars, live in their own homes and amuse themselves on their days off. The Defense Department provides all of those things for the military personnel at Guantánamo, mostly National Guard forces and reservists who come and go on nine-month rotations. Soldiers handle the prisoners on the cell blocks or in transit, monitor them by security camera and patrol perimeters. The guard staff is so large, a former warden said, for the same reason the detention center was located here in the first place: It is isolated. “I don’t have the state police,” Col. David Heath, then the Joint Detention Group commander, essentially the warden, told reporters in 2016. “I don’t have the county sheriff. I don’t have anybody else to call to help me keep things under control here.”

The prison’s uniformed staff members also include a Coast Guard unit that patrols the waters below the cliff top prison zone; Navy doctors, nurses, psychological technicians and corpsmen; a unit of Air Force engineers; lawyers, chaplains, librarians, chaperones and military journalists. Each has layers of commanders who oversee their work and manage their lives at Guantánamo. In addition to the troops, the prison employs Defense Department contract linguists, intelligence analysts, consultants, laborers, information technology professionals and other government workers. In 2014, that civilian work force numbered 300. The detention operations are within the Guantánamo Bay naval station, which has 6,000 residents, including the more than 2,000 troops and civilians assigned to the detention operation. The naval base has its own budget separate from the costs of the prison and the court.

The restricted areas that house the prison function like a base within a base, behind a security checkpoint that is about a seven-minute drive from the naval station’s McDonald’s. The court, managed by a different military authority, is a five-minute drive from the McDonald’s in a different direction. The detention center zone has its own headquarters, motor pool, mental health services, minimart, and public affairs team, which recently referred to the troops assigned there as “warfighters.” With the exception of an Army security force of fewer than 300 soldiers who live in prefabricated containers within the prison zone, most troops who work in the prison complex live on the naval base.

Some cellblock guards live in the Tierra Kay townhouses near the trooper clinic, the quickest commute to the zone. Most commanders live deeper on the base, in two-bedroom homes in an area called Windward Loop. And hundreds of enlisted soldiers live in the kind of trailer park familiar to forces who served in Iraq or Afghanistan. The troops call them CHUs, for containerized housing units. Each unit has two bedrooms, one toilet and a shower and is within walking distance of the Navy base’s baseball field, bars, commissary and cafeteria. In 2018, Congress approved spending \$115 million on a dormitory-style barracks complex to replace trailer housing for 848 troops. But no contract has been awarded, construction has not yet begun and Navy spokesmen could not provide the target completion date.

In contrast to the naval base, the prison zone resembles a battlefield-style operation. It has watchtowers and Humvees and dirt roads and a series of permanent and semipermanent prison facilities, all of them built since 2002 and surrounded by razor wire that rusts in the salt air. The 40 prisoners' cells are in three different buildings, but during the day, the inmates can be scattered across seven or eight different sites — the war court, a hearing room for parole-like board meetings, the base hospital and two adjacent compounds where the prisoners consult their lawyers. Consolidation through new construction would allow the prison to reduce its staff at one site by 74 troops, saving \$8 million in “manpower costs,” Rear Adm. John Ring, the former prison commander, told reporters in April, suggesting a per-troop cost at the facility of \$108,000.

The Defense Department concluded that taxpayers spent \$380 million for Guantánamo's detention, parole board and war court operations, including construction, in the 2018 fiscal year, or more than \$9 million per prisoner. Adding those “manpower costs” of \$108,000 a year for each of the 1,800 troops brings the total figure to more than \$540 million. Even in the unlikely event that more prisoners were sent to Guantánamo, the per-prisoner cost would not necessarily decline. Commanders said that adding more detainees would require more military police. The base, and the prison and court facilities within it, functions in a state of isolation, totally cut off from the Cuban economy. It operates in some respects like an aircraft carrier at sea, even desalinating its own water with fuel brought in by tanker.

Nearly all of the base supplies — like family household shipments, frozen pizza dough for the bowling alley food court and rental cars for the base commissary — arrive twice monthly on a government contract barge from Florida. A refrigerated cargo plane brings fresh fruit and vegetables weekly. Commanders have also attributed some costs to the wear and tear on the prison staff facilities. Guantánamo is hot, humid, whipped by tropical storm winds and the occasional hurricane.

In the past two years, the military hired contractors to do \$15 million in repairs to the guards' townhouses, a \$14.5 million expansion of the war court compound, \$1.5 million in repairs to the trooper clinic, more than \$1 million renovating air conditioning and ventilation in the officers' homes, \$648,000 on erosion and climate control around the general population prison complex, \$273,110 to replace a latrine near a now defunct kitchen and \$47,690 to renovate the prison staff chapel. Defense Department contractors who bid for these jobs have to factor in the cost of bringing in their own workers and equipment, including bulldozers and buzz saws. As a measure of how expensive it is to do construction here, the projected cost of a new prison for 15 former C.I.A. captives that was first proposed during the Obama administration has jumped from \$49 million to \$88.5 million in five years.

Other costs involve the military commissions, where eight of Guantánamo's 40 prisoners are charged with terrorism or war crimes, six in death penalty cases that began in 2011 and 2012. The military commissions costs, based on congressional documents, exceeded \$123 million in 2018. Each hearing requires a major movement of people and materials from the United States to the base on passenger planes the Pentagon charters for \$80,000 one way. There were 52 such commercial flights in 2018 between Joint Base Andrews, outside Washington, and Guantánamo. Until the start of a trial — the trial of the men accused of plotting the Sept. 11 attacks is scheduled to begin in early 2021 — the majority of the legal work is carried out in a warren of rental offices near the Pentagon, some of which have sat empty for more than a year as they await security upgrades.

The troops have a multitiered health care system. The trooper clinic cares for the guards' basic needs. Serious medical matters are handled by the base's small community hospital. More complicated cases, or soldiers who require specialized tests, are sent to Navy health care facilities in Jacksonville, Fla., or Bethesda, Md. In 2017, the Navy shipped a portable M.R.I. machine to Guantánamo to scan the brains and bodies of detainees awaiting death penalty trials, by order of a military judge, who granted a request by a defense team to do the tests and hire experts to look for damage done by torture. But because there is no on-site technologist to run it, an off-island contractor has had to shuttle to the base to service it.

Health care for detainees is handled by a group of about 100 Navy doctors, nurses and medics who also staff the trooper clinic. The 100-member medical team had a \$4 million budget last year. But when a prisoner needs specialized

care, such as a colonoscopy and spine surgeries, the military brings special teams to Guantánamo at a cost the military declined to disclose. It is all part of the mix and match nature of serving at Guantánamo, where troops staffing the prison on nine-month tours get imminent-danger and hardship-duty pay — and on their time off can go scuba diving or take leave and bring friends and family to the Navy base for vacations. [Source: New York Times | Carol Rosenberg | September 16, 2019 ++]

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## Afghan War

### Update 01: Nearly Nine in 10 Afghans Are Suffering



The collapse in peace negotiations between the U.S. and Taliban has removed a potential barrier to holding Afghanistan's presidential election as scheduled on 28 SEP. But the recent surge in Taliban attacks dispels any expectation that the election will lead to peace and stability for a people who rate their lives more poorly than any other worldwide. Gallup's surveys in Afghanistan reveal just how devastating the country's chronic conflict has been to Afghans' daily lives. Wellbeing indicators paint a bleak picture of hopelessness and suffering among the population; in 2018, Afghans' average ratings of their current lives and predicted ratings of their lives in five years matched or fell below previous record-lows for any country worldwide.

On a ladder scale where "0" represents their worst possible life and "10" their best possible life, Afghans gave an average rating of 2.7 in 2018 -- tied for the lowest Gallup has recorded in any country since it began tracking these measures. Asked to predict where their lives would be in five years on the same scale, Afghans' average response in 2018 was 2.3, a new low for any country in any year. Afghans' 2018 life ratings were remarkable not just for the low averages, but because it was the first time in more than a decade of data collection around the world that any population's average predicted rating for their future lives was lower than its average current-life rating. The unprecedented finding highlights Afghans' near-universal lack of optimism, all the more notable given the population's very young age structure: Two-thirds of adults interviewed for the 2018 survey were aged 35 or younger.

For the second consecutive year in 2018, no Afghans rated their current and future lives\* positively enough to be considered "thriving." At the same time, the percentage who rated their lives so poorly that they are considered "suffering" shot to a record-high 85%. This is a new record not only for Afghanistan, but also for the world. The country also led the world in suffering in 2013, 2014 and 2017.

Afghans also gave negative responses in 2018 when asked about their day-to-day experiences and emotions. Just over one in three Afghans (36%) said they smiled or laughed a lot the previous day, down from 52% in 2016; the figure matches the lowest Gallup has ever recorded in any country. Conversely, 52% of Afghans said they experienced worry for much of the previous day, up from 42% in 2016. The proportion of Afghans who say they experienced enjoyment and who say they were treated with respect the previous day both fell below half (48%) for the first time in 2018.

Lacking safety and security, Afghans have had little opportunity to improve their economic status or rebuild critical infrastructure, such as roads, schools and healthcare facilities. Conflict in the countryside has led hundreds of thousands

of Afghans to flee their homes, leading to an influx of displaced people in urban centers such as Kabul, where poverty and unemployment are rampant. These conditions are the context for Afghans' record-low levels of both wellbeing and hope for the future. It is difficult to foresee the implications that current events may have for the population's wellbeing over the long-term.

The end of U.S./Taliban negotiations is good news for many Afghans fearful that a withdrawal of U.S. troops would have strengthened the Taliban's grip over much of the country. However, though millions will risk their own safety to vote in this month's election, the current climate of uncertainty and the Taliban's recent surge in attacks on civilians do not bode well for the government's ability to help Afghans build better lives for themselves.

\*Gallup asks adults worldwide to evaluate their lives on the Cantril Self-Anchoring Striving Scale, where zero represents the worst possible life and 10 represents the best possible life. Gallup classifies people as "thriving" if they rate their current life a 7 or higher and their life in five years an 8 or higher, and "suffering" if they rate both their current and future life situations a 4 or lower. Those in the middle are "struggling."

[Source: Gallup | Steve Crabtree| September 16, 2019 ++]

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## **Scam Thwarting**

### **Update 01: Do's & Don'ts of Responding to Solicitations**

Seniors and their families increasingly fall victim to online financial scams. Always a problem, scams have become much more dangerous as their promoters have become increasingly sophisticated and aggressive. Recognizing that seniors are a relatively naïve segment of the electronic universe, many scammers target them. These scammers can put you in a vulnerable financial position and at risk of major financial losses. Here are some Do's and Don'ts that will minimize your risk in becoming a target.

#### **The “Don'ts” of Avoiding a Scam**

- *Don't Disclose Personal Information to a Stranger:* You should never give your Social Security number, bank account information, or debit card to anyone you don't know. Go to the actual website, such as [www.vva.org](http://www.vva.org), if you wish to donate money or receive information.
- *Don't Pay Upfront for a Promise:* If you are promised a prize, lottery winning, or loan offer, never pay in advance. Scammers will likely take the money and disappear.
- *Don't Deposit a Check and Wire Money Back:* If a check you deposit turns out to be fraudulent, you are responsible for repaying the bank. A check could cash initially and bounce weeks later.
- *Don't Make a Donation with Cash or by Gift Card or Wire Transfer:* Credit cards and checks are safer. Most scammers use nontraditional payment methods.
- *Don't Believe your Caller ID:* Technology makes it easy for scammers to fake caller ID information, so the name and number you see aren't always legitimate. If you receive a call asking for money or personal information, hang up. Confirm their information by checking online for the company's information and call them directly.
- *Don't be Pressured or Rushed:* Scammers may make threats or try to pressure you into making a decision. Take a step back, no matter how dire it may sound. Legitimate businesses and agencies won't pressure or threaten you into an immediate decision.

#### **The “Do's” of Avoiding a Scam**

Conduct your own Research Online: Go to your computer and research the charity, business, or phone number that called you. Pay attention to the actual website for trusted businesses.



Be Skeptical: If something sounds too good to be true, it usually is. If you are promised a huge pay off, inheritance, or easy money, then it is likely a scam. If a friend or family member contacts you via a social network or via email asking for money, call to confirm the request.

Sign up for Free Scam Alerts: Visit [www.ftc.gov/scams](http://www.ftc.gov/scams) to get tips, advice, and scam alerts.

Talk to Someone: Ask a trusted friend or family member for advice. Most victims who get scammed are isolated and did not get a second opinion from a trusted loved one. Advice of a friend is greater than the advice of a stranger.

Contact Local Law Enforcement: If you believe you have been taken advantage of, call law enforcement and make a report. (The U.S. Department of Justice: <https://www.justice.gov/criminal-fraud/report-fraud>)

### **Top Financial Scams Targeting Seniors**

**Social Security Scams:** Fraudulent telephone calls from scammers who claim to represent the Social Security Administration and threaten legal action or incarceration if information is not provided or payments not made. Scammers may even make the actual Social Security hotline appear on the recipient's phone 1-800-772-1213. SSA rarely contacts individuals by phone and never threatens arrest or legal action. If you receive a suspicious call, hang up immediately. (Report to the SSA Office of the Inspector General at 800-269-0271.)

**Internal Revenue Service Scams:** Beware of telephone calls from scammers claiming to represent the IRS and requesting payment for unpaid taxes or fees with a prepaid debit card or gift card. The IRS will not contact taxpayers by email, text messages, or social media to request personal or financial information. Scammers use threats to intimidate victims into paying a fabricated tax bill. They may even threaten to arrest or deport their would-be victim if the victim doesn't comply. (The IRS can be reached at 800-829-1040.)

**Friend, Family, or Relative in Need of Help Scam:** In this case, a person pretending to be a child, grandchild, associate, or family friend calls or emails asking for financial assistance. They may claim to be stranded, in an accident, or have legal trouble and need money immediately. They will ask for a wire transfer, gift cards, or cash. The FTC warns consumers not to impulsively send money. Instead, call those grandchildren or loved ones on their correct phone number and verify their whereabouts. Never mail cash. Be sure to file a complaint to the FTC at [FTC.gov/complaint](http://FTC.gov/complaint)

**Medicare/Health Insurance Scams:** Since most older Americans qualify for Medicare, scammers will pose as a Medicare agent to get personal information or offer bogus services. Don't give your Medicare card, Medicare number, Social Security card, or Social Security number to anyone except your doctor, spouse, or trusted family member. To report issues, call 1-800-MEDICARE (1-800-633-4227).

**Fake Social Media Pages:** Scammers have built social media pages claiming to be a reputable agency or charity. These fake pages contain stolen logos, pictures, and videos, and they promote a good cause. They will attempt to solicit money by asking for sensitive information, requesting your bank account or wire transfers, or ask you to engage in various frauds. Scammers create fake accounts (Snapchat, Instagram, Facebook), and post large amounts of cash with a description of how the consumer can make money by sending a small investment or by providing their bank account to help "flip money." They claim this will benefit their charity. Never send your bank account information, debit card, or pin to anyone on social media. Instead, go to an authentic website, such as [www.vva.org](http://www.vva.org) to donate or inquire about helping a local charity.

**Fake Checks and Fake Deposits:** Some scammers may ask you to send money directly. However, in a number of recent complaints, the consumer is not asked to send money but asked to provide a debit card, account PIN, or bank account number. They may then offer to deposit a check into the victim's account with the promise of a percentage. These fake deposits and checks will bounce, resulting in the victim being overdrawn and responsible for any money they give to the scammer. Also, "unexpected checks" can arrive via registered mail. If you receive a check you didn't expect, call the company directly to verify the check. Also, no company will ever overpay and ask you to deposit/wire the difference.

**Sweepstakes and Lottery Scam:** Scammers tell victims they have won a lottery or sweepstakes. The scammer will request the taxes or fees and produce a check for the winnings. The check will later bounce and the prize money will be removed, while the victim has sent the fees out of pocket. The scammer may just ask for money up front with a promise of payment of the lottery once the fees are received. No lottery will ask for a fee or payment.

**Foreign Email Scams:** The following are the most common types of foreign email scams: Winning of the lottery; phony inheritance; blackmail scams, pretending they have hacked your email; and job-posting scams. These emails will request personal information or payment in order to collect a prize or pay a bribe. These emails should be deleted, blocked, and ignored. Do not respond.

**Phone Scams:** Phone Scams are on the rise. The scammers pose as government agencies or travel, retail, and financial companies, calling with great news or prizes you've won. They can pose as charities or provide services, insurance discounts, or home products. They may request your social security number or a phone payment. Hang up on all robocalls and register for the FTC "Do Not Call Registry" at <https://www.donotcall.gov/>

**Romance Scams:** Scammers can steal photos and information and pretend to be a good-looking, smart, potential partner. They will invest time and energy in developing a relationship. These scammers often claim to live in another part of the country, to be traveling on business, or on a military deployment. Then they will encounter an emergency and need you to wire money quickly. The FTC has reported that older victims have been targeted more than younger ones. Warning signs include photos that look like a model or from a magazine rather than an ordinary snapshot; promises to meet in person that never occur; and excessive attention.

[Source: VVA Web Weekly | Amber Chaney | September 18, 2019 ++]

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## Rape

### First Sexual Experience of 3.3M American Women

Over 3.3 million women's first sexual experience was rape, according to a new study of U.S. women ages 18 to 44, which also found that these incidents were associated with health problems later in life. The findings, published this week in the Journal of the American Medical Association, found that 6.5 percent of women in the United States — or about 1 in 16 — experienced a sexual initiation that was forced or coerced. The average woman had this experience at age 15. These women were less likely to be white and college-educated, and more likely to have incomes below the poverty level and been born outside the United States, than women who say their first sexual encounter was voluntary, the data showed.

The health implications were just as stark. The study found that the affected women were more likely to experience an unwanted first pregnancy, abortion, endometriosis and other reproductive health problems compared with women who reported having a voluntary first sexual experience. Researchers used data from the 2011-2017 National Survey of Family Growth and included 13,310 women in the study. In that survey, women were asked whether their first experience of vaginal intercourse with a man was "voluntary" or "involuntary," and the authors of the study focused on the latter. Because the data was nationally representative, the authors were able to extrapolate that an estimated 3,351,733 women ages 18 to 44 did not have a voluntary first sexual experience.

And these staggering numbers may not actually encompass the full scope of American women who have experienced such assaults. "It's quite alarming, and that's just the tip of the iceberg because this study is only including women aged 18 to 44," Laura Hawks, a research fellow at the Cambridge Health Alliance and the lead author of the study, told NPR. "You can imagine that if we asked this of women of all ages, the [absolute] number would be many millions higher." The survey period ended in September 2017 — a month before reporting on alleged sexual predators such as Hollywood producer Harvey Weinstein ignited an international conversation about sexual assault, consent and

coercion. “More women may feel more comfortable identifying their experiences of sexual violence today than they did just a few years ago,” Hawks said.

In a commentary on the study, Alison Huang of the University of California at San Francisco and Carolyn Gibson of the San Francisco Veterans Affairs Health Care System argued that the data was vital for a society moving toward a more comprehensive understanding of sexual assault and more effective care plans for patients. One detail that stood out to Gibson, a psychologist, was the different ways in which women had been forced to submit to sex. About 46 percent of the women who had a coerced sexual experience reported being held down during the incident — but even more reported experiencing verbal pressure (56.4 percent) and coercion by a partner who was larger or older (50 percent).

“The thing that really struck me about this paper was this idea that so [for] many of the women ... it wasn’t a result of physical force, the stereotypical threats,” she said. “It was the results of verbal pressure, psychological pressure, threats to end relationship, coercion.” She said this shows a need for a more nuanced understanding of sexual assault and its repercussions on “how you think about sex and intimacy, and how it effects relationships going forward in your life.” Huang found the study impressive but said future research needed to “document associations and really understand the mechanism by which an early forced event could lead to bad health outcomes in women.”

In an echo of Hawks’ comments on the lack of data on older women in this study, Huang hoped future research would not only get a more comprehensive tally of women who had involuntary first sexual experiences but also help us better understand how this age group could be affected. “We don’t think of midlife and older women as sexual beings, we don’t think about how sexual events can affect them,” she said. “But these issues can have ramifications for the full life span of women.” [Source: The Washington Post | Kayla Epstein | September 20, 2019 ++]

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## **Khrushchev UN Shoe Incident**

### **No, He Never Banged His Shoe -- Only His Watch**

The story goes like this: On October 12, 1960, there was a meeting of the General Assembly of the United Nations. During a speech by Philippine delegate Lorenzo Sumulong, Khrushchev started slamming his shoe on the rostrum to express his anger with Sumulong. There’s even a photo of Khrushchev with his shoe, raving madly. Looks photoshopped – because it is. What happened?



**The actual photo of Nikita Khrushchev and Soviet Minister of Foreign Affairs Andrey Gromyko (R) at the meeting of the General Assembly of the United Nations on October 12, 1960. Red circle marks the shoe on Khrushchev's table.**

Yes, the General Secretary’s speech at the event was fiery and angry. In 1960, 17 African colonies had declared independence, and the topic was widely discussed at the session. Another hot topic was the Hungarian Revolution of 1956 and the Soviet invasion. The atmosphere was agitated. Also, Romanian Foreign Vice-minister Eduard Mezincescu behaved in such a way that his microphone had to be turned off, and Assembly President Frederick Boland banged his gavel so hard that it broke.

Representatives of Western countries blamed the USSR and its policy towards Hungary. Then the talk switched to African colonies, and Khrushchev gave an emotional speech, scolding imperialist states - "the colonizers." After that, the head of the Philippine delegation Lorenzo Sumulong took the floor and implied that the USSR was also a colonizing state: "The peoples of Eastern Europe and elsewhere which have been deprived of the free exercise of their civil and political rights and which have been swallowed up, so to speak, by the Soviet Union." This outraged Khrushchev quickly approached the rostrum and shoved Sumulong to the side with a gesture of his hand. He then went to the microphone and gave his answer, calling Sumulong "a jerk, a stooge, a lackey," and a "toady of American imperialism." All this was out of order, but nothing could be done. When finished, Khrushchev returned to his seat.

As Sumulong continued his denunciation of the communist regime, the Soviet leader became more infuriated. He raised his hand to speak but was ignored. And then... As Khrushchev's personal interpreter Viktor Sukhodrev recalls in his memoirs, the General Secretary started banging his fist on the table to attract Boland's attention. In his hand, Khrushchev held his watch, fiddling with it during the assembly. Sukhodrev relates Khrushchev's words: "I began to bang with my fist, and I saw that my watch stopped. Damn, he said, broke my watch because of this toady! And then I took the shoe and started banging with it!" So, the main fact is that the banging occurred not at the rostrum, but at the delegation seats. And the real photo proves it.

Tight German shoes

So, how did the shoe appear? The attendant at the Assembly recalled that someone accidentally stepped on the back of Khrushchev's shoe when he was sitting at the start of the session. The desk was tight, and the corpulent leader couldn't bend down to put the shoe back on, so he just put it on his desk. The same version is supported by Nikita's son, Sergey, 25 at the time, who also was at the session. James Feron, a Times journalist who was also present, recalls, "I actually saw Khrushchev not bang his shoe," adding that the Soviet leader "leaned over, took off a slip-on shoe, waved it pseudo menacingly, and put it on his desk, but he never banged his shoe."

John Loengard, former photo editor for Life is "certain" that Khrushchev "did not bang his shoe on the desk," but that "he certainly meant to do so." According to Loengard, Khrushchev "reached down and took off a brown loafer from his right foot and put it on the desk. He grinned to delegates from the United Arab Republic who sat across the aisle and mimed (with an empty hand) that the next time he'd use the shoe to bang. I can assure you that every camera in the booth was trained on Khrushchev, waiting for him to use the shoe. He only put it on again and left. None of us missed the photo, which would have been a serious professional error. The event never occurred."

According to German journalist Walter Heinkels, a shoemaker in Pirmasens said he had seen a photo of the shoe in a newspaper and recognized it as his own. West Germany had sent 30,000 pairs of shoes to the Soviet Union, of which 2,000 pairs were good low shoes, and one might have found its way to Khrushchev. [Source: <https://www.rbth.com/history/329289-khrushchev-never-banged-his-shoe-un> | Georgy Manaev | October 09 2018 ++]

## **Terrorist's Treatment**

### **Update 01: Robert Hester | Kansas City Transportation Services**

A former soldier from Columbia pleaded guilty 23 SEP to supporting terrorists, the day his trial was slated to begin in a case involving a planned attack on transportation services in Kansas City. Robert Hester Jr., 28, pleaded guilty to one count of providing material support of resources to terrorists. Over the course of several months beginning in the fall of 2016, Hester pitched on social media, and to undercover agents, a "global jihad," the overthrow of the government and other anti-American ideologies, culminating in a plan to attack buses, trains and a train station on President's Day 2017 in Kansas City. FBI Agent Patrick T. Casey wrote in charging documents that Hester joined the U.S. Army in 2012 and was discharged shortly after basic training for multiple violations in 2013. Sometime after his discharge he converted to Islam and began posting on multiple social media accounts weapons, an ISIS flag and a support of extremist ideology.



After drawing the attention of federal authorities in August 2016, undercover agents posing as ISIS terrorists spoke and met with Hester several times over the course of about six months. From the fall of 2016 to the days leading up to the attack, two agents acted as "like-minded brothers," in what court documents read was an effort to establish Hester would act on his beliefs. "The source reports reflected statements by Hester concerning his conversion to Islam, his hatred for the United States and his belief that supposed U.S. mistreatment of Muslims had to be put to an end," Casey wrote in the affidavit. Throughout those conversations, Hester told the agents the country would not last much longer and the government should be overthrown. He pitched an attack on an oil production facility, possibly in Texas as the refineries locally were "small scale," and an Army base in Missouri. After an undercover agent sent him a photo of an assault rifle, Hester responded he would love to use it to "shoot the Kufr (non-believers)."

Case documents available to the public show very little about what spurred his hatred of America, and the reasons behind his conversion remain largely unknown. Hester, in one conversation, told the undercover agent, "I don't like America, like for my kids," and that he was looking for an Islamic State and the local mosque was "very moderate and very watered down." "After goodbye's were exchanged and right before Hester left the vehicle, he said 'I want to do something for all the kids, this entire generation of Muslim children,' adding that 'they need to be able to respect it as Muslims, as people, as human beings,'" Casey wrote in the affidavit. The undercover agents cautioned him against acting alone, stating this was a part of something bigger, and at one point displayed a knife and told him they knew where his family lived. As the plan progressed, the undercover agents gave Hester several opportunities to walk away according to case documents. However, he repeatedly expressed his allegiance to extremist ideologies, saying "I'm in, I want to help the brothers and sisters any way I can," and continued he would pass along his knowledge of U.S. Army training and logistics, according to the affidavit.

In early February 2017, weeks before the planned attack, Hester purchased nine-volt batteries, duct tape and roofing nails. The undercover agent drove to Hester's home in an SUV carrying three AK-47 rifles and two handguns, all of which were not functional, as well as pipes with end caps. During the meeting, the undercover agent told Hester he liked how Hester had handled things so far and they were planning something 10 times larger than the Boston Massacre. Later, in response to what he was shown, Hester would respond, "I was like a kid in a candy store."

On February 17, 2017, both undercover agents picked Hester up under the guise of scoping out a storage shed where firearms and bomb-making materials might be kept. He entered the vehicle with a bag of roofing nails and other materials. Upon arrival at the facility, all three began discussing the locations of surveillance cameras. Minutes later, Hester was placed under arrest. He faces up to 20 years in prison and through the agreement reached with prosecutors will spend his life under court supervision. A sentencing hearing has not been set. [Source: Columbia Daily Tribune | Pat Pratt | September 25, 2019 ++]

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## Memories

### Drive In Movies



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## Have You Heard?

### Military Humor 5 | Employment | Work vs, Golf

#### Military Humor 5

- “When one engine fails on a twin-engine airplane, you always have enough power left to get you to the scene of the crash” - Multi-Engine Training Manual.
- “Without ammunition, the USAF is just an expensive flying club” - Unknown Author.
- “If you hear me yell; Eject, Eject, Eject, the last two will be echoes. If you stop to ask "Why?", you'll be talking to yourself, because you're the pilot - Preflight Briefing from a F104 Pilot.
- “What is the similarity between air traffic controllers and pilots? If a pilot screws up, the pilot dies; but if ATC screws up, .... the pilot dies” - Sign over Control Tower Door
- “Never trade luck for skill” - Author Unknown
- The three most common expressions (or famous last words) in military aviation are: “Did you feel that”, “What's that noise” and “Oh S....” Or as (appended from the Texas Air National Guard): "Hold my beer and watch this!" - Authors Unknown
- “Airspeed, altitude and brains. Two are always needed to successfully complete the flight” - Basic Flight Training Manual
- “Mankind has a perfect record in aviation - we have never left one up there!” -Unknown Author
- “Flying the airplane is more important than radioing your plight to a person on the ground incapable of understanding or doing anything about it” - Emergency Checklist



- “The Piper Cub is the safest airplane in the world; it can just barely kill you” - Attributed to Max Stanley (Northrop test pilot)
- “There is no reason to fly through a thunderstorm in peacetime” - Sign over Squadron Ops Desk at Davis-Montham AFB, AZ
- "If something hasn't broken on your helicopter, it's about to" - Sign over Carrier Group Operations Desk.
- "You know that your landing gear is up and locked when it takes full power to taxi to the terminal" - Lead-in Fighter Training Manual
- As the test pilot climbs out of the experimental aircraft, having torn off the wings and tail in the crash landing, the crash truck arrives. The rescuer sees a bloodied pilot and asks, 'What happened?' The pilot's reply: “I don't know, I just got here myself”.

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### Getting Older Insights

1. Sometimes I'll look down at my watch 3 consecutive times and still not know what time it is.
2. Nothing sucks more than that moment during an argument when you realize you're wrong.
3. I totally take back all those times I didn't want to nap when I was younger.
4. There is great need for a sarcasm font.
5. How on earth are you supposed to fold a fitted sheet?
6. Was learning cursive really necessary?
7. Map Quest really needs to start their directions on # 5. I'm pretty sure I know how to get out of my neighborhood.
8. Obituaries would be a lot more interesting if they told you how the person died.
9. I can't remember the last time I wasn't at least kind-of tired.
10. Bad decisions make good stories.
11. You never know when it will strike, but there comes a moment at work when you know that you just aren't going to do anything productive for the rest of the day.
12. Can we all just agree to ignore whatever comes after Blue Ray? I don't want to have to restart my collection ... again.
13. I'm always slightly terrified when I exit out of Word and it asks me if I want to save any changes to my ten-page technical report that I swear I did not make any changes to.
14. I keep some people's phone numbers in my phone just so I know not to answer when they call.
15. I think the freezer deserves a light as well.
16. I disagree with Kay Jewelers. I would bet on any given Friday or Saturday night more kisses begin with Miller Light than Kay.
17. I wish Google Maps had an "Avoid Ghetto" routing option.
18. I have a hard time deciphering the fine line between boredom and hunger.
19. How many times is it appropriate to say "What?" before you just nod and smile because you still didn't hear or understand a word they said?
20. I love the sense of camaraderie when an entire line of cars team up to prevent a jerk from cutting in at the front. Stay strong, brothers and sisters!
21. Shirts get dirty. Underwear gets dirty. Pants? Pants never get dirty, and you can wear them forever.

22. Even under ideal conditions people have trouble locating their car keys in a pocket, finding their cell phone, and Pinning the Tail on the Donkey - but I'd bet everyone can find and push the snooze button from 3 feet away, in about 1.7 seconds, eyes closed, first time, every time.

23. The first testicular guard, the "Cup," was used in Hockey in 1874 and the first helmet was used in 1974. That means it only took 100 years for men to realize that their brain is also important.

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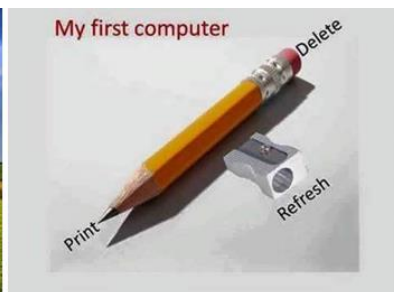
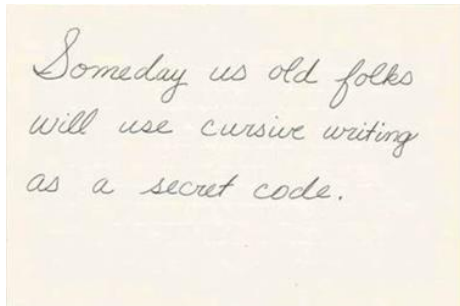
**Work vs. Golf**

*In 1923, these men were considered some of the world's most successful of their days. Now, 95 years later do you know what ultimately became of them?*

1. *President of the largest steel company? Charles Schwab, Great story died a pauper.*
2. *President of the largest gas company? Edward Hopson, went insane.*
3. *President of the New York stock Exchange? Richard Whitney, released from prison to die at home.*
4. *Greatest wheat speculator? Arthur Cooger, died abroad, penniless.*
5. *President of the Bank of International Settlement? Shot himself.*
6. *Great Bear of Wall Street? Cosabee Livermore, also committed suicide*

*However, in that same year, 1923, the PGA Champion and the winner of the most important golf tournament, the US Open, was Gene Sarazen. What became of him? He played golf until he was 92, died in 1999 at the age of 95, financially secure. The Moral: Teach your children, grandchildren, and great grandchildren to Skip Work and Play Golf.*

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**Thought of the Week**

“Be polite, be professional, but have a plan to kill everybody you meet” & “The most important 6 inches on the battlefield is between your ears”

*Former Defense Secretary James Mathis*

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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 19,495 subscribers who responded to that notice and/or have since subscribed. All others were deleted from the active mailing list.
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6. The Bulletin is normally published on the 1st and 15th of each month. To aid in continued receipt of Bulletin availability notices, recommend enter the email addree [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net) into your address book. If you do not receive a Bulletin check either [www.nhc-ul.org/rao.html](http://www.nhc-ul.org/rao.html) (PDF Edition), [www.veteransresources.org](http://www.veteransresources.org) (PDF & HTML Editions), <http://veteraninformationlinksasa.com/emos-rao.html> (PDF & HTML Editions), or <http://frabr245.org> (PDF & HTML Editions) before sending me an email asking if one was published. If you can access the Bulletin at any of the aforementioned sites it indicates that something is preventing you from receiving my email. Either your server considers it to be spam or I have somehow incorrectly entered or removed your addree from the mailing list. Send me an email so I can verify your entry on the validated mailing list. If you are unable to access the Bulletin at any of these sites let me know.

7. Articles within the Bulletin are editorialized information obtained from over 100 sources. At the end of each article is provided the primary source from which it was obtained. The ++ indicates that that the information was reformatted from the original source and/or editorialized from more than one source. Because of the number of articles contained in each Bulletin there is no why that I can attest to their validity other than they have all been taken from previously reliable sources. My staff consist of only one person (myself) which makes it a 10-12 hour daily endeavor to prepare and publish it. Gives me something to do in my retirement years which are going on 31 now. I was a workaholic in the Navy and old habits are hard to break. Readers who question the validity of content are encouraged to go to the source provided to have their questions answered. I am always open to comments but, as a policy, shy away from anything political. Too controversial and time consuming.

8. Recipients of the Bulletin are authorized and encouraged to forward the Bulletin to other vets or veteran organizations.

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