

RAO

BULLETIN

15 October 2019



PDF Edition

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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.
3. Recipients of the Bulletin are authorized and encouraged to forward the Bulletin to other vets or veteran organizations.

*** ATTACHMENTS ***

- Attachment – Oklahoma Vet State Benefits
- Attachment – Military History Anniversaries 16 thru 31 OCT (Updated)
- Attachment – Battle of Champagne (2nd) & Artois (3rd)



NDA A 2020

Update 23: Basic Needs Allotment Proposed

A bipartisan group of lawmakers has sent a letter to the heads of the House and Senate committees in charge of passing annual defense legislation, urging them to put in place a proposal that would give extra cash to low-income military families. The proposal, which is included in the House version of the 2020 National Defense Authorization Act legislation, would extend to some troops a new monthly "basic needs" allotment aimed at decreasing the number of families who seek regular support from food pantries. Just who qualifies for the subsidy would be calculated based on the service member's base pay plus income of other household members, including their spouse. If that income falls at or below 130 percent of the federal poverty rate, which is based on household size, they would be eligible to receive the difference in the form of a monthly payment.

For example, an E-3 currently makes about \$23,774 in base pay annually. If he has four dependents -- a spouse and three children, for example -- the difference between his income and 130 percent of the federal poverty rate, which is about \$39,200, sits at about \$15,450. Assuming he has no other household income, he would receive about \$1,288 a month under the new subsidy, according to the proposal.

The 2020 NDAA is currently going through a process known as "conference" to deconflict the separate versions passed by the House and Senate. Measures like the new subsidy that are included in one version but not the other are often abandoned. The letter, sent by a group of 31 Republican and Democrat representatives from across the U.S., urges lawmakers to put the new subsidy into law. "Military hunger and troop readiness go hand in hand," the letter states. "The Military Family Basic Needs Allowance would ensure that service members are able to provide the basic needs for their family members, eliminate unnecessary stress and anxiety and contribute to optimal mission readiness."

Data on military family hunger and use of the federal food stamp program, known as SNAP, is notoriously difficult to track. In 2016, the Government Accountability Office recommended the Pentagon start keeping track of use of food support programs, but whether that information is being accurately collected remains unclear. Totals from the Census Bureau in 2017 showed more than 16,000 active-duty troops received food stamps that year.

Advocates said they see this measure as a first step to addressing food insecurity among military families because the subsidy factors in only base pay, not Basic Allowance for Housing (BAH), an allotment that changes by duty station, reflects local cost of living and is factored into food stamp eligibility. The new measure would also require the Pentagon to notify families of their possible eligibility through the Defense Finance and Accounting Service versus requiring troops to ask for the benefit. "We think that it's a great start just because of the way that it would be implemented coming down from DFAS," said Jennifer Davis, a deputy director of government relations for the National Military Family Association.

She said pushing lawmakers to eliminate BAH from the notoriously controversial SNAP eligibility equation outright was a "non-starter." Working instead to give families a common-sense extra benefit, she said, is "cleaner." "We're not going into that gray space that everyone seems confused by," Davis said. Lawmakers are expected to release a final version of the 2020 NDAA in the next several weeks before it heads for a last vote and, finally, to the president's desk for his signature. [Source: Military.com | Amy Bushatz | September 29, 2019 ++]

TRICARE Chiropractic Care

Update 01: New Proposed Policy Could Include Family

Chiropractic and acupuncture services could be covered by Tricare under a new policy set to be proposed in the next several months. Currently, Tricare does not cover any chiropractic or acupuncture services for military family members. The proposal will be issued in an official regulation change notice no later than early next year, according to a document distributed to military support organizations this week and obtained by Military.com. Following a mandatory public comment period, the proposal will be returned to the Defense Health Agency (DHA), where a final policy will be developed. Coverage would likely not be available to Tricare users until 2021 or early 2022, the document states.

Earlier this month, Acting Assistant Secretary of Defense for Manpower and Reserve Affairs James Stewart sent a final report to Congress on three clinical trials conducted in the last 10 years at military health facilities by Rand Corp., Palmer College of Chiropractic and the Samueli Institute to determine whether chiropractic care can ease lower back pain in troops, help service members stop smoking and increase readiness. The \$7.5 million study was ordered under the fiscal 2010 National Defense Authorization Act, signed into law on Oct. 28, 2009. According to the report released 6 SEP the trials showed some positive results.

- The *first* clinical trial, to determine whether chiropractic care reduced pain and helped troops stop smoking, showed statistically significant improvement for service members with back pain who received chiropractic care alongside regular medical care.
- The *second* trial, to test whether chiropractic care had any effect on the reaction and response times of special operations troops, showed that a single session had an immediate effect on motor response. But the

trials also found that chiropractic care had no real influence on smoking cessation, nor did the acceleration of response time among special operators last after the initial effect.

- The *third* trial -- on whether chiropractic care improves fitness among troops with back pain -- showed that those who received such care saw a 5% increase in isometric strength, as opposed to a 6% decrease in strength among the control group, made up of service members who also had lower back pain but didn't receive chiropractic care. Endurance also increased 14% in the chiropractic group, compared with a 10% decrease in the control group, according to the third trial.
- "Based on the results, the investigators concluded that chiropractic care improves key fitness characteristics among active-duty service members with lower back pain and could lead to improved military readiness in such individuals," the report notes.

Currently, chiropractic care is offered only to active-duty troops and activated Guard and Reserve members at 65 of the Defense Department's 54 military hospitals and 377 clinics. While Congress in 2000 ordered the DoD to provide the service to those users, it did not address coverage for military family members or retirees. Acupuncture is now offered on a limited basis through some military treatment facilities. Just what will be covered under the new Tricare policy remains a mystery. To be covered, the services "must be proven safe and effective," according to the document, and could include "chiropractic care for certain types of pain or acupuncture for oncologic-related nausea." Tricare officials did not respond by deadline to requests for comment.

It is estimated that adding the coverage will cost Tricare \$60 to \$70 million annually, the document states. Reimbursement rates for providers will be included in the proposed regulation, which will be published in the Federal Register, the government's official process for documenting upcoming rule changes. The proposal comes on the heels of a new Defense Department report mandated by Congress that shows chiropractic care reduces lower back pain and may increase fitness among troops. The report was submitted to Capitol Hill this month, almost 10 years after it was first ordered. What Tricare covers is set either by regulation developed by military health officials, such as the one being proposed, or by laws passed by Congress. Two separate laws proposed this year on Capitol Hill would order Tricare to add chiropractic coverage for certain groups, but neither has received the momentum needed to pass. [Source: Military.com | Amy Bushatz & Patricia Kime | September 16 & 26, 2019 ++]

DoD Suicide Policy

Update 13: Reserve Component Reaches 30.6 deaths per 100,000

The National Guard's suicide rate has climbed higher than the active duty and Reserve's, according to an annual Pentagon study released 26 SEP. In response, officials are looking for new ways to help troops feel comfortable coming forward about their issues and getting help they need. The most recent figure is about 30.6 deaths per 100,000 service members, according to the Defense Department Annual Suicide Report for calendar year 2018, well above the Reserve's 22.9 per 100,000 and the active component's 24.8. "But when I describe a rate, I don't want to lose the face that goes along with that," Air Force Maj. Gen. Dawne Deskins, the Guard's director of manpower and personnel policy, told Military Times in a Monday interview.

While all three components are staring down growing suicide rates, the National Guard faces a unique problem, officials told Military Times, because they don't have the day-to-day interaction that active troops have with their leadership, and members are often in-between military and civilian health care, so it's not always clear which providers they should seek out if they're having trouble. Their troops also face issues local to their communities, so any attempt at a service-wide policy has to consider that one size won't fit all. With that in mind, the National Guard Bureau got two separate but related initiatives off the ground. "That's been part of our strategic approach," Capt. Matthew Kleiman, a U.S. Public Health Service officer who served as the Guard's director of psychological health, told Military

Times. “People sometimes make assumptions that because someone’s in uniform, they have all of the same access to all of the services that an active member would have. For Guard members, that’s not always true.”

In one corner, the bureau’s Warrior Resilience and Fitness Division will pull best practices from all 54 state and territory guard commands, collect data and put together strategies, under a program called SPRING: Suicide Prevention and Readiness Initiative for the National Guard. The innovation they hope to foster dovetails with the Warrior Resilience And Fitness Division’s new Innovation Incubator, which is looking for ideas that extend to readiness, wellness, resilience and beyond. Out of 50 ideas submitted earlier this year, the program has selected 12 to pilot. They cover substance abuse, physical fitness, access to behavioral health, sexual assault prevention and employment assistance, among others, and will be under the purview of a state guard bureau, from Massachusetts, Ohio and Indiana to New Mexico and Montana. The pilots are tailored to issue that are of particular interest in those states, Deskins said, but can be tailored to fit other states, if that services them. “Maybe only five states will use it, but it will be effective in those states,” she said.

But beyond those organized initiatives, leaders are still encouraging the grassroots kind of team and trust-building that can either empower a colleague to intervene, or empower a Guard member to reach out. “We’re still a predominantly part-time force,” Deskins said, where most members go back and forth between a military and civilian life, and the stressors of both. “An active component person would be more under the view of their commander, they would have ready access to care as soon as it’s needed.” Like in active duty units, it’s imperative for commanders to get to know their people on a level that would allow them to notice a change in their behavior. This can be tough when you don’t see each other every day, but as Deskins pointed out, the Guard could have an edge here that active duty units don’t.

“The one benefit about the Guard units are the longevity within them,” she said, because while they might not see each other every day, they members can be assigned to the same unit much longer than the three out of four that the active duty force requires. Kleiman likened the relationship to grandparents, who notice big changes in their grandchildren after not seeing them for months, perhaps more so than than what their parents would pick up on with everyday interaction. “When you have a unit commander that’s only seeing that member once a month, it could potentially be easier for them to detect – last month you looked okay,” he said. “You lost some weight, you look a little different. Whereas if you saw them every day, you might not notice that.”

There are also barriers to reporting that the Guard has to address. Many service members are afraid of career repercussions when they open up to behavioral health, but for reservists, the threat of losing their security clearance could affect both their military and civilian careers, as many parlay their credentials into civilian jobs. “From a perception standpoint — I can’t give you a number — the vast majority who come forward seeking help for a mental health program don’t have their security clearance taken or have career implications,” Kleiman said. If they do, it’s likely because they’re doing something related, but not solely a mental health issue, like running up debt or using illicit drugs. And if they do have their clearance taken, he added, they get them back when a treatment plan is worked out.

Once someone does decide to reach out, of course, they have two avenues to do it: Through a civilian organization completely unknown to the Guard, or to their chain of command. “You can always go through your chain of command,” Deskins said. “Now I’m sitting here in this area that’s 300 miles from where my commander lives – who do I go and get my care from?” The Guard has partnerships with local resources, Kleiman said, to quickly pair service members up with care when they’re not with their units. In the Air Guard, he added, there are full-time directors of psychological health for every wing, and they are always available to facilitate. “On the active side, access to care isn’t an issue, yet they still have suicide in the active component,” he added. “So it’s not just about putting programs in place, it’s about recognizing what are the barriers to seeking help.”

On the other end, he said, mental health providers have to be more progressive about how they approach a service member who comes to them. Staying away from a “disease model,” he added, where they approach the situation like

an illness to be cured, is key. "Traditional military medicine would maybe say, 'Someone is going through these kinds of stressful situations and they're a little bit broken and they have to be fixed,' " he said. It shouldn't be about "fixing" service members, he said, but giving them tools to "enhance performance," or help themselves better cope. "We talk a lot now about resilience – which is funny," Deskins said. "We use the word so much that it's starting to lose some of its meaning." The thing everyone can do, they agreed, is be there for each other. "It is a leadership responsibility, but it's also the responsibility of soldiers and airmen to look out for each other," Kleiman said. [Source: MilitaryTimes| Meghann Myers | September 26, 2019 ++]

USERRA

Update 22: Key for Guard, Reserve Personnel

Today, there are seven military reserve and guard components: the Army National Guard, the Army Reserve, the Air National Guard, the Air Force Reserve, the Navy Reserve, the Marine Reserve and the Coast Guard Reserve. The number of men and women participating in those Reserve and Guard units part time is almost equal to the number of people on full-time active duty, making up almost half of the total U.S. military manpower, said Capt. Samuel F. Wright (retired), who is also an attorney. Wright helped draft the Uniformed Services Employment and Reemployment Rights Act, which protects soldiers returning to civilian jobs, with Labor Department attorney Susan M. Webb. "It's a very important law. Employers complain about it, especially after 1990, when there was the transition from what was known as the strategic reserve that would only be called up for World War III to the operational reserve, which is frequently called up for intermediate military operations like Desert Storm, Afghanistan, Iraq. Military operations that are significant but far short of WWII."

Reflecting on this law is relevant today because members of the 329th Combat Sustainment Support Battalion, based in Parsons, deployed 22 SEP. They traveled to Fort Hood, Texas, Sunday to prepare for deploying to Afghanistan. In August 1990 Iraq invaded and occupied Kuwait. President George H.W. Bush, who hadn't signed off on USERRA amid governmental department objections, determined the U.S. needed to activate the Guard and Reserve units, which entered Operation Desert Storm to help eject Iraq from Kuwait. "All of the sudden this became big news. President George Herbert Walker Bush told the other departments, 'Enough with your objections, we are going with this,'" Wright said of USERRA, the rewrite of the 1940 reemployment act and its amendments.

USERRA was proposed to Congress in February 1991 and signed into law Oct. 13, 1994. The need for it escalated following Sept. 11, 2011, Wright said. Employers still object to jobs being protected for people in the Guard and Reserve, especially now that it is much more than one weekend a month. "I tell them basically that is almost unpatriotic. You know, we don't have a draft in this country. The draft was abolished in 1973, almost 50 years ago. You have almost two full generations with no draft, but somebody's got to defend this country, and USERRA is one of the incentives Congress has enacted to encourage people to serve, whether in the active component or the National Guard or Reserve," Wright said. "The great majority of the USERRA cases involve the National Guard or Reserve, but USERRA very much applies to regular military service, too."

USERRA entitles the soldier to be reemployed, not just in the position they held when called to active duty, but in the position he or she **would have attained had they continued to be employed**, including seniority and pension credit. "It is a significant factor for recruiting regular military, but especially for the Guard and Reserve," Wright said. "If you are going to have someone working a part-time job that only pays part-time pay, that person cannot feed their family on a part-time job, so he or she is going to need some other employment for all the periods between the drill weekends, annual training and mobilizations and military service. Without a law like USERRA, it would not be possible for the services to recruit and retain enough qualified men and women to defend the country." The law applies to federal, state and local government and private employers. "Ten percent of Guard and Reserve work for state governments and another 11% work for local governments, like city, counties and school districts, so it is really

important the law applies to basically all employers of this country. There are some minor exceptions, like Indian tribes and religious institutions, but basically it applies to almost all employers of the United States,” Wright said.

According to the Pentagon, nearly 75% of the population ages 17 to 24 are not eligible for military service because of a felony conviction, drug use, no high school diploma or GED and health conditions including diabetes. Others are disqualified for weight, use of hyperactivity medication, gauged earlobes or certain tattoos. “That leaves the other 25%, but there is only 1% of people in that age group that are both eligible and interested who will even consider military service,” Wright said. “And we need a little over half of that 1% to join. “In the all-volunteer military hero, we are not stressing high numbers. We are stressing highly qualified, highly motivated, well-trained, well-led, well-equipped personnel, and it’s been a great success, but it won’t last forever if people don’t support it,” Wright said. [Source: Parsons Sun | Colleen Williamson | September 25, 2019 ++]

Commissary News

Update 13: Beer & Wine | Curbside Pickup | Savings

When Are Beer and Wine Coming to Your Commissary?

No answer yet, according to DoD officials. Right now there’s a limited test selling beer and wine in 12 commissaries. Commissary and exchange officials are “gathering and analyzing all factors related to beer and wine sales,” said DoD spokeswoman Jessica Maxwell. When that analysis is complete, commissary and exchange officials will make their recommendations to DoD leadership, she said, and DoD leaders will make decisions on any future expansions.

The 12 stores have limited selections and limited amount of floor space for beer and wine, ranging from a 4-foot shelf space each for beer and for wine, to a 12-foot shelf space. There’s only so much space in commissaries, and they’re not going to take out necessities like baby food and diapers or meat to make room for beer and wine. Many civilian grocery stores sell beer and wine, and it’s a convenience for many customers. Since the test started July 23, 2018, through the 13 months ending Aug. 24, the 12 commissaries sold \$505,010 worth of beer and \$581,567 worth of wine, for a combined total of nearly \$1.1 million, according to DoD officials. For a list of the 12 stores, click [here](#).

Out of the 12 test stores, the commissary that sold the most during those 13 months is the one closest to the Pentagon, at Fort Myer, Virginia — because of its wine sales. Even with just 4 feet of shelf space devoted to each of their beer and wine offerings, that store sold \$165,596 worth of libations. Its wine sales brought it over the top: 66 percent of the sales were wine, which far surpassed the other 11 stores.

Next Up for Grocery Curbside Pickup

The commissary at Fort Belvoir, Virginia, began offering the Click2Go service Sept. 30 — where customers place their orders online, then pick up their groceries at the commissary curbside. The store at Quantico Marine Corps Base, Virginia, is set to begin the service before the end of the calendar year, and the McGuire store at Joint Base McGuire-Dix-Lakehurst, New Jersey, will offer Click2Go starting sometime in the first quarter of calendar 2020, according to Defense Commissary Agency spokesman Kevin Robinson. Other commissaries are being considered to offer the service, but no final decision has been made, Robinson said. Two other stores in Virginia currently have Click2Go: Fort Eustis and Oceana Naval Air Station. Since June 3 when Oceana became the second commissary to offer the service, Oceana shoppers have bought groceries totaling more than \$42,000, in 390 curbside transactions. A broad range of customers are using the service at both stores, Robinson said, but there seems to be strong interest from customers with young families, and customers with mobility issues.

Savings Are Up at Commissaries

Overall average savings at military commissaries are increasing, according to the latest calculations released by the Defense Commissary Agency. Worldwide, the average savings percentage rose to 26 percent at commissaries

compared with civilian stores during the third quarter of fiscal 2019 — April through June. That’s an increase from the last quarter’s 25.7 percent and represents an increase from the 2016 baseline savings calculated at 23.2 percent for the same stores measured. Those extra 2.8 percentage points in savings means \$2.80 more savings on a \$100 purchase, compared to 2016. And that also translates into a 12 percent increase in the savings percentage since 2016.

Congress requires that the commissary agency maintain savings at levels that are reasonably consistent with the 2016 baseline level. Savings in stores in the continental U.S., including Alaska and Hawaii, also increased, to 22.7 percent. One factor in the higher savings percentages is the commissary agency’s ability to use variable pricing “to keep prices competitive on items our customers purchase the most,” said retired Rear Adm. Robert Bianchi, Defense Department special assistant for commissary operations, in an announcement of the savings numbers. The savings report didn’t bring good news for all areas, however. Although savings at overseas commissaries came in at 42.7 percent, that’s down 1.1 percentage points compared to the previous quarter — or a 2 percent decrease in the savings percentage. Saving percentage in these areas from April to June:

- Overall U.S. (including Alaska and Hawaii): 22.7%
- Overseas: 42.7%
- Worldwide weighted average: 26%

The commissary agency measures savings in geographic regions, because the cost of living varies. Each quarter, a third party contractor sends out auditors to conduct manual comparisons at one-fourth of the commissary stores, with the same stores shopped in the same quarter of the year. Congress requires DeCA to report on savings regionally, comparing prices with up to three commercial grocers, including super centers, in the local area of each commissary in the U.S. In this past quarter, 44 stores were shopped by a third party, and prices were compared on about 1,000 products, based on what commissary officials describe as a “shopper’s typical market basket.” The calculation applicable taxes in commercial grocery stores, and the 5 percent surcharge in commissary prices. More than two-thirds of the states don’t have sales tax on food items. An additional regional comparison is conducted of 38,000 products using market pricing data.

[Source: MilitaryTimes | Karen Jowers | October 04, 2019 ++]

DoD Fraud, Waste, & Abuse **Reported 01 thru 15 OCT 2019**

A Defense Intelligence Agency official was arrested 9 OCT and charged with leaking classified intelligence information to two journalists, including a reporter he was dating, the Justice Department said. **Henry Kyle Frese**, 30, was arrested by the FBI Wednesday morning when he arrived at work at a DIA facility in Virginia. He was charged with willfully disclosing national defense information. Frese, who has a top secret government security clearance, is alleged to have accessed at least five classified intelligence reports and provided top secret information about another country’s weapons systems to the reporter with whom he was having a relationship.

Neither of the reporters was identified by name in court documents, and the Justice Department declined to provide any additional details about the classified information that was leaked. The reporter published eight articles containing classified defense information between May and July 2018, prosecutors said. In April 2018, after Frese accessed one of the intelligence reports, the reporter sent him a private message on Twitter asking if he would be willing to speak with another journalist, who worked at another outlet owned by the same company. Frese replied that he would help if it could help advance the first reporter’s career because he wanted to see her “progress.”

The government also intercepted a call in September during which Frese allegedly read classified national defense information to the second journalist, according to court documents. “Frese betrayed the trust placed in him by the American people — a betrayal that risked harming the national security of this country,” said Assistant Attorney

General John Demers, who leads the Justice Department's national security division. It was not immediately clear whether Frese had an attorney who could comment on the allegations. [Source: The Associated Press | Michael Balsamo | October 10, 2019 ++]

POW/MIA Recoveries & Burials

Reported 01 thru 15 OCT 2019 | Fifteen

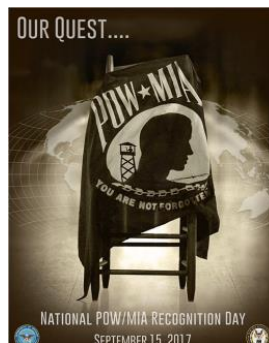
“Keeping the Promise“, “Fulfill their Trust” and “No one left behind” are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century as of FEB 2019 are: World War II 73,025 of which over 41,000 are presumed to be lost at sea, Korean War 7665, Vietnam War 1589 (i.e. VN-1,246, Laos-288, Cambodia-48, & Peoples Republic of China territorial waters-7), Cold War 111, Iraq and other conflicts 5. Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home.

For a listing of all missing or unaccounted for personnel to date refer to <http://www.dpaa.mil> and click on ‘Our Missing’. Refer to <https://www.dpaa.mil/News-Stories/Recent-News-Stories/Year/2019> for a listing and details of those accounted for in 2019. If you wish to provide information about an American missing in action from any conflict or have an inquiry about MIAs, contact:

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

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

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



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

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

LOOK FOR

-- **Army Cpl. Jerry M. Garrison**, 21, of Lamar, Ark., whose identification was initially announced in August, will be buried on Oct. 22 in his hometown. Garrison was a member of Headquarters Company, 1st Battalion, 32nd Infantry Regiment, 2nd Infantry Division. He was reported missing in action on Dec. 2, 1950, when enemy forces attacked his unit near Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. [Read about Garrison.](#)

-- **Army Sgt. Gerald B. Raeymacker**, 21, of Dunkirk, N.Y., whose identification was initially announced in August, will be buried on Oct. 19 in his hometown. Raeymacker was a member of Battery B, 57th Field Artillery Battalion, 7th Infantry Division, 31st Regimental Combat Team. He was reported missing in action on Dec. 6, 1950, in the vicinity of the Chosin Reservoir, North Korea, when his unit was attacked by enemy forces. Following the battle, his remains could not be recovered. [Read about Raeymacker.](#)

-- **Army Pfc. David C. Wilkes**, 20, of Saline, Mo., whose identification was initially announced in July, will be buried Oct. 19 in Lakewood, Wash. Wilkes was a member of Company D, 1st Battalion 32nd Infantry Regiment, 7th Infantry Division. Approximately 2,500 U.S. and 700 South Korean soldiers assembled into the 31st Regimental Combat Team, which was deployed east of the Chosin Reservoir, North Korea, when it was attacked by overwhelming numbers of Chinese forces. Wilkes was initially reported missing in action on Dec. 2, 1950, when he could not be accounted for after the withdrawal, but his status was later amended to killed in action. [Read about Wilkes.](#)

-- **Army Pfc. John A. Shelemba** was a member of Company L, 3rd Battalion, 34th Infantry Regiment, 24th Infantry Division. Shelemba was reported missing in action while defending Taejon, South Korea on July 20, 1950. Interment services are pending. [Read about Shelemba.](#)

-- **Army Sgt. 1st Class Riley Burchfield** was a member of Company D, 1st Battalion, 24th Infantry Regiment, 25th Infantry Division. Burchfield was captured by enemy forces near Kunu-ri, North Korea. He reportedly died while in custody of the Chinese People's Volunteer Forces, at Prisoner of War Camp 5, in February 1951. Interment services are pending. [Read about Burchfield.](#)

-- **Coast Guard Lt. Thomas J.E. Crotty**, 30, from Buffalo, N.Y., whose identification was initially announced in September, will be buried Nov. 3 in his hometown. Crotty 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.](#)

-- **Marine Corps Pfc. Jack B. Van Zandt** was a member of Company A, 1st Battalion, 6th Marine Regiment, 2nd Marine Division, Fleet Marine Force. Van Zandt landed on the island of Betio in the Tarawa Atoll of the Gilbert Islands. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed, including Van Zandt on the third day of the battle, Nov. 22, 1943. Interment services are pending. [Read about Van Zandt.](#)

-- **Marine Corps Pfc. Louis Wiesehan Jr.**, was a member of Company F, 2nd Battalion, 8th Marine Regiment, 2nd Marine Division, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed, including Wiesehan on the second day of battle, Nov. 21, 1943. Interment services are pending. [Read about Wiesehan.](#)

-- **Marine Corps Pfc. Robert J. Hatch** was a member of Company D, 1st Battalion, 6th Marine Regiment, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed, including Hatch on the third day of battle, Nov. 22, 1943. Interment services are pending. [Read about Hatch.](#)

-- **Marine Corps Pfc. Marley Arthurholtz** was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. On Dec. 7, 1941, Arthurholtz died in the attack along with 429 of his shipmates. Interment services are pending. [Read about Arthurholtz.](#)

-- **Marine Corps Pfc. Ray P. Fairchild** was a member of Company D, 2nd Battalion, 7th Marine Regiment, 1st Marine Division. He was killed in action on Nov. 27, 1950, near the town of Yudam-ni, west of the Chosin Reservoir, North Korea. His remains could not be recovered. Interment services are pending. [Read about Fairchild.](#)

-- **Marine Corps Reserve 1st Lt. Justin G. Mills** was a member of Company C, 1st Battalion, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed, including Mills on the first day of battle, Nov. 20, 1943. [Read about Mills.](#)

-- **Marine Corps Reserve Pfc. John R. Bayens** was a member of Company B, 1st Battalion, 6th Marine Regiment, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed, including Bayens on the third day of battle, Nov. 22, 1943. Interment services are pending. [Read about Bayens.](#)

-- **Marine Corps Reserve Pfc. John T. Burke**, 18, of Newton, N.C., whose identification was initially announced in May, will be buried on Oct. 26 in Hickory, N.C. Burke was a member of Company B, 1st Battalion, 8th Marine Regiment, 2nd Marine Division. In November 1943, his unit landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands, in an attempt to secure the island. Burke died on Nov. 20, 1943. [Read about Burke.](#)

-- **Marine Corps Reserve Pfc. Norman A. Buan** was a member of Company C, 1st Battalion, 2nd Marine Regiment, 2nd Marine Division, Fleet Marine Force. Buan landed on the island of Betio in the Tarawa Atoll of the Gilbert Islands. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed, including Buan on the first day of the battle, Nov. 20, 1943. Interment services are pending. [Read about Buan.](#)

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

* VA *



VA Life Insurance

Update 03: Affordable Policies for Veterans

The Department of Veterans Affairs administers several life insurance programs for service members, their families, and veterans at all stages of their lives. In fact, the VA life insurance program is the 14th largest life insurance company in the United States, and provides \$1.2 trillion dollars in insurance coverage for 5.9 million veterans, active-duty service members, and their dependents. The VA has been involved in life insurance for over 100 years. "Congress started the United State government life insurance program to insure the lives of our military members because the private sector was unwilling to insure lives of individuals going into military actions in harm's way," Director of VA life insurance, Vincent Markey said on NewsChannel 7. When a service member signs up, they don't have to worry about coverage, they're already insured for \$400,000. The rate is only \$24 month for that coverage. Vincent Markey, joined NewsChannel 7s' Holly Chilsen on 27 SEP via satellite from Washington, D.C. Watch Holly's interview with Vincent Markey at <https://www.wsaw.com/content/news/DEEP-BENCH-VA-provides-affordable-life-insurance-for-military-561558771.html> for more information on this topic. [Source: WSAW.TV 7 | September 27, 2019 ++]

VA Home Loan

Update 68: Funding Fee Refund Initiative Completed – Did You Get Yours?

The U.S. Department of Veterans Affairs (VA) recently completed an aggressive initiative to process home loan funding fee refunds to Veteran borrowers, issuing more than \$400 million in refunds. The refunds are the culmination of a multi-year internal review of millions of VA-backed home loans spanning almost two decades. “VA staff worked diligently throughout the summer reviewing 130,000 cases, which is an average of 16,000 loans reviewed per week,” said VA Secretary Robert Wilkie. “This effort included loans dating back nearly 20 years. Our administration prioritized fixing the problems and paid Veterans what they were owed.”

The VA’s Loan Guaranty Service (LGY) program identified more than 130,000 loans where a refund was potentially due. While some funding fees charged were found to be attributable to clerical errors, most fees were charged correctly. The exception was for those Veterans whose exemption status changed following the issuance of a disability rating after the closing of their loan. Letters were mailed notifying Veterans who were eligible for a refund. VA has made several program and systems changes to provide Veterans and lenders with the most up-to-date information possible on a Veteran’s funding fee exemption status. The changes include:

- Enhancements to Veteran-focused communications to better inform about the loan funding fee and when it may be waived as part of the loan transaction.
- Policy guidance directing lenders to inquire about a Veteran’s VA disability claim status during the loan underwriting process and obtain an updated Certificate of Eligibility no more than three days prior to loan closing if the Veteran had a disability claim pending.
- System and procedural changes to ensure regular internal oversight activities swiftly identify Veterans eligible for fee waivers and potential refund cases.

Veterans who believe that they are entitled to a refund of the VA funding fee are strongly encouraged to call their VA Regional Loan Center at (877) 827-3702 to find out if they are eligible. Information about VA home loan funding fees can be found on the [LGY program](#) website. [Source: VA News Release | October 8, 2019 ++]

VA Patient Medical Info

Update 06: New Sharing Procedures by JAN 2020

The U.S. Department of Veterans Affairs (VA) will implement new procedures by January 2020, for sharing medical information for Veterans accessing health care in the community. The department is changing its procedures for electronic health information sharing in accordance with Section 132 of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act). “The MISSION Act gives Veterans greater access to care, whether at VA facilities or in the community,” said VA Secretary Robert Wilkie. “We are providing seamless access to care, improving efficiency and helping to ensure Veterans get the care they need, where and when they need it.”

The change moves VA from an ‘opt-in’ to an ‘opt-out’ model of electronic health information sharing. Veterans will no longer be required to provide signed, written authorization for VA to release electronic health information to community providers for the purposes of receiving medical treatment. VA shares health information with community providers using a secure and safe electronic system called the Veterans Health Information Exchange. This electronic exchange of information improves patient safety — particularly during emergency situations — and allows for improved care coordination for Veterans receiving care in the community.

Veterans who do not want their health information shared electronically can opt out by submitting VA Form 10-10164 (opt out of sharing) to the Release of Information Office at the nearest VA medical center now or at any time

going forward. Veterans who previously opted out on VA Form 10-0484 prior to Sept. 30, do not need to submit new forms. However, Veterans who restricted what information VA shared by submitting VA Form 10-0525 (restriction request) will need to opt out entirely by submitting Form 10-10164. VA is committed to protecting Veteran privacy. Only community health care providers and organizations that have partnership agreements with VA and are part of VA's approved, trusted network may receive VA health information. For information about VA's health information exchange visit www.va.gov/vler. [Source: VA News Release | September 30, 2019 ++]

VA Domestic Violence Programs

October is National Domestic Violence Awareness Month

The U.S. Department of Veterans Affairs reminds Veterans nationwide that VA's Supportive Services for Veteran Families (SSVF) and Grant and Per Diem (GPD) provide housing and other services for Veterans experiencing domestic violence and intimate partner violence. Additionally, in observance of National Domestic Violence Awareness Month, VA's Intimate Partner Violence Assistance Program will gather with internal and external national partners this October to help promote the department's mission to foster healthy relationships and safety. "VA recognizes the impact domestic violence has on Veterans and their families and is committed to raising awareness about this serious problem," said VA Secretary Robert Wilkie. "We want to remind Veterans in these tough situations they are not alone, and that VA is here to help them access safe, stable housing and supportive services."

Veterans losing their housing because they are fleeing domestic violence are eligible for SSVF rapid rehousing, which is an intervention designed to help homeless Veterans and their families quickly access permanent housing. The GPD program provides housing and supportive services to help homeless Veterans achieve residential stability, increase their skill levels and incomes and achieve greater self-determination.

In 2017, [Public Law 114-315](#) expanded eligibility for participation in the SSVF and GPD programs by broadening the definition of homeless to include any individual or family fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking — or other situations making it dangerous to remain in the home — which include situations that jeopardize the health and safety of children. Eligible Veterans must have no other residence and lack both the resources and support networks to obtain other permanent housing. Click [SSVF](#) or [GPD](#) to learn more about VA's domestic violence assistance programs. [Source: VA News Release | October 1, 2019 ++]

California GI Bill

Update 02: VA Assumes State Approving Agency Role

Effective Oct. 1, the U.S. Department of Veterans Affairs (VA) will serve as the State Approving Agency (SAA) for California in fiscal year 2020. The department will determine which programs of education are eligible for GI Bill benefits in California. "VA takes the roles and responsibilities of SAA very seriously," said VA Secretary Robert Wilkie. "We want to ensure GI Bill beneficiaries are using their well-earned education benefits in programs that meet the quality standards they deserve."

VA is authorized by law to enter into agreements with state agencies — referred to as State Approving Agencies — to approve the qualifications of educational institutions and approve qualifying programs for the purposes of GI Bill education benefits. VA also determines whether SAAs are complying with legal standards and requirements and may assume the role of SAA in that state if an agreement is not reached with the state. The department notified California State Approving Agency for Veterans Education (CSAAVE) school officials, GI Bill beneficiaries and many other

stakeholders on 6 SEP that it will not be entering into an agreement with California for FY2020. This decision was based on VA’s assessment of CSAAVE’s performance over the last three years.

Although CSAAVE sent a letter to California schools 10 SEP stating its intent to retain its authority to approve programs for GI Bill benefits, CSAAVE will no longer serve as the SAA. VA will be assuming those duties as of 1 OCT. VA will provide additional notifications to key stakeholders to ensure a seamless transition for GI Bill beneficiaries and student Veterans. It is not uncommon for VA to act as the SAA for states during any given year and VA has performed those functions in six states since FY2017. For up to date information, visit <https://benefits.va.gov/gibill>. [Source: VA News Release | October 1, 2019 ++]

VA Medical Staff

Update 04: Understaffing Leading to Burnout, Higher Attrition

Persistent understaffing at VA is raising issues with patient care at its medical centers and contributing to burnout among employees in other short-staffed occupations that in turn leads to higher attrition and still more severe shortfalls, GAO has said. In testimony before a House Veterans Affairs Committee hearing, the GAO cited “large staffing shortages” at medical centers in positions including physicians, registered nurses, physician assistants, psychologists, and physical therapists, and “high attrition, increased workload, and burnout” among HR positions, for example. It said that VA suffers a vacancy rate of about 11 percent in its Veterans Health Administration, including vacancies of more than 24,000 medical and dental positions alone. Department-wide, the latest vacancy figure is 49,000.

GAO said that the problems in part reflect the government’s general challenges to recruit, retain, and develop workers, including “outmoded position classification and pay systems, ineffective recruiting and hiring processes and challenges in dealing with poor performers.” However, others relate to VA’s own problems such as a lack of a “modern and effective performance management system.” It added that many recommendations of prior reports still have not been carried out, including that the VA develop a process to accurately count all physicians providing care at each VA medical center.

Meanwhile, the VA inspector general testified that the department has “chronic healthcare professional shortages since at least 2015,” with 138 of 140 facilities reporting they have shortages in the medical officer occupational series and 108 in the nurse occupational series. Noncompetitive salaries are a “particular issue” which the VA is attempting to address with incentive and student debt repayment programs, but there is high turnover among high-performance staff with “follow-on impacts, as remaining staff became burned out from working overtime to cover existing vacancies.” [Source: FedWeek | September 30, 2019 ++]

VA Medical Staff

Update 05: Reasons behind VA Staff Shortages Examined

The VA’s inability to offer salaries that are competitive with the private sector’s for certain occupations and a lack of qualified applicants remain the major reasons for understaffing in its medical occupations, according to an IG report. In addition it said that for top management positions, laws designed to hold managers more accountable “go too far without providing recourse” for them to defend themselves against allegations. The report closely follows a recent House hearing where witnesses from the GAO and elsewhere described burnout and high attrition as among the effects of persistent and widespread vacancies.

An audit of medical facilities for the 2018 calendar year found that 96 percent reported a “severe” shortage in at least one occupation and 39 percent said the same of 20 or more occupations. Medical officer and nursing occupations were the most commonly named—within the former, psychiatry was the most common, named by 61 percent of facilities—while in non-clinical occupations HR management was most commonly cited, by 51 percent. The numbers of reported severe shortages across facilities declined by 12 percent from the prior year, but “the reasons for those shortages did not change,” it said. Many facilities said the problem with non-competitive salaries persists despite use of incentives such as student loan repayments—which they said are hampered by under-funding and difficult approval processes. The salary issue “was particularly prominent in areas with high costs of living and strong private sector competition,” it added.

The report also found that non-competitive salaries and a lengthy hiring process were the main reasons for high vacancies among top positions at medical facilities. It added that “heightened public scrutiny and implementation of the VA Accountability and Whistleblower Protection Act have demotivated applicants and created barriers in hiring medical center directors.” VA officials said that that law and other policy changes enacted in response to the VA scandals of recent years “made medical center director positions unappealing, leaving current directors feeling vulnerable and dis-incentivizing applicants.” [Source: Fedweek | Federal Manager's Daily Report | October 3, 2019 ++]

VA Payments Delay

27K Beneficiaries Paid 3 vice 1 OCT

October disability compensation, dependency indemnity compensation (DIC) and pension payments were delayed by two days for more than 27,000 beneficiaries due to a software issue. The problem has been corrected and payments were deposited in bank accounts on Oct. 3. This issue did not affect those receiving benefits under the GI Bill or Vocational Rehabilitation and Employment programs. Impacted Veterans were those who received a new or changed award for compensation, DIC, or pension on or after Sept. 20, 2019. This issue affected Veterans around the Nation, and there was no particular region or state that was more adversely affected than any other.

VBA acknowledges that this delay could cause a hardship on Veterans and their families and will work with those facing financial hardship on a case-by-case basis. Beneficiaries who have experienced added financial hardship as a result of this are encouraged to contact the call center or local RO, and VBA will work with them to make them whole by reimbursing overdraft fees or late fees, or working with the bank to have fees reversed. VA Beneficiaries may contact VA with any questions regarding this delay, or to request assistance at the phone numbers below.

- Benefits (VA): Disability Compensation & Dependency Indemnity Compensation 1-800-827-1000
- VA Pension Benefits 1-877-294-6380
- Veterans Crisis Line 1-800-273-TALK (1-800-273-8255)

[Source: Vantage Point | Donna Stratford | October 1, 2019 ++]

VA Medical Records

Update 02: Non-VA Medical Provider Access

The Department of Veterans Affairs is notifying veterans who receive their medical care at VA health facilities that VA will soon start sharing that health information with doctors they may see outside the VA, without notifying them first. VA is sending letters to veterans’ homes notifying them of the change. Under the 2018 VA Mission Act, the

department is working to ensure that VA physicians and non-VA medical providers can access a veteran's health care information in order to treat them.

Veterans currently opt into the VA's health record file sharing agreement. But with the change, they will be have to opt out, using a VA Form 10-10164 ([https://www.va.gov/vaforms/medical/pdf/Updated%2010-10164%20\(003\).pdf](https://www.va.gov/vaforms/medical/pdf/Updated%2010-10164%20(003).pdf)), which they can download from the VA's web site and mail or complete at the Release of Information Department in the VA facility where they receive care. "The Mission Act gives veterans greater access to care, whether at VA facilities or in the community," said VA Secretary Robert Wilkie in a news release. "We are providing seamless access to care, improving efficiency and helping to ensure veterans get the care they need, where and when they need it."

The Veterans Health Information Exchange will give providers access to laboratory results, medications, health history and illnesses, allergies, and occupational health information for veterans who also are VA employees. "This electronic exchange of information improves patient safety — particularly during emergency situations — and allows for improved care coordination for veterans receiving care in the community," the release said. Veterans should receive a notification of the change in a letter from VA. In the letter, VA promises it will not sell any veteran's health information and only will share information with community medical providers and "organizations that have partnership agreements with VA and are part of VA's approved trusted network."

Also according to the letter, those who are enrolled in VA health care or are eligible to enroll were to receive the notice, but others may have gotten it as well. "You may have received this notice even if you are ineligible for VA health care benefits," the letter states. The Mission Act consolidated VA's numerous community care programs and gave veterans access to a network of non-VA urgent care facilities for acute or non-emergency illnesses. According to VA regulations published after the Mission Act's expansion, veterans who live more than 30 minutes from a VA medical center or clinic or who face a wait of 20 days or more for primary care appointments are eligible to seek care in the community.

Roughly a third of all medical appointments for veterans enrolled in VA health care take place at non-VA facilities. According to VA, that figure has remained steady in the past several years. VA will begin file sharing in January 2020. Veterans who previously restricted what information VA shared by using a restriction request form, VA Form 10-0525, will need to fill out the new form if they want to opt out entirely. Others who previously opted out do not need to resubmit a form. **(Note: On Hold. Read Update 03).** [Source: MilitaryTimes | Patricia Kime | October 2, 2019 ++]

VA Medical Records

Update 03: Lawsuit Puts Sharing of Records Proposal on Hold

A group of veterans filed a lawsuit against the Department of Veterans Affairs in an attempt to stop it from sharing veterans' health records with third parties, saying it violates veterans' Constitutional rights. At a court hearing on 2 OCT, VA agreed to hold off on sharing those records until at least Jan. 1, 2020, retired Navy Commander John Wells told Connecting Vets. Wells is the litigation director of Military-Veterans Advocacy, the group that filed the lawsuit. Military-Veterans Advocacy, the same organization responsible for a lawsuit looking to push VA to provide benefits to Blue Water Navy Vietnam veterans, filed the suit dated 30 SEP asking the court to stop VA from sharing veterans' medical records without permission.

Wells said some veterans received mailed notices from VA with a 30 SEP deadline to opt-out of sharing their records. But veterans didn't receive the notices until the end of September. That deadline was part of the impetus for the lawsuit, he said. But after the suit was filed and ahead of the hearing Wednesday, Wells said VA began changing information on its website -- the department now said it would not begin sharing veterans' records until January. At the court hearing, VA produced a "declaration" saying the department "would not disclose any veterans' information until Jan. 1, 2020," Wells said.

The VA recently announced that it planned to automatically share veterans' healthcare records with its network of private doctors when veterans seek care outside VA -- unless those veterans opt-out. That change is partially in response to the June launch of the MISSION Act, which replaced the CHOICE Act and expands veterans' access to private doctors in a VA network of providers. In order to streamline the process of seeing a doctor outside VA, the department said it changed its policy from requiring veterans to provide signed permission to release their records to those doctors, to instead require veterans who don't want their information shared to submit that in writing. Previously, veterans had to provide written notice to VA saying it was OK to share their medical records, opting in. Now, those records will be shared automatically, unless veterans fill out and submit a form saying they don't want their records shared with the doctor they see outside VA, opting out.

VA shares veterans' health information with its community providers "using a secure and safe electronic system called the Veterans Health Information Exchange," according to the department. But it's unclear exactly who has access to veterans' private health care information, the lawsuit says, or how that information will be protected. "How do I know who will see that?" Wells said. "Once everything is dumped into the big cloud in the sky ... How do I keep someone from getting access to it?" Wells said many veterans are concerned about private information, such as health diagnoses including post-traumatic stress disorder or traumatic brain injuries, becoming public. "They're definitely afraid of that information being shared," Wells said. "That's private information and we have no way of knowing how it will be secured." There's also concern about potential "red flag" legislation, that would identify veterans potentially at risk of violence to themselves and others and kick off a judicial process that could end in a veteran losing access to his or her firearms.

The lawsuit accuses VA Secretary Robert Wilkie of not following the Constitution or the law, adding that veterans were not allowed to participate in the decision-making process that led to the change in records policy. "The new policy violates the veterans' Constitutional right to privacy over medical records ... by the wholesale release of information to third parties without express written consent," the lawsuit reads. Wells said he hopes veterans will get more of a say in how their information is handled. "What should happen is the VA ... allows time for everyone to comment," he said. "If they do that, then it gives us a chance to understand the program and allow veterans the opportunity to make an intelligent decision about what they want to disclose."

Earlier this week, Wilkie issued a statement saying the policy change provides "seamless access to care, improving efficiency and helping to ensure veterans get the care they need, where and when they need it." The VA did not immediately respond to Connecting Vets' request for more information on exactly who could potentially access veterans' healthcare information and what measures VA has taken to secure that data. AMVETS National Executive Director Joe Chenelly said the delay in records sharing "will further delay veterans' ability to get timely appointments with doctors outside the VA through the MISSION Act." VA advised veterans who do not want their health information shared electronically to:

- Fill out and submit VA Form 10-10164 to the Release of Information Office at the nearest VA medical center now or at any time in the future;
- Veterans who already opted out before Sept. 30 do not need to submit new forms;
- Veterans who restricted specific information VA shared by submitting VA Form 10-0525 will need to opt-out entirely by submitting the 10-10164 form;
- Veterans can opt-out or opt-in to have their records shared at any time.

[Source: ConnectingVets.com | Abbie Bennett | October 03, 2019 ++]

VA Million Veteran Program

Update 09: Online Enrollment Now Available

Veterans can now join the [Million Veteran Program](#) online (MVP) as part of the U.S Department of Veterans Affairs' (VA) effort to improve the lives of Veterans through health care research and innovation. More than 775,000 Veteran partners have already joined MVP, a national, voluntary, research initiative that helps VA study how genes affect the health of Veterans. "MVP has already resulted in a number of important scientific publications that increase our knowledge of conditions that affect Veterans' health, and we expect this resource to continue to prove its value over the coming years," said VA Secretary Robert Wilkie. "VA is excited to announce the launch of MVP Online, which will make it even easier for Veterans nationwide to take part in this landmark research effort."

Veterans currently enrolled in VA care can use their existing VA credentials to securely log in to MVP Online to view their personalized dashboard and learn more about the program. To partner with MVP, Veterans can use the online portal to complete the consent process, allow access to health records (for research purposes only), answer surveys about their health and lifestyle and schedule an MVP visit at a participating VA site to provide a blood sample. VA is currently piloting ways to make the MVP sample collection more convenient for Veterans who do not live near a participating VA site.

MVP helps researchers better understand how genes affect health and illness, which may help prevent illnesses and improve treatments of disease. Research using MVP data is already a part of more than 30 VA projects, including efforts focused on understanding the role of genes in PTSD, diabetes, cancer, heart disease and suicide. Significant research findings have already published in high-impact scientific journals. This research is helping VA to better understand the role genes play in many common illnesses, especially those illnesses common among combat Veterans.

MVP partners include Veterans from all 50 states, the District of Columbia, Puerto Rico and Guam. MVP also has the largest representation of minorities of any genomic cohort in the U.S. For more information about the Million Veteran Program, visit MVP Online at <https://www.mvp.va.gov>. For Veterans not enrolled in VA care, the ability to join using MVP Online will be available in the near future. Until then, please call the MVP Info Center at 866-441-6075 to learn more about how to join. [Source: https://www.caregiver.va.gov/support/support_services.asp | September 17, 2019 ++]

VA Special Monthly Compensation

Update 03: SMC(k) Entitlement

Extra VA Disability is given for some especially serious disabilities. The basic idea is that the VA wants to give additional disability pay in cases where the disability is so severe that the regular ratings just don't cut it. For example, the loss of one hand and a foot is more serious than just the lost of one hand. All Special Monthly Compensation Rates are given instead of the standard VA Disability Rates, except for Category K. Category K is given in addition to your standard disability pay. All Special Monthly Compensation is tax-free. There are different categories (K, L, M, N, O, r, S, & T) that determine the type and amount of Special Monthly Compensation. Each one has different requirements for the kind of conditions that qualify for Special Monthly Compensation under that category. For a condition to qualify under any category, it must be determined by the VA to be service-connected.

Any VASRD rating requirements for each SMC category can only be fulfilled by a VA Disability Rating, not DoD. So, if the DoD rates a condition at 100%, but the VA only rates it at 60%, then 60% is the only rating that can be used to qualify for a category. The majority of categories do not have VASRD rating requirements. If the VA did not give Special Monthly Compensation in a case that qualifies, the veteran can request for his case to be reviewed, and Special Monthly Compensation will then be given dating back to the original VA Rating Decision. Once you know what category of Special Monthly Compensation you qualify for, you can find the exact monetary amount you'll receive for that category at https://www.benefits.va.gov/COMPENSATION/resources_comp02.asp.

When determining which SMC category you may qualify for here are a few important definitions:

- **Loss of use** – means that the body part cannot function any better than it would if it were amputated and a prosthetic device used. Basically, if the hand cannot grasp objects or if the foot cannot push off or balance, it

would be considered loss of use. If a leg is shortened by 3 ½ inches or more, it is also considered to be loss of use of that foot.

- **Aid and attendance** – means that the condition is so severe that it requires regular (not necessarily constant) supervision by another person. This person could be a family member, home nurse, or nursing home facility. Hospitalization does NOT qualify as aid and attendance. If a condition qualifies for aid and attendance, it is not rated at all on the VASRD, but is rated entirely on the Aid and Attendance section below.
- **Permanently bedridden** – means that the condition is so severe that the individual cannot get out of bed. This does not include periods of bed rest prescribed by a physician since the individual could still actually get out of bed. If an individual is permanently bedridden, then they qualify for rating as Aid and Attendance, but unlike Aid and Attendance, the rating continues even if they are hospitalized.

A condition can only be categorized under ONE of the categories between L and O. If a condition qualifies under Category S, then it is categorized just under S, and not under Categories L through O. Category K can be given in addition to any category except Category R unless the condition that qualifies for Category K is not used to qualify for Category R. You can't use the same condition to qualify for both Category K and Category R. Category R is unique. It completely replaces any other rating for any condition. If you qualify for Category R, then you will only receive compensation for that category, and won't receive any other disability pay from the VA, including the normal VASRD disability rating pay. The only thing you can receive in addition to Category R is Category K for entirely separate conditions.

[Source: <http://www.militarydisabilitymadeeasy.com/specialmonthlycompensation.html> | September 2019 ++]

Fisher House Expansion

Update 23: Huntington WV Ground Broken



Hershel “Woody” Williams, 96, for whom the VAMC Medical Center in Huntington, West Virginia is named after, was at there on 3 OCT to witness the groundbreaking ceremony for another big advancement there: the state’s first Fisher House. A Fisher House provides families a place to stay, free of charge, while their loved ones are receiving treatment at a VA Medical Center or military base. The 16-suite, 13,270-square-foot Fisher House in Huntington will join 84 other Fisher Houses operating in the United States and Europe when it is completed next year. Each bedroom suite will be equipped with a private and handicapped-accessible bathroom. Common areas will include a spacious kitchen, a large communal living area, dining and family rooms, a laundry room and a patio. It will provide more than 500 families a place to stay each year.

Currently, families visiting their loved ones have to stay at nearby hotels, the closest of which is about 15 minutes away. “One person’s vision is resulting in a place over the years that will give comfort and give peace to many families during a very anxious time, not knowing if they are going to survive,” Williams said. “Yet they will have a place close

by that they can be near their loved ones. It will remove the anxiety of those awaiting news of improvements and the wellness of those receiving care in this medical center because it is near.”

Fisher Houses are spearheaded by the nonprofit organization, the Fisher House Foundation. Since opening the first Fisher Houses in 1991, the foundation has saved an estimated \$451 million in out-of-pocket costs for lodging and transportation for military and veteran families. Ken Fisher, chairman and CEO of the foundation, also attended Thursday’s ceremonial groundbreaking. Fisher said the construction of these houses serves as a reminder to everyone about what’s at stake. “It’s easy for us to forget that there are men and women still in harm’s way,” Fisher said. “It’s easy for us to forget their families, and it’s easy for us to forget the sacrifices that are being made on behalf of our freedom and our way of life.”

Fisher was joined by U.S. Sen. Joe Manchin (D-WV) who he called a close friend. The pair worked together to secure the continuation of death benefits for families during the 2013 government shutdown, which threatened to halt all benefit payments. Manchin said he just returned from spending time on the USS Abraham Lincoln on the Arabian Sea, visiting West Virginia troops assigned to conduct missions there. He addressed military members and veterans in the audience, saying they are the reason America is considered a superpower on the global stage. “It is the military — and you all know this — it’s the veterans that is the glue that holds this country together,” Manchin said. “As dysfunctional and toxic the political atmosphere is, this is the glue that holds us together.”

Huntington’s Fisher House is made possible from material donations from 84 Lumber and donations made to the Fisher House Foundation. Construction is being handled by Emerald Construction of Richmond, Virginia. Before closing his remarks, Williams suggested naming the Huntington Fisher House after Huntington VA Medical Center Director Brian Nimmo. [Source: The Herald Dispatch | Travis Crum | October 4, 2019 ++]

VA Breast Cancer Care Screening Guidelines

October is Breast Cancer Awareness Month, but any time is good to educate Veterans on health issues that can impact them. Something as simple as getting a mammogram could save your life. The National Cancer Institute estimates 268,600 new reports of breast cancer in 2019. As a result, VA encourages women Veterans to take advantage of the many valuable resources for breast cancer education and early detection. They also can share this information with other women Veterans. VA mammogram guidelines are available [online](#) and at every VA medical facility. VA has adopted the American Cancer Society’s breast cancer screening guidelines. Mammograms are available from VA at over 60 medical centers. They also are available in the community at sites that do not have in-house mammography.

VA recommends women get yearly mammograms by age 45 and every other year beginning at age 55. It also suggests women get yearly mammograms as early as age 40. Talk to your VA health provider about early testing if there is concern for risk factors. Risks include certain genetic mutations or a family history of breast cancer. Each VA Medical Center has a Women Veterans Program Manager (WVPM) to advise and advocate for women Veterans. They also can help coordinate the services you may need, from primary care to specialized care for chronic conditions or reproductive health. Veteran patients can sign in to [My HealthVet](#) and send a secure message to your health care team regarding the Women’s Health Program.

Woman Veterans who are interested in receiving care through VA should contact the nearest VA Medical Center and ask for the WVPM. Also, the [Women Veterans Call Center](#) can make direct referrals to local WVPMs. Call or text VA at 1-855-829-6636 to start. [Source: Vantage Point | October 7, 2019 ++]

VA Gaming Therapy

Gaming Is Becoming An Official Therapy Tool



Gaming is becoming an official therapy tool for the Department of Veterans Affairs. The VA plans to offer gaming sessions as an alternative form of therapy, assist in mental and physical rehabilitation, and improve socialization for veterans with limited mobility through a partnership with Microsoft. Microsoft announced the partnership involving its Xbox adaptive controllers designed for and with gamers with limited mobility in April. The tech giant donated 170 of the controllers to be used by 22 VA facilities, including the Washington, D.C., VA Medical Center, along with Xbox One S consoles, games and other equipment, including PDP one-handed joysticks, buttons and switches. Reporters were invited to join Microsoft CEO Satya Nadella's Oct. 7 visit to the facility to meet with veterans using the equipment and clinicians who incorporate gaming into their care.

Colleen Virzi, a VA recreational therapist who coordinates all the adaptive sports therapies, said having different options, such as large, 6-inch wide buttons on the controllers, foot pedals and joysticks, allow gamers to customize their experience -- which will hopefully yield favorable health outcomes. "It's a unique piece of equipment because no matter what type of disability you have, you can adjust it to work for you," she said, adding that gaming can help with fine motor skills, improve competitiveness and socialization. The plan, Virzi said, is to have a weekly outpatient clinic for about two hours. Veterans will get fitted for their controllers and compete against other veterans. "Once they're all set up we teach them how to play the game and kind of let them go and compete against their fellow veterans that are in the clinic with the ultimate goal of going home and playing with their families and friends," she said.

Roger Brannon, 48, spent 28 years in the Marine Corps as active duty and in the reserves before he was diagnosed with amyotrophic lateral sclerosis (ALS), or Lou Gehrig's disease, in 2016. And while Brannon said he was always into computers and games like World of Warcraft, the ALS diagnosis made gaming a bigger part of his life. "I haven't played a lot of games in a long time because I was busy working. But now that I'm retired, I try to find things to do with my son and he wants to play video games," he said, laughing. "When you can only play 15 minutes, for him, that's level 1. He wants to go for an hour or two." Brannon, a former master gunnery sergeant and communications chief, said he can use a standard Xbox controller for only a few minutes before reaching his limit. With the adaptive controllers, foot pedals and joystick, he can play Star Wars and Minecraft with his 13-year-old son for more than an hour. Brannon has requested adaptive controllers to improve his home gaming and said such controls will help as ALS progresses and patients become more "locked in your body."

Matthew Wade, 31, on the other hand, is a dedicated gamer, who played as a kid and during the four years he was enlisted in the Navy as a master at arms, petty officer third class. Now, he uses gaming to connect with family and as a form of pain management. Wade, became quadriplegic after suffering a cervical spine injury, said gaming is a welcome distraction from chronic pain. "It's definitely something I'm interested in to be able to have something easier to use, something that I don't have struggle to get set up for," Wade said of incorporating adaptive gaming to his therapies. "If it's something as simple as pressing these buttons -- it's right there for me to use -- then I'm happy to use it." Wade, who uses a standard controller on an adjustable table at home, used the adaptive controllers for the first time and said the controls would surely help with driving games. But joked that it might not be enough to get him to enter the VA's inaugural e-gaming competition.

The National Veterans Wheelchair Games will introduce competitive e-gaming in 2020 for the first time, said Leif Nelson, the director of the National Veterans Sports Program.

The Veterans Health Administration plans to collect data on veterans gaming and how adaptive controllers affect patient outcomes, particularly regarding spinal cord injuries and conditions. "It's really early in the collection of data and the efficacy of the controllers on clinical outcomes," said Larry Connell, chief of staff for the Veterans Health Administration. The VHA is also focused on suicide prevention and how gaming could help through increasing comradery with fellow veterans. "One of the things we've found is that sense of belonging or lack of belonging in soldiers and sailors and airmen that come out of the military is they lose that camaraderie. We think that's one of the indicators that if we could fix that, we think we can move the needle on suicides," Connell said.

Connell said that theory is unproven, but that a timeline is being developed for the data-tracking effort, in which information will be shared between the controllers, VA, and Microsoft. Usability and security concerns remain, however. Michael Heimall, director of the VA Medical Center in Washington, D.C., said that while he wants to make the deluge of patient data usable, he's also tuned into data privacy concerns. "I worry all the time with electronic health records," Heimall said. "The way we communicate is based on that electronic health record and if you don't read the one note that has the pertinent piece of information that you need, you've got an opportunity to have a bad outcome. How do you use artificial intelligence and machine learning to really add value to what's in those databases."

The 2018 VA Mission Act allows the department to share information with non-VA providers and requires veterans to opt out of the data-sharing starting Oct. 1 rather than opting in. "There's a tremendous amount of anxiety among the veteran population," Heimall said, "so people are very sensitive to how their personal information -- not just their health information" is shared. [Source: FCW | Lauren C. Williams | October 07, 2019++]

VA Fraud, Waste, & Abuse

Reported 01 thru 15 OCT 2019

The Department of Veterans Affairs Office of Inspector General (VA OIG) and the Department of Justice (DOJ) on 1 OCT announced the establishment of the VA Health Care Fraud Task Force to combat fraud in VA's expanding health care programs. The Task Force combines VA OIG's substantial experience investigating health care fraud at VA with DOJ's proven track record prosecuting health care fraud through its Medicare Fraud Strike Force, which resides within the DOJ Criminal Division's Fraud Section (Fraud Section).

The Task Force initially will focus on investigating and prosecuting health care fraud in VA's growing Community Care program, under which eligible veterans may receive health care from a private provider in their local community (rather than from a VA medical facility). As part of the Task Force, a VA OIG attorney will be detailed to serve as a special prosecutor in the Health Care Fraud Unit of the Fraud Section. The VA operates the nation's largest integrated health care system, providing care to approximately 9 million veterans at over 1,200 medical facilities.

Beginning on June 6, 2019, the VA MISSION Act significantly increased veterans' access to health care by expanding their ability to receive health care from approved non-VA providers (referred to as Community Care providers). Similar to the Medicare program, these Community Care providers submit claims to VA for payment for their services. The Fraud Section leads the Medicare Fraud Strike Force, which maintains 15 strike forces operating in 24 districts. The Medicare Fraud Strike Force is a partnership among DOJ's Criminal Division, U.S. Attorney's Offices, the Federal Bureau of Investigation (FBI), and the Department of Health and Human Services Office of Inspector General (HHSOIG).

Since its inception in March 2007, the Medicare Fraud Strike Force has charged nearly 4,200 defendants who have collectively billed the Medicare program for more than \$19 billion.

“Combating health care fraud is one of our highest priorities at VA OIG,” said VA Inspector General Michael J. Missal. “Our agents in the VA OIG Office of Investigations are experts at detecting and investigating health care fraud in VA’s complex and diverse health care system. We are enthusiastic about the opportunity to tap into the wealth of knowledge and expertise of DOJ and the Medicare Fraud Strike Force, particularly in the fee-for-service environment. As the VA MISSION Act expands VA’s Community Care program, this is one of those rare opportunities in government where we can be proactive and get ahead of the curve by partnering with the Fraud Section and leveraging its proven strategies for combating fraud in the Medicare program. This Task Force sends a clear message to anyone considering committing health care fraud at VA— we will protect our veterans’ health care system at all costs.”

“It is beyond the pale when individuals commit fraud against health care programs designed to assist the men and women who have served in our nation’s military,” said Assistant Attorney General Brian A. Benzckowski of the Justice Department’s Criminal Division. “This new Task Force leverages the proven success of the Department’s Strike Force model and will aggressively target fraud in the VA’s expanding health care programs.”

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In coordination with the recently announced Medicare Fraud Strike Force enforcement actions, VA OIG partnered with DOJ to bring charges and/or obtain guilty pleas in cases impacting VA’s health care programs in August and September 2019. These cases are being prosecuted and investigated by U.S. Attorney’s Offices nationwide and/or the Fraud Section, along with agents from the FBI, HHS OIG, DEA, IRS-CI , and other federal law enforcement agencies. Among those charged include:

Western District of Arkansas -- Charges were brought against Dr. **Robert Levy**, the former Chief of Pathology at VA’s Health Care System of the Ozarks, alleging wire and mail fraud, making false statements in health care matters, and involuntary manslaughter. For more information, see <https://www.justice.gov/usao-wdar/pr/fayetteville-doctor-arrested-charges-wire-fraud-mail-fraud-making-false-statements-and>

District of Colorado -- Charges were brought against **Ronald Vaughn**, the owner of a home health care company, who subsequently pled guilty to paying more than \$1 million in illegal gratuities to a VA employee in exchange for referrals for his company. The case is being prosecuted by Assistant U.S. Attorney Anna Edgar. For more information, see <https://www.justice.gov/usao-co/pr/man-pays-va-employee-1-million-illegal-gratuities>

Middle District of Florida -- Charges were brought against **Teresa Johnson**, the owner of a third-party billing company, who subsequently pled guilty to conspiracy to commit health care fraud for submitting fraudulent claims to various government health care programs, including nearly a million dollars in CHAMPVA coding fraud. For more information, see <https://www.justice.gov/usao-mdfl/pr/health-care-fraud-and-opioid-enforcement-action-brings-multiple-charges-across-middle>.

District of Massachusetts -- Charges were brought against **Kathleen Nofle**, a former nurse at the VA Medical Center in Bedford, for allegedly diverting morphine meant to be given to veterans under her care in the hospice unit. For more information, see <https://www.justice.gov/usao-ma/pr/former-va-hospice-nurse-charged-diverting-and-tampering-morphine-meant-dying-veterans>.

Northern District of Ohio -- Charges were brought against VA Community Care claims processors **Michele Whaley**, **Sarah Stipkovich**, **Michelle Macklin**, **Edwin Orin**, **Daniel Folliett**, and **Demetria Sims-Leeper** for allegedly defrauding VA by collecting overtime pay for hours not worked. .

Northern District of Oklahoma -- Charges were brought against **Fred Woodson**, who subsequently pled guilty to conspiracy to pay kickbacks to physicians for writing prescriptions for compounded drugs. These prescriptions were paid for by federal healthcare programs, including CHAMPVA. For more information, see previous press release <https://www.justice.gov/usao-ndok/pr/three-physicians-and-five-marketers-charged-violations-federal-anti-kickback-statutes>.

District of South Carolina -- Charges were brought against **Fredrick Palmer** for allegedly submitting false statements to VA to receive an increased benefits rating and healthcare services.

Northern District of Texas -- Charges were brought against **Jamshid Noryian, Dehshid Nourian, Christopher Rydberg, Leyla Nourian, Ashraf Mofid, Dr. Leslie Benson, Dr. Michael Taba,** and **Ali Khavarmanesh** for their alleged participation in a scheme to defraud VA by paying kickbacks to doctors for medically unnecessary compounding medication prescriptions for VA employees in the Office of Workers' Compensation Program. For more information, see <https://www.justice.gov/usao-ndtx/pr/texas-healthcare-fraud-takedown-results-charges-against-58-individuals>.

Northern District of Texas -- Charges were brought against **Brian Carpenter, Jerry Hawrylak, Nilesh Patel, Bruce Henry,** and **Craig Henry** for their alleged participation in a scheme to defraud the CHAMPVA program through a compounding pharmacy. For more information, see <https://www.justice.gov/usao-ndtx/pr/texas-healthcare-fraud-takedown-results-charges-against-58-individuals>.

Northern District of Texas -- Charges were brought against **Michael Braddick, Kyle Hermes, and Bioflex Medical Technologies** for their alleged participation in a scheme to defraud VA by fraudulently billing for durable medical equipment for VA employees in the Office of Workers' Compensation Program. For more information, see <https://www.justice.gov/usao-ndtx/pr/texas-healthcare-fraud-takedown-results-charges-against-58-individuals>

Southern District of Texas -- Charges were brought against **Tammy Wilson** for allegedly defrauding the CHAMPVA program by submitting reimbursements for counterfeit prescriptions. For more information, see <https://www.justice.gov/usao-sdtx/pr/veteran-s-widow-charged-defrauding-va>.

Southern District of West Virginia -- Charges were brought against **Julie Wheeler,** the owner of a home healthcare company, for allegedly falsely billing VA for services to a Spina Bifida beneficiary that she never provided. For more information, see <https://www.justice.gov/opa/pr/second-appalachian-region-prescription-opioid-strikeforce-takedown-results-charges-against-13>.

Western District of Wisconsin -- Charges were brought against **Jennifer Amble,** a former nurse practitioner at the VA Medical Center in Tomah, alleging opioid prescription fraud.

A complaint, information, or indictment is merely an allegation, and all defendants are presumed innocent until proven guilty beyond a reasonable doubt in a court of law. The VA OIG conducts oversight of VA programs and operations, providing independent and objective reporting to VA and Congress in order to prevent and detect fraud, waste, and abuse, as well as enhance VA's integrity, efficiency, and effectiveness. To report potential fraud, waste, mismanagement, or other abuse, contact the VA OIG Hotline at www.va.gov/oig/hotline/default.asp

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Maryland – Three people from Maryland (two of them veterans) have been indicted on federal charges for allegedly stealing hundreds of thousands of dollars in Department of Veterans Affairs benefits.

Angela Marie Farr, 33, and **Michael Vincent Pace,** 39, both of Leonardtown, and **Mary Francis Biggs,** 62, of Lexington Park, were charged with conspiracy and theft of government property, the DoJ announced last week. Farr also was charged with "aggravated identity theft and Social Security fraud." U.S. Attorney for the District of Maryland Robert K. Hur, along with the FBI, VA and Social Security Administration announced the indictments 26 SEP. According to the indictment, Farr organized a conspiracy where she sent false and fraudulent documents to VA claiming that her then-husband, Pace, and her father, were homebound and needed full-time help and disability benefits. Farr's mother, Biggs, allegedly conspired with her to file the documents on behalf of her father. When Farr so exaggerated her father's disabilities that the VA determined he couldn't handle his own finances, the VA appointed Biggs his fiduciary -- or a person authorized to act on his behalf and receive his benefits.

But this wasn't the first time Farr allegedly committed VA fraud. Farr is a Navy veteran who served from 2005-07. In 2009, Farr received a service-connected disability rating of 70 percent based on allegedly fake documents, which said she experienced post-traumatic stress disorder from an incident in which she said she was raped by a fellow service member. But Farr allegedly told local law enforcement she made up the rape. Farr also allegedly told the VA she experienced a traumatic brain injury during an on-duty car accident, "which was also determined to be a fabrication," according to the indictment. Based on the false documents, the VA increased Farr's service-connected disability rating to 100 percent and she received about \$390,000 in VA benefits she was not entitled to. Farr is further accused of stealing the identity of a VA doctor when she submitted allegedly forged documents to the VA supposedly authored by that doctor. She also allegedly received about \$35,000 in Social Security disability insurance benefits for her faked disabilities and has been charged with social security fraud.

Pace is an Army veteran and served from 2001-02, 2005-06 and in the Army National Guard in 2007. Pace and Farr were married from 2008 until their divorce in 2017, the indictment says. Pace was rated 100 percent disabled by VA based on allegedly faked medical documents submitted to VA. Though he claimed to be profoundly disabled, Pace also allegedly received a caregiver assistance stipend from VA of more than \$2,500 each month for allegedly caring for Farr. As a result, Farr received about \$274,000 in VA benefits he was not entitled to. Biggs, the wife of a Navy veteran who served 1974-997, helped Farr fake her husband's 100-percent disability rating, the indictment says. As a result, Biggs and her husband received about \$156,000 in disability benefits they were not entitled to. Biggs further allegedly conspired with Farr to hide from VA the fact that her husband was able to work and was actively employed.

Farr, Pace and Bigg's husband all allegedly claimed to be wheelchair-bound and require in-home nursing for everyday tasks. But during that same time, the indictment says Farr operated a social media marketing company in Maryland, Pace raised three children and regularly exercised at a CrossFit gym and Bigg's husband was a division head at the Naval Air Warfare Center Aircraft Division in Maryland. If convicted, Farr faces a mandatory minimum two years in federal prison and a maximum 10 years. Biggs and Pace face a maximum sentence of 10 years. [Source: ConnectngVets.com | Abbie Bennett | September 30, 2019| ++]

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Katy, TX -- A Katy woman has been charged for allegedly defrauding the Department of Veterans Affairs of more than \$600,000. A federal grand jury indicted **Tammy Wilson**, 49, on mail fraud, health care fraud and making a false statement relating to health care matters. According to the charges, Wilson is a widow of a military veteran. Her husband allegedly died of service-related injuries, after which she is eligible to participate in the Civilian Health and Mental Program of the Department of Veteran Affairs Program (CHAMPVA). The program allows the VA to reimburse for eligible out-of-pocket prescription expense. The U.S. Attorney's Office said from 2013 to 2017, Wilson submitted falsified prescription summaries to CHAMPVA. She claimed to have paid hundreds of thousands of dollars for prescription medications, so under the program, the VA reimbursed her more than \$640,000 for those claims. However, the indictment alleges the pharmacies never dispensed the prescriptions as she had claimed. Wilson is considered the biggest recipient of CHAMPVA funds in the world, according to the charges. If convicted, she faced up to 20 years in federal prison and possible \$250,000 maximum fine. [Source: KHOU-11 | Chloe Alexander | September 30, 2019 ++]

*** Vets ***



Vet Food Stamps

Update 03: Program Changes Could Disproportionately Harm Vets

Veterans could be disproportionately harmed by potential changes to the Supplemental Nutrition Assistance Program, also known as food stamps, a group of Democratic House lawmakers argued 2 OCT. President Donald Trump’s administration is proposing changes to SNAP that would result in an estimated 3 million people losing food assistance – a savings of \$2.5 billion each year, according to the U.S. Department of Agriculture. Thirty-nine lawmakers signed onto a letter Wednesday to Agriculture Secretary Sonny Perdue, arguing the veterans on SNAP could be negatively affected. They pleaded with Perdue to withdraw the proposal. “USDA should be doing more to increase SNAP participation for veterans who experience food insecurity, rather than proposing new restrictions that worsen hunger among those who have made great sacrifices for our country,” they wrote.

Rep. Mike Levin (D-CA) orchestrated the letter. He serves as chairman for the subcommittee on economic opportunity, which is part of the House Committee on Veterans’ Affairs. It was also signed by Rep. Mark Takano, D-Calif., chairman of the full committee. The Democrats asked the USDA to send information about how many veterans would be impacted by the proposed changes. Based on previous studies, the lawmakers argued it could be disproportionate to the rest of the population. They cited a 2018 study from the Center on Budget and Policy Priorities, a progressive think tank, that found nearly 1.4 million veterans live in households that receive food assistance. Florida was found to have the highest number of participating veterans at 120,000. Oregon had the highest percentage of its veterans on SNAP, with 13 percent. Democrats also cited a study from the Department of Veterans Affairs in 2015 that found high food insecurity among Iraq and Afghanistan veterans. “Previously undocumented, the problem of hunger among our newest veterans deserves attention,” the VA wrote at the time.

In July, the USDA first proposed to remove what the agency described as a “loophole” that allows states to raise the income level for food assistance eligibility. The federal policy, known as “broad-based categorical eligibility,” gives states flexibility to consider local economic factors. Perdue said in a statement that the policy “has been used to effectively bypass important eligibility guidelines.” “Too often, states have misused this flexibility without restraint,” Perdue said. “That is why we are changing the rules, preventing abuse of a critical safety net system, so those who need food assistance the most are the only ones who receive it.”

The proposed rule change was posted to the Federal Register in July. A public comment period about the change ended in September. The Democrats called on Perdue to drop it. “Restricting categorical eligibility would make it more difficult for veterans to qualify for needed nutrition assistance through SNAP, thus putting their health and well-being at risk,” they wrote. “We urge USDA to withdraw this proposal, which would take our country in the wrong direction in terms of caring for America’s veterans.” [Source: <https://allnewz.info> | October 3, 2019 ++]

Vet Cemetery Sitrep

Update 02: Plan to Build Up to 18 by 2017 Will Take another Decade



A federal plan to build up to 18 veteran cemeteries by the end of 2017 is so far behind schedule that it will take a decade to complete the project, according to the Government Accountability Office. The GAO found that the main obstacle to the Department of Veterans Affairs (VA) and its National Cemetery Administration (NCA) project has been buying land, noting that cost estimates for some sites have more than doubled since being proposed. “It is commendable that the VA is focusing time and resources on this important issue of ensuring reasonable access for burial options to the country’s veteran population. But the bottom line is, we are concerned that their plans are taking longer and costing significantly more than they originally thought,” Diana Maurer, director of the GAO’s Defense Capabilities and Management team, told The Washington Times.

The new cemeteries include urban and rural locations and have been proposed for California, Idaho, Illinois, Indiana, Maine, Montana, Nevada, New York, North Dakota, Utah, Wisconsin, and Wyoming. As of late last month, new cemeteries had been completed in only two locations — Laurel, Montana, and Fargo, North Dakota. The GAO report comes after the Army last month announced new rules to restrict who can be buried at Arlington National Cemetery, which is running out of space for gravesites.

Under current Army regulations, nearly all of the nation’s 22 million living service members and veterans are eligible for burial at the cemetery. The new rules would limit in-ground burials only for presidents and vice presidents, those killed in action and certain decorated veterans. Veterans who retired from active duty will be able to have their cremated remains kept in above-ground urns. The proposed restrictions are expected to keep the cemetery, which has an average of 25 burials a day, functional for another 150 years. The Army manages Arlington National Cemetery, while the Department of Veterans Affairs is responsible for 137 cemeteries in 40 states.

The VA’s program to build additional burial grounds stemmed from a study it undertook earlier this decade that found “approximately 10 percent of the veterans in the United States, or over 2.1 million veterans, did not have reasonable access to burial options in a veterans cemetery.” Officials then defined reasonable access to a cemetery within 75 miles of a veteran’s residence, with a goal of building up to 18 graveyards to meet that standard. The project was intended to conclude in 2017, Ms. Maurer said. According to the GAO, cost estimates for those cemeteries have increased by more than 200%, from about \$7 million to \$24 million. National Cemetery Administration officials admitted they “might have overstated” their goals for completing the project by 2017, the GAO said. [Source: The Washington Times | Dan Boylan Thursday | October 3, 2019 ++]

Vet Cemetery California

Update 19: Los Angeles National Cremains-Only Annex

A new columbarium will allow more veterans to have a final resting place at the Los Angeles National Cemetery. The Department of Veterans Affairs dedicated a new cremains-only annex Oct. 5 that will be able to accommodate more than 90,000 veterans and eligible family members. VA Secretary Robert Wilkie said the columbarium will allow a new generation of service members to take their place among the past heroes who are interred at the cemetery. “It will allow this historic landmark to tell new stories about how American men and women stood up, answered the call and defended this nation,” he said.



There are currently 90,000 veterans and eligible family members buried at the cemetery. The annex will double the cemetery’s size, according to a VA release. Joining Wilkie at the event were Under Secretary for Memorial Affairs Randy Reeves, Congressman Ted Lieu, actor Gary Sinise, and cemetery director Tom Ruck. Because the cemetery is located near Hollywood, guests entered the columbarium grounds on a red carpet over which a huge American flag was suspended, the release said.

The new columbarium will cover 13 acres and is the first to be completed as part of the VA’s Urban Initiative program, which will bring additional burial options to veterans and their families living in major cities. Urban Initiative columbaria are also planned or under construction in New York, Chicago, Indianapolis, and the San Francisco Bay area. “Veterans who live in this area now have a choice they didn’t have before – a choice to be interred close to home, alongside their fellow soldiers, sailors, airmen, Marines, and Coast Guardsmen, in a place that will be cared for by a grateful nation in perpetuity,” said Reeves. Construction on the first phase of the columbarium, covering 4.4 acres of ground, began in September 2017 and cost \$17.38 million. The first phase of the project provides more than 10,000 columbarium niches for inurnments. Subsequent phases will be completed as these spaces fill until the final planned capacity of 90,854 niches is reached. [Source: ConnectingVets.com | Julia LeDoux | October 07, 2019 ++]

Vet Cemetery Arkansas

Update 05: Effort Underway to Raise Funds for Fort Smith Expansion



Avenue of Flags display at Fort Smith National Cemetery

The U.S. National Cemetery in Fort Smith dates back to the 1800s, yet it remains a place of honor for the families of those interred there. The cemetery is at 522 Garland Ave. and South Sixth Street and totals 32 acres after several expansions over the years. It is the oldest of the three national cemeteries in Arkansas, with others in Fayetteville and Little Rock. The Fort Smith National Cemetery has been on the National Register of Historic Places since May 1999. Visitation hours for the cemetery are 7:30 a.m. to sunset daily.

The cemetery's history can be traced to Fort Smith's early days. The Army re-established Fort Smith in 1838 (after the original fort was closed in 1824), and the original cemetery most likely was included as part of a new cemetery at this time. The first recorded burial was surgeon Thomas Russell in 1819. The cemetery was designated a national cemetery in 1867. "In 1867, the old post burial ground was elevated to a national cemetery consisting of about five acres enclosed by a white-washed fence. Many military dead were removed from battlefields and private cemeteries and reinterred here. So many, in fact, that when the Fort Smith military reservation closed in 1871, President Grant ordered that Fort Smith National Cemetery be reactivated by the War Department and remain open for the purpose of future military burials," the cemetery's website reads.

One of the most famous Americans to have died in combat is buried at the Fort Smith National Cemetery: Gen. William O. Darby, the Fort Smith native who organized the first U.S. Army Rangers commando unit in 1942 during World War II. Darby died April 30, 1945, in the northern Italy town of Torbole, two days before German forces surrendered. According to the Encyclopedia of Arkansas entry on Darby, "he was in the process of outlining plans for the next day when a German shell exploded near his location. A piece of shrapnel hit him, and he was dead within minutes." Judge Isaac C. Parker, also known as "The Hanging Judge," is buried at the cemetery as well. Parker was an Ohio native appointed U.S. district judge for the Eastern District of Arkansas in 1875. Other notable figures buried at the cemetery include Civil War brigadier generals Richard Gatlin, Alexander Steen and James McIntosh, golfer Jack Fleck, former St. Louis Cardinal and Pittsburgh Pirate Hal Smith and Joel R. Stubblefield, the first chancellor of the University of Arkansas at Fort Smith.

The cemetery was run by the Army until 1973, when the U.S. Department of Veterans Affairs began managing it. Now, the cemetery has 14 staff members onsite daily to care for the cemetery in Fort Smith as well as the National Cemetery in Little Rock. Director Marshall B. Murphy began working at the cemetery in early 2018. Monuments and memorials at Fort Smith National Cemetery include a carillon donated by the American Veterans in 1986, a marble memorial to the Unknown Confederate Dead, a granite and bronze memorial honoring Vietnam veterans dedicated in 1998 and a Pearl Harbor memorial dedicated Dec. 7, 1997.

Events throughout the year help residents and families honor and remember those buried at the cemetery. Each year around Christmas, volunteers place wreaths on each grave at the National Cemetery during the Christmas Honors program, which was established in 2009. A workshop is held in the days prior to the ceremony to prepare as many as 17,000 wreaths that are laid at each gravesite at the National Cemetery. The program is part of Wreaths Across America, a group that coordinates wreath-laying ceremonies at more than 1,600 cemeteries in all 50 states. Families are given time to lay wreaths at their loved one's grave, with the public providing assistance afterward. A ceremony takes place after the wreaths are laid. Each Memorial Day, the National Cemetery plays host to a ceremony to honor those who paid the ultimate sacrifice. Guest speakers, choir groups and others gather to recognize those buried at the cemetery and put proper recognition on Memorial Day as a whole.

The Fort Smith group that puts on the annual Christmas Honors program at the cemetery is in the process of coordinating a campaign to raise funds that will be used to purchase land behind the cemetery for future growth. With an average of 500 burials per year, and 22,000 buried at the cemetery, there is currently only about 10 years of space left in the Fort Smith National Cemetery, Murphy said in May. The goal is to buy enough land that will allow the Fort Smith National Cemetery to stay open for burials for another 100 years, he said. [Source: Times Record | October 7, 2019 ++]

Vet Jobs

Update 253: Iranian Hackers Have Set Up a Fake Jobs Website

U.S. military officials warned troops this week that Iranian hackers have set up a fake jobs website for veterans that targets servicemembers who are considering a transition back to civilian life. A National Guard Bureau memorandum dated 2 OCT warns servicemembers to stay away from the website called “**Hire Military Heroes**,” which appears to offer them assistance finding a job outside the Defense Department via a web application that visitors are encouraged to download. However, the app actually drops malicious malware and spyware into the users’ computer system, according to the document issued by the guard’s Defensive Cyber Operations office.

Defense officials have determined the website targets servicemembers close to leaving the military. Officials believe the Iranian hackers hope to gain access to Pentagon information technology systems by targeting those individuals. “They’re targeting active servicemembers looking for jobs with the promise of offering assistance for civilian employment once their service ends,” the memo states. “The hackers are hoping one of their targets would use a DOD system to download and run the malware.” Officials have determined the chances that the group of the hackers, known as Tortoiseshell, successfully gains access to Defense Department systems is unlikely, but nonetheless issued the guidance this week labeling the matter a high risk.

The Cisco Talos Intelligence Group, which monitors cyber threats, first warned of the website’s existence last week. The group noted the website’s name was “strikingly close” to that of a legitimate site run by the U.S. Chamber of Commerce aimed at assisting veterans find employment, www.hiringourheroes.org. “Americans are quick to give back and support the veteran population, therefore, this website has a high chance of gaining traction on social media where users could share the link in the hopes of supporting veterans,” Cisco Talos researchers wrote in the analysis of the fake website. The Cisco Talos researchers characterized the use of the fake website as a “massive shift” in behavior for the Tortoiseshell group, which has been accused of hacking several Saudi Arabian IT providers during the summer.

Defense officials said the group has not gained access to DOD systems as of 4 OCT. A spokesperson said the guidance was issued this week as a precautionary matter. If downloaded, the fake application would give hackers the ability to see a variety of information in the infected system, according to Cisco Talos. “The attacker can then see information on the system, the patch level, the number of processors, the network configuration, the hardware, firmware versions, the domain controller, the name of the admin, the list of the account, etc. This is a significant amount of information relating to a machine and makes the attacker well-prepared to carry out additional attacks,” the company’s researchers wrote in a report.

Also Friday, Microsoft announced hackers linked to the Iranian government attempted to hack into 241 email accounts including of U.S. government officials, media members, prominent Iranian expatriates and one U.S. presidential campaign. In a blog post on the Microsoft website, Tom Burt, the company’s vice president for customer security and trust, wrote four accounts had been hacked, but he declined to identify them. Microsoft identified the group responsible for the email hacks as Phosphorous. It said the attempts to gain access to email accounts occurred in August and September. [Source: Stars & Stripes | Corey Dickstein | October 4, 2019 ++]

Vet Employment

Update 11: Unemployment Rate Rises to 4.5%

The unemployment rate for younger veterans rose again last month even as the national jobless rate dipped to its lowest level in 50 years. Officials from the Bureau of Labor Statistics said number of post-9/11 era veterans filing for

unemployment benefits rose in September, pushing the rate to 4.5 percent. It's the highest that figure has been since early 2018, and the fifth time in the last six months that figure has increased since the young veteran unemployment rate hit a historic low of 1.7 percent in April. The figure translates into about 157,000 younger veterans looking for work. The overall veterans unemployment rate dropped from 3.5 percent in August to 3.1 percent in September.

Employment experts have cautioned against focusing too closely on monthly changes in unemployment for sub-groups within the Labor Department's surveys of American workers, because small changes in sample sizes can produce significant moves in the numbers. Even with the increases, the monthly post-9/11 numbers are still significantly below figures from two years ago, when the rates topped 4.5 percent six times, and in 2016, when the rates topped that mark eight times.

Nationally, the unemployment rate fell to 3.5 percent, the lowest since December of 1969. President Donald Trump applauded the news on Twitter Friday morning and also used it to take a shot at congressional Democrats pursuing an impeachment investigation. About 136,000 jobs were added to the national economy last month, slightly below analysts' expectations. The 3.1 percent unemployment rate for all veterans translates into about 280,000 veterans nationwide looking for work last month. [Source: MilitaryTimes | Leo Shane III | October 4, 2019 ++]

Retiree Court Martialing

Update 01: Unconstitutional Opinion Withdrawn



A controversial legal opinion that determined court-martialing military retirees was unconstitutional has been withdrawn. The Navy-Marine Corps Court of Criminal Appeals will reconsider the case of Stephen Begani, a retired Navy chief petty officer who faced a court-martial after leaving the military. The court also withdrew its 31 JUL opinion on court-martialing retirees, according to a 1 OCT order. The decisions were first reported by Zachary Spilman, the lead contributor for the military justice blog CAAFlog. Spilman is a Reserve Marine officer and lawyer who specializes in military justice. Navy Lt. Daniel Rosinski, who represents Begani, said he had no comment on the decisions. Spilman called the move to withdraw the court's opinion unusual. "But, of course, this is an unusual case," he added.

The government asked the court to reconsider its decision on military retirees' courts-martial, Spilman said. That was no surprise, he added, given some of the pushback he and other legal experts posed after the court the initial opinion this summer. "I wouldn't be surprised if the result of the court's next opinion is the opposite of the July opinion (and upholds retired jurisdiction), considering the issues I identified in my posts," he said.

This case dates back to 2017, when Begani was charged with attempted sexual abuse of a child about a month after retiring from the Navy. He was arrested after arriving at a home in Japan, where he worked as a contractor on a Marine Corps. Begani had been communicating with who he believed was a 15-year-old girl. Instead, it was an undercover Naval Criminal Investigative Services agent. As a member of the Fleet Reserve, Begani was subject to the UCMJ. Retirees in the Fleet Reserve or Fleet Marine Corps Reserve get retainer pay and are expected to maintain readiness

in case of a war or national emergency. Begani went to court-martial and was sentenced to 18 months confinement and a bad-conduct discharge.

Retired reservists aren't held to the UCMJ though, which is why three officers -- two Navy captains and a Marine colonel -- decided in July that it wasn't fair to treat some military retirees differently than others. That, Navy Capt. James Crisfield wrote in the original opinion, was unconstitutional. "Congress has determined that some, but not all, military retirees should remain subject to the Uniform Code of Military Justice (UCMJ) while they are retired," Crisfield wrote. "... Accordingly, the sections of the UCMJ subjecting regular component retirees to UCMJ jurisdiction are unconstitutional."

Spilman argued in a post this summer that the judges' opinion was flawed. If retirees like Begani receive retainer pay as part of the Fleet Reserve or Fleet Marine Corps Reserve, they agree to "maintaining readiness for active service," he wrote. "That's hardly an insignificant obligation," Spilman wrote at the time. "... [That] undoubtedly requires a person to remain ordered and disciplined, the maintenance of which is the very reason for a military justice system."

The Navy-Marine Corps Court of Criminal Appeals will reconsider Begani's case en banc. That means the case will be reconsidered by the court as a whole, according to the Navy-Marine Corps Court of Criminal Appeals rules of practice procedure. "Such consideration or reconsideration ordinarily will not be ordered except ... when the proceedings involve a question of exceptional importance," the procedures state. Earlier this year, the U.S. Supreme Court upheld the Defense Department's authority to prosecute military retirees for crimes they commit. [Source: Military.com | Gina Harkins | October 8, 2019++]

Obit: Byron Fuller ▶ 4 OCT 2019 | Six-year Hanoi Hilton Resident

Navy pilot Byron Fuller spent almost six years as a prisoner of war in North Vietnam, where his battered body was tortured and starved, where he endured more than two years in solitary confinement in a 4-by-7-foot cell. Upon his release in 1973 from Hoa Lo, a prison camp known to the world as the Hanoi Hilton, he strode across the tarmac at Jacksonville Naval Air Station, a huge smile on his face, with his wife and four children by his side. He briefly addressed the crowd gathered to greet him: "America, America, how beautiful you are ... Tonight my cup runneth over."



Byron Fuller (left) is pictured before he was shot down, captured and imprisoned in the Hanoi Hilton during Vietnam. Fuller (center) is pictured moments after being reunited with his family back in the United States in 1973 and Fuller (right) in a 2008 photo poses in front of a projected image of an iconic photo showing his homecoming at Naval Air Station Jacksonville. From left to right are his daughters Susan and Mary Jane, Byron Fuller, his wife Mary Anne, daughter Peggy and son Bob.

He then promptly took up again the life that was his: As husband, father, Navy man. After leaving the Navy base following his speech, the family drove to the house in Jacksonville's Venetia neighborhood that his wife, Mary Anne, had bought while he was gone, when she didn't know if was alive or dead. After a quick walk-through, he and Mary Anne drove to the beach to spend a few days together, to get to know each other again. Then he came home to his children, his son, Bob Fuller, said. He rode horses with his three girls, went to a car race near Tallahassee with his son. He'd been gone from them some seven years, and there was a lot to catch up on. "There wasn't a Little League baseball game he wouldn't go to, a school play, a birthday party," Bob Fuller said.

Byron Fuller, who rose through the Navy ranks before retiring as a rear admiral, died Friday afternoon at Fleet Landing in Atlantic Beach, with his family around him. He was 91. Rear Adm. Fuller was a much-decorated veteran. He was awarded the Navy Cross, the military's second-highest decoration for valor, for his "extraordinary heroism" as a prisoner of war. He also received two Silver Stars, four Distinguished Flying Crosses, two Bronze Stars, two Purple Hearts and the POW Medal.

In a 2008 story in the Times-Union, as former Hanoi Hilton prisoner John McCain was running for president, Fuller told how he was forced to eject from his downed A-4 Skyhawk over North Vietnam on July 14, 1967. In the process, he broke his right arm, injured his left arm and damaged his left knee enough that he wasn't able to walk. His captors put him a net of vines suspended from a bamboo pole. He recalled how villagers threw rocks at him, and how one elderly man chanted "U.S. dollar! U.S. dollar!" as he chucked his rocks at Fuller. After being taken to Hoa Lo, he was tortured for 10 days and left for dead. An American pilot named Wayne Waddell took care of him for 100 days, nursing him back to health — only to see Fuller thrown into solitary confinement in a tiny cell, on starvation rations, for the next 25 months. Fuller and Waddell remained lifelong friends. Fuller said he passed the long hours in solitary by designing houses in his head, cataloging every piece of wood and every nail he would need. He later built one of those houses in Jacksonville Beach, complete with the ocean view that he had dreamed of during those long years at the Hanoi Hilton.

Fuller was born in Mississippi on Nov. 23, 1927, but was raised in Jacksonville, largely by his mother. After high school, he joined the Navy toward the end of World War II and served on a destroyer, USS Waldron. After going to Emory University, he got an appointment at the Naval Academy, from which he graduated in 1951. The next year, at NAS Jacksonville, he married Mary Anne McGinley, whom he'd known since they were each in ninth grade at Landon High School. She's 91, and still lives in the beach house he designed while in solitary confinement. They have four children and six grandchildren. Fuller deployed to Vietnam on board USS Bon Homme Richard, where he commanded an attack squadron of fighter planes. He was shot down on his 110th combat mission.

After his release from the Hanoi Hilton, during which he was promoted to captain, he commanded the USS Detroit, a fast combat support ship, and the USS America, an aircraft carrier. Years later his son Bob was a Navy pilot on the USS America during Operation Desert Storm. Byron Fuller served in the Pentagon after being elevated to rear admiral, and then commanded Carrier Battle Group Four out of Virginia. In 1982, after 37 years of service, he retired from active duty. In private business, he rose to become president of Sun State Marine, a tug and barge company that was based in Green Cove Springs. He was on the board of directors at Wolfson Children's Hospital and a founding board member of Fleet Landing, an Atlantic Beach retirement community.

Family life gave him the most joy, said a son-in-law, Matt Tuohy, a retired Naval flight officer who is head of the aviation department at Jacksonville University. "I don't think I ever met anybody who enjoyed family dinners and family functions as much as Byron did. I think part of it was his time away. I never saw him happier than when we were all together," he said. Peggy Fuller, the youngest of Byron Fuller's three daughters, agreed. "You think he's such a big strong man when you hear about his career, but he's really a gentle person," she said. "Any excuse to have a party, an occasion. His happiest times are when we all got together."

Peggy Fuller, who is a veterinarian, was 6 when he left for Vietnam and about 12 when he came home. She recalled getting used to saying "dad" again. "For so many years you don't say the word around the house," she said. "Now you

say 'dad,' and you had to look around. Was it an echo? Having him there, getting used to saying his name, took some getting used to." She said he sometimes spoke of his imprisonment, where he, as one of the more senior officers, was a prime target for torture. "We used to call him the Great Resister," she said. Byron Fuller confirmed that in his 2008 Times-Union interview, saying that no matter how bad the torture got he had the same mantra for his interrogators: name, rank, service number, date of birth: "Fuller, Robert B. Commander. 542942. 11-23-27." The reaction was the same, he said: "You say that a number of times, they get sick and tired and break the ropes out."

Peggy Fuller said that after her father came home, a classmate pressed her to ask him: Did he hate the enemy? So she asked him. "He told me, 'They were doing their job. I was doing mine.' For him to say that to a 12-year-old kid, looking back, I realized that was the right answer — instead of what he could have said." [Source: The Florida Times-Union | Matt Soergel | October 10, 2019 ++]

Veterans FAQs

Can I get any help with hearing aids or other help?

Q. I worked with computers during Vietnam. My hearing problem has gotten worse as I got older. The roar of being in the ship with the electronics in 1960 was terribly loud. Now I really pay for it. Any help with hearing aids or other help for me?

Answers

A1: Yes I do believe you can walk in your local V. A. clinic, get a hearing test and FREE hearing aids. (BB) 9/4/19

A2: Yes! If you can demonstrate that you have hearing loss and it could be service connected, (and it seems like you can), contact your closest Service Officer (DAV, Am Legion, VFW, etc). They can help you get compensation. Also, if it's already in your records - you may discuss it directly with your VA doctor to start the ball rolling. (KD) 9/4/19

A3: Yes, you can certainly file a claim for bilateral hearing loss (BHL), bilateral tinnitus, (BT). It may take a little work to get it but you can. (GR) 9/4/19

A4: I was an Airdale on a carrier. Didn't get anything for hearing loss but got 10% for the rings in ears. (JD) 9/4/19

A5: As of a couple of years ago any veteran, with or without service connected disabilities, can be screened for hearing aids and receive them from the VA as well. However, you must be registered as a patient within the VA. So, if you're not in the VA system yet, go to your local VA hospital, eligibility office, and get enrolled in the VA. If you are in the VA system already, all you need to do is contact your audiology department at said VA hospital and make an appointment to be tested. FYI, depending on their present work load, your local VA hospital might try to farm you out to a civilian for the eval. I'd suggest telling them you'll wait for an opening to get evaluated at your VA hospital. If the eval shows you have a hearing loss and need hearing aids then the VA will provide them. NOTE: If you do have a hearing loss, you'll need to file a claim with the VBA in order to receive compensation from the VA if you can prove service connection is more likely than not. Good luck. (TB) 9/16/19

Note: Go to <http://www.veterandiscountdirectory.com/question242.html> if you would like to add your experience regarding this question.

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

Veterans FAQs

What do you do when your VSO won't help me try to get a disability rating increase?

Q. Most of my records were destroyed in the 1973 fire and I have severe PTSD and tinnitus that keeps me awake most nights. I recently was diagnosed with COPD and hypertension. My VSO rep says that those are not Agent Orange related issues, so she won't help me try to get an increase in my disability rating. What do I have to do?

Answers

A1: Get a new VSO rep. (CF) 9/6/19

A2: Sorry to tell you this but no Viet-Nam records were destroyed in the fire of 1973. All REMFS use this as an excuse for their claims to not invite any scrutiny. (KS) 9/6/19

A5: As of right now neither COPD nor Hypertension are on the "presumptive" AO list, THERE IS scientific studies linking Hypertension and other disease to AO exposure. Supposedly, there is bipartisan support in congress for their addition to the presumptive list. However, it is sort of meandering its way through congress with no guarantees. Get a new VSO (sounds like the one you talked with is a VA employee). CO says go to the DAV (and get one). I absolutely agree. While the respondent (KS) in answer 2 is correct in his first sentence, his sentence about REMF's was gratuitous at best and very ill-natured at worst. (JB) 9/6/19

A8: Get a new rep. I am a past DAV service office, And I can tell you, for a fact your rep, is not doing his or her job. (PJ) 9/6/19

A9: Get a lawyer yeah you pay 20% but well worth it. Woods and Woods got me Total and Permanent 100%. (DH) 9/6/19

A10: The decision is not hers to make but the VA's. She must file the claim or see her boss! (LM) 9/6/19

A15: In my opinion, you need to look at increases and secondary claims. The illnesses you are talking about are not presumptive to agent orange exposure. The VSO should have explained this to you. This suppose to be their job. (AD) 9/7/19

A17: Your VSO is correct that the 2 conditions are not recognized as being related to Agent Orange. Hypertension is currently being looked at being related to agent orange by the VA. I would file a claim for hypertension because if the VA recognizes as being related to Agent Orange your date of claim would be that filled date. Tinnitus is only rated 10% so it can't be increased. If your ptsd is severe and you're being treated for it then you should file for an increase. (JK) 9/8/19

Note: Go to <http://www.veterandiscountdirectory.com/question244.html> if you would like to add your experience regarding this question.

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

Veterans FAQs

Why is my appeal it taking so long at this stage?

Q. My appeal is pending DRO decision...my question is my appeal went from Ready for Decision on Jan 01, 2019, then went to further development on Mar 15, 2019, then went to Secondary Ready for Decision on April 15, 2019, and is currently still at Secondary Ready for Decision as of Sept 03, 2019. Why is it taking this long for this stage? In my opinion, 5 months for me is too long to be at Secondary Ready for Decision stage.

Answers

A1: What group is handling your claim? Have them request a hearing, be sure one of the DSO's are present with you at the hearing. Have all your records stating your condition along with you and the DSO should send them along with the hearing request. (ML) 9/6/19

A2: The VA is overwhelmed with appeals. They blame a lot of the delay on the fact that maybe you didn't opt into the RAMP program and stayed in the LEGACY appeals. Also, what I found is asking for a DRO review is a "crock". I also asked for a DRO review and waited 14 months for the DRO to deny and practically state verbatim in the SOC what the original denial said. They send you pages and pages of "fluff", but don't give you any definitive reason for their denial too. All time consuming, now what? You appeal to the Board of Veterans Appeals. Even more time consuming, however, I truly believe the Board does try very hard to rule in favor of the Vet, if you have a good claim. So, what I'm trying to convey is that the Regional Offices will prolong claims, one way or the other, in hopes that the Vet will just give up.

If in your heart you feel that you have a sincere and legitimate claim...DON'T QUIT !! If you can work your claim yourself do it. VSO's are wonderful, but nobody can fight for you like you can fight for yourself. When it's really taking way too long, start calling the 1 800 #, send inquiries on the IRIS site and get a congressman or a senator involved. You will hear something. (JD) 9/7/19

Note: Go to <http://www.veterandiscountdirectory.com/question245.html> if you would like to add your experience regarding this question.

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

Vet Hiring Fairs

Scheduled As of 16 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 | October 15, 2019 ++]

Military Retirees & Veterans Events Schedule

As of 16 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.
- PDF: http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.pdf.
- Word: http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.doc.

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

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

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

State Veteran's Benefits

Oklahoma | OCT 2019

The state of Oklahoma provides several benefits to veterans as indicated below. To obtain information on these plus discounts listed on the Military and Veterans Discount Center (MCVDC) website, refer to the attachment to this Bulletin titled, “**Vet State Benefits – OK**” for an overview of the below benefits. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each of the following refer to <http://militaryandveteransdiscounts.com/location/oklahoma.html> and <http://www.ok.gov/odva>

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

[Source: <http://www.military.com/benefits/veteran-state-benefits/oklahoma-state-veterans-benefits.html>
October 2019 ++]

*** Vet Legislation ***



Note: To check status on any veteran related legislation go to <https://www.congress.gov/bill/116th-congress> for any House or Senate bill introduced in the 116th Congress. Bills are listed in reverse numerical order for House and then Senate. Bills are normally initially assigned to a congressional committee to consider and amend before sending them on to the House or Senate as a whole.

Military Death Benefits

Update 04: S.000 | Second Lieutenant Richard W. Collins III Memorial Act



Richard Collins III, right, and killer Sean Urbanski

Maryland Sens. Chris Van Hollen and Ben Cardin have introduced a bill to extend death benefits to ROTC members who die before they're able to serve their first active duty assignment for the military. The bill is in recognition of Lt. Richard W. Collins III, who was killed before he could serve his first assignment for the U.S. Army. In a news release, the senators wrote that the Second Lieutenant Richard W. Collins III Memorial Act would modify death gratuity benefits to include ROTC graduates, give families of dead ROTC graduates access to assistance from a casual assistance officer and provide life insurance to ROTC graduates. Collins, a Bowie State University student, was stabbed to death in 2017 while visiting the University of Maryland, College Park.

Prosecutors have charged Sean Urbanski, 24, of Severna Park, with first-degree murder and committing a hate crime resulting in death. Police say Urbanski, who's white, was connected to a Facebook page called Alt-Reich: Nation and told Collins, an African American, "Step left, step left if you know what's best for you" before stabbing him. "The horrendous circumstances of his death were compounded for his family by a system hamstrung in its attempts to support one of its newest officers," Sen. Cardin said. "Our hope is that this legislation can bring solace to the Collins family and future families who are forced to cope with the untimely loss of a loved one who had made a commitment to serve our nation."

Said Van Hollen: "Lt. Richard Collins' death was a heartbreaking tragedy. No military family grieving a loved one should have to deal with the added burden of bureaucratic red tape." Collins' parents have also been pushing for their son to be honored by the Army. They say the military branch hasn't officially recognized him as a 2nd lieutenant. [Source: The Baltimore Sun | Phil Davis | September 27, 2019 ++]

VA Funding Needs

Update 01: HR.0000 | Veterans Affairs Protection Act

Veterans should not have to worry about getting what they need from the Department of Veterans Affairs during a government shutdown. A new bill filed 26 SEP could prevent just that. Rep. Julia Brownley (D-CA) filed the Veterans Affairs Protection Act, intended to ensure that the VA's budget would not be affected by a government shutdown. Parts of the VA's budget already are protected from government shutdowns, but other areas -- such as processing new veteran claims or reducing its backlog of claims -- are not. VA call centers, hotlines, and regional office outreach also are suspended during shutdowns, which means veterans could be unable to get important information about their benefits. Transition Assistance Program workshops, which help service members during their transition to civilian life and provide information on benefits, also are put on hold during shutdowns.

Brownley said her bill would prevent lapses in funding to those resources to try to prevent any interruptions in veteran services. The Veterans Affairs Protection Act was filed alongside the Social Security Protection Act, which would help protect Social Security benefits from being interrupted by shutdowns. "My bills are intended to highlight the impact a government shutdown can have on some of our most vulnerable and most deserving Americans: seniors and veterans," Brownley said in a statement. "Our job as legislators is to protect, fight for, and improve the lives of our constituents, not make their lives more difficult. Let's do that job." [Source: ConnectingVets.com | Abbie Bennett | September 27, 2019 ++]

VA Waste & Mismanagement

Update 01: H.R.0000 | Reducing High Risk to Veterans Services Act

The Veterans Health Administration is the largest healthcare system in the United States. But it is still classified as "high risk" for waste and mismanagement by the Government Accountability Office. Two Congressmen want to change that. Rep. Chris Pappas (D-NH) and Rep. Jack Bergman (R-MI) introduced the Reducing High Risk to Veterans Services Act, aiming to improve management and care at the VHA so that it can get off the GAO's list of high-risk federal government programs most susceptible to waste, mismanagement and fraud. The bill would require greater accountability and transparency, the Congressmen said in their news release about the bill, including:

- Establishing a three-year plan to address the high-risk list;
- Provide regular updates to Congress on the plan's progress;
- Alert Congress on any action VHA needs it to take for more funding or other assistance.

"It is unacceptable that the health network responsible for providing care to more than 9 million of our nation's veterans has remained on the 'high-risk list' of federal agencies prone to waste and mismanagement," Pappas said in a statement. "We must ensure our government is always striving to take constructive steps to better serve our veterans. We made a solemn promise to veterans, and the (bill) ensures the VA has the plan and tools required to deliver on that promise." Bergman said the bill "will improve accountability and urgency within the VA - two principles essential to ensuring our Veterans are receiving the care and benefits they deserve ... The GAO recommendations cannot be ignored, and – as the legislation specifies – we must address the 'root causes' of systemic issues that arise."

The VHA has an annual operating cost of more than \$84.1 billion and since 2010, GAO has made 343 recommendations related to health care. Of those, 125 have not been fully implemented. Over the last three years, VA said it has taken steps to address the issues GAO has noted, including modernizing IT support, making policies easier to understand and implement and strengthening oversight and accountability by creating the Office of Integrity, VA spokeswoman Susan Carter told Connecting Vets Friday. [Source: ConnectingVets.com | Abbie Bennett | September 27, 2019 ++]

Prescription Drug Costs

Update 37: S.2543 | Prescription Drug Pricing Reduction Act (PDPRA) of 2019

Retirees' budgets take a beating when prescription drug prices rise faster than the annual cost – of – living adjustments (COLAs). But new legislation moving in the Senate would address that problem. The drug bill would require drug manufacturers to pay rebates when prices rise faster than inflation. Lobbying groups for drug manufacturers don't like the idea. The Senate Finance Committee recently passed The Prescription Drug Pricing Reduction Act out of committee and now it heads to the floor for further action. The bill, which has support of both Democrats and Republicans would, among other things, cap drug prices based on the rate of inflation.

Medicaid already uses this strategy to lower drug costs, and pays much lower prices than Medicare for the same drug. In June we reported that Medicare spending on the highest price category of prescription drugs, called "specialty drugs," increased from \$8.7 billion in 2010 to \$32.8 billion in 2015. Spending on the same drugs under Medicaid, the program that provides healthcare for low-income Americans, grew much more slowly over the same period, rising from \$4.8 billion to \$9.9 billion. TSCL's surveys have found that moving Medicare Part D to a pricing system that has similarities with Medicaid has strong support among older adults. Seventy percent of those who participated in our 2019 Senior Survey support allowing Medicare to negotiate prices for prescription drugs using a similar system to Medicaid's.

The Senate bill also would change Medicare Part D by adding an out-of-pocket maximum for beneficiaries of \$3,100 starting in 2022. No such out-of-pocket cost cap currently exists. According to our 2019 Senior Survey, about one-in-five survey participants report out-of-pocket spending this high for prescription drugs. Advisor editor Mary Johnson estimates that this legislation would protect almost 14 million Medicare beneficiaries from out-of-pocket drug costs exceeding \$3,100 in the first year of enactment if signed into law. In addition, the bill would help finance Part D benefits. The nonpartisan Congressional Budget Office estimates the bill will save Medicare \$85 billion over a decade and save beneficiaries \$27 billion in out-of-pocket costs over the same period.

PhRMA, the drug industry's lobbying group, called the bill "the wrong approach to lowering prescription drug prices" and said it "imposes harmful price controls in Medicare Part D." But with drug prices for many brand and specialty drugs running into the hundreds and even thousands of dollars for a single fill, TSCL believes that restricting the rate of increase on prescription drugs, and capping out-of-pocket costs, could help save lives and improve the health of older Americans. In the months ahead, The Senior Citizens League will continue to work for enactment of legislation that would strengthen Medicare and lower costs for current and future beneficiaries. [Source: TSCL Advisor| October 01, 2019 ++]

VA Sexual Assault /Harassment

H.R.4554 | DVA Reporting Policy

In the wake of a senior policy adviser to the House Veterans' Affairs Committee saying she was assaulted at a VA facility, the chairwoman of the committee's panel on health wants to require the Department of Veterans Affairs to create strict policies to curb the numerous instances of sexual assault and harassment at VA facilities. Andrea Goldstein, who is a Navy veteran, said a stranger who she believes was a veteran receiving care sexually assaulted her in the atrium of the Washington D.C. VA Medical Center in full view of several employees. The incident was reported to three employees before police were called, Goldstein said at a 26 SEP news conference six days after the alleged

assault. The VA's independent inspector general and other law enforcement agencies are investigating the assault, and a criminal investigation is underway, said VA spokeswoman Christina Mandreucci.

The chairwoman of the House Veterans' Affairs Committee's subcommittee on health, Rep. Julia Brownley (D-CA) said the assault was one of many incidents within VA facilities that led her to introduce legislation that would require the department to establish an anti-harassment and anti-sexual assault policy setting guidelines for responding to and reporting instances of assault. It would also mandate that there be a designated person at each VA facility to receive those reports. "Since I launched the Women Veterans Task Force in March, I have continuously heard from veterans about the prevalence of sexual harassment and sexual assault of veterans, caregivers, employees and caregivers at VA facilities -- either by fellow veterans or members of the public," Brownley said in an email.

She added that she had urged the VA to address the issue of harassment and assault in its facilities before. "My colleagues and I repeatedly discussed this issue during hearings and roundtables held over the last six months. During that time, we learned that VA does not require mandatory, system-wide training of employees in responding to these cases of sexual harassment and assault. I have urged the secretary of Veterans Affairs to do more to address this problem, but I have not been satisfied with the response. VA has been aware of this issue for years, but has failed to act in a meaningful manner," Brownley said.

Under the measure, the VA would also be required to send Congress an annual summary detailing instances of harassment and sexual assault in VA facilities, and provide information to veterans and other beneficiaries about harassment, assault and how to report either. The VA has not yet taken a position on the bill, said Mandreucci. The full bill can be viewed at https://juliabrownley.house.gov/wp-content/uploads/2019/09/Harassment_xml.pdf. [Source: Medill News Service | Mark Satter | October 2, 2019 ++]

VA Grant Programs

Update 01: H.R.4589 | Rural Veteran Medical Transportation

Rep. T.J. Cox (D-CA) announced the introduction of H.R. 4589. This bill, co-introduced with Reps. Aumua Amata (R-AS), Susie Lee (D-NV), and Greg Steube (R-FL), would give permanent authorization for the VA Grant Program for the Transportation of Highly Rural Veterans. Currently every two-year Congress must reauthorize this vital program that appropriates \$3 million dollars in grants each year to aid in transportation of highly rural veterans to medical care. This bill would permanently extend authority of this program.

- "If we can't get our most rural veterans to their medical appointments, we've failed the people who sacrificed to keep us safe," said Rep. Cox. "I'm proud my colleagues and I are going to make this vital program permanent and predictable because our veterans earned this care and it's our special duty to make sure the veterans in the most rural corners of our country get the same care as any others."
- "The debt we owe our veterans for their service cannot be overstated. The best medical care in the world is useless if the patient never makes it to a doctor in the first place. I want to thank Rep. Steube and Rep. Lee and a special thank you to Rep. Cox for taking the initiative on this legislation. I hope to continue working with them on behalf of our veterans." said Rep. Aumua Amata.
- "We have to protect and strengthen this grant program because for our veterans, access to health care is often just as important as the quality of the health care itself," said Rep. Susie Lee. "If veterans in rural areas do not live near a VA health center, it is our duty to ensure they have the resources and proper transportation to get to their medical appointments. There should be nothing partisan about serving our veterans, which is why I'm pleased to join my colleagues from both sides of the aisle to introduce this bill to permanently extend this vital transportation grant program."
- "As a veteran and a representative of thousands of rural veterans across Florida, I've seen first-hand the challenges that face rural veterans when they seek care at Department of Veterans Affairs facilities," said

Rep. Greg Steube. “This bill will ensure that our rural veterans have the means necessary to travel to VA facilities and receive the care t

Background:

Funds granted through this program helps provide grantees greater flexibility to employ new approaches when serving veterans, resulting in improved service and health care access for veterans. Because Veteran Service Organizations, SVAs, and county governments already participate in transportation of veterans, additional grants will encourage them to employ innovative approaches to transportation services for veterans in highly rural areas. Both Congressman Cox and the VA wants to ensure that all veterans, including those living in remote areas, can receive the health care they need and have earned through service in the U.S. Armed Forces. This bipartisan legislation would greatly benefit the lives of many across the nation, including California’s Central Valley.

Almost a quarter of all Veterans in the United States, 4.7 million, return from active military careers to reside in rural communities. While Veterans may enjoy the benefits of rural living, they also experience rural health care challenges that are intensified by combat-related injuries and illnesses that make transportation to medical facilities necessary. In rural areas, basic levels of health care or preventative care may not be available to support residents’ long-term health and well-being. 58% of rural Veterans are enrolled in the VA healthcare system—significantly higher than the 37% enrollment rate of urban Veterans. This grant program is essential by ensuring that all those who have sacrificed for our country, have access to the care they need.

[Source: Press Release | T.J. Cox | October 4, 2019 ++]

VA Expiring Authorities

H.R.4285 | DVA Expiring Authorities Act of 2019

The Department of Veterans Affairs Expiring Authorities Act passed with a near-unanimous House vote 417-1. The one vote against was cast by West Virginia Republican Rep. Alex Mooney. The Bill later passed the Senate and on Oct. 3, Rep. Anthony Brindisi, D-N.Y. announced that President Donald Trump had signed the Bill into law on 30 SEP. The Bill, introduced by Anthony Brindisi (D-NY) and Rep. Mike Bost (R-IL) preserves several programs. The Bill specifically:

- Extends funding for financial assistance for supportive services for very low-income veteran families in permanent housing, including appropriations of about \$380 million to 30 SEP 2021;
- A one-year extension of the VA's authority to temporarily expand payments and allowances for beneficiary travel for veterans receiving care from vet centers, especially rural veterans who live far from facilities to 30 SEP 2020;
- A one-year extension of VA's authority to **operate a regional office in the Philippines** to 30 SEP 2020;
- A one-year extension of VA's authority related to vendee loans to 30 SEP 2020.

The goal of the Bill is to "extend key VA programs and ensure benefits are not interrupted for America's veterans," Brindisi said in a news release about the Bill. [Source: U.S. Veteran Compensation Programs | September 5, 2019 ++]

*** Military ***



Aircraft Carriers

Update 03: U.S. Still Needs Them

Many of the United States' foremost sea power experts met on 27 SEP to consider the role of aircraft carriers as guarantors of national security. Following is Rear Adm. Roy "Trigger" Kelley's perspective of that meeting and the continued need of the Aircraft Carrier.



It was my privilege to participate in the Lexington Institute's inaugural Carrier Strike Group Forum held in Pentagon City, Virginia. I'm not a Pentagon guy or a Navy Yard guy. My job is on the waterfront, ensuring that our aircraft carriers, aircraft, and the men and women who operate them have the tools, training and supplies they need to sail in support of national defense and maritime security. My staff and I recognize every day the value of aircraft carriers and of the supporting ships, aircraft squadrons and staffs that constitute America's unique and globally respected carrier strike groups.

I came away from today's well-informed and energetic discussion with confidence that aircraft carriers will continue to generate the offensive and defensive strength around which our Navy is organized to fight. Some say that carriers are too expensive. A fair assessment considers benefits as well as cost. No other weapons system or combination of lesser systems in existence or on the drawing board is as lethal, agile and resilient as a full-sized nuclear-powered aircraft carrier and its air wing. Carriers deploy with the responsiveness, endurance, multidimensional might, inherent battlespace awareness, and command-and-control capabilities that America needs to prevail in great power competition.

Fleet and combatant commanders are unequivocal and unrelenting in their requests for carrier strike group deployments. I experienced this firsthand in 2015 when I commanded the USS Theodore Roosevelt's Carrier Strike

Group, and I recognize it today with USS Abraham Lincoln’s strike group’s deployment to U.S. Central Command. America needs and uses its aircraft carriers.

A carrier strike group, by its mere presence, can shape events in the nation’s favor. When deterrence gives way to war, a naval force enabled by an aircraft carrier and its air wing comes to the fight trained and equipped across a full range of missions, ready to control the sea, conduct strikes from the sea, and maneuver across the electromagnetic spectrum and in cyberspace. No other naval force fields a commensurate range and depth of combat capabilities. Carriers remain relevant and potent year after year and decade after decade because they are adaptable platforms in which flexible payloads deploy. Carrier air wings evolve, incorporating improved and revolutionary aircraft like the unmanned MQ-25 Stingray that first flew last week. The weapons carried by those aircraft evolve even faster, keeping carrier strike groups dominant over realized and potential threats.

The nation’s considerable investment in a carrier pays off for at least half a century, twice the proven service life of other major classes of warships. The first nuclear-powered aircraft carrier, USS Enterprise, served the nation for 51 years. The 10 ships of the Nimitz class are on track to meet or exceed their planned 50-year service lives, the still-active lead ship of the class having been commissioned over 44 years ago. The ships of the new Gerald R. Ford class represent cutting-edge aircraft carrier design. As is the case in the introduction of any major technological innovation, there are cost, schedule and performance challenges to overcome. The Navy and the shipbuilder are overcoming these challenges, and the fleet will enjoy operational successes when the lead ship of this class joins the deployment rotation.

Some have noted that our adversaries have improved their anti-ship weapons. This is nothing new, nor does it mean that our carriers are defenseless. In World War II, America’s carriers faced a threat from torpedoes and dive bombers. During the Cold War, adversaries fielded air-launched, supersonic, nuclear-tipped missiles. Today’s missiles employ hypersonic speeds and ballistic trajectories. Through it all, the U.S. Navy has developed and will continue to develop superior weapons and tactics to stay ahead of the threats. Carriers are mobile, defendable and durable. In a time of war, aircraft carriers will be the most survivable airfields — perhaps the only survivable airfields — in the maritime area of operations.

I am proud to be a carrier aviator and a carrier sailor. I am also a critical thinker and have examined from many perspectives the Navy that our nation needs. That Navy needs aircraft carriers and their strike groups. When our country has faced maritime crises, presidents have famously asked: “Where are the carriers?” I am confident that presidents for decades to come will continue to ask that question, and that the answer must remain: “Manned, trained, equipped and ready.” [Source: Defense News | Rear Adm. Roy “Trigger” Kelley | September 27, 2019 ++]

Military U.S. Citizenship Overseas Processing

Military Base Hub Office Availability

Servicemembers and their families stationed overseas who are seeking to become U.S. citizens will now only have four international offices where they can complete the process as U.S. Citizenship and Immigration Services closes more than a dozen locations, the department announced Monday. USCIS had previously announced it is closing 13 overseas locations in the next year, leaving only seven in operation. But in order to support servicemembers and their families stationed overseas, the agency is now opening what they are calling “hub” offices at military bases, for one week every three months.

“After careful consideration, USCIS has determined it will maximize agency resources by shifting the processing of in-person benefit requests to the Department of State’s Consular Affairs or through the deployment of USCIS domestic staff on temporary assignments,” USCIS spokesman Daniel Hetlage wrote in an email. The rollout of these four offices on military bases will happen during the next nine months and will be the only places overseas for servicemembers and their families to process naturalization applications. The locations will be at Camp Humphreys,

South Korea; Commander Fleet Activities Yokosuka, Japan; U.S. Army Garrison Stuttgart, Germany, and Naval Support Activity Naples, Italy.

Applicants who go to these hubs will already have everything completed before setting up an appointment to meet with a USCIS officer for their interview and final adjudication, said a USCIS official, who spoke on the condition of anonymity to discuss the new overseas offices. “So the hope is that everything is going to be able to be completed in that one visit,” the official said. Applicants have always been responsible for their travel during the naturalization process, the official said, and they should be working with the Defense Department to help with traveling to the hub locations if they are not already based there. Amid the office closures, the amount of military naturalization applications has increased during the last fiscal year. According to USCIS, they have received 520 overseas applications in fiscal year 2019, compared to 347 that they received in fiscal year 2018.

The four offices will only have appointments for one week each quarter of the year. The official said the number of applications is “manageable at this point” and she did not believe at this time that families would be seriously impacted by only having the office open for one week every three months. She said if the agency finds they have more applications than anticipated, they will consider adding an additional visit to the office. The first two locations on the military bases to open will be in South Korea and Japan, in part because the original Seoul office is closing 30 SEP. The first visits by USCIS officers will be in late October and early November. These four specific bases were picked because they’re located in areas where most of the overseas military naturalization services has been provided, so the impact is expected to be “minimal,” according to Hetlage. Of the 520 overseas applications received so far, 355 of them were received at the Seoul office, according to the official.

The official said the closures were not meant to make the naturalization process more difficult for servicemembers. “Our first priority has been and always will be our military personnel,” the official said. “I anticipate that once this new process gets going, that I think everyone will see that also, and will see that that we are able to still complete cases in a timely and efficient manner.” Servicemembers and families who have questions can call the USCIS toll free military help line at 877-247-4645, Monday through Friday, 8 a.m. to 4 p.m. Central Standard Time, or email them at militaryinfo@uscis.dhs.gov. [Source: Stars & Stripes | Caitlin Kenney | September 30, 2019 ++]

USCG Tattoo Policy

Some Tattoos that Show While In Uniform Now Allowed

The U.S. Coast Guard is keeping up with the times with its latest policy update that addresses tattoos. The update allows some tattoos to show while in uniform that were previously not allowed. "The Coast Guard increases the aperture to ensure we are able to recruit and retain the next generation of Coast Guardsman," the policy update says. It "strikes a balance" between the military branch's sharp appearance standards and individual expression, the policy says. Body art and tattoos that are consistent with the Coast Guards values will now be allowed on the chest, but not visible above the uniform crew neck shirt. Hand and finger tattoos — in addition to one ring tattoo per hand — are also now allowed. Here are the additional guidelines for hand and finger tattoos:

- One 1-inch tattoo on each hand shall not exceed past the first knuckle closest to the wrist
- One finger tattoo per hand within the length of the finger from the first to second knuckle



Chief Warrant Officer Richard Sambenedetto shows off his 'Shipmate' tattoo in his office at Coast Guard Sector Delaware Bay in Philadelphia

Tattoos that represent racism, discrimination, extremist or supremacist ideals, lawlessness, indecency, or are sexually explicit are not allowed. [Source: Task & Purpose | Justine Lofton |October 03, 2019 ++]

C-130 Hercules

Update 01: U.S. Air Force's Work Horse



The C-130 Hercules primarily performs the tactical portion of the airlift mission. The aircraft is capable of operating from rough, dirt strips and is the prime transport for airdropping troops and equipment into hostile areas. Basic and specialized versions of the aircraft airframe perform a diverse number of roles, including airlift support, Antarctic ice resupply, aeromedical missions, weather reconnaissance, aerial spray missions, firefighting duties for the U.S. Forest Service and natural disaster relief missions. Using its aft loading ramp and door, the C-130 can accommodate a wide variety of oversized cargo, including everything from utility helicopters and six-wheeled armored vehicles to standard palletized cargo and military personnel. In an aerial delivery role, it can airdrop loads up to 42,000 pounds or use its high-flotation landing gear to land and deliver cargo on rough, dirt strips.

In production since 1954, over 2,400 of the over 40 different variations have been delivered across more than 60 nations. The initial production design was labeled the C-130A. It was submitted in 1951 and not a whole lot about the bones of the aircraft has changed since then. It uses a unique fold-down ramp in its rear that allows vehicles to be driven into the cargo bay. One variation, the AC-130J long-endurance, heavy duty air-to-ground combat plane, has a 105 mm Howitzer housed inside its cargo area. The basic C-130, aft of the cockpit and before the ramp, is the length of a railroad boxcar. Inside 92 troops can be accommodated. At max capacity, it has a range of about 2,000 miles.

A special variation of the C-130, the EC-130E Commando Solo Hercules, transmitted radio and TV broadcasts several hours a night over Iraq. This was a part of psychological warfare campaigns prior to the 1991 Persian Gulf War. In 1971, a ski-equipped LC-130 crashed in Antarctica on takeoff. It was buried in an icy valley for 17 years before the Navy decided to pull it out and repair the damage. It later was put back into service. In April 1975, while evacuating Tan Son Nhut Air Base during the final days of the Vietnam war, a C-130 actually lifted 20,000 pounds above its listed maximum payload capacity. That 20,000 pound excess was 452 humans – 360 more people than the C-130 is designed to carry. That C-130 was the last plane not destroyed at the airfield, and it was leaving for good in the midst of heavy enemy fire. The United States Air Force, as well as those in Italy, Canada, Norway and Denmark are under contract for more than 300 new C-130Js. We can expect to see them in service for many years to come. [Source: <https://www.af.mil/About-Us/Fact-Sheets/Display/Article/1555054/c-130-hercules> | October 2019 ++]

USCG Drug Interdictions

Update 01: Narco Sub Carrying 12,000 Pounds of Cocaine



Coast Guard crew members aboard the cutter Valiant intercepted a self-propelled semi-submersible carrying 12,000 pounds of cocaine in the eastern Pacific Ocean this month, arresting four suspected smugglers in the process. The 40-foot vessel, of a type often called a "narco sub" (though most are not fully submersible), was first detected and tracked by a maritime patrol aircraft. The Joint Interagency Task Force South, a multinational body that coordinates law-enforcement efforts in the waters around Central and South America, directed the Valiant to intercept it. A Coast Guard release didn't give an exact date for the seizure, saying only that it took place in September and that the Valiant arrived on the scene after sunset.

The cutter launched two small boats carrying members of its crew and two members of the Coast Guard Pacific Tactical Law Enforcement Team. They caught up with the narco sub in the early morning hours and boarded it with the help of the Colombian navy, which arrived a short time later. The crew members transferred more than 1,100 pounds of cocaine from the sub to the Valiant but were unable to get the rest because of concerns about the sub's stability. (The total value of the drugs was estimated at more than \$165 million.) "This interdiction was an all-hands-on-deck evolution, and each crew member performed above and beyond the call of duty," Cmdr. Matthew Waldron, commanding officer of the Valiant, said in the release.

Narco subs have appeared in the waters between the US and South America for years and have only gotten more sophisticated. But they are still homemade vessels, often built in jungles in Colombia, and can be unsteady on the open ocean, particularly when law enforcement stop them to board. Narco subs typically cost \$1 million to \$2 million to build, but their multimillion-dollar drug cargoes more than make up for the expense. "Colombian traffickers like to use the semi-submersibles because they are hard to detect" and cheaper than full-fledged submarines, Mike Vigil, former director of international operations at the US Drug Enforcement Administration, told Business Insider in 2018.

The vessels are typically made of fiberglass and the most expensive component is the engine. Some even have lead linings to reduce their infrared signature, Vigil said. The Coast Guard in late 2017 said it had seen a " resurgence" of low-profile smuggling vessels like narco subs. "We're seeing more of these low-profile vessels — 40-plus feet long ... it rides on the surface, multiple outboard engines, moves 18, 22 knots ... and they can carry large loads of contraband," Coast Guard commandant Adm. Karl Schultz told Business Insider in an October 2018 interview. Four were seized in 2017 and 14 in 2018

Schultz and other Coast Guard officials pointed to narco subs as a sign of smugglers' ability to adapt to pressure. The service has pursued what Schultz called a "push-out-the-border strategy," sending ships into the Pacific to bust drugs at the point in the smuggling process when the loads are the largest. For the Valiant, that meant this particular bust coincided with a mariner's milestone: crossing the equator. "There are no words to describe the feeling Valiant crew is experiencing right now," Waldron said. "In a 24-hour period, the crew both crossed the equator and intercepted a drug-laden self-propelled semi-submersible vessel." Both are "momentous events in any cutterman's career," Waldron added. "Taken together, however, it is truly remarkably unprecedented." [Source: Business Insider | Christopher Woody | September 24, 2019 ++]

Submarine Testing Lawsuit

Shipbuilder Accused of Falsifying Stealth Coating Tests

America's largest military shipbuilding company has been accused of falsifying tests and certifications on stealth coatings of its submarines "that put American lives at risk," according to a complaint filed in federal court last month. Huntington Ingalls Industries, which spun-off from Northrop Grumman in 2011, "knowingly and/or recklessly" filed falsified records with the Navy claiming it had correctly applied a coating, called a Special Hull Treatment, to Virginia-class attack submarines which would allow the vessels to elude enemy sonar, the Sept. 26 complaint alleges. Instead, the complaint said, Huntington Ingalls' Newport News Shipbuilding facility in Virginia took shortcuts that allegedly "plagued" the class of submarines with problems, and then retaliated against the employee who spoke up about the issues.

Huntington Ingalls, and Northrop Grumman, are being sued for damages in excess of \$100 million for allegedly misleading the federal government on a defense contract to apply the sound-dampening coating to the submarines. The Navy's Virginia-class attack submarines are manufactured as part of a joint effort by General Dynamics' Electric Boat and Huntington Ingalls. The complaint alleges that Northrop Grumman and Huntington Ingalls Industries violated the federal government's False Claims Act when they "falsified testing and certifications on multi-billion dollar submarine contracts." The complaint goes on to note that the companies "induced the government to pay the defendants in-full for submarines with dangerous defects that put American lives at risk."

The qui tam lawsuit – a type of suit which is brought under the False Claims Act and rewards whistleblowers in successful cases where the government recoups damages due to fraud – is being brought by Ari Lawrence on behalf of the U.S. Government. According to the complaint, Lawrence, a senior engineer at Huntington Ingalls who has worked there since 2001, has provided evidence of the alleged issues at the company's Newport News Shipbuilding facility in Virginia. When asked about the lawsuit, the Navy referred Task & Purpose to the Department of Justice,

which declined to comment. Northrop Grumman also did not respond. Duane Bourne, a Huntington Ingalls spokesman, told Task & Purpose that "we fully cooperated with the Department of Justice's investigation and intend to vigorously defend the lawsuit." When pressed for comment on the findings of the investigation both Huntington Ingalls and the Department of Justice declined to elaborate. "Newport News Shipbuilding remains committed to building the highest-quality warships for the Navy and does not tolerate any conduct that compromises our mission of delivering ships that safeguard our nation and its sailors," Bourne told Task & Purpose.

The complaint revolves around critical submarine components that Huntington Ingalls was paid to produce; specifically the application of the Special Hull Treatment to Virginia-class attack subs. The foam-rubber-like exterior coating is designed to absorb sound waves of active sonar so they don't bounce back to the ship or submarine sending out the signal. It's essentially glued onto a submarine using a special two-part adhesive coating (TPAC). However, the complaint claims that "Huntington Ingalls had never obtained proper qualifications and certifications for the use of TPAC on the Virginia-class submarines for any applications." Such certifications are "critical to ensure that the personnel used to mix and apply the TPAC are properly qualified and that the procedures are performed correctly," the complaint said.

The complaint alleges that the sound-dampening coating was improperly affixed – allegedly due to the lack of certified personnel applying the TPAC – which caused the coating to "de-bond" and slip off the submarines while underway. According to the complaint, "since the inception of the program, Virginia-class submarines have been plagued with problems with their exterior hull coating system," including an incident in 2007 on the USS Virginia, the first submarine of its class. "At that time, it was clear that there was a de-bonding problem with the exterior coating," the complaint reads. "In fact, on the USS Virginia, and subsequently delivered Virginia-class submarines, the exterior coatings tore off submarines while underway, often in large sections up to hundreds of square feet."



A 2010 photo of the side of the USS Virginia appears to show that the Special Hull Treatment peeled off while the submarine was underway. (U.S. Navy photo)

The issue has been broadly reported in recent years, including in 2017, after photos surfaced showing the USS Mississippi returning to its home port in Hawaii with large portions of its Special Hull Treatment coating missing from the sub. That de-bonding issue was also noted in a memo from the Pentagon's top weapon system tester, according to a 2011 Congressional Research Service report. "The [stealth] coating on Virginia-class submarines has been a big issue in the Navy and among Navy submariners," Bryan Clark, a senior fellow at the Center for Strategic and Budgetary Assessments and a retired submariner, told Task & Purpose.

While the stealth coating also came off on older submarines, like the Los Angeles-class fast attack subs, typically it was just a matter of a few individual tiles peeling off, Clark said. "You'd expect that to happen," he told Task & Purpose. "You're driving around, the hull is expanding and contracting, the water temperature is fluctuating, so some of these tiles come loose. It was just kind of expected." However, because of how the stealth coating was applied to the Virginia-class submarines — in a continuous layer like paint — it tears off in irregular pieces that may remain

partially adhered to the hull, he said. "If you're driving around and a chunk of this comes off and is kind of dangling there, that creates a lot of noise," Clark told Task & Purpose. And that's a big problem since a submarine's greatest strength is its stealth.

- "The submarine being quiet is its main advantage," Clark said. "It's what allows it to get close to shore to deliver SEALs, shoot cruise missiles in somewhere, or to do surveillance. So that ability to get close to a target is really important."
- "So if you do get detected, then you're limited in your ability to protect yourself, or to run away quickly," Clark added. "An airplane can get away quickly if it gets detected and can hopefully outrun a threat, and a ship has a bunch of self-defense systems that it can use to stand and fight. A submarine really has neither of those advantages."

The complaint appears to lay the blame for the failure of the Special Hull Treatment on Virginia-class submarines squarely on Huntington Ingalls' Newport News Shipbuilding facility: "The failure of the sound-absorbing material is a direct result of NNS' failure to adhere to proper Navy contract specifications and a direct effort to conceal that lack of qualifications and certifications required by the Navy." The 37-page complaint also claims that Huntington Ingalls' Newport facility failed to take steps to correct its failings despite multiple complaints, and that Ari Lawrence — the engineer who brought the suit on behalf of the government — was pressured to keep quiet about the issues.

In the complaint, Lawrence claims he had his promotion blocked in addition to being marked as a security risk and having his cell-phone confiscated for four weeks. Lawrence also claimed he was reassigned from his previous duties and sent to "the 'yard' to work on his 'engineering rigor,'" and in 2015, his performance ratings were reduced to the lowest rating he'd received since he began working at NNS. Neither Lawrence or his attorneys responded to multiple requests for comment from Task & Purpose. At <https://www.documentcloud.org/documents/6434783-Complaint.html> the full complaint can be read. [Source: Task & Purpose | Haley Britzky/Paul Szoldra | September 20, 2019 ++]

Military MREs

Update 04: A Day's Worth of MREs in One Ration

Right now, a squad sent out on a seven-day mission would have next to no way to feed themselves without resupply unless they were able to load up more than 30 pounds of food per soldier into their rucks. But that's exactly what the Army and Marine Corps may ask of its dismounted squads on the near-term future battlefield, especially as multi-domain operations become a reality. To help troops stay fed without breaking their backs, the scientists, developers and soldiers at the Combat Feeding Directorate with the Combat Capabilities Development Command Solder Center are closing in on a goal to cut down a seven-day load of MREs from 32 pounds to 10 pounds. And they're not doing that by dropping peanut butter or jalapeno cheese packs, either.



The Close Combat Assault Ration could provide enough food in one ration to equal an entire day's worth of MREs.

Small units may have to be basically self-sustaining for a seven-day period, and the directorate looked at that possibility, Stephen Moody, director of the combat feeding program, told Military Times. That prompted new efforts to continue to shrink down the ration. Their plans call for the directorate to deliver specifications by fiscal year 2022, and depending on higher echelon decisions, the new rations could field in the same year, Moody said. New technological processes are giving these researchers ways to do microscopic work to make food retain its nutrition and flavor while continuing to shrink in both weight and volume.

One such process is vacuum microwave drying. It uniformly removes water with both vacuum and microwave techniques, similar to freeze drying without the cold, and then physically compressing the food that remains somewhat moist. That's one way they've created a lemon cheesecake bar that looks, smells and tastes like actual cheesecake, just a bit crunchier. Another process is called sonic agglomeration technology. It uses vibration to instantly compress food without fillers or binders, reducing the same meal by 50 to 70 percent of its original size with the same ingredients and nutrition. Some of the work bore fruit a decade ago, when the directorate put out the First Strike Ration, which put all of the calories and nutrients of three MREs into one MRE-sized package. Or, as Chief Warrant Officer 3 Alma Mendoza said, it means the same calories per day with much less capacity.

Logistically, the soldiers will carry all of their food. "That would fill an entire ruck for seven days," she said. That puts the seven-day supply down from 32 pounds to 18 pounds. But that's still enough rations to fill an entire ruck with nothing but food. And most First Strike Rations were optimized for a three-day mission set, Moody said. As they've applied the science and technology, they're also pulling in the human factor. Researchers have visited Fort Carson, Colorado; Fort Bragg, North Carolina and the Marine Corps' Camp Lejeune, North Carolina. That's to see what the troops want. Turns out, they want protein. To feed that need, the Army's Research Institute of Environmental Medicine looks to find both the best nutrition practices for performance, recovery and sustainment, and what the troops will actually eat. And the food has to match the shelf life that will fit the Department of Defense logistical supply chain. Oh, and any new ration configuration must fit certain weight and volume parameters so that it can also be delivered in resupply, be that a UH-60 Black Hawk dumping cases off the side or an autonomous drone lifting off with a day's worth of squad rations.

Some of that nutritional science research has produced performance bars with added calcium and protein, especially aimed at helping new recruits unaccustomed to the rigors of basic training that can cause stress fractures. Moody said that their research has shown a two- to three-week period before the bars show a measurable improvement in those nutrients. The performance research also comes with guidelines that go beyond simple eating when hungry and repeating. What soldiers should eat and drink:

- USARIEM advocates for soldiers to eat ration items at regular intervals, every four to six hours they're awake. They should eat 0.7 grams of protein a day for every pound of body weight and take in up to 200 mg of caffeine, redosing every three to four hours, but not to exceed 800 mg.
- Troops should eat one to four hours before a field operation begins and dose caffeine 30 to 60 minutes before an activity.
- During the field op they should snack each hour if possible and drink one half to one quart of fluid each hour.
- After the operation, troops should have a combination of 80 to 120g of carbohydrates and 15 to 25g of protein after heavy activity and hydrate to relieve thirst.

At the same, the directorate is also looking closely at food safety. And not just keeping long shelf life and decontaminated food supply, though that's important. They didn't disclose details but they are exploring bacteriophages that could be used to wash local produce to prevent E. coli, salmonella or other pathogens from getting to troops. That would open up more food options for expeditionary units. They're also looking at paper-based biosensors, a "dipstick tech" way of detecting contamination. For the first time in a long time, those involved in food are thinking about how soldiers will eat in a contaminated environment. For a long time, Moody said, the thinking

was that troops would simply discard food in a chemical or biologically contaminated environment and eat when they got out of the area and got clean. But now, doctrine is calling for troops enabled to fight through living in such contaminated areas for days at a time. Which means they'll have to eat. [Source: ArmyTimes | Todd South | October 8, 2019 ++]

Navy Fleet Size

Update 18: \$200B More Needed to Reach 355 Ship Goal

The Navy would have to spend \$200 billion more — a 31 percent boost each year — over the next 30 years to reach its goal of 355-ships, a sharply higher number than the \$660 billion the Navy currently projects it will spend, the Congressional Budget Office says. But the estimated \$865 billion comes with a huge asterisk. The CBO, whose estimates are highly respected, assumes the Navy is going to buy the carriers, destroyers, amphibs, submarines, and logistics ships outlined in its 2019 shipbuilding plan. But recent comments by the Marine Commandant and Navy leaders make that look increasingly unlikely. The Navy Department wants to experiment with large unmanned ships and rethink how and if their big hulls would survive a fight with a peer enemy using precision medium- and long-range missiles.

Overall, the Navy currently has 290 ships, and will have to buy 304 ships by 2034 in order to hit the 355. To get there, the CBO estimates, new ship construction would cost an average of \$31 billion per year — or 31 percent more than the Navy's estimate of \$22 billion annually. The difference between the CBO's and the Navy's estimates is due to different methodologies used to estimate ship construction, along with a different view of what capabilities might be needed on future ships, the CBO says. Specifically, the Navy "does not account for the faster growth in the costs of labor and materials in the shipbuilding," in its cost estimates.

Earlier this year, Vice Adm. William Merz, deputy chief of naval operations, offered a sobering reality check on how the Navy is struggling to figure out how it can grow, giving credence to the CBO's decision to include factors in modeling cost that the service has ignored. "We don't have the complex modeling to even understand what all of these costs are going to materialize over the next 20 years," he said, but the service is "working hard to converge on a model" to sustain the ships over the long haul. The planning process is "much more challenging than anyone realized," he said, "but we're much smarter about our business" than the department was just a few years ago.

Building and sustaining a radically higher number of ships will be made even more difficult due to what are expected to be flat budgets in the coming years. The growing federal deficit will also put a major squeeze on the federal government. The deficit for 2019 grew to \$984 billion, or 4.7 percent of GDP, the highest since 2012, the CBO estimated this week in a separate analysis. That's a full 26 percent higher than the 2018 deficit and 48 percent above 2017.

One financial issue Navy leadership says it's not overly concerned about at the moment is the Continuing Resolution currently funding the government while Congress struggles to agree how to fund the fiscal 2020 budget. Speaking at an industry conference on 8 OCT, Navy acquisition chief James Geurts told reporters the CR should not impact any major shipbuilding programs. "A CR always causes inefficiencies for us, whether it's delaying new starts until we get new start authority, or in ship maintenance having to split up different awards." But, he added, "we'll figure out how to deal with the CR."

The forthcoming Force Structure Assessment will be a joint project between the Navy and Marine Corps, outlined briefly in a recent memo by Commandant Gen. David Berger and Chief of Naval Operations, Adm. Mike Gilday. An "interim" study was due to be wrapped up at the end of September, the duo said, then war gamed in November, and incorporated into a document slated to be released by the end of this year, according to the memo. The new report would take some cues from Berger's Commandant's Guidance, which called into question the traditional role large,

lightly defended amphibs will play in the future, while calling for new classes of unmanned vessels to be pushed into the fleet as soon as possible. [Source: Breaking Defense | Paul McLeary | October 09, 2019| ++]

Navy Terminology, Jargon & Slang

‘Deck thru ‘DILLIGAF’

Deck – What the civilian calls a floor. See FLOOR.

Deck Ape - Surface fleet personnel, usually Boatswain's Mates, that care for topside gear and equipment. A type of KNUCKLE-DRAGGER.

6 D's - Deep Diving Death Defying (or Dealing) Denizens of the Deep. Term used by submariners to refer to themselves. Often used to detect SKIMMERS by their helpless laughter upon hearing the phrase.

Deeps - (RN) Submariner.

Deep Six – (1) Originally, the call of the leadsman signifying that the water is more than 6 fathoms deep, but less than seven. (2) Euphemism for throwing something overboard. Also seen as 'splash', 'float check', 'float test'.

Deflection – 1) (Gunnery) The adjustment of fire to the left or right. 2) (Aviation) A measure of angle-off between one's aircraft and the opponent, or the amount of lead necessary to hit a crossing target.

Demurrage – A fine levied for not unloading a ship on time.

Depart, Departure – (Aviation) (1) More properly, Standard Instrument Departure (SID). One of a number of standard combinations of flight profile and headings used to depart an airfield. Used to regularize and speed up an aircraft's departure from the airfield and its crowded airspace. SIDs are published procedures. (2) Short for 'departure from controlled flight,' a regime of flight where the aircraft is uncontrollable. Generally the result of a stall, whether accelerated or unaccelerated. May or may not result in the aircraft entering a spin.

Deuce – (or Ma Deuce) Browning cal fifty heavy machine gun.

Devil to Pay (The) – Originally, the saying was "The devil to pay and no pitch hot." In the old wooden-hulled ships, 'devil' seams joined the external hull timbers with the deck planking; there are also references to a devil seam back aft, where the hull timbers join at the rudder post. Seams were caulked or sealed—paid—by jamming oakum fiber into the gaps, then smearing the seam with melted pitch or tar. If one of these seams worked open in rough weather, a great deal of water could be shipped before it was repaired. This term is probably the origin of the terms "hell to pay" and "between the devil and the deep blue sea."

DGUTS – Don't Give Up The Ship.

DIB - (RCN) Any non-engineering personnel.

Dick the dog – (1) Screwing around; being unproductive. "When you guys are done dicking the dog, I could use a hand over here."

Dickey Front – (UK) The flap in the front of the traditional sailor's trousers.

Dick Skinnners – Hands.

Dicksmith – Hospital Corpsman.

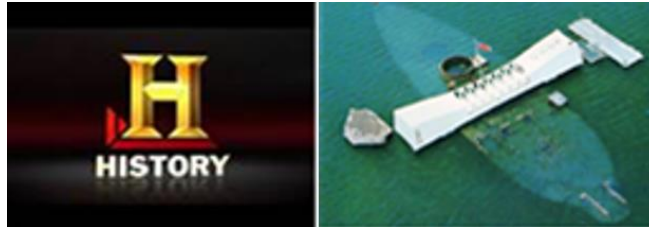
DILLIGAF – Do I Look Like I Give A Fuck? A term indicating sublime indifference to someone else's plight. Dink - Spoken form of 'Delinquent In Qual,' pronounced to rhyme with 'pink.' Someone delinquent in PQS qualification

points. A weekly points goal is typically set by each command that an NQP (q.v.) must achieve. Failure to do so means daily mandatory study hours supervised by the duty Chief.

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> | October 15, 2019 ++]

*** Military History ***



WWI Champagne & Artois Attacks

Franco-British 1915 Battles

In June 1915 every Allied nation had met in a conference to plan an offensive on all fronts. Represented were Britain, France, Belgium, Russia, Italy and Serbia. A Franco-British attack was decided in Champagne and Artois, an Italian attack on the Austro-Hungarians at the Isonzo River and a Russian offensive into Hungary. Though due to the [Gorlice - Tarnów Offensive](#) the Russian attack had to be canceled. The Italian attack at Isonzo failed to achieve anything as well.

Now it was up to France and Britain to launch their offensive, especially to relieve pressure off the Russians, who were getting pushed thoroughly back by the Austro-Germans. The British and French also sought to revive the war of movement and wanted to exploit the German inferiority of troops on the Western Front. The attack in Champagne was decided to be launched on September 8 1915, but was delayed to September 25 due to preparations taking longer than expected. It would be carried out by the French. This attack would be supported by another French attack in Artois and a British at the town Loos, also located in Artois. To read what occurred in these battles and how the subsequent analysis of them by both sides impacted on the way future WWI battles would be fought, refer to the attachment to this Bulletin titled “**Battle of Champagne (2nd) & Artois (3rd)**”.

[Source: https://en.wikipedia.org/wiki/Second_Battle_of_Champagne & <https://aminoapps.com/c/world-history> | September 2019 ++]

Every Picture Tells A Story

Camouflage At Work



Don't you love it when camouflage seems to work—at least in a photograph. This Lockheed Hudson of 206 Squadron, Royal Air Force seems to disappear into the rural British landscape below. Interestingly, 206 Squadron was a Coastal Command unit with over-ocean patrols where forest camouflage might actually be a detriment. I suppose it was good for when returning to base. The squadron operated the type from RAF *Bircham Newton* with detachments at RAF *Carew Chariton* and RAF *Hooten Park* (could there be more British-sounding bases?) for two years before the summer of 1942 when they converted to Fortresses and Liberators for long mid-ocean operations.

Military History Anniversaries

16 thru 31 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 16 thru 31 OCT**”. [Source: This Day in History www.history.com/this-day-in-history | September 2019 ++]

WWII Memories

Night Witches



Female Russian bombers who bombed Germany during WW2. They had old, noisy planes & the engines used to conk out halfway through their missions, so they had to climb out on the wings mid-flight to restart the props. To stop Germans from hearing them & starting up the anti aircraft guns, they climb to a certain height, coast down to German positions, drop their bombs, restart their engines in midair & get the hell out of dodge. Their leader flew 200+ missions & was never captured. The regiment flew over 23,000 sorties, dropping over 3,000 tons of bombs and 26,000 incendiary shells.

Hiroshima A-Bomb

Transcript of Truman's 6 AUG 1945 Announcement of its Use

Sixteen hours ago an American airplane dropped one bomb on Hiroshima, an important Japanese Army base. That bomb had more power than 20,000 tons of T.N.T. It had more than two thousand times the blast power of the British "Grand Slam" which is the largest bomb ever yet used in the history of warfare. The Japanese began the war from the air at Pearl Harbor. They have been repaid many fold. And the end is not yet. With this bomb we have now added a new and revolutionary increase in destruction to supplement the growing power of our armed forces. In their present form these bombs are now in production and even more powerful forms are in development.

It is an atomic bomb. It is a harnessing of the basic power of the universe. The force from which the sun draws its power has been loosed against those who brought war to the Far East. Before 1939, it was the accepted belief of scientists that it was theoretically possible to release atomic energy. But no one knew any practical method of doing it. By 1942, however, we knew that the Germans were working feverishly to find a way to add atomic energy to the other engines of war with which they hoped to enslave the world. But they failed. We may be grateful to Providence that the Germans got the V-1's and V-2's late and in limited quantities and even more grateful that they did not get the atomic bomb at all.

The battle of the laboratories held fateful risks for us as well as the battles of the air, land and sea, and we have now won the battle of the laboratories as we have won the other battles. Beginning in 1940, before Pearl Harbor, scientific knowledge useful in war was pooled between the United States and Great Britain, and many priceless helps to our victories have come from that arrangement. Under that general policy the research on the atomic bomb was begun. With American and British scientists working together we entered the race of discovery against the Germans. The United States had available the large number of scientists of distinction in the many needed areas of knowledge. It had the tremendous industrial and financial resources necessary for the project and they could be devoted to it without undue impairment of other vital war work.

In the United States the laboratory work and the production plants, on which a substantial start had already been made, would be out of reach of enemy bombing, while at that time Britain was exposed to constant air attack and was

still threatened with the possibility of invasion. For these reasons Prime Minister Churchill and President Roosevelt agreed that it was wise to carry on the project here. We now have two great plants and many lesser works devoted to the production of atomic power. Employment during peak construction numbered 125,000 and over 65,000 individuals are even now engaged in operating the plants. Many have worked there for two and a half years. Few know what they have been producing. They see great quantities of material going in and they see nothing coming out of these plants, for the physical size of the explosive charge is exceedingly small. We have spent two billion dollars on the greatest scientific gamble in history-and won.

But the greatest marvel is not the size of the enterprise, its secrecy, nor its cost, but the achievement of scientific brains in putting together infinitely complex pieces of knowledge held by many men in different fields of science into a workable plan. And hardly less marvelous has been the capacity of industry to design, and of labor to operate, the machines and methods to do things never done before so that the brain child of many minds came forth in physical shape and performed as it was supposed to do. Both science and industry worked under the direction of the United States Army, which achieved a unique success in managing so diverse a problem in the advancement of knowledge in an amazingly short time. It is doubtful if such another combination could be got together in the world. What has been done is the greatest achievement of organized science in history. It was done under high pressure and without failure.

We are now prepared to obliterate more rapidly and completely every productive enterprise the Japanese have above ground in any city. We shall destroy their docks, their factories, and their communications. Let there be no mistake; we shall completely destroy Japan's power to make war. It was to spare the Japanese people from utter destruction that the ultimatum of July 26 was issued at Potsdam. Their leaders promptly rejected that ultimatum. If they do not now accept our terms they may expect a rain of ruin from the air, the like of which has never been seen on this earth. Behind this air attack will follow sea and land forces in such numbers and power as they have not yet seen and with the fighting skill of which they are already well aware.

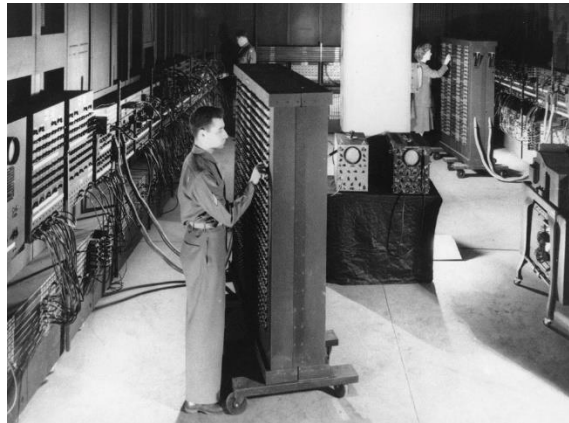
The Secretary of War, who has kept in personal touch with all phases of the project, will immediately make public a statement giving further details. His statement will give facts concerning the sites at Oak Ridge near Knoxville, Tennessee, and at Richland near Pasco, Washington, and an installation near Santa Fe, New Mexico. Although the workers at the sites have been making materials to be used in producing the greatest destructive force in history they have not themselves been in danger beyond that of many other occupations, for the utmost care has been taken of their safety.

The fact that we can release atomic energy ushers in a new era in man's understanding of nature's forces. Atomic energy may in the future supplement the power that now comes from coal, oil, and falling water, but at present it cannot be produced on a basis to compete with them commercially. Before that comes there must be a long period of intensive research. It has never been the habit of the scientists of this country or the policy of this Government to withhold from the world scientific knowledge. Normally, therefore, everything about the work with atomic energy would be made public. But under present circumstances it is not intended to divulge the technical processes of production or all the military applications, pending further examination of possible methods of protecting us and the rest of the world from the danger of sudden destruction.

I shall recommend that the Congress of the United States consider promptly the establishment of an appropriate commission to control the production and use of atomic power within the United States. I shall give further consideration and make further recommendations to the Congress as to how atomic power can become a powerful and forceful influence towards the maintenance of world peace. [Source: UVA Miller Center | Presentational Speeches | October 8, 2019 ++]

Post WWII Photos

ENIAC - First General Purpose Electronic Computer



This 1946 photograph shows ENIAC (Electronic Numerical Integrator and Computer), the first general purpose electronic computer - a 30-ton machine housed at the University of Pennsylvania. Developed in secret starting in 1943, ENIAC was designed to calculate artillery firing tables for the United States Army's Ballistic Research Laboratory. The completed machine was announced to the public on February 14, 1946. The inventors of ENIAC promoted the spread of the new technologies through a series of influential lectures on the construction of electronic digital computers at the University of Pennsylvania in 1946, known as the Moore School Lectures. (AP Photo) #

USAT Dorchester Sinking

African American Petty Officer Warren Deyampert Heroic Actions

At 1 a.m. on 3 February 1943 the German submarine U-223 torpedoed the convoy vessel and U.S. Army transport, Dorchester which was carrying over 900 troops, civilian contractors and crew. She was struck on the starboard side in the machinery spaces. The explosion stopped the engines and the vessel swung to starboard, losing way. Six blasts from the whistle indicated to the rest of convoy that the Dorchester was hit. Her complement of seven officers, 123 crewmen, 23 armed guards (the ship was armed with one 4inch, one 3inch and four 20mm guns) and 751 troops and civilian passengers began to abandon ship three minutes after the hit. Three of the 14 lifeboats had been damaged by the explosion, the crew managed only to launch two more overcrowded boats and 33 men left with rafts, but many men evidently did not realize the seriousness of the situation, stayed aboard and went down with the ship, which sank 30 minutes later. 675 lives were lost. Four Army Chaplains that died in the attack were awarded the Medal of Honor for giving up their life jackets to those who had none.



By the time the USCGC Escanaba arrived on scene, Dorchester had already begun its descent into the abyss. The seas were smooth due to a heavy oil slick and the wind was light. Dorchester's life preservers were equipped with

blinking red lights to help rescuers locate floating victims at night. These lights dotted the water's surface into the distant darkness. During the war, the service required cutters to observe blackout conditions during nighttime operations. Hence, Escanaba's crew began preparations to deploy their rescue swimmers in advance to minimize confusion in the dark. As Escanaba steamed to the scene of Dorchester's sinking, the rescue swimmers donned their exposure suits and the deck crews made lines ready for hauling helpless survivors aboard. Sea ladders and heaving lines were made ready and a cargo net dropped over the side.

Once on scene, Escanaba located its first group of floating survivors, stopped and drifted toward them. Some of the men were clinging to doughnut rafts, while others remained afloat using life preservers. The victims suffered from severe shock and hypothermia and could not climb the sea ladders or the cargo net. In fact, they were incapable of grasping a line used to haul them on board the cutter. Clad in his dry suit and secured to Escanaba by a line, African American Petty Officer Warren Deyampert swam out to the floating victims and life rafts. He checked for signs of life and secured victims to a line, so the deck crews could pull the survivors up to the cutter. Even though many victims appeared frozen to death, 38 out of 50 that appeared dead were frozen but still alive. The swimmers got the floating victims to the cutter immediately saving time and saving more lives. Thus, Escanaba could reach more victims before exposure froze them to death.

Selflessly, Deyampert remained in the icy water nearly four hours. Pulling rafts in close to the cutter and securing them with lines from Escanaba, the officers' steward was often in danger of being crushed between life rafts and the cutter's side. He kept helpless survivors afloat until they could be secured with a line and hauled aboard the cutter. He also swam under the fantail of the maneuvering cutter to keep floating victims away from the suction of Escanaba's propeller. All the while, he disregarded the danger to himself trying to save as many lives as possible. In the end, Escanaba's tethered rescue swimmer system proved more effective in recovering survivors than any other method. After eight hours of rescue operations, the cutter had saved three officers, 25 crewmen, 44 civilian workers, three Danish citizens, twelve armed guards, seven US Coast Guard personnel and 135 US Army personnel.

However, the glow of success proved short-lived. In June, CGC Escanaba joined cutters Staris and Raritan to escort a convoy bound from Greenland to Newfoundland. At 5 a.m. on 13 JUN CGC Escanaba fell victim to a catastrophic explosion, believed by many the result of a torpedo. The cutter sank in minutes, taking Warren Deyampert and 100 of his shipmates down with it. Only two Coast Guardsmen survived the sinking. Despite his secondary status in a segregated service, Deyampert placed the needs of others before his own and played a key role in the rescue of well over 100 Dorchester survivors. For his heroic service, Deyampert posthumously received the Navy & Marine Corps Medal and Purple Heart Medal. Soon, the U.S. Coast Guard will name a Fast Response Cutter in his honor. Deyampert was a selfless and courageous Coast Guardsman who embodied the service's core values of honor, respect and devotion to duty. [Source: CG Combat Veterans Association | Newsletter | Spring 2019 ++]

WWII Bomber Nose Art

[40] "Lil" De Icer



National MOH Museum

Update 01: New Location Will Be Arlington TX



Above Former Proposed Design will be Redone

The National Medal of Honor Museum will be built in Arlington, Texas, the museum's foundation announced Tuesday. With nearly 70 recipients hailing from the region and nearly 1.8 million veterans and active-duty military residing in Texas, Joe Daniels, president and CEO of the National Medal of Honor Museum Foundation said in the announcement that Arlington was the optimal location to build the museum showcasing the nation's highest medal for valor. More than 3,500 military service members have received the nation's highest military honor since the first medal was presented in 1863. The National Medal of Honor Museum will offer an experience that draws personal and emotional connections to Medal of Honor recipients and their inspiring stories, according to the foundation's press release. The foundation is also working with the Texas' congressional delegation to create a monument in the nation's capital for Medal of Honor recipients, the announcement states.

The museum was supposed to be built in its current location in Mount Pleasant, South Carolina, aboard the USS Yorktown, but Arlington officials made a final pitch to incorporate the museum in the city's growing entertainment

district, according to the Charleston Post and Courier. The design for the museum in South Carolina started over last year after the foundation spent \$3.5 million preparing the initial concept of a pentagon-shaped building. According to the Post and Courier, the foundation started a national search for alternative locations last year, citing difficulties with Mount Pleasant officials. Denver was also in the running for the museum's relocation, according to the Colorado Sun. The museum is expected to open in 2024. [Source: Military Times | October 3, 2019 ++]

Medal of Honor Citations

Frank Herda | Vietnam War



The President of the United States takes pride in presenting the

MEDAL OF HONOR

To

Frank A. Herda

Rank and organization: PFC, Company A, 1st Battalion 506th Infantry, 101st Airborne U.S. Army

Place and date: Near Dak To, Quang Trang Province, Republic of Vietnam, 29 June 1968

Entered service: Cleveland, OH

Born: 13 September 1947, Cleveland, Ohio

Citation

For conspicuous gallantry and intrepidity in action at the risk of his life above and beyond the call of duty. Sp4c. Herda (then Pfc.) distinguished himself while serving as a grenadier with Company A. Company A was part of a battalion-size night defensive perimeter when a large enemy force initiated an attack on the friendly units. While other enemy elements provided diversionary fire and indirect weapons fire to the west, a sapper force of approximately 30 men armed with hand grenades and small charges attacked Company A's perimeter from the east. As the sappers were making a last, violent assault, 5 of them charged the position defended by Sp4c. Herda and 2 comrades, 1 of whom was wounded and lay helpless in the bottom of the foxhole. Sp4c. Herda fired at the aggressors until they were within 10 feet of his position and 1 of their grenades landed in the foxhole. He fired 1 last round from his grenade launcher, hitting 1 of the enemy soldiers in the head, and then, with no concern for his safety, Sp4c. Herda immediately covered the blast of the grenade with his body. The explosion wounded him grievously, but his selfless action prevented his 2 comrades from being seriously injured or killed and enabled the remaining defender to kill the other sappers. By his gallantry at the risk of his life in the highest traditions of the military service, Sp4c. Herda has reflected great credit on himself, his unit, and the U.S. Army.



Herda joined the Army from his birth city of Cleveland, Ohio, and by June 29, 1968 was serving as a Private First Class in Company A, 1st Battalion (Airborne), 506th Infantry Regiment, 101st Airborne Division (Airmobile). During an enemy attack on that day, near Dak To in Quang Trang Province, Republic of Vietnam, Herda smothered the blast of an enemy-thrown hand grenade with his body to protect those around him. He survived the blast, although severely wounded, and was subsequently promoted to Specialist Four and two years later, on May 14, 1970, the White House issued the Medal of Honor to Herda "for conspicuous gallantry and intrepidity in action at the risk of his life above and beyond the call of duty." [Source: <http://www.cmohs.org/recipient-detail/3300/herda-frank-a.php> | October 2019 ++]

* Health Care *



Prescription Drug Costs

Update 36: A Painful Pill to Swallow

The U.S. House Ways and Means Committee staff has reported how the prices of 79 drugs in the United States compared with those in the United Kingdom, Japan, Canada (Ontario), Australia, Portugal, France, the Netherlands, Germany, Denmark, Sweden, and Switzerland. [Ways and Means Committee Staff. [A Painful Pill to Swallow: US vs. International Prescription Drug Prices](#). Sept 2019]. The 787-page report's key findings notes that in 2017 and 2018:

The U.S. pays the most for drugs, though prices varied widely. Across the 79 drugs in our sample, the average list price per dose was \$152.92, ranging from \$0.086 to \$16,597.7 Annual pharmaceutical spending per capita varied from \$318 in Denmark to \$1,220 in the United States. Average annual per capita spending on pharmaceuticals was \$675.25 across the 12 countries, \$625.73 excluding the U.S. U.S. drug prices are on average outliers relative to all comparator countries. Most countries had average drug prices around 24 to 30 percent of those in the United States. The greatest disparity was with Japan, where the average drug price was only 15 percent that of the U.S., meaning that the U.S. on average spends seven times what Japan pays for the same drugs. Denmark represented the closest average price, where average drug prices were 39.1 percent of the average U.S. drug price.

U.S. drug prices were nearly four times higher than average prices compared to similar countries. We found that individual drug prices in the U.S. ranged from 708 to 4,833 percent⁹ higher than the combined mean price in the other 11 countries. On average, U.S. drug prices were 3.7 times higher than the combined average of the other 11 countries in the study.

U.S. consumers pay significantly more for drugs than in other nations, even when accounting for rebates. One of the major arguments from the pharmaceutical industry justifying these international price differentials is that while list prices are much higher in the U.S., the rebates offered are also significantly higher, so the net price is comparable. To test this claim, we compared rebate rates in the U.S. to Germany and found German rebate rates are relatively low compared to U.S. rebates, ranging from 0 to 35 percent and averaging 8.7 percent. U.S. rebates would need to average 67 percent to match average German net prices, and the average U.S. rebate rate would need to be about 73.3 percent in order for U.S. net prices to match list prices in the other 11 countries in the study.

U.S. could save \$49 billion annually on Medicare Part D alone by using average drug prices for other countries. Using our basket of comparison drugs (i.e., an index of average drug prices across all 11 non-U.S. countries), we estimated potential Medicare Part D savings if an average of foreign prices were applied to the U.S. We replicated this comparison using both German prices and U.K. drug prices as a benchmark. The U.S. spent an estimated \$67 billion in 2018 on the 79 drugs in our sample through Medicare Part D plans. Purchasing these same drugs using the “basket list price” could reduce Part D spending by \$48.8 billion annually. The analysis presented in this report clearly illustrates that, across the board, the U.S. spends more on drugs than other comparable developed countries. The extent of these pricing differentials varies by drug, manufacturer, and disease group, but the results we present show the existence of large differences between the U.S. drug pricing system and other countries – and the associated negative effect those differences have on out-of-pocket costs borne by the American consumer and associated costs borne by the taxpayer. The system in place now does not work for the Americans who depend on it – by all measures, U.S. consumers pay too high a price for drugs

[Source: Consumer Health Digest #19-39 | September 29, 2019++]

Tricare Breast Cancer Coverage

Update 03: DBT for Preventative Screening Not Covered

A bipartisan group of senators is urging the Pentagon to revamp breast cancer screening options for Tricare beneficiaries. **Digital Breast Tomosynthesis**, known as 3D mammography or DBT, was initially approved by the U.S. Food and Drug Administration in 2011 and is dramatically becoming more common. According to a study published in June in the peer-reviewed journal JAMA Internal Medicine, 3D mammography screening increased from 13 percent of screening examinations to 43 percent between 2015 and 2017. Additionally, 3D mammography is the standard of care in all 50 states for breast cancer screening and examines each layer of breast tissue, the lawmakers claim. But Tricare has yet to cover this preventative screening as a permanent benefit and instead, employs two-dimensional imaging that “has inherent limitations in detecting cancer” and provides only front and side images, according to the senators.

The Defense Health Agency, which oversees Tricare, told the Military Times the agency is moving toward at least temporarily covering 3D mammograms if patients receive prior approval from their providers. However, the change isn’t expected to take effect until 2020 and doesn’t mean Tricare will permanently cover the screening in the future. The lawmakers, spearheaded by Sen. Martha McSally (R-AZ) sent a letter on 1 OCT to Assistant Secretary of Defense for Health Affairs Thomas McCaffery, raising their qualms with Tricare’s current breast cancer screening coverage. **“Currently, TRICARE is the only national payer that does not cover preventative screening with DBT**, creating

a lower standard of care for the women who serve in our armed forces,” the lawmakers wrote. “It is only upon discovering a lump in which TRICARE covers 3D mammograms.”

According to the letter, more than 250 peer reviewed clinical studies indicate that 3D mammography detects cancer sooner and scales back the likelihood of call backs or additional screening. Breast cancer will be the second leading cause of U.S. cancer deaths among women in 2019, according to an estimate from the American Cancer Society. The organization predicted 41,760 deaths — 15 percent of all cancer-related deaths — would stem from breast cancer this year. The American Cancer Society also claims that women initially diagnosed with breast cancer before it has spread outside the breast are 99 percent as likely as women who haven’t been diagnosed with cancer to live the next five years of their lives. However, that number drops to 27 percent when the cancer has spread to parts of the body like the lungs upon initial diagnosis. As a result, catching the cancer early is key.

The lawmakers wrote that 93 percent of women between the ages of 40 and 74 have insurance coverage and reimbursement for 3D mammograms either through Medicare, Medicaid or through private insurers like United and Cigna. Likewise, the Department of Veterans Affairs includes DBT in its medical benefits package. “Without coverage from TRICARE, many servicewomen are unable to receive the optimal care to which other women have access, or are forced to pay out-of-pocket for the exam,” the lawmakers wrote. “We ask that the [Military Health Service] address this disservice to those who protect our country, and we urge TRICARE to promptly implement positive coverage for DBT screening,” the lawmakers said.

Despite the increase in 3D mammograms, the American Cancer Society and the U.S. Preventative Services Task Force have yet to recommend 3D mammography as the primary screening method for breast cancer. The Defense Health Agency, which oversees Tricare, did not immediately provide comment but told the Military Times following initial publication that some changes are underway. “TRICARE generally follows the U.S. Preventive Service Task Force recommendations for population-based screenings when establishing policy for preventive care,” a Defense Health Agency spokesperson said in a statement to the Military Times.

The spokesperson said the agency has approved provisional coverage of 3D mammograms, and said Tricare is working with its contractors to implement coverage for 3D mammograms. The change is expected to take effect on Jan. 1, 2020, and fully implemented in early 2020. This means that 3D mammograms can be covered by Tricare for up to five years — if a patient has worked with their Tricare-authorized provider to receive prior authorization for the screening — while 3D mammogram’s effectiveness is monitored. This is not a permanent benefit, and Tricare can pull 3D mammograms from the provisional coverage program at any time. However, before the five-year window expires, Tricare will decide if it will become a permanent benefit or not.

This change was already in progress prior to the lawmaker’s letter, the Defense Health Agency said. In addition to McSally, the letter was also signed by the following senators: Kyrsten Sinema (D-AZ), Marsha Blackburn (R-TN), Shelly Moore Capito (R-WV), Susan Collins, R-Maine; Kirsten Gillibrand (D-NY), Kamala Harris (D-CA), Cindy Hyde-Smith (R-MS), Amy Klobuchar (D-MN), Jeanne Shaheen (D-NH), and Elizabeth Warren (D-MA). According to the Military Health System, approximately 9.4 million active duty military personnel, retirees, and families are beneficiaries of Tricare. [Source: MilitaryTimes | Diana Stancy Correll | October 2, 2019 ++]

Medicare Advantage

Update 10: Plans Overcharged Government \$30B

Medicare Advantage plans have overcharged Medicare by almost \$30 billion in recent years, but so far officials have only recovered a small fraction of that money. The federal government has announced it is stepping up efforts to recover those funds and TSCL is closely watching to see that it does.

The issue is of huge importance to every Medicare beneficiary even those who have never enrolled in a Medicare Advantage plan, because Part B premiums are determined by all program costs. When Medicare overpays the private insurers, who run Medicare Advantage plans, Part B premiums go up faster and the government wastes precious Medicare finances, which also drives up costs for taxpayers. Advisor editor Mary Johnson estimates that the overpayments cost each Medicare beneficiary roughly \$3 per month more in higher Part B premiums over 2016, 2017, and 2018 — the same three years when Part B premiums took the entire COLA of most Medicare beneficiaries.

Medicare Advantage plans are a private alternative to Medicare. They cover all Medicare Part A (hospital) and Part B (doctors and outpatient services) and usually cover prescription drugs as well. The plans are popular because they typically have low premiums, and sometimes offer supplemental coverage for other benefits such as vision or dental care which are not covered by traditional Medicare. The tradeoff, however, is the requirement to use in-network providers and there are copayments for every service. The plans now cover more than 22 million older Americans. Medicare provides a capitated or fixed payment amount to the insurers for covering each enrolled beneficiary. The amount is adjusted by the enrollee’s health status. Plans receive bigger payments for beneficiaries in poorer health, and lower payments for those who are in better health.

Officials have known for years that some Medicare Advantage plans exaggerate how sick their patients are by inflating the “risk scores” in order to collect higher payments from Medicare. Congress approved higher rates for sicker patients in 2003 to ensure that health plans didn’t try to avoid enrolling sick patients who could incur higher costs, but some insurers have found ways to boost their “risk scores.” Audits of 37 health plans by CMS revealed that, on average, auditors could only confirm 60% of the 20,000 medical conditions that CMS had paid the plans to treat. Meanwhile a 2018 report by the Inspector General of the U.S. Department of Health and Humans Services found that some private plans have an incentive to deny claims in order to boost their profits.

While CMS has conducted audits of Medicare Advantage plans in the past, officials say the agency only expects to collect \$650 million in penalties — a tiny fraction of actual losses, for payments made in 2011, 2012 and 2013. Centers for Medicare and Medicaid Services recently announced a proposal that would vastly expand their audit and recovery efforts, but health insurers are challenging the new initiative. TSCL supports strong anti-fraud and waste oversight, as well as audits in order to reduce abusive billing practices in Medicare. Because Medicare premiums are one of the fastest growing costs that older Americans face in retirement, we urge Congress to provide funding for thorough audit and recovery initiatives, in order to slow the rise of Medicare costs due to inflated billing abuse. [Source: TSCL | September 23, 2019 ++]

TRICARE Women’s Health Tips

Get Annual Exams, Exercise, Eat Healthy

October is Women’s Health Month. It’s never too early or too late to improve your health. You should always feel empowered to take command and ownership of your health. Before your next visit, make a list of questions to ask your provider that address any health concerns and issues you may have, even if you feel healthy. Prevention is the best medicine. According to the Department of Health and Human Services’ Office on Women’s Health, the foundation of good health is the same, no matter if you’re a woman in your 20s or 90s. Annual women’s health services can increase your chance of surviving many preventable diseases, such as heart disease, breast and ovarian cancers, stroke, and obesity. TRICARE covers [well-woman exams](#) and [Health Promotion and Disease Prevention exams](#) annually for women under age 65. There’s no cost and you don’t need a referral.

For women using TRICARE For Life (TFL), you can still get women’s preventive screenings. But Medicare is your primary coverage, and TFL pays second. You’ll need to follow the [Medicare rules](#) first. Well-woman exams include [breast](#) and [pelvic](#) exams, [Pap tests](#), and [HPV DNA testing](#). These exams also cover screenings for blood pressure,

cholesterol, diabetes, and more. Even if you're healthy, regular health screenings and scheduled visits to your health care provider can help you identify early signs of health issues. Keep in mind different screenings are important for women at different ages and stages of life.

The Centers for Disease Control and Prevention (CDC) reports that between 2013 and 2016, 41 percent of women age 20 and older in the U.S. were obese. Obesity increases the risk of developing many serious diseases and health conditions, according to CDC. You can change this reality. Creating good habits, like exercising, eating healthy, and getting adequate sleep can help you maintain a healthy weight and improve your overall health. Don't forget about mental health because it's as important as physical health. If you're experiencing mental health issues, seek help. TRICARE covers a variety of services for mental health and substance use disorder. Also, the [*TRICARE Mental Health and Substance Use Disorder Fact Sheet*](#) provides an overview of TRICARE mental health care services.

A healthy lifestyle that includes regular screenings, exercise, and proper nutrition are key to preventive health and day-to-day wellness. This October and every day, take command of your health by addressing your health concerns. [Source: TRICARE Communications | October 2, 2019 ++]

Drug Cost Increases

Update 16: Big Pharma Effort to Continue

As millions of Americans skip their medication due to the ballooning high prescription costs, Congress is seeking ways to cap drug pricing. The legislative effort, however, touched a nerve in the deep-pocketed pharmaceutical industry. Big Pharma's largest trade group, along with its front groups and conservative organizations that receive funding from the industry, pushed back with millions of dollars of spending.

Prices of more than 3,400 drugs surged in the first half of this year, compared with 2,900 drugs that experienced a similar price hike a year ago, CBS News reported. Costs spiked by an average rate of 10.5 percent, five times the rate of inflation, the article noted. Meanwhile, a third of uninsured Americans cannot afford to take their medication, and almost half of those who are not covered by insurance asked their doctors for cheaper options. House Speaker Nancy Pelosi (D-Calif.) unveiled her party's plan last week to give the government a say in prescription drug price-setting. Dubbed the Lower Drug Costs Now Act, the legislation would allow the government to negotiate the Medicare price of up to 250 medications each year, including insulin, the cost of which tripled over the past decade. Under the bill, companies that do not comply would face steep fines. The idea irked many Republicans, including Senate Majority Leader Mitch McConnell (R-Ky.), who said the Senate would stop the bill cold.

The Senate rolled out its own legislation to lower drug costs, which the Senate Finance Committee passed in July. A bipartisan effort, committee Chairman Chuck Grassley (R-IA) and Sen. Ron Wyden (D-OR) championed a drug pricing bill that would cap the annual drug price hike and limit out-of-pocket expenses for Medicare beneficiaries. The Senate bill would not, however, provide ground for price-setting negotiation between the government and drug companies.

President Donald Trump has praised both bills for addressing the sky-rocketing drug prices — a key issue during his 2016 presidential campaign. One of his proposals — establishment of an international pricing index — is now being reviewed by the White House. Nevertheless, many Republicans are reluctant to get behind price-setting bills, saying such legislation poses a government overreach to disrupt a well-functioning program. Pharmaceutical companies, which stand to lose the pricing power over top-selling drugs, are writing large checks to key lawmakers and spending millions on ad buying and lobbying. The industry is against some of the hard-line measures and the Trump administration's international pricing proposal, but is willing to back the expense cap for seniors covered by Medicare in the Senate bill and negotiate on other provisions, the Wall Street Journal reported.

Pharmaceutical Research and Manufacturers of America (PhRMA), the industry's largest trade group, issued a statement opposing Grassley and Wyden's bill after it cleared the Senate Finance Committee, claiming it would harm patients. Some with rich connections to the pharmaceutical industry are now working for the Trump administration. Alex Azar, secretary of Health and Human Services, was the president of Lilly USA, a branch of drugmaker Eli Lilly. The company faced a class-action lawsuit for tripling the price of insulin under Azar's watch. Eli Lilly has spent \$4.2 million on lobbying so far this year. Dave Boyer, former White House special assistant to President George W. Bush between 2007 and 2009, is now lobbying on behalf of the company. As usual, the industry is giving campaign cash to key decision makers in Congress. House Minority Leader Kevin McCarthy (R-CA) received \$205,100 from those affiliated with the industry this year, the most among his congressional colleagues. The industry also gave \$135,486 to McConnell's campaign during the 2020 cycle thus far.

The House Ways and Means Committee, one of the committees that will consider the Democratic House bill, recently released a report stating that drug prices in the U.S. are "unfairly high." Rep. Richard Neal (D-MA), committee chairman and co-sponsor of the legislation, received \$67,500 from the industry during the 2020 election cycle. Some of the top recipients of money from the industry are lawmakers who face upcoming challenges during the 2020 election cycle. Sen. Thom Tillis (R-NC), who received \$163,897 from the industry, is only two points ahead of his potential Democratic opponent Cal Cunningham in a recent North Carolina poll.

Drugmakers and health product dealers have spent \$4.2 billion in lobbying since 1998, ranking first among all industries. PhRMA has spent \$16.3 million on lobbying this year. More than 70 percent of its lobbyists previously held a position in government. PhRMA has spent \$3.5 million running Facebook and Twitter ads since last May. Most ads blame hospitals and insurance companies for high drug prices and oppose the establishment of an international pricing index. The group's Let's Talk About Cost campaign, which started running TV ads in July, said 40 percent of the medicine price goes to benefit insurance companies, government entities and pharmacy benefit managers. PhRMA also announced a "national multi-year" ad and public relations campaign on behalf of America's biopharmaceutical companies in 2017, appealing for support for medicine research and treatment development. The ad blitz is estimated to cost millions of dollars each year. "If Washington isn't careful, we might leave innovation behind," one of the ads said. "Let's fix the system the right way. Innovation is hope."

The trade group previously ran similar ads for multiple side projects such as Prescription for Medicare and ProtectRX, which hit pharmacy benefit managers for contributing to rising drug prices. Tax records show that PhRMA also funded healthcare coalitions and conservative groups, doling out billions of contributions in recent years. America First Policies Inc., a pro-Trump dark money group, received \$2.5 million from PhRMA in 2017. The trade group also gave American Conservative Union \$150,000 in 2017, tax records show. Coalition Against Socialized Medicine, a project of the conservative group, spent \$10,900 promoting Twitter ads attacking Pelosi and the House drug pricing bill. The project labeled the legislation "socialized medicine," stating that the House bill would allow the government to seize control of the healthcare system and restrict patient access to medical care.

Other groups bolstered the effort. Alliance for Aging Research, which received \$64,250 from PhRMA in 2017, spent almost \$40,000 running similar ads on Facebook, attacking the Institute of Clinical and Economics Review for evaluating the cost-effectiveness of drugs. The evaluation, the group said in an ad, threatens access to affordable medical coverage of senior patients. Emerging as a Facebook-based campaign criticizing drug companies for the high drug costs, Citizens for Truth in Drug Pricing has spent more than \$200,000 running digital ads on the platform. Most of its ads ran on conservative radio talk show host Hugh Hewitt's Facebook page, which has almost 130,000 followers. Stephanie Miller, a liberal political commentator and comedian, also promoted the ads on the Facebook page of her show.

AARP, a group representing the country's retired community, is in a decades-long partnership with UnitedHealth Group, the largest health insurance company in the country. AARP announced its support for the Senate bill on drug price reduction, and UnitedHealth promised in March that insurers will expand drug discounts to benefit patients. AARP spent \$3.7 million on lobbying this year while UnitedHealth spent \$2.2 million. The association has spent almost

\$3 million on Facebook ads since last May, some of which call for lower prescription drug costs. The group's executive vice president, Nancy LeaMond, is the former chief of staff to U.S. Trade Representative Charlene Barshefsky. [Source: OpenSecrets.org | Yue Stella Yu |September 25, 2019 ++]

Vitamin Supplements

Update 07: Importance of Vitamin "D"

The primary role of Vitamin D is to promote the absorption of calcium and phosphorus, which is important for the normal growth and development of bones and teeth. There are three ways you can get vitamin D:

- **Through your skin** – The body creates vitamin D after exposure to sunlight. The amount of vitamin D your skin makes depends on many factors, including the time of day, season, where you live, and your skin pigmentation. Vitamin D production might decrease or be minimal during the winter months.
- **Diet** – Only a few foods naturally contain significant amounts of vitamin D. These include salmon, sardines, egg yolks, and shrimp. Other foods (milk, cereal, yogurt, and orange juice) may be fortified with vitamin D, which means the vitamin has been added.
- **Over-the-counter supplements** – The Food and Nutrition Board's recommended daily amount of vitamin D is 400 international units (IU) for children up to age 12 months, 600 IU for ages 1 to 70 years, and 800 IU for people over 70 years.

Are You at Risk?

For most, a vitamin D screening is not needed, as over-the-counter vitamin D supplements, increased summer sun exposure and healthy lifestyle changes are enough to prevent a deficiency. In general, only people who live at higher latitudes, in areas with long winter months or those with limited sun exposure are at risk. Vitamin D screenings may be useful for those with osteoporosis, certain digestive diseases (such as inflammatory bowel disease or celiac disease), kidney disease, liver disease, or pancreatitis. Prior to a vitamin D deficiency screening, ask your doctor if you are at risk and if you really need the test.

For more information on vitamin D screening, read Choosing Wisely's®, Vitamin D Tests – [Vitamin D Tests – When You Need Them and When You Don't](#). [Source: Health Net Federal Svcs | October 2, 2019 ++]

TRICARE Fraud Abuse Reporting

Update 01: For Those Who Saw a Loophole, It Was Easy Money

In 2013, a handful of pharmacy companies that make compounded medications -- personalized dosages or formulas normally crafted for patients who can't tolerate certain ingredients -- discovered they could make treatments such as pain and scar creams, wound ointments and erectile dysfunction drugs, and market them to patients enrolled in Tricare. Then, they could bill the government a hefty sum, between \$400 and \$10,000 per prescription, making enough to cover the cost of beneficiaries' co-payments, provide kickbacks to participating physicians and middlemen, and generously pad their own pockets.

When the Defense Health Agency's losses caused by these specious prescriptions topped nearly \$1.5 billion in the first half of 2015, the Pentagon moved to restrict its coverage of all compounded medications. And the Justice Department began pursuing the unscrupulous pharmacists, doctors, marketers and salesmen involved, including military troops who saw the largest case of medical fraud in the Pentagon's history as a chance to make cash on the side. As of May 2019, the Justice Department has indicted and sentenced 74 people, with 50 more convicted and

awaiting sentencing in the nationwide scheme perpetrated by at least 100 pharmacies. The criminals include at least five veterans, with more arrests of former service members possibly to come.

The most recent veteran to be convicted is former Marine Bradley White of Oakley, California, who pleaded guilty in July to conspiracy to commit health care fraud. White worked with a team to recruit and pay Marines and dependents to accept medications compounded by the Cleveland, Tennessee, company Choice MD. According to the Justice Department, the operation worked like this: Physicians who worked for Choice MD wrote prescriptions to Tricare beneficiaries, sending the prescriptions to pharmacies controlled by Choice MD. The pharmacists mailed the medications to the beneficiaries, billed Tricare, took a share of the reimbursement and distributed kickbacks to all involved. Choice MD bilked Tricare out of \$65 million; White was responsible for patients who billed Tricare more than \$7.6 million, according to prosecutors. For his work, he received nearly \$200,000 in kickbacks. Another San Diego Marine, Josh Morgan, also pleaded guilty for his involvement in the same case.

In 2014, the Government Accountability Office recognized a growing problem with compound drug prescriptions at Tricare. The year before, the military health system paid \$259 million for the prescriptions, an increase of more than \$250 million over what it had paid a decade earlier. The GAO recommended that Tricare bring its compound prescription benefit in line with its own regulations, and that stricter requirements be established at the Department of Veterans Affairs and Medicare. With that warning, the race was on for corrupt pharmacies and physicians to take advantage of the liberal reimbursement policy while it was available. They launched aggressive marketing campaigns, cold-calling military family members and retirees, trolling Tricare beneficiaries on Craigslist, and setting up shop on or around military bases to sell medications.

Some military spouses touted the products at social gatherings. At Joint Base San Antonio, a drug marketer lured service members to a food truck set up outside the main gate, promising a free lunch to those who signed up for medications. Pharmaceutical reps with access to military hospitals and resale stores solicited beneficiaries in the halls. Army Staff Sgt. Cordera Hill was stationed at MacDill Air Force Base in Tampa, Florida, when he got involved in marketing compound medications made by LifeCare Pharmacy in St. Petersburg, Florida. According to court documents, Hill was recruited by another service member stationed at MacDill to market compounded creams. Hill received his own prescriptions, marketed them to friends and signed on more representatives, including Anthonio Miller, a Navy petty officer, who subsequently recruited another service member, Rashad Barr, an information technology specialist in the Army Reserve.

The trio paid Tricare beneficiaries between \$50 and \$100 for ordering the creams; for their work, they received kickbacks. As a result of Hill's efforts, 21 patients, including himself, received prescriptions that cost Tricare \$955,000, \$813,600 of which was reimbursed to LifeCare. Miller pleaded guilty to defrauding the government, while Barr's case was closed and he entered into a "pretrial diversion program," according to court documents. He remains in the Army Reserve. Another service member involved, Nikkos Hamlett, an Air Force pharmacy technician, pleaded guilty to receiving kickbacks and received five years' probation.

Hill fought his charges, arguing that he had not broken any laws, was a victim of unethical employers, and wasn't aware that he had committed fraud. He was found guilty of conspiracy and paying kickbacks to others and sentenced to 24 months in prison. On appeal, the 11th Circuit of the U.S. Court of Appeals affirmed his conviction but remanded his sentence to the original court. He was ordered to pay \$43,000 in restitution -- the amount of money he received for his role -- and sentenced to time already served. He is now a human resources specialist for a pharmacy chain in Tampa. The Justice Department declined to comment on its work to prosecute service members involved in the fraud or discuss ongoing investigations.

According to the Defense Health Agency, the Pentagon has been awarded criminal restitution of \$85.8 million and civil settlement amounts of \$37.7 million to date. In total, more than \$280 million has been restored to Tricare. While work is ongoing, the Justice Department is in a race against the clock, with a five-year statute of limitations on prosecuting fraud against the federal government. Since much of the action occurred in early 2015, federal prosecutors,

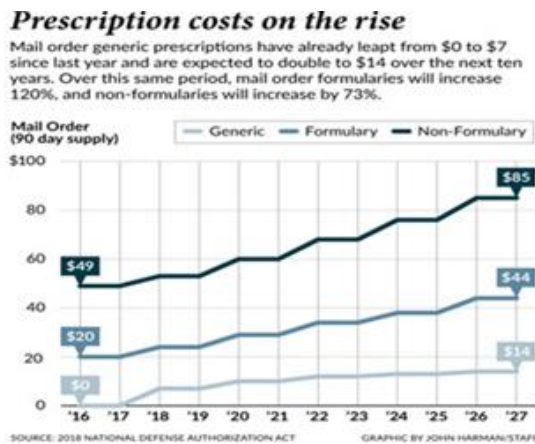
the Defense Criminal Investigative Service and partner law enforcement agencies have until May 2020 to charge any additional suspects.

The Defense Health Agency encourages anyone who suspects cases of fraud or abuse to report it to the Defense Health Agency Program Integrity Office. Indeed, it was the alarming growth in expensive compounded prescriptions, along with some sharp observers, including a private investigator in California, and Bryan Wheeler, a retired Air Force attorney who worked for the Defense Health Agency, that tipped off federal officials. While at work one day at DHA Headquarters in Falls Church, Virginia, Wheeler, a Tricare beneficiary, received a phone call notifying him that Tricare would pay for a pain cream that would help with achy joints. He took notes and notified investigators in the building.

Wheeler said last year that Tricare has shut one door on fraud but continues to battle such activity. "It's like the metaphor of the old hotel burglar," he told Military Update last year. "There are still people going down the hall, rattling doors." [Source: Military.com | Patricia Kime | September 30, 2019_++]

Tricare Pharmacy Copay Update 18: 1 JAN 2020 Increase

The cost shares for your medications, if you do not receive them at a DoD military treatment facility, will increase on 1 JAN. Recall back in the 2017 NDAA, TRICARE’s pharmacy cost shares changed across all medication tiers, and a new fee table was introduced. Beneficiaries saw their prescription fees start to rise in 2018 and 2019. As MOAA published at the time, these fees will accumulate and continue to rise annually until 2027. According to a large percentage of respondents who have taken MOAA’s health care surveys, many still recall the “sticker shock” they experienced when their mail order generic medication went from \$0 to \$7 – it was not so bad if you only had to take one, but most people take several so it added up very quickly. Below are the new FY 2020 fees for all TRICARE pharmacy medication tiers and the year over year annual increases:



	Current Rate	FY 2020 Rate	FY 2027 Rate	Annual % Increase 2019-2020
MTF Pharmacy (90-days)	0	0	0	0%
Retail (30-days)				
Generic	\$11	\$13	\$16	18%
Brand	\$28	\$33	\$48	17%
Non-Formulary	\$53	\$60	\$85	13%
Mail Order (90-days)				
Generic	\$7	\$10	\$14	42%
Brand	\$24	\$29	\$44	20%
Non-Formulary	\$53	\$60	\$85	13%

These annual average increases continue to be substantial, especially if CPI remains tame and retired pay and social security incomes stay flat. The bottom line is, TRICARE pharmacy fees and other provider visit cost-shares and premiums for both TRICARE Prime and TRICARE Select, are starting to squeeze beneficiaries. MOAA continues to press the DoD to show the results of how much revenue is being generated from beneficiaries and where it is being directed. We maintain any savings should be re-invested into the TRICARE health program, not diverted into other unspecified accounts. MOAA intends to focus on, and to bring Congressional attention to, any new TRICARE fee increases as we continue to battle to reduce several past disproportional increases. [Source: MOAA Newsletter | Kathy Beasley | September 26, 2019 ++]

Tricare Pharmacy Copay

Update 19: More on 1 JAN 2020 Increase

At the beginning of 2020, TRICARE recipients will see an increase of up to 40% or slightly more to their prescription drug copayments. The 2018 defense authorization act mandates price increases for drug copayments under the insurance plan. TRICARE recipients can expect to see increases when ordering through mail-order pharmacy Express Scripts. Copayments for 90-day supplies of generic medications will increase from \$7 to \$10. Brand name drug copayments will increase from \$24 to \$29 and non-formulary drug copayments will increase from \$53 to \$60. Prices will go up when buying drugs at an in-store pharmacy as well. Brand name medications for a 30-day supply will increase from \$28 to \$33 and generic drugs will increase from \$11 to \$13. Non-formulary drugs will see the same bump as mail order copays, \$53 to \$60.

There is one way to skirt the fees, however. Prescriptions filled on base are free. “Military pharmacies and TRICARE Pharmacy Home Delivery will remain the lowest cost pharmacy option for TRICARE beneficiaries,” Air Force Lt. Col. Ann McManis of the Defense Health Agency pharmacy operations division said in a statement last year. Service member advocacy groups were not pleased when the cost bumps were announced. “The added cost sounds minimal compared to what a lot of civilians pay,” said Karen Ruedisueli, deputy director of government relations at the National Military Family Association. “But you have to keep in mind a couple of things. One is that they are introducing these fees at the same time that the new retirement system is rolling out.”

Congress decided to up prices because health benefits are starting to add up for the military. A Congressional Budget Office report stated that the Defense Department spent \$52 billion in health care for service members, retirees and their families in 2012. “The cost of providing that care has increased rapidly as a share of the defense budget over the past decade, outpacing growth in the economy, growth in per capita health care spending in the United States and growth in funding for DoD’s base budget,” the report states. The cost of providing health care to military members and their families rose 130% from 2000 to 2012, according to the report. The report also named expanded benefits, medical costs of wars and the increased use of TRICARE as causes that contributed to the cost increase. [Source: Federal News Network | Scott Maucione | October 4, 2019 ++]

Acne

Update 02: Skin Care for Acne-Prone Skin

Many people try to manage acne by squeezing pimples, following a thorough skin care routine or wearing foundation. Others hope things will improve if they change their diet or expose their skin to sunlight. But which of these strategies helps, and which might be harmful? Countless soaps, toners, lotions and creams for people with acne are available in shops and on the internet. These products are popular because many people with acne are willing to spend a lot of time and money on skin care. But less is often more: Touching or rubbing your skin too much and constantly trying out new skin care products can make acne worse. The following Q&A’s should be helpful to those who have acne prone skin:

- **What kind of skin care is best?**

Normal soaps have a high pH (8 to 10) and can irritate your skin. Soap-free cleansing products that have a similar pH to skin (5.5) are more suitable for people with acne. Antibacterial face washes can have a positive effect in mild acne, but might also irritate more sensitive skin. Washing your skin too much – for instance, several times a day – can dry your skin out and irritate it even more. Oil-in-water emulsions or moisturizing

gels (hydrogels) are often recommended for acne-prone skin because greasy skin-care products can clog skin pores even more.

- **Pimples: Squeeze them or leave them alone?**

Anyone who has had acne has most likely squeezed a pimple before. It is understandable that people would like to get rid of visible pus-filled spots. Although squeezing pimples may make your skin look better in the short term, it might force the pus even deeper into your skin, which can make it become even more inflamed. Squeezing the odd pimple doesn't always cause scarring. But doing it a lot, and not leaving deeper pimples alone either, can make acne worse and increase the likelihood of scarring in the long term.

It's possible to have pimples "popped" by professionals in a beauty salon or at a dermatologist's office. There they can be removed in hygienic conditions. This usually involves first exposing facial skin to warm water or steam in order to open the pores. Then the pimples are opened up and squeezed, often with the help of a special small tool (a comedone extractor). In Germany, this treatment is sometimes covered by statutory health insurers if someone has severe acne.

- **How can pimples be concealed?**

Girls and women often use concealer or foundation to cover up their pimples. This makes them feel more comfortable in public. Young men sometimes use subtle foundation, powder and concealer as well. Generally speaking, very greasy cosmetics and skin-care products can block pores. A consultation with a dermatologist or in a beauty salon might help here. But it's hard to predict how a specific product will affect the skin. So trial and error is often the best way to find out which cover-up products work best for you personally.

- **Shaving: Wet or dry?**

Many young men who have acne aren't sure how to best shave their face. There are no good scientific studies on whether it's better to wet shave or dry shave if you have acne. One thing that is clear, though, is that touching or rubbing your skin a lot can encourage inflammation, make your complexion worse and increase the likelihood of scarring. So choosing between a wet or dry shave probably isn't that critical. The most important thing is to be careful when shaving and avoid injuring the skin if possible.

- **Can sunlight and artificial UV light help improve acne?**

There are a number of very different theories about how sunlight and artificial UV light (e.g. in tanning beds) affect acne. Some people think that UV light improves acne, while others believe that it makes acne worse. There's no evidence that it has any benefits. But exposing your skin to sunlight or artificial UV rays for too long is known to damage your skin. Everyone should use sunscreen to protect their skin when it's sunny – including people who have acne.

- **Does your diet play a role?**

It is often claimed that there's a link between what you eat and acne. People sometimes change their diet as a result, in the hope that their acne will improve. But scientists disagree about the role of diet in acne. Some believe that the typical carbohydrate-rich diet in Western countries contributes to the development of acne. These are mainly carbohydrates that cause sudden increases in blood sugar levels. They are often found in very sugary foods, potatoes and white bread, for instance. But studies haven't shown that acne improves when you eat less of these kinds of carbohydrates. It's also not clear whether avoiding meat, milk or chocolate helps to improve your complexion.

- **How can I cope with acne in everyday life?**

Although severe acne can be very distressing, there are things you can do about it. Acne can be treated, but only if you take the step of going to a doctor first. Successful treatment can make you feel better about yourself and – if started early enough – perhaps prevent scarring too. You can also turn to psychosocial information centers or make use of services like telephone helplines. These are free and anonymous.

How people cope with acne varies greatly. Some teenagers are less bothered by it or can deal with it in a more self-confident way, but for others it can be a major problem. Stable friendships and a loving partner can make it easier to cope with acne more confidently. Some teenagers find it important to have control over their own treatment, for example by being able to buy and try out different things without having to go to a doctor first. But wanting to take matters into

your own hands can also lead you to trying out all sorts of things. You might use too many skin-care products, or try out every single new product that comes onto the market. But less is often more in this case.

The most important thing is to be aware of the fact that you aren't to blame for having acne. Acne isn't caused by things like eating the wrong kinds of foods or poor hygiene. It's mostly due to hormones, which are especially active during puberty and cause the skin to produce more oil. [Source: InformedHealth.org | October 2019 ++]

FEDVIP

Update 03: Dental and Vision Plan Prices Released for 2020

In preparation for the upcoming open season, the Office of Personnel Management has released calendar year 2020 Federal Employee Dental and Vision Insurance Program (FEDVIP) pricing. Plan comparisons and pricing are now available on the www.benefeds.com website using the FEDVIP comparison tool. Overall, FEDVIP dental rates will rise by an average of 5.6% for 2020; vision premiums will increase an average of 1.5%. The change in dental premiums range from a decrease of -5.9% to an increase of 9.5% depending upon your location. OPM states that the two primary factors drove increases this year; the health care insurance providers fee, which had been suspended in 2019 but reinstated in 2020, and an increase in utilization of services in a number of dental plans.

The average monthly Dental Premiums:

- Self \$39.29
- Self Plus One \$77.00
- Self and Family \$112.88

The average monthly Vision Premiums:

- Self \$11.09
- Self Plus One \$22.13
- Self Plus Family \$31.99

The 2020 TRICARE and FEDVIP open season will run from Nov. 11 to Dec. 9. [Source: MOAA Newsletter| Paul Frost | October 09, 2019 ++]

Cataracts

Update 01: Risks Increase With Age

A cataract is an eye condition in which the lens of the eye becomes cloudy. This causes vision to worsen, making it especially difficult to see fine details clearly. Some people's vision is only slightly affected, whereas others might lose their eyesight very quickly. How it progresses will depend on things like the exact type of cataract. Cataracts mostly affect people over 50. The risk increases with age: About 20 out of 100 people between the ages of 65 and 74 have a cataract. And more than 50 out of 100 people over the age of 74 are affected. They are the main cause of blindness in developing countries. The number of people who go blind from cataracts is considerably lower in industrialized countries due to the availability of effective surgery. Cataract surgery involves removing the cloudy eye lens and replacing it with an artificial lens.

Symptoms

Vision loss due to cataracts is usually very gradual. That is the only symptom: Cataracts aren't painful and don't cause burning or any similar symptoms. People's vision becomes increasingly blurred and cloudy, as if they are looking through fog. Contrasts and colors become less clear as time goes on. Some people become very sensitive to the glare

of the sun or other bright lights. Driving becomes more difficult, particularly at night. Poor vision increases the risk of falling and hurting yourself. Spatial vision is affected as well. Cataracts may have surprising effects too: Sometimes people who wear glasses can suddenly see better without them. This is because the refractive power of their eye changes, affecting their ability to focus on objects at different distances. Improved vision without glasses doesn't last long, though.

Causes and risk factors

About 90% of people who have a cataract have what is called a "senile" (age-related) cataract. Here, the gradual clouding of the lens is caused by aging. Normally, the lens focuses the light onto the retina (the back of the eye) to create sharp images. This makes it possible to see objects clearly, both close and far away. Cataracts affect this ability. Some people are born with a higher risk of developing cataracts. It is very rare to have cataracts from birth on. A baby might be born with cataracts if the mother gets measles or rubella (German measles) during the pregnancy.

Some evidence suggests that radiation (such as UV light or x-rays) and smoking also increase the risk. Cataracts are more common in people who have diabetes too. In developing countries they are often caused by malnutrition and poor living conditions, and many people already have cataracts earlier in life. Cataracts can also develop following an inflammation or injury to the eye. Other things that can lead to cataracts include eye surgery and long-term use of certain medications (such as steroids).

Outlook

Cataracts cause your vision to gradually worsen. At first you become more short-sighted. As mentioned above, people who used to be far-sighted might then find that they can see better without glasses for a short while. But their vision will gradually become more cloudy and blurred. If left untreated, cataracts can lead to blindness, although this doesn't always happen. Both eyes are usually affected. The condition might progress more quickly in one eye than in the other, though. Its natural course can vary quite a bit from person to person. It can lead to quite sudden vision loss in some people, but hardly affect vision in others. The type and progression of symptoms depends on various things, including what area of the lens becomes cloudy. There are three main types of cataracts:

- **Cortical** cataracts: Apart from causing blurred vision, this type of cataract leads to problems with glare in particular, for instance when driving at night.
- **Posterior subcapsular** cataracts: This type of cataract is more common in younger people and progresses relatively quickly.
- **Nuclear** cataracts: These cataracts affect your ability to see things in the distance more than your ability to see nearby objects. Vision is sometimes affected only a little, and the condition develops relatively slowly.

Diagnosis

There are many reasons why your vision may get worse over time. Because of this, other possible causes need to be ruled out before cataracts can be diagnosed. Your eye doctor (ophthalmologist) will first ask you about your symptoms and your general medical history. You will have a few eye tests done to find out how much your eyesight is affected and what might be causing the symptoms.

The lens of the eye is examined using a slit lamp (a microscope with a light). The doctor looks at the eye through the microscope with the help of a line – or slit – of light that shines onto your eye. This makes it possible to take a close look at the lens and the parts of the eye behind the lens. This examination is not painful.

In order to look at the back of the eye, doctors usually use medication to dilate (widen) your pupils. The pupils stay dilated for a few hours. During this time it is difficult to focus properly and you will be more sensitive to light and glare. For this reason, you shouldn't drive a car for the next 4 to 5 hours. This effect can last longer in some people. If you're not sure whether your eyes have returned to normal, it's better not to drive.

Prevention

There are no known scientific studies showing that particular preventive measures lower the risk of developing cataracts. It is thought that smoking increases the risk and that quitting smoking could therefore lower the risk. Stopping

smoking has a lot of health benefits anyway. People who are exposed to a lot of UV light can protect their eyes from the sun, for instance by wearing sunglasses. Some steroid medications can increase the risk of developing cataracts. It might be possible to switch to a different medication. Dietary supplements are often claimed to be able to prevent eye diseases, but studies have shown that they can't prevent cataracts.

Research summaries

Treatment

Some people can compensate for the vision loss – temporarily or even in the longer term – by wearing glasses or contact lenses. There are no medications for the treatment of cataracts. The only effective treatment is surgery. Cataract surgery involves removing the cloudy lens and replacing it with a new, artificial lens. The lens capsule (an elastic membrane surrounding the lens of the eye) is left in the eye during surgery. Only the inner core and the outer cortex of the lens are broken up into small pieces using ultrasound. The pieces are then sucked out of the eye through a small cut. Once the lens has been removed, an artificial lens is implanted into the lens capsule. This procedure, called phacoemulsification, is the standard technique in Germany and some other countries. Sometimes laser surgery is offered as well.

Whether and when surgery would be a good idea greatly depends on how much the vision loss is affecting someone's life. Another factor to consider is the presence of other (eye) conditions that could affect the outcome of cataract surgery.

[Source: www.informedhealth.org | October 10, 2019 ++]

Cancer Q&A **191001 thru 191015**

(Q) How do Spices, Salt and Sweeteners 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 Spices, Salt and Sweeteners in relation to cancer:

- *Can garlic lower cancer risk?* Claims of the health benefits of the Allium compounds found in garlic and other vegetables in the onion family have been publicized widely. Garlic is now being studied to see if it can reduce cancer risk, and a few studies suggest that it may reduce the risk of colorectal cancer. Garlic and other foods in the onion family may be included in the variety of vegetables that are recommended for lowering cancer risk. At this time there is not much evidence that Allium compound supplements can lower cancer risk.
- *Do turmeric and other spices reduce cancer risk?* Research is now under way looking at whether turmeric can affect cancer growth. Other spices also being studied for possible anti-cancer effects include capsaicin (red pepper), cumin, and curry. But studies in humans looking at the long-term effects of spices on diseases such as cancer are lacking at this time.
- *Do high levels of salt in the diet increase cancer risk?* There is good evidence that diets that contain large amounts of foods preserved by salting and pickling carry an increased risk of stomach, nasopharyngeal, and throat cancer. Such foods generally are not a major part of the diets of most people in the United States, but lowering intake of salt-cured or pickled foods may help lower the risk of some cancers. There is little evidence to suggest that the levels of salt used in cooking or flavoring foods or added to foods during processing in the

United States affect cancer risk. But it is known to raise the risk of high blood pressure and heart disease, so the 2010 Dietary Guidelines for Americans and those of the American Heart Association recommend limiting salt intake.

- *Does sugar increase cancer risk?* Sugar increases calorie intake without providing any of the nutrients that reduce cancer risk. By promoting obesity, a high sugar intake may indirectly increase cancer risk. White (refined) sugar is no different from brown (unrefined) sugar or honey with regard to their effects on body weight or insulin levels. Limiting foods such as cakes, candy, cookies, and sweetened cereals, as well as sugar-sweetened drinks such as soda and sports drinks can help reduce calorie intake.
- *Do non-nutritive sweeteners or sugar substitutes cause cancer?* There is no proof that these sweeteners, at the levels consumed in human diets, cause cancer. Aspartame, saccharin, and sucralose are a few of the non-nutritive sweeteners approved for use by the FDA. Current evidence does not show a link between these compounds and increased cancer risk. Some animal studies have suggested that their use may be linked with an increased risk of cancers of the bladder and brain, or of leukemias and lymphomas, but studies in humans show no increased cancer risk. People with the genetic disorder phenylketonuria, however, should avoid aspartame in their diets.

Newer sugar substitutes include sweeteners such as sugar alcohols (sorbitol, xylitol, and mannitol) and naturally derived sweeteners (stevia and agave syrup). All of these sweeteners appear to be safe when used in moderation, although larger amounts of sugar alcohols may cause bloating and stomach discomfort in some people.

[Source: American Cancer Society | October 15, 2019 ++]

TRICARE Podcast 521

Vision Coverage - ECHO - Beneficiary Web Enrollment

Vision Coverage -- According to the National Eye Institute, more than 150 million Americans have a vision problem that makes it hard for them to see clearly. Many don't know that they could be seeing better with prescription contact lenses and eyeglasses. But these can be expensive. And if you aren't an active duty service member or activated National Guard and Reserve member, TRICARE covers prescription glasses and contacts only to treat certain conditions. But if you or your family members need or wear glasses or contacts, you might be eligible to purchase vision insurance through the Federal Employees Dental and Vision Insurance Program, or FEDVIP. Routine eye exams can help keep your vision strong. The Centers for Disease Control and Prevention reports that regular eye exams can help 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 depends on who you are, your health plan, and your age. For active duty family members, it includes an annual routine eye exam through TRICARE Prime and TRICARE Select. TRICARE also covers other services to help diagnose or treat medical eye conditions. 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 at BENEFEDS.com. Active duty family members, 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 TRICARE For Life coverage to enroll in FEDVIP. For more information on vision coverage, read this week's article, "Make Vision Coverage Choices to Fit Your Needs," at www.TRICARE.mil/news.

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Extended Care Health Option -- The TRICARE Extended Care Health Option, or ECHO, provides supplemental services to active duty family members with qualifying mental or physical disabilities. ECHO offers integrated services and supplies beyond those offered by your TRICARE program option. Active duty sponsors with family members seeking ECHO services must first sign up for their service's Exceptional Family Member Program, or EFMP, unless waived in specific situations. Then, register for ECHO with their regional contractor to be eligible for ECHO benefits. For more information about EFMP, contact your service branch's EFMP representative or go to www.militaryonesource.mil/efmp. To find an EFMP representative, go to the Military Installations website at www.militaryinstallations.dod.mil. There is no retroactive registration for ECHO. You must get prior authorization from your regional contractor for all ECHO services.

Conditions to qualify for ECHO coverage may include, but are not limited to:

- Autism spectrum disorder
- Moderate or severe intellectual disability, or
- Serious physical disability

Adult children may remain eligible for ECHO benefits after age 21, or age 23 if certain conditions are met, if all of the following are true:

- The sponsor remains on active duty.
- The child is incapable of self-support because of a mental or physical incapacity. Or,
- The sponsor is responsible for over 50 percent of the child's financial support.

To learn more about ECHO, go to www.TRICARE.mil/ECHO.

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Beneficiary Web Enrollment -- Knowing how to enroll in TRICARE health and dental plans is important. If you're eligible for TRICARE, you can enroll in a health or dental plan by phone or by mail. Overseas, you can also enroll in person. And for enrollment in stateside plans, you can enroll online using the Beneficiary Web Enrollment, or BWE, portal at www.milConnect.dmdc.osd.mil. Before making any enrollment choice, review the list of health plans and dental plans on the TRICARE website. If you're unsure of what TRICARE plans you or family members are eligible for, use the "TRICARE Plan Finder" tool. To enroll in a stateside plan online using BWE, you must first log in to milConnect using one of the following:

- A Common Access Card, or CAC,
- A Department of Defense Self-Service Logon, or DS Logon, or
- A Defense Finance and Accounting Service myPay Pin, or DFAS Pin

Once logged in to milConnect, follow these steps:

- Click on the "Benefits" tab at the top of the page.
- Select "Beneficiary Web Enrollment" from the menu.
- Click on the "Medical" or "Dental" tab.

For more information on Beneficiary Web Enrollment, read this week's article, "Make Enrolling in TRICARE Easy With Beneficiary Web Enrollment," at www.TRICARE.mil/news.

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The above is from the TRICARE Beneficiary Bulletin, an update on the latest news to help you make the best use of your TRICARE benefit. [Source: <http://www.tricare.mil/podcast> | September 27, 2019 ++]

TRICARE Podcast 522

Women's Health Month - 2020 FEDVIP Dental & Vision Plans - Breastfeeding Supplies & Services

Women's Health Month -- October is Women's Health Month. It's never too early or too late to improve your health. According to the Department of Health and Human Services' Office on Women's Health, the foundation of good health is the same, no matter if you're a woman in your 20s or 90s. Annual women's health services can increase your chance of surviving many preventable diseases, such as heart disease, breast and ovarian cancers, stroke, and obesity. TRICARE covers well-woman exams and Health Promotion and Disease Prevention exams annually for women under age 65. There's no cost and you don't need a referral.

Well-woman exams include breast and pelvic exams, Pap tests, and HPV DNA testing. These exams also cover screenings for blood pressure, cholesterol, diabetes, and more. Even if you're healthy, regular health screenings and scheduled visits to your health care provider can help you identify early signs of health issues. Keep in mind different screenings are important for women at different ages and stages of life.

This October and every day, take command of your health by addressing your health concerns. To learn more, read this week's article, "Women's Health Tips From TRICARE: Get Annual Exams, Exercise, Eat Healthy," at www.TRICARE.mil/news.

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2020 FEDVIP Dental and Vision Plans -- The Federal Benefits Open Season begins on November 11th and ends on December 9th. You can now review 2020 Federal Employees Dental and Vision Insurance Program, or FEDVIP, plans and rates. View them online using the FEDVIP plan comparison tool at benefeds.com. If you're currently enrolled in a FEDVIP dental or vision plan and don't want to make a change, you don't have to do anything. But you should still check and understand any 2020 changes to your plan and plan costs. Dental premiums will increase 5.6 percent on average over current rates. Vision premiums will increase 1.5 percent on average. If you wish to change your FEDVIP plan, you must do so during open season or else following a FEDVIP qualifying life event. For 2020, FEDVIP offers 10 dental and four vision carriers to choose from. Read "Compare 2020 FEDVIP Plans and Costs, Prepare for Open Season" at www.TRICARE.mil/news to learn more.

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Breastfeeding Supplies and Services -- Earlier this year, TRICARE revised coverage regarding breastfeeding supplies and services. TRICARE continues to cover breast pumps, breast pump supplies, and breastfeeding counseling at no cost for new and adoptive mothers. However, new limits and exclusions apply.

- TRICARE added a payment cap for manual and standard electric breast pumps. All related supplies needed for the operation of the breast pump are included in the cap amount.
- TRICARE put limits on the amount and frequency of replacement supplies. You need a new prescription from your health care provider for replacement supplies over the new limits.
- TRICARE reduced the number of covered breast pump kits from two to one per birth event. A birth event starts at the 27th week of pregnancy, birth of a child to 27 weeks, or the legal adoption of an infant by a woman who personally plans to breastfeed.
- Finally, TRICARE added coverage for one supplemental nursing system and two sets of nipple shields per birth event.

Learn more about TRICARE coverage of breast pumps and supplies at www.TRICARE.mil/breastpumps.

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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> | October 4, 2019 ++]

*** Finances ***



FICO Credit Score

Update 13: Multiple Credit Card Impact

Q. “I desire to add several credit cards for increased bonus air miles. My wife fears that those extra credit cards will hurt our credit score. What is the truth?”

A. This question isn’t a straightforward as it seems, because adding new credit can affect you in both the short and long term.

Short term

In the very short term, opening a new account will cost you a couple of points on your credit score. Why? Because getting approved for a credit card requires a “hard pull” of your credit profile by the card issuer. This happens every time you apply for a loan or credit card, and is the reason you might see your credit score drop a few points after a credit card or loan approval. A soft pull, on the other hand, has no effect — positive or negative — on your credit score. Examples of soft pulls would be when you check your own credit, or when a credit card company checks your credit before offering you plastic.

Generally, the drop in your score from a hard pull is marginal. That said, it’s worth noting that a hard pull of your profile remains on your credit report for up to two years before falling off, although it shouldn’t affect your score after six months or so. Bottom line? In the short term, the questioners’ wife is right to be at least a bit concerned. Applying for credit cards can negatively affect your score. Other things to consider:

- *Be selective.* Since pulling your credit profile could cost you some credit score points, try to only apply for cards you have a good chance of qualifying for. There is no point in losing points for cards you weren’t going to get anyway.
- *We’re not all alike.* Those with high credit scores and solid credit histories will lose fewer points than those with lower scores and spotty histories.
- *About to borrow big?* Be careful. If you’re going to be applying for an important loan within the next six months — think car loan or mortgage — don’t take a chance on losing points by applying for additional credit now. Lost points on a credit score could cost you tens of thousands on a mortgage. On the other hand, if a big loan request isn’t in your future, it’s probably not a big deal.

Long term

The long-term effects of opening a new credit card account can be positive, assuming you make on-time payments each month and keep your balance low. In fact, opening a new credit card account improves your score in more ways than one:

1. *Improves your payment history.* According to FICO, more than one-third of your credit score is made up of your payment history. A pristine payment history means zero late or missed payments. The longer you go without missing

a payment, the better your credit score will be. Adding a new card and making on-time payments each month will enhance your payment history, and thus your score.

2. *Extends your available credit line.* FICO has said that the second-most-important factor when determining your credit score is your credit utilization ratio. This is the amount you owe relative to your total available credit line.

When you add a card to your credit profile, you're extending your total available credit line and thus lowering that all-important credit utilization ratio. Ideally, you want to keep this ratio as low as possible: 10% to 30%. If you keep it at 10%, for example, that means if you have a total credit line of \$1,000, you should never owe more than \$100. This is another reason why it's extremely important to keep your credit card balance low.

3. *Diversifies your credit profile.* Finally, opening a new credit card account diversifies your profile, especially if you haven't had a credit card before. Having different types of credit — credit cards, home or car loans — is another factor that can raise your credit score.

In conclusion

While you might see an initial drop in your credit score upon approval of a new card, the long-term positives can outweigh the short-term negatives associated with opening a credit card account, providing you won't need to apply for a mortgage or car loan for six months or more. If the questioner has great credit and no plans to borrow big anytime soon, why not apply for cards that offer big sign-up bonuses? As long as you pay the cards off every month. [Source: MoneyTalksNews | Stacy Johnson | September 30, 2019 ++]

Medicare Part B Premiums

Update 07: 2020 Increase Impact on Benefits

Medicare Part B premiums are automatically deducted from Social Security benefits, and older households are frequently surprised at how much rising Medicare premiums can take out of those monthly payments. The Senior citizens League (TSCL) estimates that the deduction for rising Part B premiums in 2020 is likely to leave at least a little something left over, for most retirees, but that won't be the case for roughly 1.4 million with the lowest benefits.

According to the most recent Medicare Trustees Report, Medicare Part B premiums for 2020 are expected to rise \$8.80 from \$135.50 to \$144.30 in 2020. If premiums rise by that much, and if the cost-of-living adjustment (COLA) is 1.6% as we estimate, then Social Security recipients with benefits of about \$550 or less are at risk of seeing the Part B premiums take their entire COLA, leaving nothing extra to deal with other rising costs.

When an individual's Part B premium rises more than the dollar amount of their COLA, that doesn't necessarily mean that Social Security benefits will be reduced. Due to a special provision of law known as the Social Security "hold harmless" provision, the Medicare Part B premium is adjusted to prevent a reduction in Social Security benefits from December of the previous year. But the provision only applies to about 70% of all Medicare beneficiaries. Those who are not protected include people whose overall income is so low, that their Medicare Part B premium is paid by state Medicaid programs, and individuals with incomes above \$85,000 or married couples with incomes of \$175,000.

If you receive a low benefit and think you might be affected by hold harmless, send TSCL an email and let them know! TSCL supports legislation that would provide a more fair COLA by tying the annual increase to the Consumer Price Index for the Elderly (CPI-E). In most years this index tends to grow slightly faster than the CPI currently used to determine the COLA. [Source: TSCL Advisor | October 2019 ++]

Medicare Nursing Home Coverage

Short Term Only

Q. “Can you tell me if there’s a way to prevent the nursing home from taking all of your money when you go into it?”

A. Three things to consider

Thing No. 1: Medicare doesn’t care

If you need long-term care in a nursing home, it’s going to cost a ton of money: Estimates range from \$50,000 to \$80,000 per year. You may think, “Medicare will take care of me.” No, Medicare won’t. You can go into a nursing home for a very limited amount of time and Medicare will pay the bill. But once it becomes long-term, Medicare won’t pay. However, Medicaid will pay for nursing home care. Medicaid is the health care solution for low-income Americans. In order for Medicaid to pick up your nursing home tab, you’re going to have to spend down almost all of your assets.

Thing No. 2: Medicaid strategies

There are strategies you can employ that will allow you to legally qualify for Medicaid and preserve some of your money. However, they’re complicated. Keep in mind, Medicaid isn’t for the rich, or even the middle class. It’s a taxpayer-supported system for the impoverished. That being said, there are some things you can legally do to protect some of your assets. Examples include certain annuities and giving away your assets to family members at least five years before going into a nursing home. There are also irrevocable trusts you can set up, like life estates and spillover trusts. Sound complicated? It is, which is why you’ll need a lawyer to properly explore your options.

In short, the essence of sheltering your assets from a nursing home and getting Medicaid to pay the bill is to remove assets from your estate, either by giving them away or by putting them in an irrevocable trust. You need to do that long in advance of entering a nursing home. You’ll need a lawyer, and it’s not simple. Therefore, you’ll probably need a lot of assets before it’s even worthwhile.

Thing No. 3: Alternatives

There are alternatives to going down this road, none of which is particularly pleasant or simple. You can get long-term care insurance, which is terrifically expensive. You could self-insure, which means having enough savings to pay for the nursing home. You can opt for home care, if that’s feasible for you, since it’s generally less expensive than a nursing home. Bottom line? This is a tough situation without obvious solutions. But if you want to explore them, do some reading, then talk to a lawyer.

[Source: MoneyTalksNews | Stacy Johnson | October 7, 2019 ++]

LIHEAP

Update 01: How You Can Get Help with Heating Costs

The Low-Income Home Energy Assistance Program (LIHEAP) is a federal program that can help eligible households with their heating and cooling costs. The program varies by state and, depending on where you live, can help with such things as:

- Paying heating or cooling bills,
- Providing help in emergencies, such as utility shutoffs, and
- Assistance in paying for low cost home weatherization to make your home more energy efficient.

The program is not meant to pay for all your energy costs, and in many places only provides assistance for your main heating source. For example, if you heat with oil, your local program may approve delivery of only a specific amount of heating oil and that may only fill a portion of your fuel tank. The amount of help you get depends on where you live, your income, your energy costs and needs, and your family size, in addition to other factors such as your age. In addition, in many areas of the country, the program runs out of funding quickly and operates on a first come, first serve basis.

Each state operates their own LIHEAP program and has different rules about when to apply, how to apply, and the criteria to be met in order to get help. Although income requirements vary by location household incomes must be less than:

Household Size	Maximum Income Level (Per Year)
1	\$18,735
2	\$25,365

To apply; contact your local LIHEAP office. The programs often operate through local Social Services departments. Learn more and find contact information for your area at <https://www.benefits.gov/benefit/623>. To review LIHEAP Frequently Asked Questions go to <https://www.acf.hhs.gov/ocs/resource/consumer-frquently-asked-questions#Q11>. [Source: TSCL Advisor | October 2016 ++]

Home Repairs

17 That Will Save You Cash

Here's how to cut household costs and maintain your property's value:

1. **Change HVAC filter.** Your furnace and air conditioner system filters trap airborne allergens and dust so you breathe cleaner air. These filters need changing every few months while you're using the furnace or air conditioning. Changing filters regularly also can lower utility bills, since dirty filters force HVAC systems to run harder and use more energy.
2. **Fix leaky faucets.** A dripping faucet means money down the drain, literally. A faucet that drips just once a minute wastes 34 gallons of water a year, according to this fun drip [calculator](#) from the U.S. Geological Survey.
3. **Caulk the tub and shower.** A tube of caulk costs a few dollars. Replacing mold-infested bathroom tile and drywall can cost thousands of dollars. To prevent water from reaching walls and floors where it can cause mold and rot, keep the seams around fixtures, tubs and showers tightly sealed. Latex caulk is easier to apply, but silicone caulk lasts longer. The Lowe's [Caulk Buying Guide](#) explains the pros and cons of different types of caulk. Consider using a product with a fungicide in bathrooms to discourage mold. Before you start to work on your bathroom, practice applying a nice bead of caulk. It doesn't take long to learn to use a caulk gun and apply caulk neatly.
4. **Inspect the sump pump.** Sump pumps keep water out of areas like your basement or crawl space. That protects you from water damage that could cost thousands of dollars in lost possessions and cleanup. Check and replace your pump regularly, and replace it if it has failed to start promptly.



5. **Update light bulbs.** If you are annoyed by buzzing from compact fluorescent lights (CFLs), you've got old bulbs. "Most CFLs today — and all Energy Star-certified CFLs — use electronic ballasts, which do not buzz or hum," the federal government's Energy Star program [website](#) says. Upgrade from incandescent bulbs to more energy-efficient bulbs as your budget allows. Put them first in lights you use most.
6. **Install a programmable thermostat.** This helps save money by allowing you to set and automatically maintain a comfortable temperature for when you're home, and to keep a more conservative temperature when you're away or asleep. Programmable thermostats can save you \$100 or more annually in energy costs, according to Consumer

Reports' [Thermostat Buying Guide](#). For the best savings, choose a simple device you can install yourself. For more energy-saving tips like this, check out "[It's Heating Up](#)".

7. **Inspect electrical outlets and cords.** Electrical wiring problems pose a fire hazard. Tour your home to inspect light switches, cords and outlets. Signs of danger include:

- Exposed wire
- Spliced wire that's connected with electrical tape
- Multiple extension cords or overloaded power strips

Hire a licensed electrician to inspect for potentially hazardous wiring problems if you have issues with flickering lights, warm fixtures or switches, or outlets that sometimes don't work.

8. **Replace smoke detector batteries.** Smoke detectors save lives. Detectors and batteries are cheap, so it's just a matter of remembering to test each detector monthly and install new batteries every six months.

9. **Fix running toilets.** A running toilet wastes water, adding to your water bill and squandering a precious resource. Fortunately, running toilets are easy to fix. Several things can go wrong with the simple mechanism in the tank that regulates water flow. You can often diagnose the problem by taking the lid off the tank, flushing a few times and watching. Snap a photo of your toilet's internal assembly. Take the picture and the failed part along to the hardware store when shopping for replacements. Ask a store expert for help in making sure you're buying the correct replacement part.

10. **Wrap the water heater.** [Energy.gov](#) estimates you'll save about 7-16% in water heating costs by wrapping the hot water heater in an insulating blanket. Pre-cut jackets and blankets start at about \$20. You'll find ready-made insulating water heater jackets in home improvement stores like Home Depot and at Amazon. Newer tanks may already be insulated, but check whether the insulation is sufficient. Look for an R-value of at least 24, [Energy.gov](#) says.

11. **Seal leaky doors and windows.** Small cracks around windows and doors suck your pricey heated or cooled air into the great outdoors. Inspect your home's interior to check for leaks. As you do so, bring along:

- A pencil and paper to note areas you'll need to return to
- A tube of caulk for filling cracks
- A can of spray insulating foam sealer for filling larger leaks
- A digital thermometer or a candle

Use the thermometer to check for temperature differences that signal a leak. Or hold the lighted candle up and down and around the front of windows and doors. The flame's flicker will point you to air leaks. Also, check for leaks where appliance vents, hoses, plumbing fixtures and furnace ducts meet outside walls.

12. **Flush the water heater.** Sediment can accumulate at the bottom of a water heater. Keep it running smoothly by giving it an annual cleaning, or hiring someone to do it.

13. **Beef up attic insulation.** You should enjoy a great payback for this job, both from lower fuel bills and from increased comfort. Attic insulation usually has the most potential for energy savings, according to [Energy.gov](#). Tip: Be sure to seal air leaks before you start insulating.

14. **Install weatherstripping.** Seal air leaks around doors by installing weatherstripping. It comes in a variety of forms, like felt and foam. Attach door sweeps to the lower edge of a door. [Energy.gov's weatherstripping guide](#) tells which products to use for the job and how to apply them. If you have weatherstripping already, check it for cracks and brittleness, as it occasionally needs replacing.

15. **String a clothesline.** Putting a clothesline up in your backyard is another way to reduce your fuel consumption — good for your budget and for the environment. If you can't run a clothesline outdoors, a basement clothesline is an alternative, as is an inexpensive collapsible drying rack that can be used indoors or out.

16. **Tour your home’s perimeter — twice.** Take one more look around your home, this time on the outside. In fact, do this twice. On the first round, look for plants touching or brushing against the house or foundation. Trim them back and pull back soil or mulch that touches the siding: It could carry moisture or insects into the house. For your next tour, wait until immediately after a heavy rain. Look for and fix any areas of lawn or garden that are channeling water toward your home or that trap it at the foundation. Fixing these areas may be as easy as grabbing a shovel and reshaping the ground a bit. Or, you may need to invest in landscaping repairs or new drainage. Also, make certain gutters and downspouts direct water away from structures.

17. **Give your siding some TLC.** Brighten your home’s siding and protect it from wear with an annual cleaning. To remove dirt, moss, leaves and debris [HouseLogic](#) recommends scrubbing the outside of the house with warm, soapy water with a half-cup of trisodium phosphate per gallon of water, and a soft-bristled brush attached to a long handle. Cleaning also gives you the chance to see any siding problems that need repair, including stucco holes, crumbling mortar, mildew, cracks and rot.

[Source: MoneyTalksNews | Marilyn Lewis | July 12, 2019 ++]

VA 2020 COLA

Same as Social Security Recipients

Veterans will see a cost-of-living increase in their benefits payouts later this year, but it likely won’t be as big as the last one they received. Last week, President Donald Trump signed into law the annual Veterans’ Compensation Cost-of-Living Adjustment Act, which guarantees that a host of veterans benefits will see the same annual boost as Social Security recipients. Veterans benefits covered include disability compensation, compensation for dependents, clothing allowances, and dependency and indemnity compensation checks.

The measure is typically just a formality — it passed Congress again this year with no opposition — but is required annual work for lawmakers because federal statute does not link annual COLA increases for the two separate payouts. Legislative efforts in recent years to make the increases automatic for veterans have proven unsuccessful. Navy veteran Elaine Lauria, D-Va., sponsored the measure and called it an important way for lawmakers to honor their commitment to individuals who served honorably in the armed forces. “Providing quality benefits to our veterans and their dependents can change lives,” she said.

The official cost-of-living boost for social security beneficiaries won’t be announced until next month, but multiple analysts have said they expect it to be below the 2.8 percent adjustment awarded last January. The annual COLA calculation is based on a series of economic indicators, including the private sector wage growth. In the last decade, Social Security recipients (and individuals receiving veterans benefits) have gone without an annual increase three times. It has only gone about 2 percent twice in that span. Frequently, lawmakers don’t finalize the link between the veterans cost-of-living increase and the Social Security one until later in the fall, after the figure has been announced. Because of the timing of check distribution and the federal calendar, the increases in veterans benefits will be reflected in individuals December payouts. [Source: MilitaryTimes| Leo Shane III | September 30, 2019 ++]

COLA Summary

2020 Retirement, VA Disability, and SS Recipients

Military retirees, those who receive disability or other benefits from the Department of Veterans Affairs, federal retirees and social security recipients will see a 1.6% increase in their monthly checks for 2020. The annual Cost Of Living Allowance (COLA) is smaller than the 2.8% increase from last year but in line with the historical increases

seen over the last ten years. Each year military retirement pay, Survivor Benefit Plan Annuities, VA Compensation and Pensions, and Social Security benefits are adjusted for the rate of inflation.

The Department of Labor determines the annual COLA by measuring the Consumer Price Index (CPI), which is a measurement of a broad sampling of the cost of consumer goods and expenses. The CPI is compared to the previous year, if there is an increase there is a COLA. If there is no increase, there is no COLA. The COLA affects about one in every five Americans, including Social Security recipients, disabled veterans, federal retirees, and retired military members. Last year, the COLA increase was 2.8%; in 2018, retirees saw a 2.0% increase.

Retirement Pay Increase

As a result of the increase, the average military retirement check for an E-7 with 20 years of service will go up by \$38 a month, while an O-5 with the same time in uniform will see a \$72 monthly increase. Retirees who entered military service on or after Aug. 1, 1986 and opted-in for the Career Status Bonus (CSB/Redux retirement plan), have any COLA increases reduced by 1 percent, so they will see a smaller increase in 2020. The 1.6% increase means that you will get an additional \$16 for every \$1,000 in government benefits you receive.

VA Disability Increase

Disabled veterans will also get a bump. The average VA disability check will go up about \$2 per month for those with a 10 percent rating, and \$49 for those rated at 100 percent. Military retirees and VA beneficiaries aren't the only ones who benefit from the COLA increase. Civil Service retirees, and Social Security recipients will also see the 1.6% jump in their monthly checks as well.

SS Increase. For Social Security recipients, the monthly increase will mean an extra \$12 per month for the average beneficiary.

[Source: Military.com | Jim Absher | 10 Oct 2019 ++]

VA Loan Funding Fee

Update 01: Congress Sparks Veterans' Ire with Hike

Months after Congress passed a bill temporarily raising the fees that veterans pay for home loans, lawmakers are quietly seeking to tap the same pot of money again, a move that's pitting veterans' groups against one another. The House voice-voted a bill, H.R. 3504 (116), this summer that would hike veterans' mortgage fees by more than half a billion dollars over the next 10 years — with \$86 million of that going toward helping offset the U.S. deficit. The money is mostly to be used for the benefit of disabled vets by expanding both housing grants for them and a scholarship program for the children of military members killed in the line of duty.

So the legislation is putting veterans' advocates in a tough spot: Everyone supports the underlying programs for disabled vets, but while some groups are willing to eat the higher fees to get the legislation passed, others are drawing a line. "Taking from those veterans [buying a home] in order to redistribute their money to another veterans cause is just robbing Peter to pay Paul," said Lindsay Rodman, an executive vice president of Iraq and Afghanistan Veterans of America. "The way that they're paying for it is essentially a cop-out of government responsibility to pay for the wounds of war," Rodman said.

The fee hikes were supposed to be temporary under a separate law enacted this summer. The Blue Water Navy Vietnam Veterans Act, H.R. 299 (116), raised home loan fees to offset the cost of additional disability benefits for Vietnam vets exposed to Agent Orange.

The Department of Veterans Affairs charges a fee to guarantee home loans for veterans and military personnel. The Blue Water Navy Act temporarily raised that fee for first-time homebuyers from 2.15 percent of the loan amount

to 2.3 percent and the fee for repeat users of the VA program from 3.3 percent to 3.6 percent. Disabled vets are exempt from the payment. The American Legion ultimately supported that bill, despite qualms over the funding mechanism, according to Louis Celli, the organization's executive director of government and veterans affairs. "While we found it repugnant, we swallowed it for the greater good," Celli said. "We won't support any more assaults or attacks on VA home loan funding fees."

Less than a month after President Donald Trump signed the Blue Water Navy Act, though, the House approved the new bill extending the temporary fee hikes, which were supposed to expire in January 2022, to Sept. 30, 2027. The Senate Veterans' Affairs Committee is still looking into the legislation, according to a committee spokesperson, and hasn't scheduled a hearing on the bill yet. Critics fear the home loan fees are becoming the lawmakers' latest piggy bank for veteran-related issues. "The real fear I have is no one can tell me where this ends," said the Community Mortgage Lenders of America's Rob Zimmer, a lobbyist for the mortgage lender Veterans United. Congress, Zimmer added, is "on the way to making this the most expensive housing program even though it has the lowest default rates."

Under the higher fee schedule, a first-time homebuyer would pay a \$5,750 fee for a \$250,000 mortgage. Repeat users of the program — including active-duty personnel who moved to a new post — would pay a \$9,000 fee for the same mortgage. The Mortgage Bankers Association and the National Association of Realtors also oppose the fee hikes. Proponents of the bill blame congressional budgeting rules for the fee adjustment and say the increase is small when considered over the course of a 30-year mortgage.

"I would love a world where I didn't have to find pay-fors," said Derek Fronabarger, legislative director of the Wounded Warrior Project, which helped craft the bill. "At the same time, we're not talking about taking money and just increasing benefits so we can go spend it on a PlayStation," he said. "If you ask most veterans walking down the street, 'Are you willing to give up half a cup of coffee a month so that someone can build a wheelchair ramp in their home?' I think they'd say yes." The Veterans of Foreign Wars also supports the bill. Patrick Murray, deputy director of the VFW's national legislative service, called the fee increases "a necessary evil." "They were changed recently, but that doesn't mean they're changed all the time -- it's just something that happened within the past year," Murray said.

One thing everyone agrees on is that veterans shouldn't be paying for deficit reduction. Supporters of the legislation are pushing for the Senate to reduce the fee extension to better match it with the spending in the bill. But some veterans' advocates say the argument about offsets is missing the point: Disabled vets already earned their benefits through their service. "Veterans should not be responsible for coming out of pocket to pay for other veterans benefits," Celli said. Lawmakers' "pushback is, 'Well, help us find some money,'" he added. "That's not our job! It's Congress' job to find the money." [Source: Politico | Katy O'Donnell | October 10, 2019 ++]

Spending

Ways to Con You into doing More

Every time you walk into a mall, grocery store or big-box retailer, remember: It's you against them. Retailers, marketers, sales professionals and CEOs are determined to make you buy more than you planned. In addition, retailers have an arsenal of sales tactics that may seem silly but serve as heavy-duty artillery when it comes to persuading you to part ways with your money. Following are 10 especially cagey tricks they may use.

1. Free-shipping offers

Web retailers know that many of us have an aversion to paying shipping costs, so they often offer free-shipping deals. However, these may come with a catch: You have to spend \$30, \$50, \$100 or some other amount to get the free shipping. We've all spent precious time searching for extra items to add to our order to reach the amount needed for

free shipping. Sometimes it makes sense to complete your \$35 purchase and pay the \$5 in shipping, rather than paying \$15 or \$20 for something you don't need simply to get gratis delivery.

2. Multiple-purchase pricing

Grocery store loves to run a 10-for-\$10 promotion. Not only are the sale items a mere dollar each, you also get the 11th item free. It's awesome for the grocery store when you load up on 11 items we don't need. It's even better when those items regularly sell for \$1.09 anyway. Not saying multiple-purchase pricing is always bad. It's just that when we see four-for-\$5 sales, we tend to buy four items even if we only need one.

3. BOGO deals

BOGOs — buy one, get one free sales — work similarly to multiple-purchase pricing. They entice you to buy more than you normally would. If you're already planning to purchase the second item, take the freebie. But if you justify the purchase of unneeded new shoes because of a BOGO ad, the marketers can pat themselves on the back for a job well-done.

4. Bundled purchases

Another silly way retailers persuade us to buy more is by bundling purchases. So as part of a special sales bundle, you might get a printer and office software along with a laptop. If you need a printer and software, this could be a cheaper option than buying all three separately. However, you might have a perfectly good printer at home, and maybe you only plan to use the laptop for Facebook and World of Warcraft. I could be wrong, but I don't think you need Microsoft Excel for either of those things. Why wouldn't you want to buy \$1,200 worth of computer gear for only \$900? Because if all you need is a \$700 laptop, you're \$200 poorer for no good reason.

5. Coupon savings

Coupons have a sneaky way of making you buy items you would never purchase at full price, or even sale price. Bottom line: Coupons make it feel like you're getting a deal even if you aren't. Double-check and make sure the after-coupon price is in fact a bargain. If you're looking for a break on a specific item, check out sites like [Coupons.com](#). Again, just be clear-headed about whether the deal on the coupon is really a bargain. For more tips on getting great coupons, check out [“7 Free Sources of Manufacturer Coupons You Can Find Online.”](#)

6. Sales events

The fact that a store declares a sale to be phenomenal does not necessarily mean that it is. You could walk into a store that has announced sale prices “as much as 70 percent off” and discover that everything except for one lonely rack is only 20 percent off. It's not false advertising; the ad clearly includes the qualifier “as much as.” So, remain skeptical of sale claims, and don't get caught up in the hype of a supposed once-in-a-lifetime deal.

7. Rewards programs and loyalty cards

Rewards programs are how retailers keep you coming back to their store when you have other options. Maybe there is a better sale at Kohl's, but you have a Shop Your Way rewards card so you don't even bother checking Kohl's. You head straight for Sears instead. It works the same way if you have a loyalty card for a specific gas station, grocery store, coffee shop or hotel chain. You stop comparison shopping and simply go to the business offering the rewards. That's good for them, but it could be costly for you.

8. Psychological pricing

You would think by now we would be savvy enough not to be tricked by seeing the number 9 at the end of a price. And yet, we continue to think something priced at \$19.99 is a better deal than an item priced at \$20. Known as charm pricing, ending sales tag prices with a “9” is only one way businesses use psychological pricing to their advantage. They may also trick you into spending more by dropping the dollar sign, putting a per-customer limit on sales and using a small type font. Who knew we could be so easily manipulated by a price tag?

9. Upselling everything

Whenever you're asked whether you want an extra shot of espresso in your latte — or a bucket rather than a bag of popcorn at the theater — you're being upsold. In fact, even the language they use is finely tuned to maximize your chances of saying yes. When I worked as a mystery shopper, one specific chain required its workers not to ask, "Do you want anything else?" Instead, they were told specifically to ask, "What else would you like?" By using those words, they created the expectation that you would buy more.

10. Point-of-sale add-ons

The point-of-sale add-on is the final seemingly silly sales tactic that drains our wallets. These are all the gum and candy displays by the register and the nice sales clerk who asks if we'd like to save 25 percent by opening a store credit card. At a gas station in my town, the sales clerks are rather shameless about promoting the monthly candy deal, informing customers that they are competing for who can sell the most. That tidbit is followed by an appeal to help the worker out by making a purchase. The only thing missing is some slight whimpering and big puppy dog eyes. I'm sure some heartless folks can say no to this plea for help, but it gets me every time.

[Source: MoneyTalksNews | Maryalene LaPonsie | February 9, 2019 ++]

Retirement Regrets

Three Biggest and How to Avoid Them

Regrets. Everybody has a few. But you certainly don't want to reach the end of your working life to find you're not where you want to be. A recent survey by Global Atlantic Financial Group, which sells annuities, asked more than 4,000 Americans, pre-retirees and retirees, about their retirement savings. Of those surveyed, 55% said they had regrets. The top three were that they:

- Did not save enough.
- Relied too much on Social Security.
- Did not pay down debt before retiring.

It's possible to avoid some of this remorse by taking steps now, says Maura Cassidy, vice president of Retirement Product at Fidelity. "There are tools available that can help you plan ahead," Cassidy tells Money Talks News. "Work on a plan now, and you'll have fewer regrets later." Rescuing a retirement from regret starts with these steps well before it's time to quit working.

1. Not enough savings -- Fidelity's recent Retirement Mindset survey found 62% of respondents were confident about their current financial health, Cassidy notes. But when people looked ahead to their retirement finances, that changed. Part of the issue is planning. Only 18% of the Fidelity respondents had a financial plan for retirement. Without planning, it's hard to know if you have enough saved. Find out how much you'll be spending in retirement, Cassidy says. "Sit down and think through your expenses, and amp up your savings."

The most common financial surprises for retirees, Global Atlantic's survey found, are inflation and unexpected medical costs. Consider establishing a health savings account, if you qualify. It can be a valuable retirement planning tool. Picture your retirement lifestyle and think over how you'll fund it, says Brandon Renfro, a fee-only retirement adviser with a Retirement Income Certified Professional credential. "Without knowing what you'll spend money on, simply saving more is like working toward an unknown goal," says Renfro, who also is an assistant professor of finance at East Texas Baptist University in Marshall, Texas. "Plan your savings amount around a definable goal."

2. Relying too much on Social Security -- Rather than viewing Social Security as your main source of income in retirement, Cassidy suggests looking at it as one of several legs of a stool. "There's a lot of misunderstanding about what Social Security can do and what you'll get," she says. "It's supplemental, and not designed to be replacement income." It's not meant to provide all the necessities of life. Also, no one knows how Social Security benefits will

change or whether the entire system will face an overhaul. Cassidy says your planning should include other resources, including:

- Tax-advantaged retirement plans
- Pensions
- Taxable investment accounts
- Personal savings
- A health savings account
- Income from businesses or properties

You may not be able to develop all of these, but you can increase your retirement income by working now to diversify your future income. Consult with a retirement planning specialist to assess your resources and make a withdrawal plan. Coordinate that with your plan for taking Social Security benefits. “Relatively little attention is paid to how retirees will withdraw from their savings,” Renfro tells Money Talks News. “A good withdrawal plan can add years to your retirement and provide emotional comfort.” And you won’t have to depend exclusively on Social Security.

3. Not paying off debt before you retire -- For retirees on fixed incomes, debt makes it hard to truly enjoy retirement. Therefore, Renfro advises you to retire any debt you have before you stop working. Do this by systematically focusing on one debt at a time, while making minimum payments on other debts. Get started by targeting the debt with the highest interest, or perhaps the one with the smallest balance. The important thing is to be debt-free in retirement so your financial resources can go toward helping you enjoy life. Cassidy, however, warns against focusing too much on paying down debt. Don’t neglect your retirement savings, she cautions. “Compounding really works miracles (with retirement savings), and you can still save while paying down debt.”

Cassidy’s advice: Put 15% of income toward retirement, making sure to get every cent of any company match you’re eligible for. “You can do both, save and pay down debt, and even if you’re not putting 15% toward retirement, you can still get a good start,” she says.

Bottom line

For the most part, the best way to avoid retirement regret is planning. Start immediately, evaluating your situation and creating a retirement roadmap that helps you get from today to tomorrow. “Taking a small action today helps,” says Cassidy. [Source: MoneyTalksNews | Miranda Marquit | October 5, 2019++]

Thrift Savings Plan

Update 21: New Withdrawal Rules & Options

The Thrift Savings Plan (TSP) has made it easier to withdraw your contributions. Effective Sept.15, 2019, the TSP changed many of its withdrawal rules and loosened the restrictions on when you can access the money in your account. The TSP is a retirement program similar to a 401(k) account. Most people can contribute up to \$19,000 annually (this amount changes each year). For members in the Blended Retirement System and Civil Service employees, the government will match a member's contribution, up to 5% of the member's base pay.

Most of these changes affect those who have left the military or government and those who are retired. One minor change affecting those who are still in the military is a removal of the rule limiting contributions after you get an in-service loan. Now, if you get a hardship loan, you can continue to make regular TSP contributions; previously, you had to wait six months after getting a loan before you could make any TSP contributions. More details on in-service withdrawals can be seen at <https://www.military.com/daily-news/2019/07/01/thrift-savings-plan-changes-coming-fall.html>

The most exciting part of this change to the TSP is the flexibility of withdrawal options. Previously, after you left federal employment, you could make only one partial post-separation withdrawal. Your options were a lump-sum payment, a monthly installment plan or an annuity payment. Once you made a choice, you were pretty much locked into that option forever. That meant you were pretty limited in how you could access your cash. Now, if you choose an installment plan to withdraw your money after you retire and you need a big lump-sum payment for an emergency, you can get it at any time. Other changes include:

- You can make changes to the monthly amount of the installment payments.
- You have new options on the frequency of those installment payments: monthly, quarterly or annually.
- You can start or stop installment payments at any time.
- If you're 59.5 or older and still working in federal civilian or uniformed service, you can now take up to four in-service withdrawals each year. Previously, you could get only one age-based in-service withdrawal.
- Any in-service withdrawals you take will have no effect on the number of post-separation partial withdrawals you can take. Previously, you couldn't take a partial withdrawal after you left the service if you took an age-based withdrawal while in the military or civil service.
- You'll be able to choose whether your withdrawal should come from your Roth balance, your traditional balance or a proportional mix of both. Previously, any distributions were automatically proportional to your balance, often resulting in tax-time headaches.
- TSP will finally let you request withdrawals and do much of your financial planning online. Currently, the TSP requires you to fax or mail hard-copy documents for most withdrawals, distributions or changes.
- Required Minimum Distribution - The IRS says you have to start taking a minimum amount of money out of your TSP each month once you reach 70.5 years old. There are really complicated rules on how to compute how much you have to withdraw to avoid getting into trouble with the tax folks. Now, you don't have to worry about it anymore. The TSP will automatically figure out the required minimum distribution amount and send it to you each year if you don't make any plans.

[Source: MOAA Newsletter | Jim Absher | September 19, 2019 ++]

FEHBP

Update 11: Are You Paying More than Necessary

Are you paying a lot more than necessary for coverage under the Federal Employee Health Benefits Program? It's very likely, especially if you haven't changed plans in the past few years. Or you are retired, which means it's likely you are paying more in premiums than necessary. Also, if you are a long-time fed, or you've been retired a while and you've never changed plans you are almost certainly overpaying. Or if you are just plain really good at inertia, then yes, odds are you are overpaying and wasting pay raises when they do come along. With just a little effort you could get the same or similar coverage next year and keep your favorite doctor(s) for less money. But it won't happen on its own. And it has little to do with the size of your next pay raise.

Medical inflation nearly always outpaces the regular increase in cost of living. Because health premiums keep going up, some feds, both active and retired, count on January pay raises and cost of living adjustments to help them cover higher health insurance premiums. It's accepted by many that higher premiums eat into or eat up whatever pay raise Congress and the White House decide to give nonpostal federal workers. Sometimes it's true, other times not so much. In most years they could get excellent coverage and maybe pay less whether they got a pay raise or not. Some experts say as many as half of all workers, and many if not most retirees, are in plans that are too costly simply because they are afraid, or too lazy, to shop around. The open season for picking your 2020 health plan runs from Nov. 11-Dec. 9. During that time all workers and retirees can shop from 20 and 30 plans and options. They cannot be refused for any

reason — age, preexisting conditions or lifestyle — and some could save \$1,000 or more in premiums just by doing a little shopping.

Advertisement

A couple of months ago it appeared there might not be any federal pay raise in 2020. But the optics have shifted. Now the question is whether feds will get a 2.6% across the board raise as proposed by President Donald Trump or the 3.1% approved by the House. The 2.6% would be across-the-board. There would be no additional locality-based increases for feds in high-wage areas like Washington, D.C.-Baltimore, San Francisco, Los Angeles, New York City, Houston or Philadelphia. The 3.1 package earmarks 0.5% for locality pay raises. That would benefit feds in locality areas who are already paid substantially more than workers in the Rest of the U.S. (RUS) locality zone.

Premiums in the FEHBP vary — a lot. Yet some plans are nearly identical, except for what you pay. Many workers and retirees think they pay too much for health coverage. What some don't realize, or forget, is that Uncle Sam pays most of the premium — anywhere from 70%-75%. For example: Blue Cross Blue Shield offers a popular standard self-only plan that costs a total of \$352.68 per pay period. Out of that the government pays \$235.77 while the employee/retiree pays only \$116.91. Next year the employee-retiree share of the premium will rise only \$4.68. It won't take much of a pay raise to cover that. Plans favored by retirees generally have higher premiums because they have higher payouts. Younger, healthier people tend to shop around during the open season. Most retirees stay put, year after year.

If you look at the 2020 health plans there are some happy surprises. The popular APWU plan is a good example. Although it's a postal union plan, any fed or retiree can belong. Next year three options offered by the APWU plan will actually cost workers and retirees between \$5.59 and \$21.15 less every two weeks. GEHA's nationwide benefit plan is also reducing employee premiums between 55 cents and \$8.66 per pay period, meaning they pay less, not more, next year. And with a pay raise you could actually see more, in some cases a lot more, in your 2020 take home pay. The key is shopping. And if you do it you can probably boost your take-home pay next year, even if the 2020 pay raise fizzles at the last minute. [Source: Federal News Network | Mike Causey | October 8, 2019 ++]

Google Calendar Scam

You've Won A Prize Popup

A new invitation pops up on your Google Calendar, alerting you that you won a prize! Awesome! But not so fast — scammers are turning to Google Calendar as a new method of contacting potential fraud victims. Don't become one!

How the Scam Works

- First, a fraudster sends a calendar invitation to a victim's email address. The default setting for a Google Calendar is to automatically update a user's calendar to include invitation messages whether or not the user accepts the invitation. Often, these invitations to fake events inform the recipient they won a prize or have received a wire transfer. The invitation may include a pithy summary urging the consumer to open an attachment or click on a link.
- Regardless of the pretense for the calendar invitation, the result is the same: If the victim opens a malware-laden attachment or clicks on a link in the invitation, they will expose their computer to viruses or be sent to a phishing website. If they take the bait by entering sensitive financial information like their bank account or credit card numbers to the "organizer" of the event, they are likely to end up as ID theft victims.
- In reality, there is no money, and any info the victim shares will likely be used by a criminal to steal their identity, drain their bank accounts, or run up their credit cards.

What You Can Do

Fraudsters are turning to the new Google Calendar Scam because savvy consumers have become better at avoiding falling victim to phishing emails or text messages. Fortunately, there are a few things you can do to protect yourself from the Google Calendar Scam:

- Don't click on suspicious links or attachments! Only click on calendar meetings from people that you recognize. If the invitation is from someone you don't know, and are not expecting to hear from, it is probably a scam.
- Report calendar spam. Reporting calendar spam to Google not only helps Google block spam in the future, but it also removes the spam from your calendar. To find out how to report Calendar spam, click [here](#).
- Change your settings to prevent meeting invitations from automatically popping up in Calendar. By default, any time someone sends you a calendar invite, whether it's a friend, coworker, or fraudster, it automatically pops up in your Google Calendar as a meeting. However, you can change this. To prevent a scammer from adding meetings to your calendar, change your Calendar settings so that you must approve each meeting invitation before it appears on your calendar. To change this setting:
 - Open your Google Calendar app or go to <https://calendar.google.com> in your browser
 - At the top right, click Settings icon
 - In the "General" tab, click Event settings >Automatically add invitations.
 - Select "No, only show invitations to which I have responded."

Have you been a victim of a Google Calendar Scam? Have you received several fake calendar invites? We want to know about it! You can file a complaint at www.Fraud.org via our secure [online complaint form](#). We'll share your complaint with our network of more than 90 federal, state, and local law enforcement and consumer protection agency partners who can hold these unscrupulous businesses accountable. [Source: Fraud!Org | October 1, 2019 ++]

Activation Fee Scam

Bought a New Gadget? Watch Out for This Con

A favorite tactic of scammers is to convince consumers to pay for services that would otherwise be free. BBB Scam Tracker is getting reports of a con where scam artists charge activation fees for devices that are, in fact, completely free to set up.

How the Scam Works

- You purchase a new media player, virtual assistant or other tech device. It could be a Roku, Google Home, Alexa, or any other device that needs to be activated after purchase. When you are ready to use it, you search for the customer support phone number. However, instead of getting the official website, you end up on a look-alike site with phony customer support information. You call that number, and you are told there is a new policy in place: All device users must now pay an activation fee. Reports on BBB Scam Tracker indicate that people have been charged anywhere from \$80 to \$100 to "activate" their new device.
- Scammers may ask for unusual forms of payment, such as pre-paid gift cards, or they may ask directly for your credit card number. Once payment is made, they may claim there was a problem and a second payment is needed. In some cases, they may "help" you come up with a new username and password, thereby gaining access to your device account. In any case, scammers hope to get away with your hard-earned money along with your personal information.

Tips to avoid a tech support scam

- Make sure you are visiting an official website. Scammers are skilled at creating look-alike websites with addresses that are spelled slightly different than the official website's address. Carefully double check the URL or go directly to the site listed in your device's instruction booklet.

- Beware of sponsored links. Fake websites sometimes pop up in your web browser’s sponsored ad section and appear at the top of the search list. Be careful what you click on.
- Never make a payment with prepaid debit or gift cards. Reputable companies will never ask you to wire money or pay with prepaid cards. Money sent this way cannot be recuperated.

For More Information

For more ways to avoid tech support scams, see www.BBB.org/TechSupport. You can also find tips to help you stay alert to scammers’ tactics at www.BBB.org/AvoidScams. For a more detailed analysis of this problem, see our full report on tech support scams: www.BBB.org/ScamStudies. If you’ve been targeted by a business email scam, report it on the www.BBB.org/ScamTracker. Your experience can help others to recognize suspicious behavior and stop scammers in their tracks.

[Source: BBB Scam Alerts | October 4, 2019 ++]

Dealership Scam

Your Battery Died While Servicing Your Car

Here is a very effective scam that millions of veterans have fallen prey to. Unfortunately, this scam is repeated over and over and veterans oftentimes have no idea they’ve been scammed. While many people are leery of dealership salespeople, not many people have the same concerns in the dealership service department.

Automobile dealerships aren’t making the kind of money they used to make by selling automobiles. Thanks to the Internet and the plethora of websites that teach customers how to buy and lease automobiles, today’s customers are very educated and savvy about the car buying process. Customers aren’t overpaying for cars and trucks as they did 10, 15, and 20 years ago. Dealerships now make most of their money from their service departments, and thousands of veterans are falling for service department scams daily, and over and over again. Recently implemented in hundreds of dealerships is a new scam service advisors have been trained to master. The one major scam in the service department veterans are up against is the “Your Battery Died” scam.

Unscrupulous service advisors will often inform veterans their car battery died during routine or scheduled maintenance, and that their car had to get a jump to complete the maintenance. At that point, the service advisor will go in for the knockout by directing the veteran to purchase a new battery from the dealership. Batteries that typically cost 50% to 75% more at the dealership. Remarkably, veterans are falling for this scam in record numbers. Even with all of the websites on the Internet that warn customers not to pay for dealership applications and to never pay to have the dealership run your credit, unfortunately, many veterans are still falling for these scams every day.

According to AARP, new research finds military veterans are victimized by scams twice as often as nonveterans. AARP is working in coordination with other organizations to jump start Operation Protect Veterans—a campaign to warn those who have served in the military about scams and fraud schemes that target veterans. For starters, AARP has published a new watchdog handbook you can download at <http://action.aarp.org/site/DocServer/Watchdog-Alert-Handbook-Veterans-Edition.pdf?docID=3601>. [Source: <http://www.veteranprograms.com/scams19.html> | November 16, 2018 ++]

Tax Burden for South Carolina Retired Vets

As of OCT 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 **South Carolina**.

Sales Taxes

State Sales Tax: 6% (prescription drugs and unprepared food items exempt); 25 counties impose an additional 1% local option sales tax; a number of counties impose a 2% sales tax or 3%. Seniors 85 and older pay 5%.

Gasoline Tax: 35.15 cents/gallon (Includes all taxes)

Diesel Fuel Tax: 41.15 cents/gallon (Includes all taxes)

Cigarette Tax: 57 cents/pack of 20

Personal Income Taxes

Tax Rate Range: Low – 1.1%; High – 7%

Income Brackets: Six. Lowest – \$2,449; Highest – \$12,250.

Personal Exemptions: Single – \$2,510; Married – \$5,020; Dependents – \$2,510. Bracket levels adjusted for inflation each year.

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

Medical/Dental Deduction: Federal amount

Federal Income Tax Deduction: None

Retirement Income Taxes: Retirement income is taxed. Social Security is exempt. Under age 65, \$3,000 in pension income is exempt. If you are 65 or older you may exempt \$15,000 of retirement income. You can take this deduction for income received from any qualified retirement plan. If both spouses receive retirement income, each spouse is entitled to an individual deduction. The \$15,000 deduction must be offset by any other retirement deduction that is claimed. A surviving spouse may continue to take a retirement deduction on behalf of the deceased spouse. Some taxpayers age 65 and older may not have to file a tax return if they meet certain conditions. For more information go [click here](#).

Retired Military Pay: Retirees with 20 or more years of active duty can deduct up to \$3,000 annually until age 65 and up to \$10,000 per year after age 65. This deduction extends to the surviving spouse. Pension or retirement income received for time served in the National Guard or Reserve components is not taxable. Survivor benefits are taxed following 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

Property tax is assessed and collected by local governments. Both real and personal property are subject to tax. The market value of a legal residence and up to 5 acres of surrounding land is assessed at 4%. For homeowners 65 and older, the state's homestead exemption allows the first \$50,000 of their property's fair market value to be exempt from local property taxes. South Carolina imposes a casual excise tax of 5% on the fair market value of all motor vehicles, motorcycles, boats, motors and airplanes transferred between individuals.

Inheritance and Estate Taxes

There is no inheritance tax or 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>.

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For further information visit the South Carolina Department of Revenue site www.sctax.org or call 800-763-1295. If you are planning to move to South Carolina, some helpful information is available at <http://www.lex-co.sc.gov/departments/DeptAH/auditor/Documents/PUB192905.pdf>.

[Source: <http://www.retirementliving.com> | October 2019 ++]

* General Interest *



Notes of Interest

OCT 01 thru 15, 2019

- **HAPPY Birthday Navy!** 244 years and going strong.
- **Military Family Suicide.** A Pentagon report has found that 123 military spouses died from suicide in 2017. The report, which comes as the military battles a rise in troop and veteran suicides, gives the first insights into military family suicide statistics based on the most current data. It also found 63 children of military members committed suicide in the same year. Seventeen of the spouses were service members themselves.
- **USS Constitution.** Starting on 2 OCT, the world's oldest commissioned warship still afloat will be open to the public Tuesday through Sunday from 10 a.m. until 5 p.m. The ship, berthed in Boston, will be closed on Oct. 22, then open for free public visits from Wednesday until Sunday from 10 a.m. until 5 p.m. USS Constitution (the Ship) is free to visit and requires a photo I.D. for those 18 or older.
- **FEHB.** Participants in the Federal Employees Health Benefits (FEHB) Program will pay, on average, 5.6% more toward their health premiums next year. The Office of Personnel Management on 2 OCT announced premium rates for 2020 ahead of the upcoming open season, which will run from Nov. 11 through Dec. 9. Participants in the FEHB will have an opportunity to make changes to their health, dental and vision plans ahead of the upcoming benefit year, which begins Jan. 1.
- **U.S. Embassy Somalia.** The United States says it has reopened its embassy in Somalia nearly three decades after the country collapsed into civil war and the U.S. military airlifted the ambassador to safety. The opening reflects recent progress in the Horn of Africa nation that still faces frequent attacks by al-Qaida-linked al-Shabab extremists. The U.S. formally recognized Somalia's new federal government in 2013 but had based its diplomatic mission in neighboring Kenya.
- **USAF Academy.** Aurora, the falcon that has served as the mascot for the U.S. Air Force Academy in Colorado for the past 23 years, has died. The academy described her as a "feisty, spirited bird who commanded respect." She was the longest-serving live mascot in the school's 65-year history.

- **Fisher House.** The Hershel "Woody" Williams VA Medical Center at 1540 Spring Valley Drive, Huntington, WV 25704 has broken ground for a new Fisher house. Construction should be completed in late 2020.
- **U.S. Immigration.** Immigrants will be denied visas if they cannot prove that they have health insurance or the ability to pay for medical care, the Trump administration said. "Immigrants who enter this country should not further saddle our health care system, and subsequently American taxpayers, with higher costs," President Trump wrote on Friday. The proclamation, which has been in the works for months, will become effective 3 NOV.
- **Los Angeles National Cemetery.** The ashes of as many as 90,000 veterans will be housed in the new columbarium. Residents of LA County will no longer have to drive to Riverside to honor their loved ones who served in the military.
- **Deficit.** The federal deficit has reached almost one trillion dollars. It has increased almost 200 billion dollars since last year.
- **Veterans Legacy Memorial.** At www.vlm.cem.va.gov can be found the burial record and basic data of all deceased veterans buried through the National Cemetery Administration (NCA) of the U.S. Department of Veterans Affairs (VA). To locate an individual just input the last name.
- **American Airlines Flt 11:** At <https://www.youtube.com/embed/cLj4akmncsA> is an interesting story of the pilot who lucked out and survived this 911 flight.
- **Remembering the Fallen.** At <https://www.youtube.com/watch?v=IMj4APUZ1oU> is a 15 minute clip of a French WWII elderly vet's memory of the day he was wounded.

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

U.S. Political Party Gallup Results

Democrats Maintain Favorability Edge

Americans continue to view the Democratic Party slightly more favorably than the Republican Party, but the GOP maintains its edge on two key responsibilities of government -- protecting the U.S. from external threats and keeping the country prosperous. Both parties' images are modestly improved since late January after the longest government shutdown in U.S. history ended. The Republican Party's 43% favorability marks a six-percentage-point increase since then, while the Democratic Party's latest 48% favorability rating edged up three percentage points. The GOP has a six-percentage-point advantage over the Democratic Party on protecting the country from international terrorism and military threats, 50% to 44%, and a four-point edge on ensuring prosperity, 49% to 45%. Both of these advantages are about equal to one year ago.

Favorability of the Republican and Democratic Parties

One year ago, the Republican Party's favorable rating hit its highest point in seven years only to drop eight points in January after its image suffered worse than the Democratic Party in the 35-day government shutdown. The Democrats' image held steady between September 2018 and January 2019. The latest favorability ratings of the parties come from Gallup's Sept. 3-15 poll which was completed before House Speaker Nancy Pelosi initiated a formal impeachment inquiry into claims that President Donald Trump attempted to pressure Ukrainian officials to investigate his potential 2020 rival, Joe Biden.

Although the Democratic Party has mostly held a slight advantage over the GOP for the last few years, neither party's favorability has reached the majority level in quite some time. Aside from one 51% rating in the days after Barack Obama was re-elected in 2012, the Democratic Party has not enjoyed majority-level favorability since 2009. Favorability ranged from 51% to 57% from mid-2006 through mid-2009. It has been even longer since the Republican Party has been viewed positively by a majority of Americans. In February 2005, early in George W. Bush's second term and before public support for the war in Iraq soured, Americans' favorability ratings of the GOP were 51% and

56%. The most recent long stretch of positivity toward Republicans was from early 2002 after the 9/11 terrorist attacks through March 2003 when the Iraq War began.

The latest uptick in the favorable image of the Republican Party is a result of a modest increase in positivity among independents and to a lesser extent, Republicans. The percentage of independents with favorable views of the Republican party grew from 29% in January to 35% now but remains lower than the 41% it was at one year ago. Republicans' opinion of their own party has edged up four points since January to 92%, about the same level it was one year ago. For their part, Democrats' positive views of their own party have remained steady in the last year with about nine in 10 viewing it favorably. Independents' favorability of the Democratic Party (43%) is nine points higher than it was in January and slightly above last year's reading.

GOP Maintains Edge on Protecting the U.S. and Maintaining Prosperity

With few exceptions, since 2002, when Gallup first asked the question, Americans have viewed the Republican Party as better able to protect the U.S. from international terrorism and military threats. The latest 6-point advantage for the GOP is unchanged from last year. Americans also give Republicans an edge over Democrats when it comes to the ability to keep the country prosperous, 49% vs. 45%. Unlike the measure on protection from external threats, however, the public's view of which party is better able to maintain prosperity has changed over the years. Most recently, from 2003 through 2009 and again in 2012, the Democratic Party was favored on this measure.

Gallup has asked this question regularly since 1951 and views have fluctuated over that time.

Each party's loyalists stand behind their own party's ability to protect the country and keep it prosperous, although Republicans are slightly more likely than Democrats to support their own party on both. Independents currently tilt toward favoring the Republican Party on both measures.

Bottom Line

Although Americans still rate the Democratic Party more positively than the Republican Party, they think that the Republican Party is better able to keep the U.S. secure from external threats and keep the country prosperous. Past data show that in the last three presidential elections, the party that was more trusted to keep the country prosperous in the election year ultimately won the White House.

[Source: Gallup | Megan Brennan | September 30, 2019 ++]

Iran Tensions

Update 08: Wiping Israel off the Map Is Now an “Achievable Goal”

Iran's Revolutionary Guard Corps (IRGC) commander on 30 SEP said that wiping Israel off the map is now an “achievable goal” thanks to the country's technological advances. Gen. Hossein Salami's comments, delivered before an audience of IRGC leaders, were carried by multiple news outlets, including the state-funded IRNA agency. “This sinister regime must be wiped off the map and this is no longer ... a dream (but) it is an achievable goal,” Salami said. He added that the country has “managed to obtain the capacity to destroy the imposter Zionist regime,” four decades after the Iranian Revolution. “The second step of the revolution is the step that rearranges the constellation of power in favor of the revolution. Iran's Islamic evolution will be on top of this constellation,” Salami said, adding, “In the second step, we will be thinking of the global mobilization of Islam.”



Salami’s incendiary comments come amid heightened tensions between Tehran and Western allies over the United States' withdrawal from a controversial pact that promised eased sanctions if Iran curbed its nuclear ambitions. Tehran also made recent headlines after its Saudi neighbors accused Iran of attacking its oil facilities. On 30 SEP, Iran said that the missile-and-drone attack was an act of “legitimate defense” by Yemen’s Iran-allied Houthi rebels. The 14 SEP assault was claimed by the Houthis, though Saudi Arabia said it was “unquestionably sponsored by Iran.” The kingdom has been at war with the Houthis in Yemen since March 2015. [Source: The Associated Press | September 18, 2019 ++]

Postal Service

Update 08: New Package Security Enhancement



The Postal Service is increasing the safety and security of its collection box procedures. The organization is modifying the long-standing Aviation Mail Security Rule, which was established in 1996 and called for packages weighing 16 ounces or more to be presented in person to a retail associate or letter carrier. The rule was introduced to enhance security measures and protect the public, postal employees and postal contractors who transport U.S. Mail. In 2007, the weight allowance was decreased. Since then, packages that weigh 13 ounces or more and bear only stamps as postage were required to be presented to a USPS employee at a retail counter.

The update to the rule will enhance these existing safety procedures. Beginning 1 OCT, packages with stamps as postage that are more than one-half inch thick or weigh more than 10 ounces will be prohibited from entering the mailstream through collection boxes or Post Office mail slots. Packages and all other mailpieces of this type must now be taken to a retail counter. Customers can also use Postal Service self-service kiosks to purchase postage labels and drop these packages into the package slots — not mail slots — at a Post Office. If a restricted package or mailpiece is found in a collection box, mail chute or lobby mail slot after Oct. 1, the package will be returned to the sender with a Customer Return Label attached explaining the restrictions and reason for return. Customers who use [Click-N-Ship](#) are not affected by this change. USPS will update labels on collection boxes and Post Office mail slots with the new information. [Source: <https://link.usps.com/2019/10/01/package-security> | October 1, 2019 ++]

Afghan War

Update 02: U.S. Air Support

U.S. aircraft dropped more bombs in Afghanistan in the month of August than during the past six years for that month as peace negotiations between the Taliban and U.S. entered into the final stages. According to an airstrike roll up provided by U.S. Air Forces Central Command, U.S. aircraft dropped 783 munitions in August. That month, Taliban forces launched a deadly siege on the northern Afghan city of Kunduz even as Taliban and U.S. negotiators continued to forge forward with an agreement to end the nearly 18-year long war. B-52s were postured to respond to Taliban assaults of several urban centers that occurred in late August to early September but were not used, military officials said. The Taliban failed to capture Kunduz and other urban centers during its offensive blitz, and President Donald Trump eventually pulled the U.S. out of peace negotiations with the militant group in September.

As the U.S. war in Afghanistan enters its 18th year, U.S. aircraft still appear to be doing much of the heavy lifting from moving cargo to conducting deadly strikes on Taliban and ISIS positions. With several months left in the year, U.S. aircraft are on track to drop more munitions than the surge years from 2010 to 2011 in Afghanistan, which saw nearly 100,000 American troops operating in the war-torn country. There are roughly 14,000 U.S. troops deployed to Afghanistan today.

As of August, U.S. aircraft have dropped 4,483 munitions in Afghanistan. In 2010 and 2011 — the height of America's involvement in Afghanistan — aircraft dropped 5,100 and 5,411 bombs respectively. U.S. aircraft dropped 7,362 bombs in Afghanistan in 2018 — meaning the last two years of U.S. aerial operations in Afghanistan are shaping up to be the most intense air campaign in the country since the surge under then-President Barack Obama. The numbers are staggering, and indicate that Afghan forces are still at the mercy of U.S. air support despite years and millions of dollars invested into the Afghan air force.

For the U.S. to pull out of the conflict, the Afghan air force must be capable of launching real time close-air support for maneuvering ground forces. Afghan aircraft must also be able to resupply remote outposts across the country. But Capt. Samantha Morrison, an AFCENT spokeswoman, says the Afghan air force has made progress. The Afghan air force “no longer require direct coalition support for routine operations,” she explained. “The AAF is able to plan and execute successful air operations to further the security of Afghanistan and the legitimacy of its government without direct coalition support,” Morrison said. According to a July DoD report on Afghanistan, the AAF has about 162 total aircraft in its fleet, but not all those aircraft are in country.

The numbers appear low, considering in 2017, the U.S. military embarked on a plan to provide Afghanistan with 159 UH-60 Black Hawk helicopters. The status of the plan is unknown, officials with Resolute Support have yet to respond to a Military Times' question about the Black Hawk plan. But, the recent DoD report says thus far, only 28 Black Hawks have been delivered to Afghan forces with 27 UH-60s available in country. The DoD report said the U.S. is delivering two UH-60As a month and five armed MD-530s per quarter. Attack assets in the Afghan air mix include 30 MD-530 helicopters, 19 A-29 Super Tucano turboprop planes, and 10 AC-208s with precision strike capability. The AAF also has four C-130s and 37 Mi-17 transport helicopters. According to the DoD report, the fixed-wing A-29 aircraft recorded its first ever night strike in December 2018.



U.S. Air Force A-10 Thunderbolt IIs (left) fire flares while breaking away after aerial refueling from a KC-135 Stratotanker out of Kandahar Airfield, Afghanistan, Aug. 15, 2019. An Afghan Air Force A-29 Super Tucano (right) pitch to land at the Hamid Karzai International Airport, after returning from a sortie at Kabul, Afghanistan, Aug. 14, 2015. The A-29 is the Afghan Air Force's latest attack airframe in their inventory.

On 8 SEP, Secretary of State Mike Pompeo said more than 1,000 Taliban fighters were killed over a 10-day period. At a Pentagon 9/11 ceremony Trump said that the U.S. was hitting the enemy in Afghanistan “harder than they have ever been hit before.” In mid-September, Afghan President Ashraf Ghani boasted that nearly 2,000 Taliban militants were killed following failed attempts to capture Kunduz and Baghlan. “Our mission in Afghanistan has not changed,” Morrison said in response to a question from Military Times regarding whether strike authorities had been expanded in Afghanistan. “Every member of the Resolute Support and Operation Freedom’s Sentinel missions serves to protect our homelands and to prevent Afghanistan from again being used as safe haven by terrorists,” Morrison said. [Source: MilitaryTimes | Shawn Snow | October 1, 2019 ++]

Laptop Battery Extending Its Life

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

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

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

- Leave your laptop in hibernation mode when you aren’t using it.

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

[Source: MoneyTalksNews | Chris Kissell | October 9, 2019 ++]

Printer Ink **Extending Its Life**



There is an easy — and often overlooked — way to make printer ink last longer. Printer ink ain't cheap. Manufacturers who make printers are notorious for selling the devices at low prices, only to later make buckets of cash by selling costly replacement ink cartridges. So, if you have a printer, you want to squeeze out every last possible page before having to replace that cartridge.

Leave your printer turned on. Consumer Reports points out that every time you turn on your printer, it triggers a maintenance cycle. The publication notes that its tests found that many printers use as much ink to clean the print heads as they do for printing itself. According to CR: “When we kept the printers on, we saw a noticeable reduction in ink consumption even on some of the most ink-hogging models.” Consumer Reports urges you not to fret about the environmental impact of leaving your printer juiced at all times. According to the publication, injects consume miniscule amounts of power when sitting idle. [Source: MoneyTalksNews | Chris Kissell • October 5, 2019++]

Car Buying

Update 04: Used | Checklist to Ensure You Get a Good Deal

Looking for a new car? A used model almost surely will cost you less to drive — but only if you can keep the car on the road. That shiny used car you are eyeing might not be such a good deal after all. It could be a lemon. Use this checklist to make sure you get a good deal on a great set of wheels.

1. Order the title history

Reports like a Carfax history can help you pick between a lemon and a gem, but saying “Show me the Carfax” might not be enough. Carfax reports come from police departments and insurance companies, as well as many other sources. While the information shown on the report is certainly helpful, it isn't the full story. As Carfax itself says, the companies reports “may not include every event in a vehicle's history.” To better protect yourself, order a car title history report from the federal government's [National Motor Vehicle Title Information System](#).

2. Watch out for rentals

Rental cars might not have a lot of miles or any obvious damage, but the engine likely has a lot of wear and tear. Ask the dealership or owner if the car you're considering was ever a rental.

3. Ask for a service history

Ask for a service or maintenance history for any car you're considering. A good service history includes detailed records of maintenance work like oil changes, tire rotations, air filter replacements and other small jobs that keep a car running longer.

4. Inspect the outside

Walk around the outside of the vehicle and look for any dings, scratches, rust or mismatched paint. Open and shut all doors, the trunk and the hood. If you see rust, the car might have flood damage. Mismatched paint and off-kilter doors can mean collision damage. Don't forget to check the roof and inside the doors for paint damage.

5. Kick the tires

Insert a penny in the tread of each tire with Abe Lincoln upside down, facing you. If you can see the top of his head, the tires probably need to be [replaced](#). All four tires should have even tread wear. If they don't, the wheels might be misaligned.

6. Check the fluids

Open the hood and check the engine fluids. The oil should be a golden or amber color. Dark or clumped oil is a warning sign. The brake fluid should be clear, and the coolant reservoir should have color-tinted coolant or antifreeze up to the "full" line. If you're not sure how to check the fluids, have your mechanic do it.

7. Ask a professional

Finally, if the used car passes all the other tests, have a professional mechanic check out it. A mechanic can find engine damage and look for other needed repairs that you won't be able to spot on the lot.

[Source: MoneyTalksNews | Angela Colley | June 13, 2018 ++]

Passwords

Update 03: 25 Most Common in 2018

Taking care of more things online has made life easier, whether it's reordering paper towels or viewing the results of medical tests. But many of the added conveniences we've grown accustomed to come with their own annoyance: another password to remember. Even an account that seems insignificant could allow a skilled hacker to execute a sophisticated attack against you. Worse still, they could use that account to impersonate you and launch attacks against your family and friends. This is particularly important in a time when passwords are easier than ever to crack. While passwords themselves can be bypassed, it's still important to keep passwords strong to protect against brute force attacks, which is when hackers try guessing your password over and over until they're successful."

In the U.S. it's almost comically easy to hack someone's life. All you need are a few numbers to access most smartphones, a string of characters to access most email accounts and a handful of biographical details to steal most identities. Your password can ruin your life. That might sound dramatic, but it's true. If someone figures out the password to your email, you're in trouble. Social media? Even worse. Once hackers access your online bank account, they can wreck your finances, and you may feel the repercussions of that break-in for years. May 2 is World Password Day — celebrate by strengthening your passwords. Step 1? Recognizing when your passwords need some work. SplashData produces an annual list of the 100 worst passwords based on more than 5 million leaked passwords. Here are the top 25 from the 2018 list:

#25 qwerty123

#24 password1
#23 donald
#22 aa123456
#21 charlie
#20 !@#\$\$%^&*
#19 654321
#18 monkey
#17 123123
#16 football
#29 freedom
#28 bailey
#27 121212
#26 zxcvbnm
#25 qwerty123
#24 password1
#23 donald
#22 aa123456
#21 charlie
#20 !@#\$\$%^&*
#19 654321
#18 monkey
#17 123123
#16 football
#15 abc123
#14 666666
#13 welcome
#12 admin
#11 princess
#10 iloveyou
#9 qwerty
#8 sunshine
#7 1234567
#6 111111
#5 12345
#4 12345678
#3 123456789
#2 password
#1 123456

[Source: <https://www.teamsid.com/100-worst-passwords> | October 2019++]

IRS Tax Forms

Update 01: New 1040-SR in the Works for Seniors

Uncle Sam hopes to offer some relief soon to seniors who hate poring over federal tax forms crammed with words and boxes. The IRS recently released the second draft of a new federal tax return, called Form 1040-SR or “U.S. Tax Return for Seniors.” The new form features large print and streamlined boxes in an effort to simplify the tax-filing process for

Americans ages 65 and older. In the past, the government has touted this new tax form as being similar to Form 1040-EZ, which was the simplest tax form available for filing a return prior to 2017's federal tax reform but has since been discontinued.

According to a recent report in Forbes: "Unlike the old form 1040EZ, there are no income limits or restrictions on the kinds of income that can be reported on form 1040-SR. But unlike the old form 1040EZ, the draft form 1040-SR allows taxpayers to claim the standard deduction or itemize deductions." For the curious, the latest draft — which runs two pages — can be found at the IRS website <https://www.irs.gov/pub/irs-dft/f1040s--dft.pdf>. If you like what you see — or even if you loathe it — at WI.1040.Comments@IRS.gov you can let Uncle Sam know your thoughts by emailing comments to

You are unlikely to need any version of the 1040 if you rely on software or a professional to file your federal income taxes, though. The software or pro would fill it out your return for you. "While 15 million taxpayers could benefit from the new form — approximately 10% of taxpayers — that number is likely on the high end," the Forbes report notes. "Many seniors don't file their tax returns by hand."

Even though the year is not yet over, you can get a jump on your 2019 tax return by educating yourself about changes in store for next year's tax season. For starters, don't count on taking the alimony deduction. As we reported earlier this year: "A spouse who gets divorced this year and pays alimony this year cannot write the payments off on a tax return in 2020. That also means that a spouse who gets divorced this year and receives alimony this year will not count the payments as income on the tax return filed next year." For more about such changes from the 2017 Tax Cuts and Jobs Act and other adjustments that will impact your 2019 return, check out "7 Ways Your Taxes Will Change in 2020" at <https://www.moneytalksnews.com/ways-your-taxes-will-change>.

Looking ahead to the next tax season is probably the last thing you feel like doing if you still have tax debt looming from previous years. But while you can run from Uncle Sam, you can't hide. So, instead of fleeing your obligations, try sprinting toward some expert help. Stop by the Money Talks News Solutions Center and look for qualified tax-debt pros who can help you develop a plan to put your tax-debt problems in the past. [Source: MoneyTalksNews | Chris Kissell | October 8, 2019 ++]

Philippine Embassy Services

Guidelines to Obtain

The Manila-based office of the U.S. Citizenship and Immigration Services closed on June 9, 2019. For questions pertaining to the filing of an immigrant visa petition, please visit the USCIS website <http://www.uscis.gov>. This does not affect any other Embassy operations.

ROUTINE SERVICES

- *U.S. Passports* -- Click <https://ph.usembassy.gov/u-s-citizen-services/passports> for instructions on how to apply for or renew a U.S. passport in the Philippines.
- *Report the Overseas Birth of a Child* -- Click https://ph.usembassy.gov/u-s-citizen-services/child-family-matters/birth/?_ga=2.259608330.1043803373.1513666048-1334164740.1502093224 for instructions on how to obtain a Consular Report of Birth Abroad and U.S. passport for your child.
- *Getting Married in the Philippines* -- For information about how to make an appointment to obtain an Affidavit in Lieu of a Certificate of Legal Capacity to Contract Marriage, click <https://ph.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/getting-married>.
- *Notary Services* – Click <https://ph.usembassy.gov/u-s-citizen-services/notaries-public> to make an appointment for notary services.

- *Traveling to the Philippines* -- Click <https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages/Philippines.html> for information about traveling to the Philippines. Click <https://step.state.gov/STEP/Pages/Common/Citizenship.aspx> to enroll your trip, stay informed, and stay connected with the Embassy.
- *U.S. Taxes* -- Click <https://ph.usembassy.gov/u-s-citizen-services/internal-revenue-service-u-s-taxes> for information on how to pay taxes while overseas.
- *Voting Overseas* -- Click <https://ph.usembassy.gov/u-s-citizen-services/voting> for information on how to vote while overseas.
- *Social Security* -- Click <https://ph.usembassy.gov/u-s-citizen-services/social-security> for information on how to contact the Social Security Administration at the U.S. Embassy in Manila.
- *Veterans Affairs* -- Click <https://ph.usembassy.gov/u-s-citizen-services/veterans-affairs> for information on how to contact the U.S. Department of Veterans Affairs Regional Office in Manila.
- *U.S. Visas* -- Click <http://cdn.ustraveldocs.com/ph/index.html?firstTime=No> for inquiries regarding nonimmigrant or immigrant visas to the United States.

APPOINTMENTS

- Appointments are required for passport, notary, and consular report of birth abroad services. The Embassy does not accept walk-ins for these services.
- Appointments for passports and notary services must be scheduled through their website and cannot be scheduled via phone or email.
- Instructions on how to make an appointment for a consular report of birth abroad can be found at https://ph.usembassy.gov/u-s-citizen-services/child-family-matters/birth/?_ga=2.259608330.1043803373.1513666048-1334164740.1502093224.
- Forget/lose your appointment confirmation page? Your name will be on their visitor access list and you will still be permitted entry on your appointment date and time. Check-in could take a few minutes longer than usual.
- Need to change or cancel your appointment? You cannot change your appointment at the Embassy. Please cancel or sign up for a new appointment on their website.
- Forget your appointment password? The Embassy is unable to reset passwords. If you forgot your appointment password, you need to start the process over from the beginning.
- To cancel an appointment you can email the Embassy at acsinfomanila@state.gov with the date/time/name of the appointment that needs to be cancelled.

EMERGENCY SERVICES

If you need to report a new death, serious illness, violent crime against, or arrest of a U.S. citizen in the Philippines, please contact our Embassy at +63-2-301-2000 and ask for American Citizen Services.

Please note that if your question can be answered in the text or links above you will not receive a response.

[Source: ACS Info Manila | October 11, 2019 ++]

Remembrance

1964 Beatle Wigs and Boots



Have You Heard?

Military Humor 6 | Employment | Work vs, Golf

Military Humor 6

During training exercise, the lieutenant who was driving down a muddy back road encountered another car stuck in the mud with a red-faced colonel at the wheel.

'Your jeep stuck, sir?' asked the lieutenant as he pulled alongside.

'Nope,' replied the colonel, coming over and handing him the keys, 'yours is.'

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Officer: 'Soldier, do you have change for a dollar?'

Soldier: 'Sure, buddy.'

Officer: 'That's no way to address an officer! Now let's try it again!'

Officer: 'Soldier. Do you have change for a dollar?'

Soldier: 'No, SIR!'

~~~~~

An Air Force Chief Master Sergeant and a General were sitting in the barbershop. They were both just getting finished with their shaves when the barbers reached for some after-shave to slap on their faces.

The General shouted, 'Hey, don't put that stuff on me! My wife will think I've been in a warehouse!'

The Chief turned to his barber and said, 'Go ahead and put it on me. My wife doesn't know what the inside of a warehouse smells like.'

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Military USMC Quote... "When I joined the military it was illegal to be homosexual, then it became optional, and now it's legal. I'm getting out before they make it mandatory."

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The reason the Army, Navy, Air Force, and Marines squabble among themselves is that they don't speak the same language. For example, take a simple phrase like "Secure the building." The various services would take the following action:

- The Army will put guards around the place.
- The Navy will turn out the lights and lock the doors.
- The Air Force will take out a 5-year lease with an option to buy.
- The Marines will kill everybody inside and make it a command post.

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Growing Older

Someone asked me if I liked growing older. My response was, not in particular, but it is acceptable - Who thought it would come so soon. As I've aged, I've become kinder to myself, and less critical of myself. Yep - little things don't irritate me anymore. Big incompetent snafus still do. I've become my own friend. I get some really good replies.

I have seen too many dear friends leave this world, too soon; and it hurts every time.

There is a great freedom that comes with aging. Along with that freedom comes more responsibilities - mostly to set a good example for the grandchildren.

Whose business is it, if I choose to read, or play, on the computer, until 4 AM, or sleep until noon? Only my wife. I will dance with myself to those wonderful tunes of the 50, 60 & 70's, as long as my ankles hold out. And if I, at the same time, wish to weep over a lost love, or two, or more, too many years ago to remember them all. I will.

I will walk the beach, in a swim suit that is stretched over a bulging body, and will dive into the waves, with abandon, with any luck the waves won't knock me on my butt and tear up my knees if I choose to, despite the pitying glances from the jet set. Ain't no jet setters in my Community, but we do have a magnificent beach. They too, will get old. But they do not yet know it is coming.

I know I am sometimes forgetful. Huh? But there again, some of life is just as well forgotten. But some mistakes are a lot of fun to live over again - with embellished outcomes of course. That goes with the forgetting And, I eventually remember the important things. Like glasses and toilet paper.

Sure, over the years, my heart has been broken. How can your heart not break, when you lose a loved one, or when a child suffers, or even when somebody's beloved pet passes? I've been through all three and I would rather not have any more of that. But, broken hearts are what give us strength, and understanding, and compassion. And most of all: faith. A heart never broken, is pristine, and sterile, and will never know the joy of being imperfect.

I am so blessed to have lived long enough to have my hair turning gray, it looks darker to me until I see my picture and to have my youthful laughs be forever etched into deep grooves on my face. Nope - not yet So many have never laughed, and that is sad - laughter is healing at any age and so many have died before their hair could turn silver. Go get the bottle and try again -

As you get older, it is easier to be positive. So much to be thankful for. You care less about what other people think or say. I don't question myself anymore. Darn, how could I bet against Clemson! I've even earned the right to be wrong. That may be so, but living with the consequences is sometimes difficult.

I like being old. I don't mind the old, I do mind the health issues. Old has set me free! I like the person I have become. I know I am not going to live forever, but while I am still here, I will not waste time lamenting what could have been, or worrying about what will be. And I shall eat dessert every single day (if I feel like it). In our household, we eat dessert FIRST - always.

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Blonde Stories (2)

Shampoo

A blonde man is in the bathroom and his wife shouts: "Did you find the shampoo?"
He answers, "Yes, but I'm not sure what to do... it's for dry hair, and I've just wet mine."

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*Mail*

A blonde man spies a letter lying on his doormat.  
It says on the envelope "DO NOT BEND."  
He spends the next 2 hours trying to figure out how to pick it up.

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Birth

A blonde man shouts frantically into the phone, "My wife is pregnant and her contractions are only two minutes apart!"
"Is this her first child?" asks the Doctor.
"No! Dummy" he shouts, "this is her husband!"

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*Suicide*

A blonde man is in jail, the guard looks in his cell and sees him hanging by his feet.  
"Just WHAT are you doing?" he asks.  
"Hanging myself," the blonde replies.  
"The rope should be around your neck" says the guard.  
"I tried that," he replies, "but then I couldn't breathe."

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Scuba Divers

An Italian tourist asks a blonde man: "Why do scuba divers always fall backwards off their boats?"
To which the blonde man replies: "If they fell forward, they'd still be in the boat."

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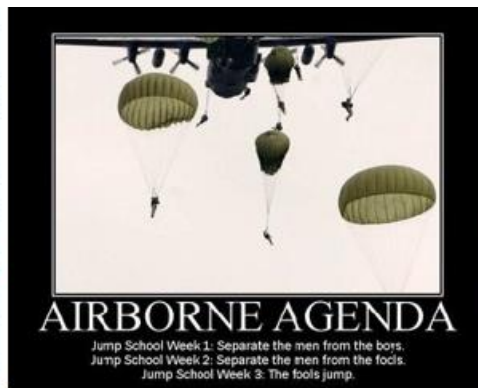
*Xmas*

A friend told the blonde man: "Christmas is on a Friday this year."  
The blonde man then said, "Let's hope it's not the 13th."

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Grenades

Two blonde men find three grenades, and they decide to take them to a police station.
One asked: "What if one explodes before we get there?"
The other says: "We'll lie and say we only found two."



Thought of the Week

“Everybody wants loyalty, consistency and somebody who won't quit. But everybody forgets that to get that person, you have to be that person.” — *Unknown*

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- <http://veteraninformationlinksasa.com/emos-rao.html> (PDF & HTML Editions w/ATTACHMENTS)
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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 19,478 subscribers who responded to that notice and/or have since subscribed. All others were deleted from the active mailing list.

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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 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 way 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.

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Bulletin Web Access: <http://www.nhc-ul.org/rao.html>, <http://www.veteransresources.org>, <http://frabr245.org>
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