

RAO BULLETIN

15 February 2020



PDF Edition

THIS RETIREE ACTIVITIES OFFICE BULLETIN CONTAINS THE FOLLOWING ARTICLES

Pg	Article	Subject
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*** DOD ***

- 04 == DoD Budget 2021 ---- (Five-Year Defense Plan Impact)
- 05 == DoD Budget 2021 [01] ---- (Annual Growth Concerns)
- 06 == Pentagon Spending [03] ---- (\$5.7B in Funding to be Reallocated)
- 08 == DoD Suicide Policy [14] ---- (2019 Results)
- 09 == PFAS Toxic Exposure [13] ---- (DOD OIG to Review Military's Response)
- 09 == Commissary Online Benefits ---- (New Caregiver/Vet 1 JAN Eligibles Access Delayed)
- 10 == DoD Political Do's & Don'ts ---- (Service Member's/Vets Reminder)
- 10 == POW/MIA Recoveries & Burials ---- (Reported 01 thru 14 FEB 2020 | Twelve)

*** VA ***

- 12 == VA Caregiver Program [61] ---- (Should Someone Else be in the Room Initiative)
- 15 == VA Video Connect [01] ---- (An Easier Way to Obtain Medical Care)
- 15 == VA GeroFit Fitness Program ---- (For Vets 65 & Over)
- 16 == VA Together We Can Program --- (Two More Subjects Added to Info Series)
- 17 == VA Sexual Trauma Claims ---- (Over 2 Years 20% Wrongfully Denied/Improperly Handled)
- 18 == VA Budget FY 2021[01] ---- (\$243.3 Billion Requested)
- 20 == VA Mission Act [13] ---- (After 8 Months VA Unable to Forecast Cost)
- 20 == VA Cancer Care [02] ---- (Artificial Intelligence Being Studied to Diagnose Cancer)

- 21 == Women's Health Transition Training ---- (WHTT Registration Ongoing)
- 21 == VA Fraud, Waste, & Abuse ---- (Reported 01 thru 14 FEB 2020)

*** VETS ***

- 24 == Medical Marijuana [01] ---- (Survey Indicates Vets Using but Cost is a Barrier)
- 25 == Fisher House [08] ---- (New Albuquerque Facility Welcomes First Family)
- 26 == Vet Toxic Exposure | K2 Black Goo ---- (VA Ready to help and asks Sick Veterans to Come Forward)
- 27 == Military Sexual Trauma [07] ---- (House Hearing on VA Support of MST Survivors)
- 28 == GI Bill [301] ---- (Housing Allowance Change One-Time Transition Relief)
- 28 == Vet Fraud & Abuse ---- (Reported 01 thru 14 FEB 2020)
- 29 == Military Retirees & Veterans Events Schedule ---- (As of 14 Feb 2020)
- 29 == Vet Hiring Fairs ---- (Scheduled as of 14 Feb 2020)
- 30 == State Veteran's Benefits ---- (Nevada 2020)

*** VET LEGISLATION ***

- 31 == VA Patient Care Needs ---- (S.3089 | Proposal Seeks to Better Match Facilities to Needs)
- 31 == PTSD Assistance [05] ---- (H.R.4305 | Puppies Assisting Wounded Servicemembers Therapy Act)
- 32 == Traumatic Brain Injury [75] ---- (H.R.5739 | Blast Exposure Protection Act)
- 32 == Vet Hotline ---- (S. 3251 | Veterans Assistance Helpline Act)
- 33 == Wyoming National Guard ---- (HB.0090 | Defend the Guard Act.)

*** MILITARY***

- 34 == Army Budget Request | 2021 ---- (\$178B to Meet Modernization/Combat Readiness/Personnel Needs)
- 34 == USMC Budget Request | 2021 ---- (Funding Dip, Personnel Reductions in \$46B Request)
- 35 == USAF Budget Request | 2021 ---- (Manning Growth Slows To 1500 in \$165.6B Request)
- 36 == USSF Budget Request | 2021 ---- (\$15.4B Mostly for Research, Development, and Testing)
- 37 == Army Expeditionary Warrior Experiments ---- (Woobies | Aerial Blood Delivery | Exoskeleton Braces)
- 38 == F-35 Fighter Jet [03] ---- (Gun Woes)
- 39 == USS Gerald R. Ford [16] ---- (Testing Suggests Not Yet Ready to Defend Itself)
- 40 == Army Aviation ---- (Incentive Pay Rates Increased)
- 41 == USS Fitzgerald (DDG-62) [24] ---- (Underway After Being Badly Damaged in 2017 Collision)
- 41 == Tax Tips for Military Life ---- (Some That Could Reduce What You Pay)
- 44 == U.S. Space Force [17] ---- (Troops Not to be Called Spacemen or Space Cadets)
- 45 == Base Housing [17] ---- (Tenant Bill of Rights SITREP)
- 46 == Army Housing [01] ---- (Private Housing Managing Companies Discussions)
- 47 == USAF Dress Standards [01] ---- (Religious Accommodation Guidelines Issued)
- 48 == Navy Terminology, Jargon & Slang ---- ('G' thru 'Give Way')

*** MILITARY HISTORY ***

- 49 == Battle of the Ia Drang Valley ---- (Tenets of Air Land Battle Analysis)
- 49 == Park Chung-hee Assassination Attempt ---- (Failure Led to USS Pueblo's Capture)
- 51 == Six Triple Eight Monument ---- (Honors Contribution of 800 Black Women in WWII)
- 52 == Nazi Killing Centers ---- (Operation Reinhard)
- 54 == John W. "Jack" Hinson ---- (A Civil War Sniper Hell Bent on Revenge)
- 55 == Auschwitz Extermination Factory ---- (The Early Days)
- 56 == WWII Bomber Nose Art [48] ---- (Sleepy Time Gal)

- 56 == Military History Anniversaries ---- (15 thru 29 FEB)
- 57 == Medal of Honor Citations ---- (Hugh Carroll Frazer | Mexican Campaign)

*** HEALTH CARE ***

- 58 == Medicare Hospital Coverage [05] ---- (Stop! Don't Sign Away Your Coverage)
- 58 == Prescription Drug Costs [44] ---- (Trump State of the Union Claim)
- 60 == Military Hospitals [01] ---- (Military Family/Retiree Patient Reduction Memo)
- 61 == Military Hospitals [02] ---- (Budget Request w/Military Family/Retiree Patient Reduction)
- 62 == Medicare Drug Procurement [04] ---- (Billions would Be Saved if Allowed to Negotiate)
- 63 == PTSD Treatment Results ---- (DoD/VA Recommended Therapies Don't Help Many)
- 63 == Diabetes [22] ---- (Don't Let Myths Influence Treatment)
- 65 == Coronavirus ---- (What We Need to Know About COVID-19)
- 67 == TRICARE Prime [41] ---- (Chiropractic Care, Gym Membership Pilot Program)
- 68 == TRICARE Podcast 539 ---- (Dental Program Coverage - TFL Eligibility & Enrollment - Spring Travel Tips)
- 69 == TRICARE Podcast 540 ---- (MHS Nurse Advice Line - ECHO - US Family Health Plan)

*** FINANCES ***

- 70 == State Taxation [02] ---- (Notable Individual Income Tax Changes in 2020)
- 72 == State Income Tax Rates | 2020 ---- (How High Individual Rates Are in Your State)
- 72 == Social Security Taxation [14] ---- (How this Income is Taxed)
- 73 == Social Security Earnings Limits [02] ---- (The 35 Year Factor)
- 74 == Tax ID Theft Scam ---- (File Your Taxes Early to Avoid)
- 75 == Face Mask Scam ---- (Shopping Online)
- 75 == State Tax Burden for West Virginia Retired Vets ---- (As of Feb 2020)

*** GENERAL INTEREST ***

- 78 == Notes of Interest ---- (01 thru 14 February 2020)
- 79 == RP-US Relations [03] ---- (U.S. Given Notice of VFA Termination)
- 81 == NATO ---- (Member Country Survey on Aiding U.S.)
- 82 == Afghan Peace Talks [07] ---- (Insider Attacks Impact | Not Much Movement)
- 83 == Afghan War [05] ---- (2021 Budget Request Lowest in a Decade)
- 84 == Nuclear Football ---- (Every President since Kennedy has Carried One)
- 86 == Obsolescence [02] ---- (The Writing is On the Wall for Dozens of Things We have Grown Up With)
- 88 == Robocalls [04] ---- (How to Spot and Stop)
- 89 == Israel Laser Sword ---- (Deployable by End of 2020 if It Passes Battlefield Testing)
- 90 == Have You Heard? ---- (Blonde Jokes 2 | Six Tiny Stories | Questions 4)

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 – Nevada Vet State Benefits
- Attachment – Military History Anniversaries 15 thru 29 FEB (Updated)
- Attachment - Battle of the Ia Drang Valley



DoD Budget 2021

Five-Year Defense Plan Impact

The U.S. Department of Defense plans to propose retiring hundreds of the Air Force's aging fighter jets and bomber aircraft over the next five years to shift resources toward building new capabilities to counter China and Russia, sources tell Foreign Policy. On the chopping block are a significant chunk of the older F-15s and F-16s, 17 of roughly 60 nonnuclear B-1 bombers, along with 21 of the service's unarmed RQ-4 Global Hawk drones. The proposed cuts over what is called the "five-year defense plan" will be included in the White House's annual budget submission for fiscal year 2021, which is set to be released on 10 FEB. Congress must approve the plan before it goes into effect.

As the legacy aircraft retire, the Air Force will bring on new capabilities: Boeing's new F-15EX, Lockheed Martin's F-35, and Northrop Grumman's B-21 stealth bomber. But despite Defense Secretary Mark Esper's push to tighten the Pentagon's belt, his office, along with the military combatant commanders, actually rejected a series of even deeper cuts proposed by the Air Force—including its armed MQ-9 Predator drones—according to four sources with knowledge of the discussions. The Air Force's original proposal was designed to shift money toward new capabilities, including new fighters, bombers, and building a sophisticated network that will provide more accurate real-time data to operators. But "they were trying to take tremendous near-term risk to do that," said one source with knowledge of the discussions. The final proposal includes "less money shifted, and a slower migration" to new capabilities, the source said.

The Air Force has tried to retire its 250 aging F-15Cs and two-seat F-15Ds over the years due to structural issues with the aircraft, including most recently in 2017. Now, instead of paying to upgrade the older aircraft in the fleet, the Air Force hopes to use that money to buy Boeing's F-15EX, a new and improved variant. Meanwhile, a number of the Block 25 F-16Cs, which were introduced in 1984, will retire in the next five years, replaced by the F-35. As for the B-1, the Air Force has previously said the aircraft would retire as Northrop Grumman's new B-21 stealth bomber comes online, starting in around 2025. The 2021 budget proposal appears to be an acceleration of this plan.

The Air Force's then-top civilian previewed the cuts in September 2019, saying that the service planned to slash certain legacy programs to invest in advanced technology. "The Air Force is leading the way with bold and likely controversial changes to our future budgets," said Matthew Donovan, who at the time was serving as the acting Air Force Secretary. "There's no way around it." During initial budget discussions this year, the Air Force also proposed retiring its fleet of armed MQ-9 Predator drones, its RC-135 Rivet Joint reconnaissance aircraft, additional B-1 bombers, and the storied U-2 spy planes. However, those cuts were rejected by the Office of the Secretary of Defense as well as the geographic combatant commanders, who argued they couldn't afford to lose any more surveillance capability.

The Pentagon has been saying since 2018 that it intends to shift focus away from the counterterrorism fights of the last two decades toward building new capabilities for a future conflict with "near-peer adversaries" Russia and China. Both countries are increasingly able to challenge the U.S. military's superiority through a wide variety of sophisticated missiles, air defenses, and electronic capabilities that could destroy key U.S. and allied forces—even U.S. aircraft carriers. But the persistent threat of terrorist groups such as the Islamic State and al-Shabab, as well as

new tensions with Iran, has slowed the effort. Just in the past few months, the U.S. military has deployed more than 10,000 additional troops, along with an aircraft carrier, fighters, bombers, missile defenses, and other capabilities to the Middle East.

It is becoming clear that legacy U.S. aircraft are increasingly vulnerable, even in the comparatively permissive airspace in the Middle East. Iran shot down a Global Hawk drone operated by the U.S. Navy in June 2019. And news emerged last week that an Air Force Bombardier E-11A, used to link troops in the field to headquarters and described as “Wi-Fi in the sky,” crashed in Afghanistan, killing two service members. The White House will release its budget proposal next week, but Congress still has to approve the changes as part of annual budget negotiations. As in years past, it’s likely lawmakers will push back on some of the proposals, and not all of them will make it into law. [Source: ForeignPolicy.com | Lara Seligman | February 3, 2020 ++]

DoD Budget 2021

Update 01: Annual Growth Concerns



Defense Secretary Mark Esper and Chairman of the Joint Chiefs Gen. Mark Milley brief the media at the Pentagon

Pentagon leaders aren’t seeing the kind of budget growth they were looking for in the upcoming 2021 request, and aren’t sure what kind of budget they’ll be looking at in the future, either. “In the years ahead, we need to get back to 3 to 5 percent real growth annually,” Defense Secretary Mark Esper said 6 FEB during an event in Washington, but wouldn’t say when that might happen. This year’s budget (2020), an increase of about \$2 billion to \$740 falls far short of that. For the immediate future, Esper said, “we have to brace ourselves that at best, defense spending will be level.”

Asked about trade-offs the Pentagon will have to make to meet the modernization goals of the services while trying to build new programs like the Navy’s new class of frigates, missile defense systems, the Space Force, and hypersonic weapons, Esper remained vague: “There are a lot of challenges and we need to meet them all, we need to push hard and have a clear vision.” Pentagon officials outlined some of the changes coming next year to reporters on 5 FEB. They outlined a plan they’re pitching Congress to move \$5.7 billion away from underperforming or outdated weapons systems and offices to some of those new technology efforts. “There’ll be contracts terminated. There’ll be less level of effort in certain areas, but I don’t think there’ll be any involuntary” separations or layoffs, one official said.

These changes are meant to fund a modernization program aimed at staying ahead of China and Russia in what is a burgeoning arms race in all but name. “The Chinese have used at least 18 years while we were in Iraq and Afghanistan to make enormous strides with regard to the professionalization of their force, modernizing their doctrine, building new capabilities, going after us asymmetrically,” Esper said. Critically, China is churning out new Type 055 destroyers at a fast clip, has started construction on its third aircraft carrier and is fielding new generations of medium and long-range ballistic missiles that hold US and allied bases in their range.

With a flat budget and Pentagon officials racing to make cuts on the back-end in order to push money toward modernization, Esper and his staff have been laying the groundwork for what will likely be some heated battles over military modernization and scrapping legacy systems. The Navy and Air Force have already floated plans to cut older aircraft and ships in early budget back and forth debates with the White House, a slate of early retirements that will infuriate Congress, but might be the only option in order to get new planes and ships into the force. The internal squabbles bled into the open last month when Navy, Army, and Air Force officials all said they're not receiving their fair share of the budgetary pie. [Source: Breaking Defense | Paul McLeary | February 06, 2020 ++]

Pentagon Spending

Update 03: \$5.7B in Funding to be Reallocated

The Department of Defense has identified \$5.7 billion in funding that will be reallocated from current offices towards new priorities such as hypersonic weapons and artificial intelligence, department officials revealed 5 FEB. The money, colloquially referred to as "savings" found through efficiencies, is part of an internal review process of the department's so-called fourth-estate offices, which include all the defense agencies not associated with either a service or a combatant command. As part of that reallocation, expect a "significant" change in the Missile Defense Agency's R&D investments and changes to an agency monitoring nuclear programs around the world, officials told reporters.

The review process was launched by Secretary of Defense Mark Esper after he took office last summer as part of several attempts to focus the department's energy and dollars on the National Defense Strategy. This effort is largely independent of the review looking at force posture in the combatant commands. Fourth estate agencies account for roughly \$99 billion in funds in the fiscal year 2021 budget, meaning the \$5.7 billion in savings represent about 5.8 percent of the overall budget for those offices. Another \$2.1 billion was transferred out of the fourth estate and into the services. However, no personnel will be involuntarily terminated from their jobs; any personnel reductions are planned to come from expected retirements. The funds will be redirected to the following areas:

- Nuclear modernization
- Space priorities, including the establishment of the U.S. Space Force
- Missile defense, with funds going towards a "multi-layered approach to homeland missile defense" and the development of the Next Generation Interceptor
- Hypersonic weapons, with the review providing for a "major increase in this investment" in both FY21 and the following years
- Artificial intelligence, with review funds "significantly" accelerating investment in AI for "maneuver, intelligent business automation and logistics, war fighter health analysis and intelligence data processing"
- 5G communications technologies, with money going towards providing test facilities for 5G prototyping
- Response force readiness, part of Esper's plan to have forces that can rapidly respond to issues around the globe with a flexible posture

A trio of senior defense officials, speaking on background ahead of the 2022 budget release date, briefed reporters on the findings. The officials avoided sharing specific details of where the money was coming from, or how much of the savings are being rolled into specific areas of interest, due to sensitivities with the budget rollout next week. They also declined to say how these savings might reflect over the Future Years Defense Program, a five-year projection included in the department's budget request.

The officials said that there were over 130 decisions made that combined for the total; some saved a hundred thousand dollars, and others saved millions. And the officials gave four large-scale examples of the kind of work that has led to the \$5.7 billion.

- The first is right-sizing 50 medical treatment facilities by studying the workloads and shrinking or growing the capacity at those locations based on what work is actually needed.
- The second comes from transferring all remaining storage, supply and distribution missions to the Defense Logistics Agency, something that was a left-over requirement from the 2005 BRAC effort which should lead to savings via economies of scale.
- A third example comes from reducing the number of operations run through the Defense Threat Reduction Agency’s Cooperative Threat Reduction (CTR) program, which was stood up to track and monitor weapons of mass destruction. While CTR will continue to monitor potential threats like China, Russia, Iran and North Korea, it was also running a number of programs tracking the work on chemical or nuclear programs from allied nations, one official said — requiring dollars and assets that could be better put to use studying and countering potential threats. *“What we found when we dug into it [is] it had expanded,”* the official said. *“This has really turned into partnership building, capacity building far beyond the CTR mission. So then we had to ask the question in those areas, is that more impotent than hypersonics? In a lot of those cases we said no, hypersonics is more important than that.”*
- A fourth example, perhaps the most eye-catching, comes from the Missile Defense Agency, with the official saying a line-by-line review of MDA led to a decision to “divest significant legacy capabilities.” review gave MDA an “opportunity to go through and look at some of the investments they are making that are really targeted at things that had either lessened in importance or were declining, and really realign funding to the new threats,” the official said, hinting that a major focus is in changing where MDA dollars are going to R&D as opposed to buying equipment needed now, including on technologies focused on discrimination of threats. “We could really start to say, what about bringing together some of the things we’ve been doing at the regional level into a new underlay,” the official added. “And we said, the ability to shoot down actual missiles and putting more capability on the ground to shoot down missiles was a higher priority than some of the advanced R&D work which was really taking us from an already good capability to a really exquisite capability.”

Esper has already tasked officials to continue the review in FY22, with a plan of finding more savings. Part of the plan for finding more savings comes from Esper empowering Lisa Hershman, the department’s chief management officer, to take a more active role in shaping the budgets of the fourth estate agencies into something that looks more similar to how the services operate. When a service puts together its budget, it goes through an internal process, where decisions about tradeoffs between offices and programs are fought over before a service secretary makes a final decision and moves the budget up to the secretary of defense level. However, the fourth estate agencies do not currently go through such a process — they drop their budgets at the same time as the services do, without that broad overview of a service secretary.

Going forward, Esper has ordered Hershman to act as, essentially, a service secretary for the fourth estate offices, overseeing their budget development process before presenting a unified budget alongside the services. Doing so should provide better oversight on the process and ensure savings going forward, the officials said. “We can make the defense wide account balanced, so we’re not getting a bill from MDA and passing it to the services or taking a bill from MDA and saying [others] have to pony up,” the first official said. However, to find more savings down the road, actual reductions may have to happen.

Asked if personnel reductions could come during the FY22 review, all three officials used some version of this phrase: “All options are on the table.” Similarly, a second official said that while no agencies were limited to this round, that could not be ruled out in FY22. And asked whether there is another \$5.7 billion to be found in the remaining parts of the fourth estate, the first official carefully said “I think the secretary thinks it’s repeatable.” [Source: DefenseNews | Aaron Mehta | February 6, 2020 ++]

DoD Suicide Policy

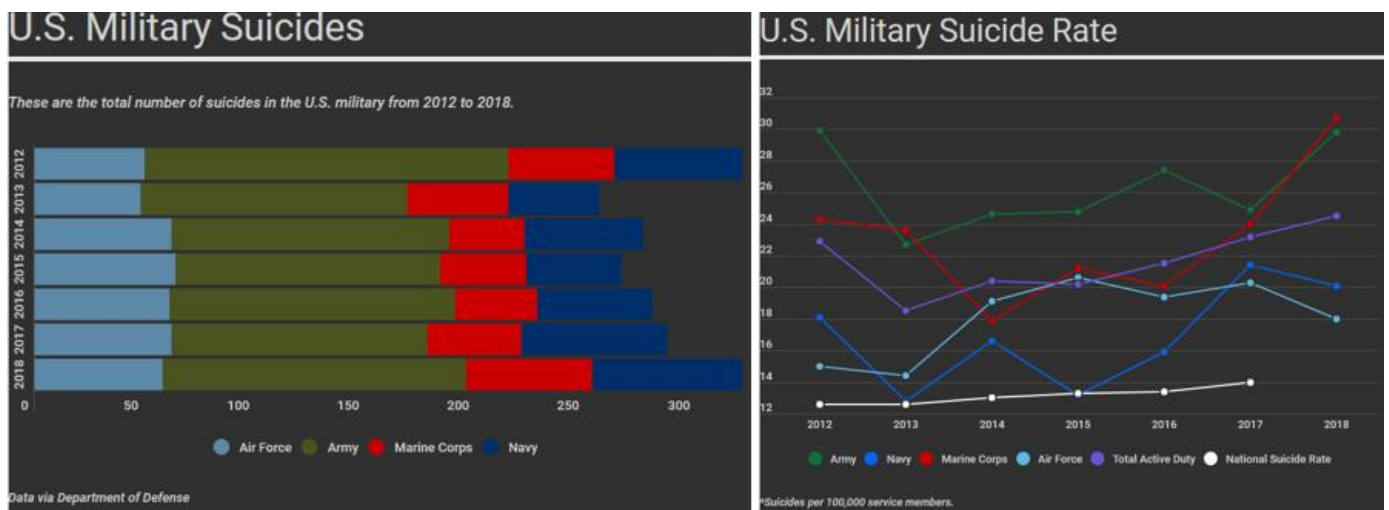
Update 14: 2019 Results

In 2019, 47 active-duty Marines committed suicide – 11 fewer than in 2018 – while the Navy reported 72 suicides, four more than a year earlier, according to preliminary totals from both services. The Marine Corps suicide rate for the calendar year 2019 was 25.3 per 100,000 active-duty Marines, a decrease from the rate of 30.7 per 100,000 active-duty Marines in 2018. “The Marine Corps is committed to reducing the number of suicides and continues to encourage unit leaders to have open dialogue with their Marines about stress, resiliency, mental wellness and suicide,” Maj. Craig Thomas, a spokesperson for Marine Corps Manpower and Reserve Affairs, wrote in an email to USNI News. “When leaders and mental health programs and resources acknowledge that ‘everybody struggles with life, trauma, shame, guilt and uncertainty,’ it helps make asking for assistance more acceptable,” Thomas said.

In 2019, the Navy’s active-duty suicide rate increased to 22.3 per 100,000 active-duty personnel, from the 2018 suicide rate of 20.1 per 100,000 active duty service members. “The most important warfighting asset of America’s Navy is not our ships, aircraft, weapons or technology. As vital as those things are, our Navy is about our people – from the youngest seaman to the longest-serving chief or officer. Any death by suicide is a tragedy. The health, safety and well-being of our sailors and their family members is absolutely essential and our top priority. The Navy’s suicide prevention programs are focused on building healthy relationships, creating connectedness and reducing barriers to those in need of help,” Chief of Navy Personnel Vice Adm. John Nowell said in a statement to USNI News.

Preliminary Air Force suicide totals for 2019 show the service reported 84 active duty personnel taking their own lives, which equates to a rate of 25.3 per 100,000 active duty service members, according to an article Stars and Stripes. That figure is equal to the Marines’ 2019 rate. Nationally, the suicide rate for all Americans was 14.2 per 100,000 individuals in 2018, the most recent year data is available, according to the American Foundation for Suicide Prevention. U.S. Army suicide data for 2019 was not immediately available.

The Navy’s 2019 suicide rate represents a modest increase from last year’s rate and the 2017 rate of 21.4 per 100,000 service members. However, between 2013 and 2016, the Navy reported a lower suicide rate that tracked closer to the national suicide rate of between 12.6 and 13.4 people per 100,000 residents. Responding to the increase in 2017, the Navy instituted several initiatives to address the rise in suicides among active-duty personnel, USNI News previously reported.



[Source: USNI News | Ben Werner | February 6, 2020 ++]

PFAS Toxic Exposure

Update 13: DOD OIG to Review Military’s Response

The Pentagon’s internal watchdog will review the military’s response to a cancer-linked chemical spread in part by its use of firefighting foam. A class of chemicals abbreviated as PFAS has contaminated water in at least 425 military sites, pushing Department of Defense (DOD) Secretary Mark Esper to take action on his first day in office and start a task force to address the substance. The review from the DOD’s Office of Inspector General (OIG) is a response to a request spearheaded Rep. Dan Kildee (D-MI) that asks how long the DOD has known PFAS was harmful to human health, how the military will address cleaning up the substance, and how it will take care of service members and communities harmed by PFAS. “Simply, it appears the scope of the problem far outweighs the allocated resources and focus of the DOD,” lawmakers wrote in their July request.

Lawmakers have undertaken numerous efforts to push the military to take greater steps to address PFAS, including measures in the defense policy act that required the military to end its use of PFAS-laden firefighting foam. OIG’s decision to review the military’s response could be something of a road map for the DOD but also for lawmakers eager to make sure funds allocated for cleanup are being used effectively. The agency’s own PFAS task force, however, is also expected to release its findings shortly. The military’s financial liability on PFAS is already expected to exceed its original \$2 billion estimate.

[Source: The Hill | Rebecca Beitsch | February 3, 2020 ++]

Commissary Online Benefits

New Caregiver/Vet 1 JAN Eligibles Access Delayed

It will be at least a month before the 4.1 million newly eligible shoppers — such as all service-connected disabled veterans — will have access to the MyCommissary portal and its benefits, officials said. The access problem doesn’t affect the new customers’ ability to shop in the commissaries on installations, or any of the other on-installation benefits. Officials expect the access to be available by late February or early March, said Kevin Robinson, spokesman for the Defense Commissary Agency. “We ask the new customer groups to be patient,” he said. That MyCommissary portal authenticates customers’ eligibility for the online access, but it can’t do that for the 4.1 million people who are newly eligible to shop as of Jan. 1.

In the meantime, these customers are missing out on some extra discounts, and convenience. The MyCommissary portal allows customers to register their commissary rewards card and upload extra discounts and deals that are available only to authorized shoppers. Customers pick up their new rewards card in the stores, but must register them through the secure portal. MyCommissary also allows customers to see current sales flyers with specific commissary prices which can’t otherwise be viewed, and to use the online ordering/curbside pickup service known as Click2Go at four currently participating commissaries in Virginia — Fort Eustis, Naval Air Station Oceana, Fort Belvoir and Quantico Marine Corps Base.

The MyCommissary portal wasn’t ready to accept these 4.1 million new customers because of the massive volume of data shared between the Department of Veterans Affairs and the Defense Manpower Data Center. It took longer than expected to complete the new authorized user validation tables, Robinson said, and work to update the MyCommissary portal couldn’t begin until those tables were complete. “The tables are now complete and the commissary agency is making needed system changes to interface with the new validation tables,” Robinson said. Then, commissary officials must test the validation process, and make sure it’s seamless to customers. New customers will be able to tell when

they have access when the caveats about access for new customers are removed from the portal. Commissary officials will also make a formal announcement, Robinson said.

This problem doesn't affect the pool of customers who have always been eligible for commissary shopping benefits — such as active duty, Guard and Reserve, retirees, Medal of Honor recipients, 100 percent disabled veterans and their authorized family members. The newly eligible veterans and caregivers do have access to other parts of the <https://www.commissaries.com> website, which are open to the public. Anyone can buy commissary gift cards; can look at current sales flyers and information on current sales promotions, although there aren't specific prices; information on the commissary agency's Nutrition Guide program, including recipes; get information on sidewalk sales and on-site sales for Guard and Reserve units; and food safety and recall information.

Newly eligible veterans and caregivers also weren't able to register for the DoD discount travel site on 1 JAN, but officials said that problem should have been fixed as of Jan. 27. A veteran contacted Military Times to report that he was able to register for the travel site.

[Source: MilitaryTimes | Karen Jowers | February 5, 2020 ++]

DoD Political Do's & Don'ts

Service Member's/Vets Reminder

The 2020 presidential election is in full swing, prompting the Defense Department to send out its regular reminder about do's and don'ts for service members looking to get politically active. Those include not making any political statements or supporting candidates while representing the military, per a 5 FEB memo from Defense Secretary Mark Esper. "As citizens, we exercise our right to vote and participate in government," he wrote. "However, as public servants who have taken an oath to defend these principles, we uphold DoD's longstanding tradition of remaining apolitical as we carry out our official responsibilities."

While service members are free to make campaign contributions, attend rallies or volunteer on behalf of a candidate, they are not allowed to do so in uniform, and have to keep their support to their off-duty time. Social media blurs those lines somewhat, but as long as a service member is using their personal accounts, political discussions are good to go. Veterans and reservists are also discouraged from using their uniforms or official service imagery in campaign materials, should they choose to run for election themselves. One workaround is to include a disclaimer, as Air Force veteran Sen. Lindsey Graham (R-SC) did during his 2015 bid for the Republican presidential nomination.

"Leaders will review the rules governing participation by DoD personnel in political activities and direct widest dissemination of the guidance in this memorandum to their teams," Esper wrote. Service members undergo annual ethics training that covers political involvement.

[Source: MilitaryTimes | Meghann Myers | February 7, 2020 ++]

POW/MIA Recoveries & Burials

Reported 01 thru 14 FEB 2020 | Twelve

"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

-- **U.S. Army Cpl. Arthur C. Ramirez, 19, of Pima, Arizona**, was a member of Battery B, 57th Field Artillery Battalion, 7th Infantry Division. He was reported missing in action on Dec. 6, 1950, when enemy forces attacked his unit near the Chosin Reservoir, North Korea. His remains could not be recovered following the attack. Ramirez will be buried March 19, 2020, in Marana, Arizona. [Read about Ramirez.](#)

-- **U.S. Marine Corps Pfc. Royal L. Waltz, 20**, was a member of Company A, 1st Battalion, 18th 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, in an attempt to secure the island. Waltz died between the first and second day of the battle, Nov. 20-21, 1943. Interment services are pending. [Read about Waltz.](#)

-- **U.S. Marine Corps Reserve Cpl. Oscar E. Koskela, 22**, was a member of Headquarters Company, 29th Marine Regiment, 2nd Marine Division, when American forces participated in the battle for Saipan, part of a larger operation to secure the Mariana Islands. Koskela reportedly sustained wounds in combat and was taken onboard the USS Solace for treatment. He died onboard the ship on June 18, 1944. Interment services are pending. [Read about Koskela.](#)

-- **U.S. Navy Chief Machinist's Mate Lada Smisek, 42**, served at the Naval Ammunition Depot and Submarine Base in Cavite, Philippine Islands, when Japanese forces invaded. Intense fighting continued until the surrender of the

Bataan peninsula on April 9, 1942, and of Corregidor Island on May 6, 1942. Smisek was among those reported captured after the surrender of Corregidor and held at the Cabanatuan POW camp. Interment services are pending. [Read about Smisek.](#)

-- **U.S. Navy Fireman 1st Class Dan E. Reagan, 20**, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Reagan. Interment services are pending. [Read about Reagan.](#)

-- **U.S. Navy Fireman 1st Class Hadley I. Heavin, 23**, of Baxter Springs, Kansas, was assigned to the battleship USS West Virginia, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The attack on the ship resulted in the deaths of 106 crewmen, including Heavin. He will be buried May 23, 2020, in his hometown. [Read about Heavin.](#)

-- **U.S. Navy Fireman 1st Class Rex E. Wise, 21**, of South Haven, Kansas, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Wise. He will be buried April 22, 2020, in Braman, Oklahoma. [Read about Wise.](#)

-- **U.S. Navy Fireman 2nd Class Joseph W. Carroll, 20**, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Carroll. Interment services are pending. [Read about Carroll.](#)

-- **U.S. Navy Fireman 2nd Class Martin D. Young, 21**, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Young. Interment services are pending. [Read about Young.](#)

-- **U.S. Navy Seaman 1st Class Warren C. Gillette, 21**, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Gillette. Interment services are pending. [Read about Gillette.](#)

-- **U.S. Navy Seaman 2nd Class Cecil H. Thornton, 21**, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Thornton. Interment services are pending. [Read about Thornton.](#)

-- **U.S. Seaman 1st Class Joe R. Nightingale, 20**, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Nightingale. Interment services are pending. [Read about Nightingale.](#)

[Source: <http://www.dpaa.mil> | February 14, 2020 ++]

* VA *



VA Caregiver Program

Update 61: Should Someone Else be in the Room Initiative

In coming months, physicians at Veterans Affairs hospitals will start their patient visits with a seemingly mundane but potentially radical question: “Should someone else be in the room too?” The move is part of a new initiative by VA leaders and the caregiver-focused Elizabeth Dole Foundation to make sure that spouses, parents and loved ones providing direct care for injured veterans are included in every step of their medical planning and treatment, something that happens inconsistently today.

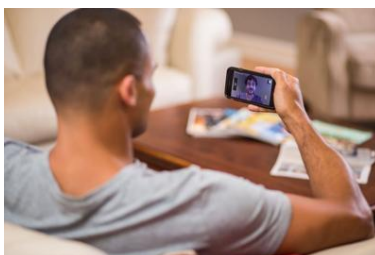
Advocates said the goal is not only to improve health care for veterans but also for their families and the entire department health system. “(Caregivers) manage veterans medication ... They do their best to keep veterans spirits up,” said Dole, a former North Carolina senator and caregiver to her veteran husband, former Senate Majority Leader Bob Dole. “They are the first line of defense against the worst of all possible outcomes: suicides. “These hidden heroes provide care that is extensive, intimate and around the clock. Just imagine the insight our medical professionals have to gain from them.” According to past research with VA, roughly two-thirds of veterans’ caregivers reported difficulty accessing their loved ones’ medical records or being fully involved in their medical visits.

The new initiative, started at three regional department networks 1 FEB, includes training for hundreds of doctors, nurses and social workers on how to better include caregivers in veterans’ medical plans. That includes making sure they are invited to appointments, asking for their observations and input, and including their information in medical charts. VA officials said for many younger medical professionals, those practices are already part of their normal routine. But the approach has not traditionally been part of past medical school training, and is not always required by outside medical systems. “This is a no-brainer for us,” said Lisa Pape, deputy chief officer for patient care services at VA. “We should be engaging these caregivers in treatment of veterans ... and acknowledging what they contribute.”

The efforts are separate from a congressionally-mandated expansion of VA’s stipend program for caregivers, which awards monthly payouts to individuals who provide full-time monitoring for injured or infirm veterans. That program is currently open only to post-9/11 veterans. Expansion to other groups has been delayed until later this year. Pape said the new training program will be expanded from the first three sites to the rest of the VA system later this year, after a short trial period to troubleshoot any issues. Veterans and caregivers may not see results immediately, but hopefully will notice a gradual integration into VA care plans over the next two years. Steve Schwab, CEO of the Dole Foundation, said numerous outside medical systems are also closely monitoring the effort. “We want to create a new standard for care here,” he said. More information on the initiative is available on the campaign’s web site <https://campaignforinclusivecare.elizabethdolefoundation.org>. [Source: MilitaryTimes | Leo Shane III | February 1, 2020 ++]

VA Video Connect

Update 01: An Easier Way to Obtain Medical Care



Veterans who live in rural areas have experienced difficulty over the years in getting medical treatment that's convenient. The VA Video Connect program addresses that issue by enabling the health care provider and veteran to meet face-to-face by way of a smart phone, computer or tablet. Casey Durham, a psychologist the VA Austin Clinic, spends three days of her five-day work week using Video Connect to see patients. The Austin clinic is one of the largest VA outpatient clinics in the country, Durham said. A mission of the VA for several years has been to increase veterans' access to mental and physical medical care, and Video Connect is one of the ways to connect with veterans who live in hard-to-reach areas. The Central Texas Veterans Health Care System area of service covers 35,243 square miles in 39 counties.

The technology that makes Video Connect possible has been adopted whole heartedly by veterans living in rural areas, but is also popular in places such as Austin, where commutes can be anxiety inducing as well as lengthy in respect to time. Veterans living in urban and suburban areas are using Video Connect because they are full-time stay-at-home parents who don't have family or friends who can stay with the kids while the parent spends an hour traveling each way for an appointment. "If I see them on telehealth, they can schedule appointments around their children's naps and still have access to needed services," Durham said. "It provides flexibility to veterans who aren't living in rural areas." The video appointments are welcomed by veterans who have mobility issues, and those who are working full time and can't take three hours off work, she said. The employed veteran might be able to take an early or late lunch and keep the appointment with their doctor in an empty conference room. "Being more accessible has done a tremendous amount of good and veterans realize the VA has gone above and beyond in its effort to connect with them to meet their needs," Durham said.

Since 2018, 432 providers within the Central Texas Veterans Health Care System successfully used virtual capabilities — telehealth and VA Video Connect — to connect with veterans to address their health concerns, according to Deborah Meyer, public information officer for the Central Texas Veterans Health Care System. The providers include nurses, pharmacists, nutritionists, blind rehab staff, physical medicine, rehabilitation staff and others. Veterans who live 30 minutes away from a VA provider can opt out of the VA care and seek community care. The community care physicians aren't likely located under one roof, making collaboration between providers difficult. As a psychologist, Durham said, her understanding of a veteran's service informs treatments. A physician in the community wouldn't likely know the impact of military service on an individual. Also, if one of her patients mentions they have a question for his or her primary care physician, Durham can get that message to the doctor.

The veteran determines what medical care they want to receive via Video Connect. Durham said she has veterans she sees via telehealth, but also sees them in person if they are part of a group she meets with at the clinic. Video Connect hasn't changed the structure of Durham's day, but it has resulted in fewer cancelations. Even patients who don't receive their medical care through telehealth have used it when some unforeseen incident has made getting to the clinic a problem. For people who are living with significant depression, mobility issues or chronic pain, which many veterans struggle with, providing an alternative is helpful. Minimizing barriers is always a benefit, she said. "We want to get people outside, moving around and socializing with other people, because we know that's good for mental and physical health," Durham said. "But first we have to meet people where they are."

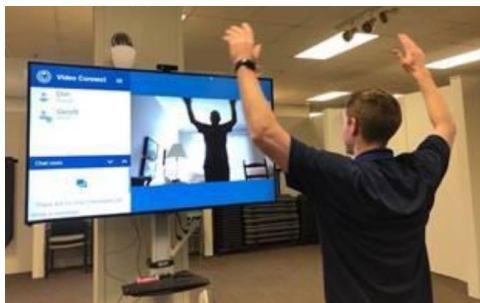
Durham said people can use the video feature on their phone for the appointments but she recommends using the biggest screen available. "It optimizes the experience and is more likely to feel like the provider and the patient are in the same room," she said. The VA values veterans, Durham said, and is always looking at ways to better reach and connect with them. Those veterans who have difficulty getting to VA clinics for care for whatever reason — mobility problems, caring for children or elderly parents, or working full time — need to talk openly with their medical providers about the things that get in the way of getting to their medical appointments.

Check and see if your physician is willing to provide care through Video Connect, Durham said. VA providers want to be the choice for our veterans, she said. "The bottom line is that telehealth is meeting the veterans where they are," Dr. Leonie Heyworth, a VA clinician who served as a telehealth advisor to primary care, said in a VA publication. "We're making things flexible and convenient to them." Durham said she sees 15 to 20 veterans a week

using Video Connect. To learn more about VA Video Connect program, visit the VA App Store at www.mobile.va.gov/appstore. [Source: Temple Daily Telegram | Janice Gibbs | February 2, 2020 ++]

VA GeroFit Fitness Program

For Vets 65 & Over



The Canandaigua VA Medical Center, a member of VA Finger Lakes Healthcare System, started a unique fitness program back in 2014 called GeroFit. It was one of only four VA pilot programs nationwide. Back then only four Veterans were enrolled in the Canandaigua GeroFit program. On Jan. 13, 2020, the program's 6th year anniversary, there are 110 Veterans active in the program and around 400 enrolled in the program. Today, nationwide there are 15 VAs offering the GeroFit program.

Donald Van Epps, an 86-year-old Pittsford Army Korean War Veteran, joined the program over three years ago and has been dedicated to the program attending at least three days a week. Even when he is away six months of the year either in the Thousand Islands or Florida, he uses his free VA issued iPad to video in at 8 a.m. to take both the chair and floor exercise classes. He says, "Being 86 I need all the exercise I can get!" He was recommended to the GeroFit program, he said, "because at age 82 I had no balance on my right or left leg and now I have a lot more balance."

Veterans need to be 65 years of age and enrolled in VA to be part of the supervised tailored exercise program that is designed to help Veterans stay physically fit and independent. The GeroFit program is free. Veterans are referred by their VA provider and their fitness progress is reviewed and documented in their patient records. This information is placed in a national VA portal to be accessed by VA researches to analyze and report findings as to the benefits exercise plays in one's health. Not surprisingly one research abstract showed there is a 25% reduction in a 10- year mortality rate for participants; they are living longer; 75% improvement in mental health; a greater reduction in medication use and participants continue to experience improved physical function five years after enrolling in GeroFit, according to the VA. Veterans in the GeroFit program live longer, healthier, happier, more independently and economically (due to less prescription use).

It is one of the few VA programs that allows spouses to join the program with their Veteran. As Teri Kopp, PT, MBA explains, this is because when a spouse also joins GeroFit it motivates the Veteran to consistently attend the program and achieve their health goals. The program has added Tai Chi and will soon be adding yoga to its curriculum which focuses on balance and stress reduction for a longer healthier life.

The Bath VA Medical Center opened a GerFit Program this past November and is in the process of enrolling Veterans and setting up video conferencing to help rural Veterans stay fit without the drive. VA Finger Lakes Healthcare System at Canandaigua and Bath offer other telehealth service options to Veterans in the home, the clinic and in the hospital. For more information visit www.canandaigua.va.gov/services/Telehealth.asp or www.bath.va.gov/services/Telehealth.asp or you can call the Canandaigua VA (585) 393-7492 or Bath VA 607-664-

4490 to learn more about telehealth services. Veterans who are not in the Canandaigua VAMC service area should ask their local VAMC how to sign up for and be issued a free iPad to participate this VA program. [Source: Genesis County Express| January 31, 2020 ++]

VA Together We Can Program

Two More Subjects Added to Info Series

The U.S. Department of Veterans Affairs (VA) has added two new information summaries to its Together We Can series: “Safe Home Environment” and “Staying Safe on Prescription Opioids.” In cases of increased risk of suicide, the home can become a dangerous place very quickly. Keeping the home safe from firearms, medications, and other potentially lethal items through safe storage can help protect children or grandchildren and help prevent accidents or injuries from occurring.

“[Safe Home Environment](#)” informs Veterans and their families about how safely storing firearms, prescription medications, and other potentially harmful items can enhance safety and reduce the likelihood of accidents or dying by suicide. For example, using gunlocks and safes can build in additional time and space between an individual and a firearm during a moment of crisis. VA’s recent literature review states that people who kept their firearms locked or unloaded were at least 60 percent less likely to die from suicide compared to those who stored their firearms either unlocked, loaded, or both. Veterans and families can learn about safe storage options and practices at the National Shooting Sports Foundation.

“[Staying Safe on Prescription Opioids](#)” focuses on opioid misuse and steps Veterans can take to stay safe while on prescription opioids. This information also highlights the importance of having open and honest conversations with your health care provider regarding family history, risks or possible risks for overdose, and avoiding unsafe use of prescription opioids. At https://www.mentalhealth.va.gov/suicide_prevention/resources.asp you can read the full information sheets and access more useful resources by downloading and sharing the Together We Can information sheets. Backed by research, this series provides practical information and steps that family members can take to be there for a veteran in their lives. Additional topics include:

- [Connection and Sense of Purpose](#)
- [Help Is Available for Your Emotional Pain](#)
- [Coping With a Suicide Loss](#)
- [Talking to Children Who Have Been Affected by Suicide or an Attempted Suicide of Someone They Know](#)

[Source: VA News Release | February 5, 2020 ++]

VA Sexual Trauma Claims

Over 2 Years 20% Wrongfully Denied/Improperly Handled



For nearly two years, about one in five veteran military sexual trauma claims were wrongfully denied or improperly handled by the Department of Veterans Affairs, officials told Congress 5 FEB. In September 2019, VBA completed a review of about 9,700 previously-denied MST claims from Oct. 1, 2016 through June 30, 2018. Of the 9,700 the agency reviewed, about 1,900 "required additional development" so they were initially wrongly denied or improperly handled, VBA Undersecretary for Field Operations Willie Clark told Congress. That amounts to about one in every five MST claims during that period being wrongly denied or handled incorrectly.

Since September 2019, of the 1,900 still being worked on, Clark said VA found that about 460 deserved to be approved and have their disability percentage increased. Another 500 are still being worked on, Clark said, and about 900 claims decisions were sustained or remained denied. Clark said VA approves thousands of claims "daily," including survivor claims. "We do get these right in some cases," he said. "Where we get them wrong, we need to know about it. If we don't, then we discourage more people from coming to the VA." The information was revealed in a House Veterans Affairs Committee hearing on how VA supports military sexual trauma survivors.

In a press conference held simultaneously, VA Secretary Robert Wilkie said when he took office, about 25 percent of women veterans used VA and now that number is 41 percent. "We are leading the change in military culture," Wilkie said. But sexual harassment and assault are not uncommon at VA, though the agency is the leading care provider for survivors of MST. About one in four women veterans experience sexual harassment or assault at VA facilities. Generally, women veterans are about seven times more likely to experience military sexual trauma than men. Assault and harassment have also been linked to deaths by suicide and homelessness among women veterans. Women veterans are more than twice as likely to commit suicide as non-veteran women. MST survivors face nearly twice the risk of homelessness. [Source: ConnectingVets.com | Abbie Bennett | February 05, 2020 ++]

VA Budget FY 2021

Update 01: \$243.3 Billion Requested

The U.S. Department of Veterans Affairs (VA) has a proposed \$243.3 billion budget for fiscal year (FY) 2021. The 10.2% increase from FY 2020 will allow VA's continued commitment to provide Veterans with high quality health care and timely access to benefits and services. "The budget request will ensure Veterans and their families experience health improvements and technological modernization advancements," said VA Secretary Robert Wilkie. "That's evidenced by the increase in budget funds we're receiving — that not only increase health care services and benefits to Veterans — but allow VA to lead the way in forward thinking innovation."

The FY 2021 budget provides robust funding for the secretary's top priorities. It includes \$109.5 billion (an increase of \$13.5 billion or 14.1% above 2020) in discretionary funding and resources for health care, benefits and national cemeteries. Additionally, there's \$133.8 billion (an increase of \$9 billion or 7.2% above 2020) in mandatory funding for benefit programs, specifically: compensation and pensions, readjustment benefits, housing and insurance. Budget highlights include:

- **MISSION Act:** Beginning June 6, 2019, VA launched its new and improved Veterans Community Care Program giving Veterans a choice about how best to meet their health care needs. More than 5,000 Veterans per week are accessing the new urgent care benefits provided through the MISSION Act. The FY 2021 request would provide resources to support expansion of the Program of Comprehensive Assistance for Family to eligible Veterans seriously injured in the line of duty on or before May 7, 1975.
- **Preventing Veteran Suicide:** \$10.2 billion (\$682 million above 2020) for mental health services includes \$313 million for suicide prevention programs, a \$76 million increase (32%) over FY 2020. Part of this funding will support President Trump's Executive Order, President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) program.

- **Women’s Health:** \$626 million (\$53 million or 9% above FY 2020) for gender-specific women’s health care. This increase will expand access to gynecology, provide more primary care services for women and enable VA to continue to identify and serve the health care needs of women Veterans.
- **Electronic Health Record Modernization (EHRM):** \$2.6 billion (\$1.2 billion above FY 2020) to continue implementation of a single longitudinal electronic health record (EHR) from active duty to Veteran status and ensure interoperability with the Department of Defense. In addition to funding continued EHR deployment to further sites, the FY 2021 request will accelerate nationwide deployment of the Centralized Scheduling Solution.
- **Transforming Business Systems:** \$221 million in the request will support the continued deployment of a modern integrated financial and acquisition management system. The request also includes \$236 million for VA to transform its supply chain system through the implementation of the LogiCole solution (formerly Defense Medical Logistics Standard Support) and other supply chain improvements.
- **Blue Water Navy (BWN):** \$137 million to continue implementing the Blue Water Navy Vietnam Veterans Act of 2019 (BWN) by ensuring sufficient staff are hired to support claims processing, handle call center activity, and conduct quality reviews. In FY 2021, VA expects to receive an estimated 70,000 BWN claims and appeals. VA has received more than 14,000 BWN claims — since Jan. 7 — and has already issued \$7.5 million in retroactive benefit payments to 218 BWN Veterans and survivors.
- **VA National Cemeteries:** \$360 million for increased burial access, partnering with stakeholders and preserving Veterans’ legacies. In 2019 the National Cemetery Administration achieved the highest customer satisfaction index for any organization in either the public or private sector from the American Customer Satisfaction Index.
- **Capital Investments:** \$1.9 billion for VA’s total construction program, including funding to complete the American Lake (Tacoma, Washington) and Long Beach (Long Beach, California) projects.

[Source: VA News Release | February 19, 2020 ++]

VA Mission Act

Update 13: After 8 Months VA Unable to Forecast Cost



Eight months after the Department of Veterans Affairs launched a new program to connect veterans with private-sector doctors, the agency doesn’t know how many appointments have been completed or how much it’s costing taxpayers. The VA Mission Act, a bipartisan measure intended to expand veterans’ access to private doctors, was the subject of a congressional hearing Wednesday. Members of the Senate Veterans Affairs Committee quizzed VA officials for nearly two hours about the program’s cost, use and ongoing implementation. Sen. Jon Tester (D-MT) said

he was frustrated that the VA could not forecast the cost. Congress needs to know its funding requirements, he said, especially since President Donald Trump’s budget proposal for the agency in fiscal 2021 is expected to be unveiled next week.

“Eight months into the new community care program, the VA has not provided – or cannot provide – the number of referrals that have become appointments,” Tester said. “And thus, I don’t see how we can figure out how many dollars are associated with those appointments and whether the usage is in line with what you estimated when this program was set up.” Congress provided about \$15 billion for community care in the VA’s latest budget. When Tester asked whether that would be enough, Richard Stone, executive in charge of the Veterans Health Administration, replied: “I think you asked the key question that keeps me up at night.”

Stone said the VA is waiting to tally reimbursement claims from private-sector providers in order to determine how many appointments were completed and at what cost. He provided the committee with a rough estimate: about \$1 billion to \$1.1 billion each month spent on outside care. At that rate, the program should fall within its funding levels, he said. Stone promised Tester he would return every quarter with an update. “I’m as frustrated as you are,” Stone said. “But at this point our budget looks solid.” Under the old Veterans Choice Program, which was replaced by the Mission Act, the VA repeatedly ran out of funding in its budget for community care. Then-VA Secretary David Shulkin went to Congress on three separate instances in 2017 asking for more money to keep it viable. Stone said that shouldn’t be the case this time. “I’m confident at this point that we are sufficiently funded, that we won’t be up here asking for additional dollars,” he said.

Senators brought up other concerns 5 FEB about the implementation of the Mission Act, including whether it would decrease the amount of time veterans wait for care, as intended. “This committee has concerns about how the VA is building out the network and its ability to meet veteran demand,” said Sen. Jerry Moran (R-KS), the committee chairman. Moran brought up a recent report from the VA Inspector General’s Office, which predicted long wait times could worsen under the Mission Act. The IG’s office based its conclusions on the region of VA hospitals that includes 1.6 million veterans across Florida, south Georgia, Puerto Rico and the Caribbean. VA officials in that region referred more than 206,500 requests in 2018 for community care at clinics outside the VA network, with veterans facing a 56-day wait on average before receiving care, according to the report.

During the first month after the Mission Act went into effect, the number of community care consultations in that region increased by more than 1,000, the IG found. The VA has predicted that under the Mission Act, the overall number of veterans eligible to receive community care nationwide will increase from 684,000 to 3.7 million. “Given the current workload and potential increase in patients eligible to receive community care, it is critical that [the VA] ensures sufficient staffing and efficient processing,” the IG report states.

The VA is creating regional networks of private-sector providers to care for veterans under the new law. The first region, which stretches from the northeastern United States to the mid-Atlantic, recently deployed its network, Moran said. The other three networks in the continental U.S. are expected to be launched by the end of 2020. “We must take opportunity to learn from region one and have honest conversations about difficulties that could threaten the networks well before it is fully developed,” Moran said. “We owe it to veterans to get Mission right the first time.”

Multiple senators voiced concerns about the VA’s ability to reimburse the private providers who care for veterans under the Mission Act. Sen. Mike Rounds (R-SD) said two large health care providers in his state are collectively waiting on more than \$5 million in reimbursements from the VA. The agency is working through 2.5 million backlogged claims from private providers, said Kameron Matthews, the VA’s assistant undersecretary for health for community care. The total inventory of claims stands at 3.4 million. The VA hopes to eliminate the backlog by Sept. 30, the end of the fiscal year, she said. [Source: Stars & Stripes | Nikki Wentling | February 5, 2020 ++]

VA Cancer Care

Update 02: Artificial Intelligence Being Studied to Diagnose Cancer

A team of researchers at the James A. Haley Veterans' Hospital in Tampa, Florida, is revolutionizing the way cancer is documented by enlisting the help of a computer to diagnose the disease in one of the largest patient populations in the nation: veterans. Sophisticated artificial intelligence is capable of drastically altering how cancer is diagnosed and treated by learning to distinguish imagery of tissue containing cancerous cells from pictures of healthy tissue, a recent study in the *Federal Practitioner* journal claims. "Based on a set of images selected to represent a specific tissue or disease process, the computer can be trained to evaluate and recognize new and unique images from patients and render a diagnosis," the study's authors wrote.

To test machine learning software, researchers uploaded hundreds of microscopic images of commonly diagnosed forms of the disease, such as lung or colon cancer, along with pictures of non-cancerous cells. At the conclusion of the test, the software — both Google- and Apple-based versions were tested — not only distinguished cancerous cells from non-cancerous tissue with a success rate of better than 90 percent, but it also indicated the exact form of cancer it was analyzing. The ability of user-friendly machine learning software to learn and efficiently perform traditional human tasks in less time will alleviate some of the demand on medical practitioners who are already being stretched thin, the authors claim.

By coupling AI with a growing list of telehealth options, specialists have the potential to reach patients from anywhere in the world. Greater accessibility would especially benefit the millions of patients in the VA's healthcare system, many of whom live in remote, rural areas where specialists or facilities needed to treat unique diseases are scarce at best. A collaborative doctor-AI system can also diminish patient wait times and effectively eliminate the time-consuming paperwork analysis that has always bogged down practitioners. What it won't do, according to one of the study's authors, is replace its Homo sapien counterparts. "Our ultimate goal would be to create programs that can be rolled out in the entire VA system so that pathologists who are working solo, or maybe there are two pathologists in some small VAs, would have the benefit of having something that is helping them become more productive, help them prioritize the workload and improve quality," Dr. Andrew Borkowski said in a VA release.

And while the hope of machine learning enthusiasts is to eventually apply AI-assisted healthcare on a global scale, early testing using the VA's expansive patient base allows for the mining of data from a seemingly limitless source. The myriad imagery generated from the nearly 50,000 cancer diagnoses of veterans each year, for example, will enable AI software to analyze more data, learn faster, and expand application to other demographics and diseases at a pace other healthcare systems cannot match. All this is not to say there won't be obstacles to overcome before AI can be considered entirely viable — ensuring the impeccable accuracy of its decision-making paramount among them.

In 2019, Google-run AI software was fed hundreds of images and tested to determine whether it could predict the early onset of a deadly kidney disease. Two of every three AI-generated results yielded false positives. Significant diagnostic errors like that can be detrimental to practitioners who then follow up on phantom diseases using valuable time that could be spent treating patients in dire need, Mildred Cho, associate director of the Stanford Center for Biomedical Ethics, told WUSF News. Continued success in machine learning trials like the one at the James A. Haley Veterans' Hospital, however, bode well for AI's future implementation into healthcare. Researchers hope continuously evolving software, such as Apple-produced AI that is now capable of recognizing images that have been rotated, flipped, or cropped, will help alleviate a glaring industry-wide trend.

The "number of pathologists in the U.S. is dramatically decreasing, and many other countries have marked physician shortages, especially in fields of specialized training such as pathology," the study's authors wrote. "These models could readily assist physicians in underserved countries and impact shortages of pathologists elsewhere by providing more specific diagnoses in an expedited manner." Future application of machine learning AI, the study concluded, will be immeasurably beneficial in diagnosing and documenting everything from various forms of cancer to non-cancerous diseases, brain hemorrhages, blood disorders, infections, and inflammatory issues. "The potential of

these technologies to improve health care delivery to veteran patients seems to be limited only by the imagination of the user.” [Source: MilitaryTimes | J.D. Simkins | February 9, 2020 ++]

Women’s Health Transition Training

WHTT Registration Ongoing

The number of women in the military has increased over the last few decades. As a result, the number of women Veterans also has increased. VA wants those women who are transitioning out of the military to know about the many specialized health care services available to them at VA. VA’s Women’s Health Transition Training (WHTT) program was developed by VA Women’s Health Services, with the Department of Defense and the Transition Assistance Program (TAP). A woman Veteran who uses VA health care teaches the four-hour, voluntary course. The training includes:

- The range of available women’s health care services offered by VA. Services include maternity care, contraception and gynecology. In addition, VA offers cancer screenings, whole health and mental health care services.
- The process and eligibility requirements for enrollment into VA health care.
- How to stay connected with other women Veterans through networks, resources and programs post-service.

All service women who are transitioning within the next year can attend training. The WHTT is offering 100 in-person training events and 18 virtual training opportunities. The training is available both within the United States and overseas. In-person training runs from 8:30 a.m. until 4 p.m. local time. Dress is uniform of the day or civilian casual. Bring note-taking supplies and lunch. Virtual sessions will be available on the Adobe Connect Online platform. You will receive the direct link to access the training via email message after you register. A full list of upcoming training events, as well as the agenda and registration details, are available at <https://www.whttforyou.com/registration>.

In fiscal 2018, there were 1.9 million women Veterans. Of these, over 780,000 have enrolled in VA health care. While that’s 41% of all women Veterans, VA is working to increase that number through the WHTT program. VA has a dedicated Center for Women Services office and a Women Veterans Program manager at each VA Medical Center nationwide. Veterans who are interested in receiving care at VA should contact the nearest VA Medical Center.

The highest percentage of military women during the Vietnam Era was 2%, and 11% during the Gulf War. Currently, more than 19% of active duty is female. VA assigns women Veterans who receive VA health care to a dedicated primary care provider. That provider provides general primary care and is specially trained in women’s care. For more information on VA benefits and services provided to women Veterans, call the Women Veteran Call Center at 1-855-VA-WOMEN or 1-855-829-6636. Register today <https://www.whttforyou.com> for a training near you.

[Source: Vantage Point | Hans Petersen | February 12, 2020 ++]

VA Fraud, Waste, & Abuse

Reported 01 thru 14 FEB 2020

Las Vegas, NV -- Claudia Ann Merrill, 61, of Farmington Hills, Michigan, pleaded guilty today to defrauding the U.S. Department of Veterans Affairs out of more than \$1.75 million in veterans benefits, announced U.S. Attorney Nicholas A. Trutanich for the District of Nevada.

According to court documents, from on or about January 1, 2014, through October 1, 2019, Merrill devised and executed a scheme to defraud and to obtain money and property from the VA. Merrill admitted that she submitted false applications in the names of veterans, as well as the surviving spouses of veterans, in connection with VA health care programs known as Veterans Pension and VA Aid and Attendance. In furtherance of the scheme, Merrill altered medical records to ensure that the veteran or surviving spouse's physical or mental condition rendered them eligible for the benefits. She then fraudulently directed benefit payments into bank accounts she controlled, and concealed the benefits from the veterans and surviving spouses. As a result of the scheme, Merrill fraudulently caused the VA to pay out \$1,755,412 in benefits that it otherwise would not have paid but for the scheme.

Merrill is scheduled to be sentenced by U.S. District Judge James C. Mahan on May 15, 2020. Merrill faces a maximum penalty of 20 years in prison and a \$250,000 fine. As part of her guilty plea, Merrill agreed to pay approximately \$1,755,412 in restitution. Any sentence, however, would be determined at the discretion of the court after consideration of any applicable statutory factors and the Federal Sentencing Guidelines, which take into account a number of variables. [Source: DoJ Middle District of Nevada | U.S. Attorney's Office | January 31, 2020 ++]

-o-o-O-o-o-

Boston, Mass -- A vendor for several Veterans Affairs medical facilities was charged 4 FEB in connection with a scheme to profit by billing for, but failing to perform, critical medical gas inspections at VA facilities. **Chester Wojcik**, 49, of Agawam, Mass., was charged with one count of wire fraud.

It is alleged that from May 29, 2014, through March 5, 2015, Wojcik, as the owner of Alliance Medical Gas Corporation, engaged in a scheme to defraud the VA by creating false invoices and reports for medical gas inspections that never took place. Medical gas supply systems deliver piped gases, including compressed air, oxygen, nitrous oxide, nitrogen, and carbon dioxide, to operating rooms, recovery rooms and patient rooms. Medical gas supply systems must be inspected and maintained regularly to ensure the safety of patients and medical professionals. Wojcik allegedly failed to perform, and then lied about, scheduled inspections of medical gas systems at VA facilities in Sioux Falls, SD, Tuskegee AL, and Montgomery, AL. Wojcik was allegedly paid \$8,981 by the VA for services that his company did not perform.

The charge of wire fraud provides for a sentence of up to 20 years in prison, three years of supervised release and a fine of up to \$250,000 or twice the gross gain or loss from the offense. Sentences are imposed by a federal district court judge based upon the U.S. Sentencing Guidelines and other statutory factors. The details contained in the charging document are allegations. The defendant is presumed to be innocent unless and until proven guilty beyond a reasonable doubt in a court of law. [Source: [Source: DoJ District of Mass. | U.S. Attorney's Office | February 5, 2020 ++]

-o-o-O-o-o-

Knoxville, Tenn -- Southeastern Retina Associates ("SERA") has paid \$1.5 million to resolve False Claims Act allegations in the United States District Court for the Eastern District of Tennessee. As part of the settlement, SERA entered into a five-year Corporate Integrity Agreement (CIA) with the U.S. Department of Health and Human Services, Office of the Inspector General (HHS-OIG), requiring the implementation of a risk assessment and internal review process designed to identify and address evolving compliance risks. The CIA requires training, auditing and monitoring designed to address the conduct at issue in the case. Southeastern Retina Associates has over 250 employees in offices throughout eastern and middle Tennessee, northern Georgia, and southwestern Virginia.

The settlement resolves allegations that, from 2009 through 2016, the practice improperly used the Modifier 25 billing code to charge Medicare and Medicaid for exams that were not separately billable from other procedures performed on the same day. The settlement also resolves allegations that certain Medicare and Medicaid billings during the same period included charges for exams at higher levels than appropriate. "It is important that medical providers present appropriate and reasonable charges for services that are paid for by the taxpayers. This office remains

committed to ensuring that publicly funded healthcare systems are not charged more than what the billing rules prescribe," said U.S. Attorney J. Douglas Overbey.

"Healthcare fraud and abuse impacts every American. The critical resources that are removed from our health care system due to exploitation results in higher health care cost for everyone. The FBI will continue to work closely with federal, state, and local partners to investigate those who abuse federally funded healthcare programs," said Joseph E. Carrico, Special Agent in Charge of the Knoxville Division of the Federal Bureau of Investigation. "We will continue to pursue doctors that use deceptive billing practices to make more money. These types of schemes cost federal health care programs millions of dollars and cheat taxpayers in the process," said Derrick L. Jackson, Special Agent in Charge at the U.S. Department of Health and Human Services, Office of Inspector General in Atlanta.

"The Department of Veterans Affairs Office of Inspector General is committed to working with our law enforcement partners to identify and investigate those who defraud or abuse VA's healthcare system. This settlement shows that VA-OIG will continue to aggressively investigate anyone who overbills VA programs intended to care for our nation's veterans," said Kim R. Lampkin's, Special Agent in Charge of VA-OIG's Mid-Atlantic Field Office. The investigation was prompted by a lawsuit filed in 2015 under the qui tam or "whistleblower" provisions of the False Claims Act, which permit private individuals to sue on behalf of the government for false claims and to share in any recovery. The relator's share of the recovery in this case will be \$270,000. The claims settled by this agreement are allegations only; there has been no determination of liability. [Source: DoJ Eastern District of Tennessee | U.S. Attorney's Office | February 4, 2020 ++]

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Charleston, W. Virg. -- Julie M. Wheeler entered a guilty plea for federal health care fraud, announced United States Attorney Mike Stuart. Wheeler, 43, of Beckley, faces up to 10 years of incarceration, a \$250,000 fine, and three years of supervised release when sentenced on May 20, 2020. She will also be subject to an order of restitution in an amount ranging from \$302,131 to \$469,983, with the final determination to be made by the Court at sentencing.

Wheeler defrauded the Spina Bifida Health Care Benefits Program and in the process stole hundreds of thousands of dollars from taxpayers," said United States Attorney Mike Stuart. Wheeler even admitted that she defrauded the VA of hundreds of thousands of dollars and deprived the victim- a child diagnosed with spina bifida- of services. The VA provided health care benefits to certain Korean and Vietnam War veteran's children who were diagnosed with spina bifida through the Spina Bifida Health Care Benefits Program. Spina bifida is a type of birth defect where there is an incomplete closing of the spine, potentially leading to complications including difficulty in walking, poor bladder or bowel control, and difficulty in mobility. A veteran's child, K.L., received such a diagnosis and qualified for in home care through this VA program.

Wheeler was related to K.L and was also the owner of a homecare services company, JRW Homecare Support Services. Wheeler was hired to provide services to K.L. due to K.L.'s spina bifida condition at the VA approved rate of \$736 a day to provide eight hours of daily services. Wheeler's care was supposed to include bathing, grooming, changing K.L.'s clothes and other issues associated with K.L.'s hygiene, food intake, and lifestyle. Wheeler submitted fraudulent applications where she filled out VA forms and was overpaid for providing care for K.L. Specifically, Wheeler did not provide K.L. the care for and during the time period described. Wheeler submitted claims to the VA stating that she provided care for K.L. eight hours a day, seven days a week, from October 2016 to April 2018 at the full daily rate of \$736 a day.

Wheeler gave a statement to the VA and the FBI admitting that she greatly inflated the rate and quality of the care that she provided to K.L. This was corroborated by other witnesses who provided statements that Wheeler did not provide eight hours of daily care. Wheeler further admitted that her conduct defrauded the VA of hundreds of thousands of dollars and deprived the victim of services. The victim of the spina bifida diagnosis, K.L., has since passed away. [Source: DoJ Southern District of W. Virginia | U.S. Attorney's Office | February 11, 2020 ++]



Medical Marijuana

Update 01: Survey Indicates Vets Using but Cost is a Barrier

Military veterans are using marijuana to treat chronic pain, post-traumatic stress disorder, anxiety and depression, among other ailments, according to recently released survey data. But the cost of medical marijuana, which isn't covered by insurance, is a barrier, even if cannabis is used as an alternative to pharmaceuticals. Final results from the 2019 Veterans Health and Medical Cannabis Study, which looked at 201 veterans in Massachusetts and 565 respondents nationwide, were presented at the Cannabis Advancement Series held Wednesday at Babson College in Wellesley.

The study, which was done March 3 through Dec. 31, 2019 was conducted by Marion McNabb, a public health researcher and CEO of Worcester-based Cannabis Community Care and Research Network; Steven White, professor of management and marketing at University of Massachusetts-Dartmouth; Stephen Mandile of Uxbridge, an Iraq War veteran and cannabis advocate; and Ann Brum, CEO of Joint Venture & Co. More than half of the 201 Massachusetts veterans who completed the survey through outreach by veterans groups, social media sites and marijuana dispensaries were age 50 or older. Most, 54%, had served in the Army. The sample was overwhelmingly male, 90%, and 84% were white, non-Hispanic.

Chronic pain, PTSD and anxiety were the top medical conditions facing veterans. Nearly one in three, 30%, of veteran respondents were currently or had been homeless in the past. Ninety-one percent of respondents reported using medical marijuana. Recreational marijuana was used by 59%. A large majority of veterans who responded to the survey reported that cannabis provided relief for their major medical troubles. In fact, 77% reported actively trying to reduce the use of over-the-counter or prescription medications with medical cannabis. Top symptoms treated with medical cannabis included: pain, 51%; sleep problems, 50%; depression or mood, 45%; anxiety or panic attacks, 41%; and aggression, 24%.

"It surprised me, but it's not that surprising," McNabb said about the findings. "They are users and consumers of medical cannabis. They're really finding relief in medical cannabis use." The survey's findings shed additional light on previously published research on medical marijuana, also reported at the Cannabis Advancement Series last week, by Staci Gruber, director of the Cognitive and Clinical Neuroimaging Core at McLean Hospital's Brain Imaging Center and associate professor of psychiatry at Harvard Medical School. Gruber told the audience that almost everything researchers know about the impact of cannabis on the brain and cognitive functioning comes from recreational users, most who began using the drug as teenagers, while their brain was still developing.

Studies conducted by Gruber and colleagues have found that after three months of treatment, medical marijuana patients demonstrated improved task performance accompanied by changes in brain activation patterns measured in imaging. Further, brain activation patterns after treatment appeared more similar to those in healthy controls, who weren't using marijuana, than at pretreatment with medical marijuana. Gruber said her research suggested medical marijuana use may affect the brain differently, compared with brain impacts among recreational marijuana users.

Consistent with the veterans survey, Gruber’s study also found medical marijuana patients reported improvements in how they were feeling and notably decreased use of prescription drugs, particularly opioids and benzodiazepines, after three months of treatment.

Mandile, an Uxbridge selectman, became an advocate for medical marijuana after he was seriously wounded in Iraq while deployed with the Army National Guard in 2005. His Department of Veterans Affairs doctors put him on 57 medications, including nine opioids, over the ensuing decade. In 2013 he attempted suicide. In 2014, an ultimatum from his wife prompted Mandile to wean himself from prescription drugs by using marijuana, something he accomplished in five months. He founded a nonprofit organization, Alternative Treatment for Veterans, to raise awareness and work with dispensaries to offer discounts on medical marijuana to veterans who are rated 100% disabled by the VA. The product discounts have been picked up by 11 marijuana dispensaries across the state.

Mandile also testified last week on proposed legislation, H. 4274, filed by state Rep. Michael Soter, R-Bellingham, that would allow veterans to use their VA paperwork to qualify for a medical marijuana card, instead of requiring them to pay hundreds of dollars to get a card from a separate registered health care professional. The Joint Committee on Cannabis Policy was to report on the bill by 5 FEB Mandile began working with McNabb a little more than a year ago to push for data on veterans’ access to medical marijuana.

The 2017 state law legalizing adult-use marijuana called for the Cannabis Advisory Board to make recommendations to the Cannabis Control Commission related to costs associated with the purchase of medical marijuana by U.S. military veterans and individuals insured through the VA, and to make recommendations on improving cost-effective access. But a study and recommendations were never done by the Sept. 1, 2018, deadline in the law, Mandile said. “As much as they (legislators) can feel the connection with anecdotal stories,” Mandile said, “they needed something more concrete, more data driven.”

The new survey found Massachusetts veterans spend an average of \$79 a week, or \$317 a month on cannabis. Nearly three-quarters, 72%, purchase cannabis from regulated dispensaries. About one out of five, 19%, grow their own. Money to purchase marijuana products and get a medical marijuana card were the top two barriers reported in the veterans survey. “In the veterans community, we often hear, ‘Thank you for your service,’ ” Mandile said. “This was an opportunity for the Legislature and people of Massachusetts to actually do something to help veterans, more than just a thank-you.” [Source: Telegram.com | Susan Spencer | February 4, 2020 ++]

Fisher House

Update 08: New Albuquerque Facility Welcomes First Family



After several years of anticipation, a year of construction and countless hours of preparation, the Albuquerque Fisher House has officially welcomed its first family. Paula Parker and Linda Eastman (pictured above left), both of Carlsbad, New Mexico, made the five-hour drive and now have a safe, comfortable home to stay in. The house is within walking distance of Paula’s husband, who is recovering at the Raymond G. Murphy VA Medical Center. “The Fisher House really is a home away from home. There is a family atmosphere here and that’s what makes it so special,” said Eastman, the Veteran’s sister. “I have also enjoyed making new friends with the other guests that share the house.”

When Parker learned last month that her husband was going to be admitted to the VA medical center for an extended amount of time, she had to decide whether to stay at a hotel or make the drive back and forth. “It’s such a benefit to be so close to the hospital and within minutes of my husband. There’s a lot of stress when you have family in the hospital. At least here we can unwind from that a little. It saves us the outside expenses of food and lodging and gives us a sense of security, knowing we are in a safe place.” Hearing these comments solidifies why the facilities are so important.

Christina Ramírez, Albuquerque Fisher House manager and her program assistant, Donald Keever have been getting the house ready for this moment. Since the dedication last October, Ramírez and her team have hit the ground running. They have ensured the rooms are ready for occupancy and any items that needed addressing were done prior to having the families reside. “People are always impressed with how beautiful the house is, but it really was just a house until I got families in the door. Now it’s a living, breathing home. The beautiful furnishings pale in comparison to the warmth and instant love that these families have for each other,” Ramírez stated.

Donations appreciated

Fisher House accommodations depend on eligibility and availability. Fisher House staff consider families who meet eligibility requirements. It also considers who a Veteran’s health care team refers to the facility. A Fisher House is NOT a temporary residence, treatment facility, hospice, or counseling center. It is a place where family members can be closer to their hospitalized Veteran. Criteria for admittance is established locally by hospital or installation commanders. Families do not pay to stay at a Fisher House. Fees at Army, Navy, and Air Force Fisher Houses are underwritten by Fisher House Foundation. Fisher Houses have full-time salaried managers, but depend on volunteers and voluntary support to enhance daily operations and program expansion. A list of current houses and contact info can be found at <https://fisherhouse.org/programs/houses/house-locations>. [Source: Vantage Point | Ron Bassford | February 6, 2020 ++]

Vet Toxic Exposure | K2 Black Goo

VA Ready to help and asks Sick Veterans to Come Forward



Department of Veterans Affairs Secretary Robert Wilkie acknowledged publicly 5 FEB that service members who deployed to a Uzbekistan base used after the 9/11 attacks may have been exposed to toxic substances, asking for them to come forward to get help. “Several years ago our soldiers, sailors, airmen in particular started seeing ‘black goo’ come up from the ground. We are working with the Department of Defense to get to the bottom of that,” said Wilkie, who was speaking at the National Press Club and took questions from reporters.

In December, McClatchy exclusively reported that the Pentagon knew about contamination at the Karshi-Khanabad, Uzbekistan base, known as “K2,” before it deployed thousands of forces there. The Pentagon used K2 to launch airstrikes and support operations against al-Qaeda and the Taliban after the 9/11 attacks. Beyond the black goo,

which may have been fuels and other solvents, McClatchy also uncovered documents showing that the Pentagon knew the base had been contaminated by enriched uranium and chemical [weapons remnants](#). On Wednesday, Wilkie acknowledged McClatchy's reporting on the issue and pledged that the response K2 veterans will get now will be different than the challenges they have faced in getting help in the past.

"McClatchy has reported on this extensively," Wilkie said. "What I am telling veterans, and I said this to the Secretary of Defense last week, I want all veterans who've been there and feel they need to see us to come forward." "Be it those who have been exposed to something at K2, be it Blue Water Navy veterans, be it those who still suffer the impacts of Agent Orange, come see us. File the claims. Come speak to us. This is not your grandfather's VA where the paperwork is going to last 10 years," Wilkie added. "We have people ready to help. That's the message that I give to K2."

Some of the men and women who served at K2 have been struck with various cancers or other chronic ailments. They have struggled for years to get help from the VA or get the department to recognize their illnesses as connected to their time at the toxic base. Instead, they have tried to help each other through a private Facebook group. During the time K2 was open to U.S. forces, roughly 7,000 served there. The Facebook group, which vets members for their military service at K2, has rapidly grown to 2,900 members. At least 310 K2 veterans in the group have acknowledged they have been diagnosed with cancer.

Several K2 veterans are in Washington this week, meeting with congressional committees to raise awareness of the illnesses there, and last month, the national security subcommittee of the House Oversight and Reform committee sent letters to Wilkie and to Defense Secretary Mark Esper, seeking information about contamination at the base. Asked about Wilkie's comments, former Air Force Staff Sgt. Derek Blumke responded, "Our reaction was disappointment." Blumke deployed to K2 in 2001 and 2003 with the 16th Special Operations Wing and is in Washington this week meeting with Congress on the issue. "We don't need the VA Secretary to tell these veterans 'Come to the VA and seek the VA,' when many times they will get denied service connection for their toxic exposures at K2," Blumke said. "We need the VA to identify and proactively contact every veteran who put their boots on the ground in Uzbekistan, to let them know they have been exposed and provide them the care they deserve."

Rep. Stephen Lynch, a Massachusetts Democrat who chairs the Oversight and Reform Subcommittee on National Security, sent letters to the Pentagon and VA seeking information on K2. The deadline to respond has passed, and both federal agencies have asked for more time. But Lynch said some of K2's veterans don't have time to wait. "Some of these folks are stage four and have not been given the proper care that they deserve," Lynch said. "I think we may have to resort to subpoenas," Lynch added. "I've got a really low tolerance for delay here. So those could be coming out. I've already spoken to some of our Republican colleagues who agree with us."

Previously, the VA's official statement to McClatchy had been that "there is no indication of increased cancer rates among veterans who served at Karshi-Khanabad." When notified of the number of cancers prior to Wilkie's speech Wednesday, the agency questioned the veterans' self-reporting to the group. [Source: McClatchy DC | Tara Copp | February 05, 2020 ++]

Military Sexual Trauma

Update 07: House Hearing on VA Support of MST Survivors

On 5 FEB, the House Veterans' Affairs Subcommittees on Health, and Oversight and Investigations, held a joint hearing to discuss how VA supports survivors of military sexual trauma (MST). Survivors of MST often exhibit symptoms associated with PTSD, such as anxiety, sleeplessness, intrusive thoughts, agitation, and an inability to concentrate. Many survivors of MST do not report their assaults to their commanders or medical professionals, which makes it difficult to develop a claim for VA benefits. At the hearing, Ranking Member Jack Bergman (R-MI) stated,

“We need to make sure that veterans applying for benefits for MST related conditions are treated with dignity and evaluated fairly.” To watch the 2 hour hearing go to <https://youtu.be/gAKsplgI5t8>. [Source: VFW Action Corps Weekly | February 7, 2020 ++]

GI Bill

Update 301: Housing Allowance Change One-Time Transition Relief

VA has recently implemented Sections 107 and 501 of the Harry W. Colmery Veterans Educational Assistance Act of 2017, commonly referred to as the Forever GI Bill. The law requires student veterans to receive their monthly housing allowance based on the zip code of the school where they actually take the majority of their classes, not the zip code for the main campus. This change could cause student veteran’s monthly housing allowance to be decreased. VA is offering impacted individuals the opportunity to apply for one-time relief to help with the transition to a lower rate. Those affected will need to fill out [VA Form 22-10204](#), and submit the form through the [Ask a Question Portal](#), or mail the form to the Regional Processing [Office of Jurisdiction](#), or call the Education Call Center at 1 (888) 442.4551. [Source: VFW Action Corps Weekly | February 7, 2020 ++]

Vet Fraud & Abuse

Reported 01 thru 14 FEB 2020

Brooklyn, NY -- Attorney General Letitia James announced the sentencing of **Michael Erber**, 62, of Brooklyn for stealing money intended to pay the rent of homeless New York City veterans from four Community Based Organizations. Erber was sentenced to a term of imprisonment of 10 ½-21 years. On January 21, 2020, Erber was convicted after a jury trial of four counts of Grand Larceny in the third Degree and one count of Scheme to Defraud in the First Degree. Erber was also convicted of one count of Grand Larceny in the Second Degree for stealing lottery winnings from a disabled veteran.

According to evidence produced during trial in Supreme Court, Kings County, Erber operated an organization known as MAG-V, a New York not-for-profit. MAG-V recruited homeless veterans with promises of housing and job training, posting fliers with numerous homeless shelters and community based organizations. Erber also personally recruited veterans and case managers from these organizations. As the evidence proved, after selecting veterans in need of housing, MAG-V entered into master lease agreements with landlords in Brooklyn and The Bronx, and then Mag-V subleased with the veterans. MAG-V then obtained federal funding intended for homeless veterans or veterans at risk of becoming homeless, for their rental payments from Community Based Organizations (“CBOs”) in New York City. Unbeknownst to the CBOs or the veterans, Erber did not pay the landlords any of the funds provided by the CBOs to pay the rent where the veterans were housed. As a result of this scheme Erber stole more than \$3,000 each from four separate CBOs, more than \$67,000 in total.

In addition to stealing money from the CBO’s, the Attorney General’s Office presented evidence that the defendant stole money directly from the individual veterans who were being housed by Mag-V. The federal funding from the CBO’s was meant as start-up money to help get the veterans out from the streets and shelters and into stable housing, enabling them to eventually start paying rent on their own. After the CBO’s ended their funding assistance, the veterans paid rent money directly to Erber, but again, Erber pocketed the rent money and did not pay the landlords. As a result, all of the veterans were evicted for non-payment of rent.

The jury also convicted Erber of Grand Larceny in the Second Degree, for stealing \$200,000 from John Pickett, a disabled veteran, who won a lottery jackpot in 2015. According to Mr. Pickett’s testimony and evidence, after he won

the lottery, Mr. Pickett was constantly pressured by Erber to invest the lottery winnings with MAG-V. In exchange, Erber promised the veteran a paid position on MAG-V's board of directors and offered to help him find permanent housing, as well as a paid job with Mag-V, none of which Erber ever did. Based on these false pretenses, Erber stole approximately \$200,000 from the veteran. Based on bank records produced at trial, the Attorney General's Office demonstrated Erber spent more than \$110,000 on rental cars and more than \$41,000 to buy a car. The defendant was sentenced by Judge Donald Leo in Kings County Supreme Court Part 16. The defendant has two prior felony convictions. [Source: NY Attorney General Press Release | Letitia James | February 6, 2020 ++]

Military Retirees & Veterans Events Schedule

As of 14 FEB 2020

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

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

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

Note that events listed on the Military Retirees & Veterans Events Schedule may be cancelled or rescheduled. Before traveling long distances to attend an event, you should contact the applicable RAO, RSO, event sponsor, etc., to ensure the event will, in fact, be held on the date\time indicated. Also, attendance at some events may require military ID, VA enrollment or DD214. Please report broken links, comments, corrections, suggestions, new RADs and\or other military retiree\vetterans related events to the Events Schedule Manager, Milton.Bell126@gmail.com [Source: Retiree\Veterans Events Schedule Manager | Milton Bell | February 14, 2020 ++]

Vet Hiring Fairs

Scheduled As of 14 FEB 2020



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>

First Civilian Job

Forty-one percent of veterans surveyed indicated they left their first post-military job within one year. Another 31% indicated said they left their first civilian job to make ends meet and never intended to stay. Another 30% left as the result of finding a better job, while 19% left because the job did not align with their expectations. Only 12% left because the position was terminated or they were laid off. The reasons for staying at a job depend greatly on financial and long-term opportunities in the company. Sixty-five percent of veterans say they will stay at a company for better pay, while 55% stay for a clear path of career growth. Other activities, like veteran resource groups and volunteer activities, seem to have less impact on whether veterans remain or leave their jobs. [Source: Recruit Military, USCC, and American Legion | February 14, 2020 ++]

State Veteran's Benefits

Nevada 2020

The state of Nevada provides several benefits to veterans as indicated below. To obtain information on these refer to the attachment to this Bulletin titled, “**Vet State Benefits – NV**” 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 below refer to <http://www.veterans.nv.gov>.

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

[Source: <http://www.veterans.nv.gov> & <http://www.military.com/benefits/veteran-state-benefits/nevada-state-veterans-benefits.html> | February 2020 ++]

*** 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. To read the text of bills that are to be considered on the House floor in the upcoming week refer to <https://docs.house.gov/floor>.

VA Patient Care Needs

S.3089 | Proposal Seeks to Better Match Facilities to Needs

The **Build for Veterans Act (S.3089)**, a bipartisan bill (S-3089) introduced December 18, 2019 in the Senate, seeks to better match the availability of VA facilities to its patient-care needs, an issue that has been the subject of numerous reports and proposals in recent years pointing to under-supply in some areas but over-supply in others. “Too often, veterans—and the dedicated VA employees and medical providers who serve them—find VA facilities outdated or cramped for space. And unfortunately, the process for updating or replacing that space is inundated with red tape,” said sponsor Sen. Jon Tester (D-MT) ranking Democrat on the Veterans Affairs Committee.

The bill would expedite Congress’ approval process of VA medical facility leases; provide the department with more flexibility to lease unused VA property and facilities for veteran-focused services and operations; require that VA regularly collect the views of veterans and VA employees and use that information to plan for how to improve or build facilities; study vulnerability of existing facilities to extreme weather events and take steps to lessen those risks; and study space and other needs related to the VA’s electronic health records initiative. The bill also would require each major VA facility employ staff responsible only for facility planning and management of construction projects. [Source: FEDweek | January 31, 2020 ++]

PTSD Assistance

Update 05: H.R.4305 | Puppies Assisting Wounded Servicemembers for Veterans Therapy Act

The House of Representatives approved H.R.4305 allowing the Department of Veterans Affairs to launch a pilot program to treat veterans with PTSD by pairing them with therapy dogs. The **Puppies Assisting Wounded Servicemembers for Veterans Therapy Act** which was introduced 12 SEP 2019 and had 324 sponsors, passed 5 FEB by voice vote. It would have the VA award grants to nonprofit organizations that would not only provide veterans with puppies to become therapeutic service dogs but would also cover the cost of training the puppies. “A soldier under my command during Operation Iraqi Freedom recently told me what his service dog means to him: he was able to fly on a plane for the first time in 10 years and he took his fiancée to dinner,” Republican Ohio Rep. Steve Stivers, the bill’s lead sponsor, said when the bill was introduced.

Currently, the VA does not coordinate with nonprofit programs that provide veterans with therapy dogs or training sessions for the puppies and owners. The task of finding therapy and service dogs usually falls to the patient, making the process more arduous. “I recently met with veterans in my district who told me they had significantly reduced their medications or no longer needed them because of the love and support of their service dog,” Republican Florida Rep. Michael Waltz said. Service dogs must undergo training programs, whether conducted by nonprofit organizations or the veterans themselves, but the requirements for training programs vary. A VA program would streamline the training process and ensure that all training programs have met certain quality standards.

While the National Center for Post-Traumatic Stress Disorder says there has not been enough research to show that therapy dogs can help treat post-traumatic stress disorder symptoms, veterans who have them say the dogs alleviate many of the symptoms. Veterans say their service dogs help them by turning on lights and waking them if they show signs of having night terrors, improving sleep, and sweeping rooms for safety before they enter. [Source: Washington Examiner | Cassidy Morrison | February 05, 2020 ++]

Traumatic Brain Injury

Update 75: H.R. 5739 | Blast Exposure Protection Act

Rep. Nydia M. Velázquez (D-NY) has authored legislation, the **Blast Exposure Protection Act**, to extend health care benefits to veterans who suffered blast injuries and hearing impairment while in the line of duty, helping close a gap in our medical care system for those who served in conflicts abroad. “Our veterans risk their lives for the rest of us,” said Velázquez. “We must honor their service with not just lip service, but tangible actions. Congress must work to ensure our veterans receive the care they deserve.”

Until recently, a veteran receiving benefits through the Veterans Administration (VA) was required to provide documented proof that an injury was obtained in the line of duty. This created a devastating coverage gap for those who developed service-related injuries or illnesses later in life. Unfortunately, blast victims are likely to suffer repercussions like PTSD throughout their lives. The National Defense Authorization Act (NDAA) for Fiscal Year 2020 took steps to close this coverage gap in the future by requiring that, going forward, blast exposures in the line of duty be documented to ensure coverage of health problems that arise in the future. Unfortunately, this change does not address health problems from veterans who previously experienced blast exposures and whose health problems are only now beginning to manifest. Velázquez’s legislation would assist veterans suffering from previous blast exposures.

“While NDAA made important strides for veterans who encounter this hurdle to care in the future, we cannot afford to leave behind veterans who were injured in Afghanistan, Iraq or other conflicts,” Velázquez noted. “I’m proud to introduce this bill and will be working with my colleagues for its advancement.” “Traumatic brain injury and other conditions associated with blast exposure are very serious health issues,” Matthew Doyle, Associate Director National Legislative Service, Veterans of Foreign Wars said. “Many service members go untreated for blast injuries while in service, which makes it difficult to prove that these conditions were caused by an event in service. The VFW is proud to support the Blast Exposure Protection Act of 2020, which would ensure that veterans who were exposed to blasts during military service receive the care and benefits they desperately need.” Velázquez’s bill has been referred to the House Veterans Affairs Committee for consideration. [Source: VFW Action Corps Weekly | February 7, 2020 - ++]

Vet Hotline

S. 3251 | Veterans Assistance Helpline Act

Legislation that would establish a simple three-digit hotline for veterans to gain assistance related to their Department of Veterans Affairs benefits and other services has been introduced. The Veterans Assistance Helpline Act, introduced by U.S. Senator Gary Peters, would direct the Federal Communications Commission (FCC) and the VA to create an easy-to-remember hotline with live operators for veterans and their loved ones. “We must ensure veterans in Michigan and across the country can easily access the VA benefits they have earned,” said Senator Peters, a former Lt. Commander in the U.S. Navy Reserve and a member of the Senate Armed Services Committee. “I am proud to introduce this bipartisan legislation that would establish an easy-to-remember, three-digit number to connect veterans with VA resources and services.”

In the past, Peters has led numerous efforts in the Senate to support Michigan veterans and service members. Last year, the Senate unanimously passed a bipartisan bill he introduced to expand apprenticeship opportunities for veterans. Numerous bipartisan provisions have been signed into law to help our service members and their families. These measures are providing our troops a 3.1% pay raise, repealing the ‘Widow’s Tax’ that had prevented Gold Star

families from receiving their full survivor benefits, providing National Guardsmen a record of service after their retirement or completion of service, and improving coordination between various federal agencies to help veterans transition to civilian life. [Source: UpNorthLive | Devon Mahieu | February 6, 2020 ++]

Wyoming National Guard

HB.0090 | Defend the Guard Act.

A northeast Wyoming lawmaker is proposing a bill that would require U.S. Congress to formally declare war before the Wyoming National Guard can be called up. The **Defend the Guard Act**, or House Bill 98, says that members of the Wyoming National Guard could not be sent to an active duty combat zone without a declaration of war or official action from U.S. Congress. Sundance Rep. Tyler Lindholm proposed the bill and is a U.S. Navy veteran. He said he believes the wars in much of the Middle East do not have any clear direction. “I think this is a great way for the states to stand up and hold Congress accountable. If we are going to charge our National Guard with the responsibility of putting on their boots and defending our country, then Congress should at least take the responsibility of voting to declare war,” Lindholm said.

Cheyenne Sen. Stephan Pappas, who is a retired US Air Force Brigadier General, said he does not support the bill because the federal government financially supports the state’s national guard. He added a bill like this could have repercussions from the federal government. “From my perspective...I know how things work between the military and the political and civilian sides, should we pass a bill of this nature, it’s going to put Wyoming in a bad light with all the federal military agencies that we do business with. And frankly I think that’s not in our best interest,” Pappas said. Pappas said he also questions the legality of the proposed law.

Lindholm said while he has received support from veterans on the bill, he welcomes the criticism, especially from his legislative colleagues. “I fully expect I’m going to have some push back on this deal...but at least we’re going to have the conversation. I don’t know that Wyoming has ever had this conversation or anything like it in regards to foreign policy,” he said. Lawmakers in other states are putting forth similar legislation. Lindholm said he hopes the bills push Congress to bring troops back from abroad or establish a clear mission. “There’s no mission for them to accomplish. It’s everything from this week, go get some intelligence on what’s happening on that ridge over there, to handing out coats. There’s no actual goal for an end in sight,” he said.

Lindholm also heads the Wyoming chapter of Bring Our Troops Home, a national organization of veterans that looks to end current U.S. military involvement in the Middle East. Lindholm said there will be a rally in support of the bill at Wyoming State Capitol on 14 FEB, which will feature an appearance from Kentucky Sen. Rand Paul. “I think it’s an important conversation to have, the fact that we have a member of Congress that’s going to show up and talk about the state’s stepping forward and flexing their muscle in this regard,” he said. As the bill makes its way through the legislature, Lindholm said veterans will be coming to the Capitol to lobby for the bill as well as the Bring Our Troops Home cause. [Source: Wyoming Public Media | Catherine Wheeler | February 11, 2020 ++]

* Military *



Army Budget Request | 2021

\$178B to Meet Modernization, Combat Readiness & Personnel Needs

The U.S. Army wants \$178 billion for its fiscal year 2021 budget as the military moves forward with a multiyear effort to modernize weapons systems designed to counter adversaries such as Russia and China, the service said 10 FEB. The budget plan also would give a slight boost to regular Army end strength, which would rise to 485,900 soldiers — 5,900 more than 2020 levels, Army officials said.

The budget plan would be a slight reduction from the previous fiscal year's budget of \$180 billion. Still, the Army says it has realigned funds to ensure that its top priorities — modernization, combat readiness and personnel needs — are met. Most of the reductions in the 2021 request were the result of cutbacks in overseas contingency funds, a result of scaling back in the Middle East, Army budget director Maj. Gen. Paul Chamberlain told Pentagon reporters. "Army forces preserve peace through strength," the Army said in a statement announcing its 2021 budget request. "They must be prepared to prevail in conflict in a complex security environment where strategic completion from revisionist powers is the predominate threat to our national security interests."

The budget zeroes in on a range of weapons projects that have been in the works for several years, including improvements to long-range precision fires, the development of land-based hypersonic missiles and future attack reconnaissance aircraft. The Army budget also calls for the modernization of combat vehicles including the Bradley, Abrams, Stryker and Paladin. Nearly \$35 billion will be spent on research, development and acquisition, while \$21.7 billion will be dedicated to procurement for weaponry, Chamberlain said. The Army said it is undergoing its most comprehensive modernization effort since the late 1970s and early '80s, when major systems such as the Abrams tank, Bradley Fighting Vehicle, Black Hawk helicopter and the Patriot missile defense system were developed.

Another focus for the Army has been on boosting the readiness of the force. To that end, the budget expands initial entry training for armor, cavalry scout and engineer units. The increase from 14 to 22 weeks of training follows similar extended infantry school training that was implemented last year. In 2021, the Army also plans to hold Defender Pacific, a major exercise that involves rotating large numbers of forces from the U.S. to the region for drills. The Army is conducting a similar exercise this year called Defender Europe — the service's largest exercise on the Continent in 25 years, involving 25,000 soldiers.

The budget adds \$3.4 billion to fund training and readiness initiatives. In all, the Army intends to spend \$30.9 billion on readiness efforts, budget documents stated. Nearly \$25 billion of the Army's base budget will go toward supporting contingency operations in Syria, Iraq and Europe, where soldiers regularly deploy on a mission to deter potential Russian aggression. The Army said its soldiers are responsible for meeting 60% of Pentagon's combatant command requirements abroad. [Source: Stars & Stripes | John Vandiver | February 10, 2020 ++]

USMC Budget Request | 2021

Funding Dip, Personnel Reductions in \$46B Request

The Marine Corps' annual budget request will shrink in fiscal year 2021, along with its overall end strength, under a proposal released Monday. The Marines will use the 2021 budget to maneuver the service alongside the Navy in alignment with the Pentagon's National Defense Strategy, which refocuses the service's attention on competing against adversaries like China and Russia. The Marine Corps' request is incorporated in the overall Navy request for \$207.1 billion. The Marines' budget would be \$46 billion, a decrease from \$47.4 billion in 2020, if Congress approves the plan, according to the budget request released Monday. The Marines' Overseas Contingency Operations funding is

\$1.8 billion. The Marines' operation and maintenance funding is \$7 billion, the majority of which is for expeditionary forces.

Overall, President Donald Trump's administration is requesting \$705.4 billion for 2021, a flat topline with no growth for inflation, Deputy Defense Secretary David Norquist told reporters 10 FEB at the Pentagon. The service would eliminate 2,100 spots for a total end strength of 184,100 Marines, down from 186,200 in 2020. Of those, 21,670 would be officers and 162,430 would be enlisted. The Pentagon budget request includes a 3% pay raise for personnel. The reduction in Marines will be seen in areas such as headquarters with excess capacity in non-operational units, according to Rear Adm. Randy B. Crites, the deputy assistant secretary of the Navy for budget. The reduction in personnel is part of a larger effort by the service to allow for it to reinvest in modernization efforts, according to the budget proposal, which include policy reforms and business process improvements.

The Navy's aviation procurement request for 2021 — which includes Marine Corps aircraft — is for 121 aircraft costing \$17.2 billion. The Marine Corps aims to maintain its current aviation fleet. For fixed-wing aviation procurement, the Marines are asking for 10 F-35C and 10 F-35B Lightning II fighters and five KC-130J refuelers. For rotary aircraft, the service is asking for seven CH-53K King Stallion helicopters, three MV-22B Ospreys, nine TH-73A training helicopters and five new VH-92A helicopters, which are used as the president's Marine Corps One. No unmanned aircraft are being requested.

The Marines' procurement budget for expeditionary equipment is \$2.9 billion. It plans to buy 752 Joint Light Tactical Vehicles — the Combat Tactical Vehicle and the Combat Support Vehicle — with configuration kits, 512 fewer than in 2020. They also want to purchase 72 Amphibious Combat Vehicles, 16 more than in 2020. [Source: Stars & Stripes | Caitlin M. Kenney | February 10, 2020 ++]

USAF Budget Request | 2021

Manning Growth Slows To 1500 in \$165.6B Request

The Air Force is planning for its smallest end strength increase since the end of last decade's drawdown in the proposed budget for fiscal 2021. The spending plan, announced by the Pentagon 10 FEB, would increase the total Air Force — including the newly created Space Force — by 1,500, to 512,100. Since the two-year, sequestration-driven drawdown ended in 2015, the total force has typically grown by about 4,000 or 5,000 each year. Last year, the total force end strength grew by 4,400. In 2018, Air Force Chief of Staff Gen. Dave Goldfein said he hoped to “set the throttle” of end strength growth at about 3,300 each year after fiscal 2019. But this budget would fall far short of that goal.

On the active duty side, the budget would add what it called “modest growth” of 760 more airmen and 140 additional active-duty members of the Space Force. This would bring the Air Force active-duty end strength to 333,100, and the Space Force active-duty end strength — including some transfers of airmen to the Space Force — to about 600, for a total of 333,700. The Air Force's active-duty end strength for fiscal 2020 is 332,800. The Air Force Reserve would grow by just 200 to 70,300, and the Air National Guard would grow from 107,700 to 108,100. The budget also includes 6,434 authorizations that would be transferred to the Space Force. The Air Force said in budget documents it also plans to move some airmen from legacy systems to newer capabilities.

When Goldfein in 2018 discussed his hopes of growing the force, he said rebuilding end strength was a crucial first step in fixing morale troubles plaguing undermanned and under-resourced bases in the continental United States. “Morale and readiness are inextricably linked,” Goldfein said at a 2018 breakfast with reporters.

Nearly half of the Air Force's 2021 growth would go to aircraft maintainers, which would grow by 485 on the active-duty side and 157 in the reserves. The budget said the requested manning growth “mitigates shortages in some of our operational squadrons,” and supports efforts to bring on new F-35 fighters and KC-46 Pegasus tankers. The Air Force spent years correcting a severe shortfall in maintainers that at one point left the service short by 4,000 airmen.

As the Air Force has struggled to stem an alarming increase in deaths by suicide, the budget calls for expanding the Task Force True North program with 80 additional active-duty airmen at high-tempo units. Task Force True North, a mental health and resiliency program that began in 2017, embeds licensed clinical social workers and mental health providers in units so they can interact with airmen on a daily basis. Deaths by suicide among Air Force service members and civilians spiked by one-third last year, to 137. Also among active-duty airmen, the Air Force also wants to add 108 more airmen in combat support, 68 more aviators, and 19 more cyber airmen. The budget also calls for 43 more aviation reservists. This will help it prepare to increase crew ratios as the Reserve moves from the older KC-135 tanker to the KC-46.

The Air National Guard would gain 50 cyber airmen, 83 space, nuclear and command and control operations airmen, 150 logistics airmen, 101 security forces airmen, and 16 combat support airmen. These increases will support the 9th Air Force Joint Task Force, space and cyber missions, the budget overview said, as well as increasing the deployment readiness of the guard's tanker force and the readiness of its combat Air Forces. And the budget calls for further integrating the virtual reality program known as Pilot Training Next into how the Air Force trains its aspiring pilots. [Source: Air force Time | Stephen Losey | February 10, 2020 ++]

USSF Budget Request | 2021

\$15.4B Mostly for Research, Development, and Testing

The U.S. Space Force requested a \$15.4 billion budget for fiscal year 2021 that would grow the size of the military's new, sixth branch and invest billions on research and design aimed at improving the defenses of key U.S. space assets. The request marked the first full budget proposal for the Space Force, which was established in December. Like the Space Force itself, the budget was largely carved out of existing assets that have moved out of the Air Force.

The budget would allow the Space Force to grow from an expected 38 troops by Oct. 1, the end of fiscal year 2020, to about 6,434 in 2021, according to documents detailing the Pentagon's 705.4 billion budget request for next year. Those troops include most of the Air Force personnel that are expected to transfer into the Space Force once systems are established to ensure they can be paid properly. Space operators from the Army and Navy are not expected to transfer into the service until 2022, senior Air Force officials said last week. Space Force only has one official member now.

The largest chunk of the Space Force's budget is a \$10.3 billion request for research, development, testing and evaluation focused on space. The funding seeks to develop ways to "protect and defend current space assets, build more resilient and defensible architectures, and develop offensive capabilities to challenge adversary space capabilities," according to the budget documents. That funding includes money for upgraded GPS systems, better protected communications satellites, and other "space warfighting enterprise," according to the documents. It also funds research for new spacecraft technology and development of a new command and control system for space.

The Space Force budget would provide \$2.4 billion for procurement that was previously managed by the Air Force and would fund acquisition of spacecraft, launch services and products to ensure communications security. It would also fund three space launches for national security programs and two upgraded GPS satellites. While the budget foresees thousands of service members moving next year into the Space Force, it leaves some \$800 million in personnel costs within the Air Force budget until a new accounting system can be established for the transferring troops. The only official member of the Space Force is Gen. Jay Raymond, the chief of space operations. Some 16,000 Air Force troops and civilians are assigned to work for the Space Force, but remain employed by the Air Force. Service officials said last week that they expected nearly all Air Force space operators to move into the Space Force, which is expected to grow to about 16,000 troops within five years. [Source: Stars & Stripes | Corey Dickstein | February 10, 2020 ++]

Army Expeditionary Warrior Experiments

Woobies |Aerial Blood Delivery| Exoskeleton Braces



U.S. Army and British soldiers will participate in a force-on-force experiment to test out battlefield techs ranging from thermal-defeating woobies to exoskeleton knee braces. The Maneuver Battle Lab at Fort Benning, Georgia, will host the Army Expeditionary Warrior Experiments (AEWE) 2020 from Feb. 4 to March 17. A platoon of British soldiers will join two platoons from Benning's Experimental Company to fight against an opposing force (OPFOR) made up of a platoon from the 4th Infantry Division in an effort to create a realistic environment for evaluating dozens of prototype technologies, such as unmanned aerial systems, communications gear and sophisticated sensors.

"All units, including the OPFOR, will have advanced capabilities, so what we are trying to replicate is not only what an opposing force might have now, but what they might have in the future," Eddie Davis, director of the Maneuver Battle Lab, told Military.com. "It kind of levels the playing field because other armies are getting advanced to a certain degree, so we want to make sure we are fighting a challenging threat."

One piece of kit soldiers will test is a thermal-signature defeating blanket similar to the beloved poncho liner or soldier "woobie." "That is kind of what intrigues us because we have looked at thermal-defeating blankets, as a loose term in the past, and they have worked, but they were very rigid, very difficult to carry," Davis said. "So this could potentially serve as similar thing you do with a poncho liner and also have thermal-defeating capability. That is interesting to us. It gives us the ability to hide ourselves from the thermal signature, which is pretty deadly," he added.

The experiment will also evaluate unmanned aerial systems that have been modified to transport blood to forward areas for emergency medical treatment. "To deliver blood on the battlefield -- it's very sensitive to temperature ... so this is just showing an application that says if you have a drone available that we could get whole blood to the forward edge of the battlefield," Davis said, adding that Benning looked at a similar technology during last year's AEWE. "Last year, we got three days where it kept it the temperature within the band of acceptability, so that is interesting," he said.

Throughout the exercise, soldiers will also have a limited number of pneumatic exoskeleton braces, made by Roam Robotics, for the knee and ankle that are designed to increase performance and reduce fatigue while running, climbing or carrying heavy loads. "We are making exoskeletons in a different way and, as opposed to the metals and motors that dominate traditional machines, we are making new devices that are primarily made out of fabrics and plastics," according to a promotional video on the firm's website. "The concept is really simple -- power is good and weight is bad. We can add more power for less weight than any machine we have seen to date." Davis said the Army routinely evaluates exoskeleton devices, and this is the first time Benning will test out the Roam Robotics technology.

"We are constantly evaluating systems to try to stay tuned to what industry has ... to give us a sense of where technology might be," he said. Benning officials' plan is to brief senior leaders at the end of the experiment at a March Insights Day. "The good thing about it is we report out at that event the things that we thought were significant," Davis

said. The Maneuver Battle Lab will then compile a report designed to advise the Army on possible paths forward for some of the technology. "Generally, we try to outline a path forward for that capability in terms of whether we are going to write a requirement for it ... or are we going to recommend that it be picked up by a particular lab for further development," Davis said. [Source: Military.com | Matthew Cox | January 30, 2020 ++]

F-35 Fighter Jet

Update 03: Gun Woes

Add a gun that can't shoot straight to the problems that dog Lockheed Martin Corp.'s \$428 billion F-35 program, including more than 800 software flaws. The 25mm gun on Air Force models of the Joint Strike Fighter has "unacceptable" accuracy in hitting ground targets and is mounted in housing that's cracking, the Pentagon's test office said in its latest assessment of the costliest U.S. weapons system.

The annual assessment by Robert Behler, the Defense Department's director of operational test and evaluation, doesn't disclose any major new failings in the plane's flying capabilities. But it flags a long list of issues that his office said should be resolved -- including 13 described as Category 1 "must-fix" items that affect safety or combat capability -- before the F-35's upcoming \$22 billion Block 4 phase. The number of software deficiencies totaled 873 as of November, according to the report obtained by Bloomberg News in advance of its release as soon as Friday. That's down from 917 in September 2018, when the jet entered the intense combat testing required before full production, including 15 Category 1 items. What was to be a year of testing has now been extended another year until at least October.

"Although the program office is working to fix deficiencies, new discoveries are still being made, resulting in only a minor decrease in the overall number" and leaving "many significant" ones to address, the assessment said. In addition, the test office said cybersecurity "vulnerabilities" that it identified in previous reports haven't been resolved. The report also cites issues with reliability, aircraft availability and maintenance systems. The assessment doesn't deal with findings that are emerging in the current round of combat testing, which will include 64 exercises in a high-fidelity simulator designed to replicate the most challenging Russian, Chinese, North Korean and Iranian air defenses.

Despite the incomplete testing and unresolved flaws, Congress continues to accelerate F-35 purchases, adding 11 to the Pentagon's request in 2016 and in 2017, 20 in fiscal 2018, 15 last year and 20 this year. The F-35 continues to attract new international customers such as Poland and Singapore. Japan is the biggest foreign customer, followed by Australia and the U.K. By late September, 490 F-35s had been delivered and will require extensive retrofitting. The testing office said those planes were equipped with six different versions of software, with another on the way by the time that about 1,000 planes will be in the hands of the U.S. and foreign militaries.

A spokesman for the Pentagon's F-35 program office had no immediate comment on the testing office's report. Brett Ashworth, a spokesman for Bethesda, Maryland-based Lockheed, said that "although we have not seen the report, the F-35 continues to mature and is the most lethal, survivable and connected fighter in the world." He said "reliability continues to improve, with the global fleet averaging greater than 65% mission capable rates and operational units consistently performing near 75%." Still, the testing office said "no significant portion" of the U.S.'s F-35 fleet "was able to achieve and sustain" a September 2019 goal mandated by then-Defense Secretary Jim Mattis: that the aircraft be capable 80% of the time needed to perform at least one type of combat mission. That target is known as the "Mission Capable" rate.

"However, individual units were able to achieve the 80% target for short periods during deployed operations," the report said. All the aircraft models lagged "by a large margin" behind the more demanding goal of "Full Mission Capability." The Air Force's F-35 model had the best rate at being fully mission capable, while the Navy's fleet "suffered from a particularly poor" rate, the test office said. The Marine Corps version was "roughly midway" between

the other two. The Air Force and Navy versions are also continuing to have cracks in structural components, according to the report, saying, "The effect on F-35 service life and the need for additional inspection requirements are still being determined."

The three F-35 models are all equipped with 25mm guns. The Navy and Marine versions are mounted externally and have acceptable accuracy. But the Air Force model's gun is mounted inside the plane, and the test office "considers the accuracy, as installed, unacceptable" due to "misalignments" in the gun's mount that didn't meet specifications. The mounts are also cracking, forcing the Air Force to restrict the gun's use. The program office has "made progress with changes to gun installation" to improve accuracy but they haven't been tested yet, according to the report. [Source: Bloomberg | Anthony Capaccio | January 30, 2020 ++]

USS Gerald R. Ford

Update 16: Testing Suggests Not Yet Ready to Defend Itself

The USS Gerald R. Ford — the US Navy's \$13 billion supercarrier that is over budget and behind schedule — is not yet ready to defend itself in combat, according to the latest assessment from the Pentagon's testing and evaluation office. Fiscal year 2019 testing aboard a test ship revealed deficiencies and limitations with three important combat systems, namely the SLQ-32(V)6 electronic warfare system, the SPY-3 Multi-Function Radar (MFR), and the Cooperative Engagement Capability (CEC), the Office of the Director of Operational Test and Evaluation (DOT&E) reported. "These deficiencies and limitations reduce the overall self-defense capability of the ship," DOT&E explained in its report.

During developmental tests, the MFR and CEC "failed to maintain directions and tracks for one of the threat surrogates in the multi-target raid," and the SLQ-32(V)6 electronic surveillance system "demonstrated poor performance that prompted the Navy to delay additional operational tests until those problems could be corrected," the testing office revealed. The US Navy only conducted only one of the four planned CVN-78 self-defense test ship (SDTS) tests during FY 2019. "If the Navy does not conduct all of the remaining events, testing will not be adequate to assess the operational effectiveness of the CVN 78 combat system," the report explained.

The Navy's self-defense test ships are usually done a decommissioned vessel that has been turned into a testing platform for various combat systems for newer vessels. In the case of the three problematic systems mentioned in the DOT&E report, the Navy would have run them through different scenarios aboard the test ship to see how they track, manage, and communicate to other systems about specific targets. As Bloomberg, which first reported on the Ford's self-defense setbacks, wrote, the various self-defense capabilities of a carrier are important, especially given rising concerns about their vulnerability to stand-off weapons, such as anti-ship missiles.

"Those three systems are intended to provide the self-defense function for the carrier," Bryan Clark, a defense expert and former Navy officer, told Insider. "The SLQ-32 is designed to detect active missile radars and also jam them," he explained, adding that this system can inform the Ford's self-defense capabilities, such as the Rolling Airframe Missiles and Evolved Sea Sparrow Missiles and close-in guns. "The multifunction radar is supposed to pick up that contact," he added. "And, then that gets passed by the CEC to maybe a nearby ship that can help figure out how to engage the target." These combat capabilities, Clark told Insider, are "necessary to defend the Ford class carriers. But, also, if it doesn't work right, it is missing a huge opportunity to be able to be part of a battle network as opposed to simply being the defended asset."

The Navy's older Nimitz-class carriers have limited sensor capabilities and are very dependent on the cruisers and destroyers that escort them for radar tracking and missile defense. "The Ford has improved sensors," he explained, "that should be able to at least detect potential threats or be a part of the network of sensors that is detecting threats and share

that information. So, if these systems can't work together, then the Navy misses out on a lot of the investments they made in self-defense for the Ford."

The Navy insists that it is working to make the Ford into the carrier it was meant to be. "Compared to Nimitz-class ships, USS Gerald R. Ford is equipped with significant updates to its integrated combat system," the US Navy told Insider, adding that the Ford "continues to progress in a series of rigorous test events to demonstrate the effectiveness of the ship's combat system in self-defense." The service added that the Navy has conducted more tests events on the Ford than any previous carrier, explaining that it plans to "execute additional developmental and operational tests on CVN 78 over the next 15 months as the ship prepares for Combat System Ship Qualification Trials in 2021." The Ford is, the Navy said, expected to complete its final ship self-defense testing on schedule in 2023. [Source: Business Insider | Ryan Pickrell | February 3, 2020 ++]

Army Aviation Incentive Pay Rates Increased

The Army just bumped up its Aviation Incentive Pay rates for the first time in more than 20 years to compete with the civilian market, according to new pay charts posted by Army Human Resources Command. While the service's aggregate number of pilots is suitable, there has been an imbalance between junior, mid-level and senior aviators across the force, Army officials have acknowledged over the past year. Pilots with more than 10 years of aviation service can receive a \$1,000 per month incentive pay, which is the maximum the Army is allowed to offer by law. The rates begin to decrease after a pilot has more than 22 years of aviation experience, with the exception of warrant officers, who stay in the "Over 10" category until retirement, or they're no longer in aviation. The rates used to equal about 25 percent of a pilot's base pay in the late 1990s, but declined in the intervening years to about 11 percent, the Army said in a separate news release.

"The Army understands the high demands on the aviation force and their families. This increase in AvIP, the first for Army pilots in over 20 years, will result in an increase of pay for most pilots in the regular Army, Army National Guard, and Army Reserves," said Maj. Gen. David J. Francis, commander of the Army Aviation Center of Excellence and Fort Rucker, in the news release. "This adjustment is just one of many efforts underway to maintain aviation readiness and ensure support to the joint force," Francis added.

The Army has also been working to address its pilot shortfall through exit surveys to figure out exactly why pilots are leaving for the private sector. "One question I often get asked is, are the airlines impacting your shortfall," Brig. Gen. Michael C. McCurry, director of Army aviation for the Office of the deputy chief of staff G-3/5/7, said in September. "Well the short answer is, we don't know. We don't have good measurements out there right now to tell us why an aviator is getting out of the force." The Army has also targeted retention bonuses to junior pilots with between six and 13 years in service, and senior warrants with between 19 and 22 years, hitting the points when aviators are most likely to get out. The service doesn't have trouble recruiting pilots, Army leaders have said, but there is a problem with producing them at the schoolhouse and keeping mid-level soldiers in the cockpit. McCurry said the service has been working to increase production at Fort Rucker, Alabama, the Army's primary flight training post and home to the Army Aviation Center for Excellence.

The operations tempo for Army combat aviation brigades has not decreased over the past few years. "Today, every active component CAB is allocated or on mission," McCurry said in September. "The appetite for Army aviation has not subsided, as the receiver of continual requests for aviation forces in the fight from the [Combatant Commands], that appetite has not waned." The increased special pay rates stack with the 3.1 percent military pay raise recently approved by Congress for all service members. [Source: ArmyTimes | Kyle Rempfer | February 1, 2020 ++]

USS Fitzgerald (DDG-62)

Update 24: Underway After Being Badly Damaged in 2017 Collision



The U.S. Navy's guided-missile destroyer Fitzgerald, which was badly damaged in a 2017 collision off Japan that claimed the lives of seven sailors, is underway in the Gulf of Mexico for its first significant at-sea time since arriving at Ingalls Shipbuilding two years ago. The Arleigh Burke-class warship will get a full shakedown of its navigation, mechanical, electrical, propulsion, communications and combat systems to verify it is ready to rejoin the fleet, according to a release from Naval Sea Systems Command. "The underway reflects nearly two years' worth of effort in restoring and modernizing one of the Navy's most capable warships," the release said.

At the end of the shakedown, the ship will undergo finishing touches in the Mississippi yard before returning to the fleet this spring, the release said. "We are excited to take the next step to get Fitzgerald back out to sea where the ship belongs," Fitzgerald's commanding officer Cmdr. Scott Wilbur said in the statement. "My crew is looking forward to moving on board the ship and continuing our training to ensure we are ready to return to the fleet." The repairs to Fitzgerald were particularly difficult because the force of the collision warped the ship's superstructure, which throws off the careful alignment of the SPY-1D radar.

Fitzgerald collided with a civilian tanker off Japan following the failure of almost every safeguard the Navy puts in place to prevent maritime disasters. The accident set off a two-year legal battle over the Navy's attempt to hold Fitzgerald's former commanding officer, Cmdr. Bryce Benson, criminally responsible for the accident. The charges were dropped last year and Benson was allowed to retire in grade with full benefits. Fitzgerald's sister ship, the destroyer John S. McCain, also was damaged weeks later in a 2017 collision near the Strait of Malacca, killing 10 sailors on board. The McCain was mended at its home port of Yokosuka, Japan, and those repairs were completed in October. [Source: Defense News | David B. Larter | February 3, 2020 ++]

Tax Tips for Military Life

Some That Could Reduce What You Pay

Gather tax documents first.

Before filing, organize paperwork and establish a specific place for all incoming tax documents, like W-2 forms, as they arrive in the new year. You may need to track down others. You'll also need Social Security numbers, birth dates and other information for everyone included in the return. Take another look at that Leave and Earnings Statement

withholding. Taxpayers will want to check to see if their 2019 federal income tax withholding will unexpectedly fall short of their tax liability for the year. They can check this by using the [Tax Withholding Estimator](#) on IRS.gov.

Determine if taking the standard deduction is a better deal for you.

The standard deduction for married filing jointly is \$24,400 for tax year 2019. For single taxpayers and married individuals filing separately, the standard deduction is \$12,200 for 2019, and for heads of households, the standard deduction is \$18,350 in 2019.

Get tax credits, deductions and exclusions for your classes and much more.

The IRS allows you to take certain tax credits on your tax returns, including:

- The [Lifetime Learning Credit](#) is for qualified tuition and related expenses paid for eligible students enrolled in an eligible educational institution. The LLC can help pay for undergraduate, graduate and professional degree courses – including courses to acquire or improve job skills. There is no limit on the number of years you can claim the credit. It is worth up to \$2,000 per tax return and applies to 20% of the first \$10,000 of a taxpayer's out-of-pocket expenses.
- The [Earned Income Credit](#) up to \$6,557 for taxpayers filing jointly who have three or more qualifying children; check out [income and credit](#) amounts.
- The [Child Tax Credit](#) expanded to \$2,000 per qualifying child and is refundable up to \$1,400, subject to phase outs. The bill also includes a temporary \$500 nonrefundable credit for [other](#) qualifying dependents.
- The maximum credit allowed for adoptions is the amount of qualified adoption expenses up to \$14,080 in 2019. This credit is nonrefundable, which means it's limited to your tax liability for the year. However, any credit in excess of your tax liability may be carried forward for up to 5 years.

While the IRS allows taxpayers who itemize to deduct a range of expenses, alimony payments are no longer deductible starting in tax year 2019; the recipient does not have to report alimony as income any more either. Meanwhile, one exclusion common among military families is the foreign earned income exclusion, which is up to \$105,900 for tax year 2019.

Take advantage of the Military Spouse Residency Relief Act.

Active-duty service members have always been able to keep one state as their state of legal residency for tax purposes – typically their home of record – even when they move frequently on military orders. A state of legal residence is also considered their “domicile” or “resident” state. Since 2009, when the Military Spouse Residency Relief act was signed, military spouses may keep their state of residency to that of the service member, regardless of which state they currently reside.

Get automatic tax extensions when you're deployed.

When you're deployed, your service wants you to focus on your mission, not your tax forms. The [IRS automatically](#) extends tax deadlines for U.S. Armed Forces personnel deployed to a combat zone or in support of operations in a qualified hazardous duty area. The deadline for filing returns, making payments or taking any other action with the IRS is also extended for at least 180 days after the last day of qualifying combat zone service or the last day of any continuous qualified hospitalization for injury from service in the combat zone.

Exclude home sale profits from your taxes.

Many military families buy a home knowing they may have to sell it when their next PCS comes around. It's important to know about capital gains tax ahead of time. If you make a profit from the sale of your main home, you may qualify to exclude up to \$250,000 of that gain from your income, or up to \$500,000 of that gain if you file a joint return with your spouse. This is called the Sale of Primary Home Capital Gain Exclusion. To be eligible for this exclusion, most people must have owned the home for at least two years and lived in that home for at least two of the last five years. However, service members who have moved due to PCS, before being able to meet these requirements, may still qualify for an exclusion. In those cases, they may not be taxed with the total capital gain for the sale of home.

Don't worry about the penalty for not maintaining minimum essential health coverage.

Changes to the Affordable Care Act may affect your tax return in 2019. The most notable change is that the individual mandate has gone away. This means that you will no longer pay a penalty if you did not have health insurance in 2019

Report and claim casualty losses from disasters.

If you have property in an area determined by the president to be eligible for federal assistance – such as a region devastated by a hurricane or forest fire eligible for assistance from FEMA – you can claim unreimbursed expenses from casualty losses on your federal tax return. If you are eligible to claim a loss on your tax filing, use [IRS Form 4684](#), “Casualties and Thefts.” Refer to IRS Publication 547 (“Casualties, Disasters, and Thefts”) and Publication 584 (“Casualty, Disaster, and Theft Loss Workbook”) for more detailed information. Additional [resources](#) can be found on the IRS website.

Don’t ignore a corrected W-2 form.

When issuing pay to more than 6.6 million customers, the Defense Finance and Accounting Service notes there may be a few W-2 forms that include incorrect information or raise questions. If something doesn’t look right on your W-2:

- Call the Military Pay customer care center at 888-332-7411 to request a corrected W-2.
- Use AskDFAS; clickable icons are located on the myPay and DFAS homepages. FAQs are available for information and the application allows members to submit a secure message to the appropriate DFAS military pay office.
- Military finance offices can provide assistance in correcting tax statement information.

If you receive a corrected W-2, or W-2C, then file an amendment according to the year the corrected W-2 covers.

Tax

Know about tax deductions for reservists.

Reservists whose reserve-related duties take them more than 100 miles away from home, each way, can deduct their unreimbursed travel expenses on Form 2106, even if they do not itemize their deductions. They can also deduct the purchase and upkeep costs of uniforms that they can’t wear while off duty, minus any allowance they receive for these costs. Taxpayers can request a free transcript of tax returns covering the past three years. The [Get Transcript](#) on IRS.gov is the fastest way to get a transcript.

Remember your retirement plan contributions.

An IRA or 401(k)-type plan might mean saving for retirement and cutting taxes at the same time. Service members who contribute to a plan, such as the [Thrift Savings Plan](#), may also be able to claim the Retirement Savings Contributions Credit.

- IRAs are different from 401(k)s and TSPs. By the end of the year, a single person can make an IRA contribution of \$6,000, or \$7,000 if you are age 50 or older, or your taxable compensation for the year was less than this dollar limit. If you file a joint return and have taxable compensation, you and your spouse can both contribute to your own separate IRAs. You can contribute up to \$6,000 to a spousal IRA in 2019 or \$7,000 if you are 50 or older.
- In a 401(k), you can contribute the maximum of \$19,000. If you are 50 or older, you can make an additional catch-up contribution for as much as \$6,000, for a total of up to \$25,000. The TSP maximum amount you can contribute is \$19,000.
- There are two kinds of IRAs – traditional and Roth. The Roth is pre-taxed and can be withdrawn after the age of 59 ½ without penalty. The traditional is taxed at the time of withdrawal and will be penalized if you are not 59½. You can deduct your contributions if you qualify with a Traditional IRA, but Roth IRA contributions are not deductible.

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Stuck? Questions? Unsure of the next step? Military OneSource’s tax consultants can answer your questions. As a service member, the tax implications of combat pay, deployment or multiple moves can be daunting. With MilTax,

service members have quick access to consultants who are experts in the tax code and how it applies to military life, as well as easy and secure preparation and free tax filing software. **All MilTax services are 100% free.** Call 800-342-9647 or [live chat](#) 24/7 to schedule an appointment with a MilTax consultant to get answers to your tax questions. OCONUS/International? [Click here for calling options.](#) MilTax e-filing software is available until Oct. 15.

Editor's Note: Military One-Source is a government funded organization whose services are restricted to active duty and reservists personnel serving and up to one year after their separation.

[Source: BBB Saluting Trust | February 2020++]

U.S. Space Force

Update 17: Troops Not to be Called Spacemen or Space Cadets

The newly established Space Force will grow from its one member now to an estimated 15,000 to 16,000 troops in the coming years, Pentagon planners reported this week to Congress, but it remains unclear what Space Force members will be called. Space Force planners are taking the naming of their troops very seriously, said Air Force Lt. Gen. David Thompson, who is assigned as the vice commander of the Space Force. “It’s something we’ve spent some serious time and energy on,” Thompson told reporters Wednesday at the Pentagon. “There are a couple of really strong options on what we might be called and some pretty strong opinions. What we’d like to do is ensure we’ve thought as broadly as we can ... and consider what that ought to be before we land on it.”

Planners have sought guidance from the language department at the Air Force Academy, from the Defense Language Institute and they have conducted crowdsourcing with troops expected to transfer into the Space Force to determine what their service’s equivalent will be to soldiers, sailors, airmen, Marines and Coast Guardsmen. They have made a few determinations on what Space Force members will not be called. Thompson ruled out naming them “spacemen” or “space cadets.” He declined to identify names that officials are considering. It is just one aspect of many unknowns that remain in the development of the first new military service established since the Air Force’s creation in 1948. The service aims to be much smaller than the others, built almost exclusively of forces focused entirely on space operations. It will rely heavily on the Air Force to provide support troops, such as medical, logistics and security troops, Thompson said.

But it will still be months before the Space Force has actual troops. Now, about 16,000 personnel – about 3,400 Air Force officers, 6,200 enlisted airmen and some 8,000 civilians – are assigned to the Space Force but remain a part of the Air Force. To date, only one person has been officially transferred into the Space Force – the Chief of Space Operations Gen. Jay Raymond. But officials expect some 6,000 troops from the Air Force’s space operations to officially transfer into the new service by the end of 2020, according to the report provided to Congress on Monday and obtained by Stars and Stripes. The officials expect space operators now serving in the Army and Navy will begin transferring into the Space Force in fiscal year 2022.

The transfer process is somewhat complicated, and Thompson said it will take some time to sort it out to ensure it is done smoothly and “everyone gets paid,” once it is completed. The report lays out the transfer process for troops who will join the Space Force: “To do so, those members will formally resign their commission or terminate their enlistment with the Air Force, Army, or Navy, and re-commission or re-enlist into the Space Force,” the report states. “Planners are actively developing specific processes and conditions that must be met before beginning transfer processes.”

Thompson also said planners are deciding on criteria for how Space Force members will be judged for promotion, as airmen will compete with longtime members of the Army and the Navy, which use different criteria for advancing their troops. While troops working in space operations, which includes space intelligence, space engineering, space

communications, and space acquisition, among other jobs, will be expected to transfer into the Space Force, they will not be forced to do so, Thompson said. “As a general principle, if you are in space operations — officers or enlisted members — the assumption and the expectation is that you will transfer into the Space Force,” he said. “For those who may not want to for various reasons we’ll have mechanisms in place.” [Source: Stars & Stripes | Corey Dickstein | February 6, 2020++]

Base Housing

Update 17: Tenant Bill of Rights SITREP

If you’re a resident of military housing wondering when you’ll see your tenant bill of rights, there’s no answer. Defense Department and military department leaders are still working on the tenant bill of rights and other initiatives that were included in the defense authorization act signed into law in December, according to DoD spokesman Chuck Prichard. “None of the details of their work are ready for release.” Nearly two months after the bill was signed into law, “we have yet to hear word on when we will see a final tenant bill of rights,” said Eryn Wagnon, director of government relations for the Military Officers Association of America. “For all the momentum on this important issue generated by Congress, it is frustrating to know the process is lacking timeliness and transparency.

It’s been a year since military spouses first testified before lawmakers about black mold growing out of the walls, rodents, and water leaks in their family housing, and their frustration dealing with landlords and the military to get it fixed. A few weeks after that hearing, the service secretaries announced they were drafting a tenant bill of rights, which would, among other things, allow for the tenant’s rent to be withheld from the landlord while the resident’s dispute is being heard by a neutral decision maker. That rent is generally the service member’s Basic Allowance for Housing. The tenant bill of rights was ready last fall; the service secretaries testified before the Senate in December that they were awaiting final passage of the authorization law, in order to make any changes before the final product. The law makes sweeping changes in the military housing privatization programs.

The services have been in discussions with the private companies for months about the issues and possible fixes, and have been doing parallel planning waiting for the law to be finalized. The Army announced that all the service secretaries met with executives of seven companies that operate privatized housing on military bases on Wednesday, to discuss implementation of the dispute resolution process, development of a common lease agreement, move-in, move-out procedures, and the public availability of home-maintenance histories. Information was not available at press time on timelines for these initiatives.

At least one military leader has said he doesn’t want to give military families false expectations about what the tenant bill of rights will achieve. In an interview with Military Times last fall, Army Gen. Gus Perna said he doesn’t want service members and family members to have the wrong impression “that we’re going to publish this [tenant bill of rights] and all of a sudden it’s going to be Disney World. It’s the foundation that we reference in our execution to achieve our goals.” Perna, who is commanding general of Army Materiel Command, was tasked last year with by Army leaders with the mission of fixing the Army’s privatized housing problems. Under the new provisions in the law, the tenant bill of rights must include minimum rights for residents of military housing units, including the rights to:

- A housing unit and community that meet minimum health and environmental standards;
- A housing unit that has working fixtures, appliances, and utilities; and a community with well-maintained common areas and amenity spaces;
- Prompt and professional maintenance and repair, and to be informed of the time required. If such repairs are necessary to ensure the habitability of the unit, the tenant must be relocated into suitable lodging or other housing until repairs are completed, at no cost to the tenant;

- The ability to report inadequate housing standards or deficits of the housing unit to the landlord, the chain of command and the housing management office without fear of reprisal or retaliation. The law outlines six examples such as interfering with the tenant’s career, harassment, unlawfully raising the rent or trying to evict the tenant, interfering with the tenant’s right to privacy and refusing to honor the terms of the lease.
- A dispute resolution process if other methods are exhausted;
- The withholding of the Basic Allowance for Housing payments from the landlord, to be held in escrow, until the dispute is resolved;
- The maintenance history of the prospective housing unit before signing a lease;
- A written lease with clearly defined rental terms;
- A “plain-language” briefing before signing a lease and 30 days after moving in, by housing office personnel on all rights and responsibilities of the tenant;
- Enough time to prepare for and be present for move-in and move-out inspections;
- Access to a military tenant advocate through the housing management office of the installation;
- Property management services that meet or exceed industry standards and are done by professional, trained, responsive and courteous employees;
- Multiple, convenient ways to communicate directly with the landlord maintenance staff, and to receive consistently honest and responsive communications from them;
- Access to an electronic work order system to request maintenance or repairs and to track the progress of the work;
- Advice from military legal assistance on procedures for resolving disputes and for filing claims against the landlord;
- Advance notice of any entrance into the housing unit by the landlord, housing staff or chain of command, except in the case of emergency or abandonment of the unit;
- No non-refundable fees or withholding of rent credits.

The Fiscal 2020 National Defense Authorization Act doesn’t specify a timeline for the completion of the common tenant bill of rights. However, in a related section, the law describes a deadline of 1 MAR for the Secretary of Defense to submit a list to the congressional defense committees of any landlords who didn’t agree to certain requirements in the law. The law makes sweeping changes in the housing privatization program that could affect agreements made between the services and the private companies entered into a decade or more ago, and the private companies must agree to the changes. The law requires DoD and the services to consider any of those companies’ lack of agreement as military officials enter into or renew any future contracts for privatized military housing. [Source: MilitaryTimes | Karen Jowers | February 8, 2020 ++]

Army Housing

Update 01: Private Housing Managing Companies Discussions

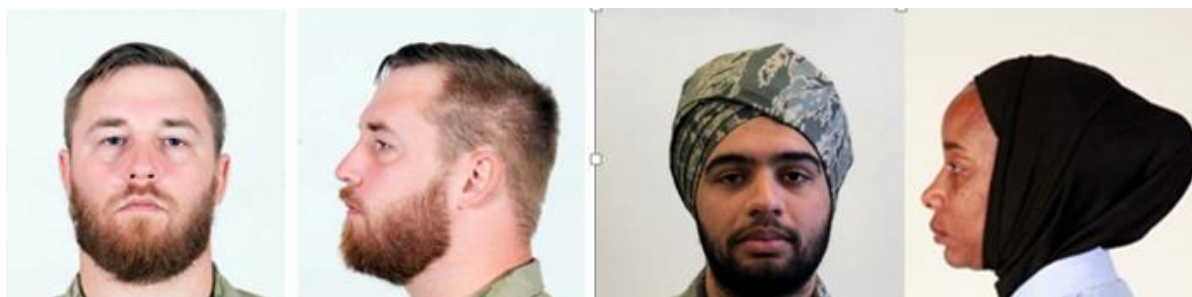
After a year of news highlighting the dismal conditions many military families experienced in base housing, the Army has finalized an incentive fee structure with the private companies that manage the units, a service news release said 6 FEB. The details of the plan were not immediately clear, but it "puts families first and holds companies accountable," according to the release. Military families have reported lead contamination and pest infestation in surveys by the Army and the Military Family Advisory Network. Congress stepped in with hearings about the issues, instituting some change via the fiscal 2020 defense budget.

Those 2020 National Defense Authorization Act provisions were also discussed in the latest meeting 5 FEB between Army Secretary Ryan McCarthy, other officials and the private housing companies. "We have made significant strides over the last year to provide quality, safe and secure housing, but we have more work to do," said Gen. Gus Perna, head of Army Materiel Command, in a statement. "We are focused on investment and reinvestment strategies to ensure long-term viability and quality of housing." The NDAA directed the Defense Department to develop a dispute-resolution process, move in/move out procedures and a common lease agreement. It is also to make home-maintenance histories publicly available.

Attendees also discussed a need to review the Basic Allowance for Housing process to ensure payments are "accurately" reflecting market costs. So far, the release said, these meetings have led to quarterly town hall gatherings at every installation, hiring more staff, giving garrison commanders full access to work orders and creating a mobile app to submit and track work orders. [Source: Military.com | Dorothy Mills-Gregg | February 7, 2020 ++]

USAF Dress Standards

Update 01: Religious Accommodation Guidelines Issued



Airmen will be allowed to wear up to 2-inch beards under a new Air Force guidance that outlines grooming standards for religious accommodations. The updated grooming policy, published 7 FEB, also allows members of the Sikh faith to wear turbans and Muslim women to wear hijabs. Airmen must have religious or medical exemptions to grow beards, the policy says. The guidance for beards grown under a shaving waiver remains unchanged: Such whiskers must not be trimmed to give a sculpted appearance and cannot exceed a quarter-inch in length, the updated policy states.

The Air Force is following the lead of the Army, which in 2017 became the first service to allow Muslim and Sikh soldiers to wear head coverings and beards in line with their religious beliefs. A similar accommodation was extended later to Norse pagan service members. A Muslim airman first was allowed to wear a beard in 2018. The following year, a Sikh and at least two Norse heathen airmen were granted beard accommodations, according to a review of media reports. The new guidance does not limit how long a religiously accommodated beard can be but states that it must be rolled or tied so that it does not extend more than 2 inches below the chin. A connected mustache must not extend past the line of the upper lip, the guidance says.

Turbans, under-turbans and hijabs must be made of a "subdued material in a color that closely resembles the assigned uniform," it states. Designs other than a camouflage pattern matching the uniform are prohibited. The head coverings must be worn in a neat and conservative manner and, when directed by a commander, need to be made of fire-resistant material. Turbans may be worn in place of traditional military headgear. Wing commanders or the equivalent, colonel and above, may grant waivers for the sacred scruff or holy headgear after a chaplain has interviewed the applicant to ensure a request is based on sincerely held religious convictions. In the past, chaplains had to certify it was part of a doctrinal or traditional observance.

Requests for beard, turban or hijab waivers should be approved unless they involve a “compelling government interest,” such as safety, or would negatively affect military readiness, unit cohesion, standards or discipline, the regulation states. Accommodations may be suspended or withdrawn if an airman is assigned to hazardous duty or environments, such as where chemical weapons threats exist. Commands may also demand an immediate shave or removal of headgear to ensure a proper gas mask fit in the event of an attack, say sample approval memos included with the new regulation. [Source: Stars & Stripes | Chad Garland | February 11, 2020 ++]

Navy Terminology, Jargon & Slang

‘G’ thru ‘Give Way’

G – (Aviation) The acceleration forces felt by aircrews when maneuvering.

Gangway – (1) Today, more properly called a "brow," the temporary bridge connecting the ship’s quarterdeck to the pier. (2) A call to get out of the way, which originated as a call for junior personnel to give precedence to a senior while crossing the gangway.

Ganked – Stolen. "Hey, who ganked my sandwich?"

Gash – (1) Garbage or rubbish. Also used to refer to any unwanted item. (2) Uncomplimentary term for a woman.

Gate - Aviation term for use of maximum afterburners. Aka 'zone five'.

Gator – Vessel of the amphibious force.

Gator Freighter – Amphibious warfare cargo ship.

Gator Hashmark – A grease stain on one’s uniform, gained by leaning up against or bumping a wire (cable), many of which are found on and about Gators.

Gawkers, Walkers, and Talkers - Off-duty personnel. They can usually be found cluttering up passageways or decks where real work is being done.

Gear (the) - Arresting gear.

Geedunk, Gedunk - (1) Dessert/junk food/candy, or a place to buy same. Aka 'pogey bait'. (2) "Extras" or benefits, awards, ribbons, or medals. (3) Easy or "sweet" duty. Can be used as noun or verb. "Gedunk" may be a corruption of the German "ge tunk", which means to repetitively dip something. This supposedly goes back to when bread was usually pretty stale and its taste could be improved by dunking it in milk. It was carried over to the practice of putting ice cream into soda. Gedunk apparently was first used specifically to refer to ice cream sodas.

Gedunk Medal – National Defense Service Medal. Considered meaningless, it was awarded to anyone who served in a certain time frame during and subsequent to the Vietnam War.

Gethomeitis – The tendency to ignore potentially significant problems when homeward bound.

GIB - "Guy In Back". More common in Air Force usage, refers to the backseater (pilot, non-pilot, or NFO) of a 2-place tactical aircraft, aka 'the bear,' or 'the pitter' (the guy in the 'pit'). In two-seat USN/USMC fighters, more commonly called the RIO. In A-6's, the Bombardier/ Navigator or BN, even though he sits beside the pilot rather than behind. In S-3 Vikings, more properly an Overwater Jet Navigator (OJN).

Gig – (1) Small boat carried aboard ship, e.g. the Captain’s gig. (2) Demerits, or the act of receiving same.

Gig Line – On a sailor’s uniform, a line formed by the buttoned shirt, a crease on the belt buckle, and the trousers’ fly. If your gig line isn’t straight, you hear about it at personnel inspections.

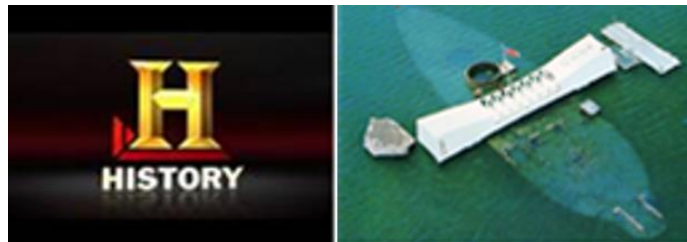
Gin Pennant – (UK) An unofficial flag flown to signify that a ship's wardroom has free drinks or a celebration underway. Usually green with a wine or cocktail glass on it.

Give Way – (1) An order to oarsmen to begin pulling. (2) In the Rules of the Nautical Road, a ship which must maneuver to avoid another ship is called the "give way vessel." Similarly, it may be used to refer to getting out of someone's way.

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> | February 14, 2020 ++]

*** Military History ***



Battle of the Ia Drang Valley

Tenets of Air Land Battle Analysis

The Vietnam battle of the Ia Drang Valley [IDV] was actually a series of engagements between the US 1st Cavalry Division and the B-3 Front, North Vietnamese Army from 18 OCT to 24 NOV 1965. Many considered it to be the US Army's 1st battle in Vietnam. It was certainly the first battle between US division operating under of field force headquarters and 3 NVA regiments (the 32d, 33d and 66th) operating under a front headquarters. It may also have been the last battle between NVA and US forces of equivalent size. A review of the battle is provided in the attachment to this Bulletin titled "**Battle of the Ia Drang**". It provides an analysis of the events of the battle using the four tenets of Air Land Battle as defined in the 1986 edition of US Army Field Manual (FM) 100-5, "Operations" [Source: Military Review <https://hadit.com/battle-ia-drang-valley-idv> | LTC Kenneth R Pierce | January 1989 ++]

Park Chung-hee Assassination Attempt

Failure Led to USS Pueblo's Capture

On the afternoon of January 17, 1968, a 31-man, hand-picked team of North Korean commandos who had been training together for two years and were experts in knife fighting cut through fencing along the DMZ, crossed the Imjin River, and set up camp on a nearby mountain. Their mission: infiltrate South Korea's Blue House (equivalent of the White House) and assassinate South Korean president Park Chung-hee. Kim Il-sung, the grandfather of North Korea's current leader, Kim Jong-un, told his men that if all went well the Republic of Korea (ROK) would collapse, resulting in "a glorious revolution" that would see the unification of the Korean peninsula under the Kim regime.

Two days later the commandos, wearing South Korean uniforms to avoid detection, were spotted by four South Korean brothers. When one of the brothers grew suspicious and asked questions, the four men were immediately

surrounded, taken into custody, and threatened with death. Pretending to go along with a lengthy explanation by the commandos on how their mission would bring a new workers paradise to the people of South Korea, the brothers promised not to tell anyone of the infiltrators' presence and were released. As they had planned all along, they immediately reported the incident to the police. The well-trained commandos, however, had slipped into the night. There was no trace of them anywhere.



The "Blue House," (left) is the official residence of the president of South Korea, Kim Shin-jo center) at a police station in Seoul after being captured, Jan. 22, 1968, and the monument erected in 2012 in Korea in honor of the 130 American and KATUSA (Korean Augmentees to the US Army) servicemen who have been killed in active combat in Korea since the Korean War armistice was signed in 1953

Despite increased security in and around Seoul, the commandos made it to within 350 yards of the Blue House before being discovered. In the intense firefight that followed, numerous ROK police and civilians were killed in a flurry of gunfire and exploding grenades. One North Korean commando was captured but immediately committed suicide. The rest of the infiltrators escaped. On 23 JAN, as South Korean officials hunted down the remaining commandos, the North Koreans, outraged that the assassination attempt had failed, attacked the US Navy spy ship, USS Pueblo (AGER-2), claiming falsely that it was in North Korean waters. After firing on the ship with 57mm cannons and killing an American sailor, the communists boarded the Pueblo, captured her crew, and then began blindfolding and beating them.

The 82 captured Americans spent the next 335 days locked in North Korean prisons, where they would endure torture, mock executions, and almost constant interrogations and communist indoctrination lectures. In Seoul, meanwhile, the manhunt had come to an end. By the last day of January, all but two of the North Korean commandos were dead. One had made it back to North Korea, where he became an immediate national celebrity and later a high-level military leader and politician, and the other was captured. The captured North Korean commando, Kim Shin-jo, was interrogated for more than a year and released when it was discovered that he'd never actually fired a shot or hurt anyone during the assassination attempt.

In an extraordinary twist of fate, he became a South Korean citizen, married, and had two children. When his wife, a devout Christian, eventually convinced him to attend church with her, he experienced an overwhelming sense of calm and peace and became a Christian. "I tried to kill the president," he later told CNN. "I was the enemy. But the South Korean people showed me sympathy and forgiveness. I was touched and moved." Kim's family, however, was not shown the same mercy by his former countrymen. Several years after the raid, the communists executed his parents and six siblings who were still living in North Korea. "I was deemed a defector, and they executed my family," he recalled in a 2018 interview with NBC News. Kim Shin-jo became a Presbyterian minister in 1977 and is still alive today. "I lived, but my heart aches when I think about my parents and my siblings who I left behind," he told NBC. "This is something I have to carry with me to my grave."

President Park Chung-hee, whose wife was inadvertently killed in an assassination attempt on him in 1974, was assassinated by the head of the Korean Central Intelligence Agency (KCIA) in 1979. His daughter, Park Geun-hye, the 11th president of South Korea, is in jail on corruption charges. The USS Pueblo remains in North Korea to this day. It is moored on a river in Pyongyang as part of the "Victorious Fatherland Liberation War Museum." Tens of thousands of school children and adults visit the Pueblo every year to learn about the "evils" committed by the United States.

Twenty-six South Koreans and three Americans died during the Blue House Raid. The US soldiers, Sgt. Paul Martin, Pvt. Salvador Mojica and the third (whose name the author wasn't able to find), were killed in firefights with the commandos attempting to cross the DMZ and return to North Korea. Since the signing of the Korean War armistice in 1953, approximately 90 Americans and 40 South Korean KATUSA soldiers have been killed on active duty in Korea, many on the DMZ. They are memorialized on a monument that was erected at Yongsan Garrison in Seoul in 2012. Lest we forget. [Source: The Fisherman <https://nedforney.com/index.php/2020/01/26/blue-house-raid-uss-pueblo> | Ned Forney | February 1, 2020 ++]

Six Triple Eight Monument

Honors Contribution of 800 Black Women in WWII

The contributions of over 800 African American women who sorted mail in a segregated unit during WWII were recognized in NOV 2018 in Fort Leavenworth, Kansas, with a monument erected in their honor. “No mail, no morale,” was the motto of the 6888th Central Postal Directory Battalion, the U.S. Army’s only all-African American and all-female unit during the Second World War. Often referred to as the “Six-Triple-Eight,” the unit was made of up enlisted and officer women, who were originally from the Women’s Army Corps, Army Service Forces and Army Air Forces.



While many African American nurses served overseas in combat zones, WAC units remained separated and women of color were only allowed to serve overseas depending on the “needs of the Army.” The military faced pressure for African Americans WACs to serve in overseas components and eventually a request for 800 women to serve in the European Theatre was approved. In 1945, warehouses and Red Cross workers in England became overwhelmed with a backlog of mail and packages addressed to U.S. service members. The hundreds of women who eventually made up the 6888th were selected to train for this exact mission. Under the direction of Lt. Col Charity Edna Adams, the women traveled to Camp Shanks, New York after enduring boot camp, and eventually arriving in Birmingham, England, in 1945. Upon arrival to Europe, the women were welcome to a dimly lit and rat-infested warehouse with mail stacked to the ceilings.

Of the over 800 servicewomen, five were present at their monument dedication ceremony at Fort Leavenworth. “Servicemen want their mail. That’s a morale booster,” Lena King told KCTV. Now 95-years-old, then Corporal King worked among other women in the warehouse identifying miswritten pieces of mail and ensuring the men fighting received letters from their loved ones. By dividing their work in shifts that ran 365 days a week, the women processed an average of 65,000 pieces of mail per shift, clearing the previous six-month backlog of letters in just three months.

Designed by sculptor Eddie Dixon, the monument features 841 of the 855 women of the Six-Triple-Eight, a bust of Lt. Col Adams and iconic photos highlighting the unit’s mission. The monument sits near a series of other historical tributes on Fort Leavenworth. From honoring the first African American West Point graduate to the first African

American four-star general, this monument will be another addition highlighting the “firsts” of our nation’s history at war. [Source: ConnectingVet.com | Kaylah Jackson | November 29, 2018 ++]

Nazi Killing Centers

Operation Reinhard

Before the Nazis developed the killing centers and extermination camps, they used the Einsatzgruppen to kill the Jews and other undesirables. But those massacres showed that there were glaring problems inherent in the extermination of masses of people, among them were the need of speed, efficient and complete body removal, secrecy, and disposal of belongings. Killing centers, however, provided both expediency and secrecy, and the later extermination camps made possible the full range of physical and psychological abuse that the Nazis wished to employ in the destruction of the undesirables.

Reichsführer-SS Heinrich Himmler designed the killing centers exclusively as places of secret and instant death. Today there is widespread misunderstanding and ignorance about the four killing centers, which were all on isolated occupied Polish territory and had short histories. Writers often confuse the centers with the camps. Very few people survived the centers, and those who did have seldom written about them; almost nothing remains of the centers; few people have visited them; all are located deep in rural Poland, and the Polish government would like them to remain obscure because they are reminders of a separate form of dying for Jews – these factors all contribute to the confusion. The key to understanding is that the killing centers were only killing centers – they had no other function. The prisoners there did not die on the way to death – they were killed.

In 1941 Himmler called in his gassing specialist, Christian Wirth, known as the Technocrat of Destruction, and ordered him to design and implement an extermination program with Chelmno as the pilot project. Sometime in 1941 Hitler gave the verbal order for the Final Solution, treating it as a secret of the highest order. Hitler and Himmler created Operation Reinhard – the camouflage term for the Belzec, Sobibor, and Treblinka program – under the command of Odilo Globocnik. Instead of reporting to the SS-WVHA, as did Majdanek, Auschwitz, and other concentration camps, Operation Reinhard reported to the office of the Führer – the Reich Chancellery Office. Although keeping the control of the program close to him, Hitler delegated responsibility for the practical aspects to Himmler. The staff turned to the euthanasia program (T-4) for ideas and trained personnel. They selected the sites and sent out construction teams. T-4 construction workers helped with the buildings. And high-level T-4 personnel came to the centers after the revolts to deliver funeral operations for their fallen SS comrades.

Operation Reinhard German camp workers were not told of the program goals and their precise duties until they reached the centers. Upon their arrival the SS officers oriented them by comparing center goals with the euthanasia program, which was very familiar to the workers. Then the SS swore them to absolute secrecy. Each worker signed a pledge that contained the following commitments:

- 1) I have been instructed that under no circumstances will I discuss with anyone outside of OR co-workers anything dealing with the operation.
- 2) I understand the top secrecy of “any of the occurrences of the so-called Jewish Relocation”
- 3) I may not take any pictures.
- 4) “I promise to keep my word to the best of my ability.”
- 5) I understand that after completion of my service, this oath of secrecy will still apply.

Operation Reinhard issued in a new phase of mass murder. Himmler replaced the mobile killing units with stationary death factories, and the gas chamber period began. The authorities had no intention of accommodating prisoners in the killing centers for any length of time -they exterminated them almost immediately upon arrival. Administrative structures were very simple. Because the centers were never linked to the war effort, only minimal industrial activity existed. And most inmates or transients were Jews, although there were some Polish Christians.

The Nazis built Sobibor, Belzec, Treblinka, and Chelmno as killing centers for the sole purpose of extermination the Jews of Europe and as many Gypsies as could be found. All four were constructed on Polish soil primarily because of the widespread Polish railway system, which had stations in the smallest towns. In addition, the Polish countryside, which was densely forested and thinly populated, made secrecy possible. Not one killing center existed longer than seventeen months. The SS obliterated each of them, intending to remove all traces. Polish scholars estimate conservatively that in these four camps, 2,000,000 Jews and 52,000 Gypsies, one third of whom were children, were killed. Yes, the concentration camps had their gas vans, their gas chambers, their crematoria, and their mass graves. People were shot in them, given injections, gassed, and hundreds of thousands died of starvation and disease. But even in Birkenau, where some have estimated that 1,000,000 Jews were killed, there was a chance of life. In the killing centers the only inmates kept alive for a short time were those selected to process the bodies of their fellow Jews.

First came Chelmno – the pilot extermination project – rude and crude, conferring death by three gas vans, borrowed from the Eastern Front. No crematoria, just mass graves in the woods. Chelmno exemplified extermination in the primitive style. Then came Belzec with its diesel-run gas chambers, which were inefficient and time consuming, and its primitive open-pit burning to dispose of the bodies. Sobibor, in a small and obscure corner of Poland, was next. It too had gas chambers and mass graves.



Members of SS-Totenkopfverbände from Treblinka

And finally came Treblinka. Learning from the mistakes at the other three, Nazis were here able to construct an unusually efficient destruction instrument that managed to destroy the lives and bodies of 1,000,000 human beings in only twelve months – a truly monstrous carnage. In order to create a killing center with such efficiency, it was necessary to invent the killing machinery and process. And for that, the SS technicians and experts had no precedents on which to rely. They had to depend on original thinking to accomplish the task. It was at Treblinka that the technicians finally triumphed over the insurmountable difficulties of secretly destroying the lives, bodies, and possessions of huge numbers of people in a short period of time.

After the Sobibor Revolt, Himmler ordered the centers closed. He sent the German camp personnel to the Trieste area on the Adriatic Coast, to continue the operation there. Assigned to a group known as the Arm Unit, the men’s task was to carry out the technical preparation for the mass killing of Jews in that area. In a rice factory near Trieste they set up a burning facility. Partisan activity, however, made program implementation impossible. On November 4, 1943, Globocnik wrote to Himmler from Trieste: “I have on Oct. 19, 1943 completed Action Reinhard and closed all the camps.” He asked for special medals for his men in recognition of their “specially difficult task.” Himmler responded warmly to “Globos” on November 30, 1943, thanking him for carrying out Operation Reinhard. By the end of the war, partisans had killed Wirth and Sobibor Commandant Reichleitner, Globocnik committed suicide. [Source: <https://remember.org/fact.fin.lazartr.html> | January 24, 2020 ++]

John W. "Jack" Hinson

A Civil War Sniper Hell Bent on Revenge



John W. "Jack" Hinson, better known as "Old Jack" to his family, was a prosperous farmer in Stewart County, Tennessee. A non-political man, he opposed secession from the Union even though he owned slaves. Friends and neighbors described him as a peaceable man, yet despite all this, he would end up going on a one-man killing spree. Jack's plantation was called Bubbling Springs, where he lived with his wife and ten children. When the Civil War broke out in 1861, he was fiercely determined to remain neutral. When Union Brigadier General Ulysses S. Grant arrived in the area in February 1862, the Hinsons hosted the man at their home. The General was so pleased with the plantation that he even turned it into his temporary headquarters.

Even when one of their sons joined the Confederate Army, while another joined a militia group, Jack remained strictly neutral. They were content to manage their plantation despite the ongoing conflict. Grant had stayed at the Hinson estate after capturing Fort Henry and Fort Donelson. In taking the last, he secured a vital gateway to the rest of the Confederacy. The Union's victory at the Battle of Fort Donelson was also its first major one since the start of the Civil War. His victory also meant that Union troops became a permanent fixture in the Kentucky-Tennessee border, where the Hinsons lived. While the family had no problem with that, others did - and the Hinsons would pay dearly for it. In the end, so would many Union Soldiers.

Since many in the region were sympathetic to the Confederacy, some turned to guerrilla tactics to deal with the better armed and trained Union Soldiers. These were called bushwhackers because they hid in the woods where they could attack Union troops before fading back into the wild. It wasn't just Soldiers they went after, however. There were many cases where they'd target Unionist farmers and sympathizers, as well. Still, others were not so politically motivated. Some bushwhackers were bandits who took advantage of the deteriorating law-and-order situation to prey on isolated homesteads. In some cases, they even attacked entire communities. After the fall of Fort Donelson to Union troops, guerrilla attacks on Union Soldiers and their supporters increased. As a result, it became policy to torture and execute any suspected bushwhackers without a trial.

In the fall of 1862, Jack's 22-year-old son George Hinson, and his 17-year-old brother, Jack, went deer hunting about a mile from their home as they always did. Unfortunately, they came across a Union patrol who suspected them of being bushwhackers. The boys were tied to a tree then shot, after which their bodies were dragged back to town. There the corpses were paraded around the Dover courthouse square as an example of the Union's zero-tolerance policy toward resistance. The remains were then decapitated and left there, while the heads were brought to the Hinson plantation. Before the entire family, the heads were stuck on two gate posts as an example of Union justice. The Lieutenant in charge wanted to arrest the Hinsons for their relationship to the two alleged bushwhackers but was informed about Grant's stay on the property. He was also told that the Major General would not take kindly to any mistreatment of the surviving Hinsons, so they were left alone. That was the Lieutenant's second mistake of the day.

Of Scottish-Irish descent, Jack could not let the murders of his sons go unpunished. He buried his children's remains, then sent the rest of his family and slaves to West Tennessee to stay with relatives. He then commissioned a special

0.50 caliber rifle with a percussion-cap muzzle-loader. Besides its lack of decorative brass ornamentation, this rifle was also unique because it had a 41-inch long octagonal barrel that weighed 17 pounds. The length of the barrel ensured that he could accurately hit targets from half a mile away. As to the octagonal shape, it was based on the Whitworth Rifle. With its hexagonal barrel, it could shoot farther (2,000 yards) and more accurately than the Pattern 1853 Enfield (1,400 yards) with its traditional round rifled barrel.

Moving into a cave above the Tennessee River, Jack became a bushwhacker at the age of 57. His first target was the Lieutenant who ordered his sons shot and beheaded. The man was killed as he rode in front of his column. The second target was the Soldier who placed the heads on the gateposts. It didn't take the Union long to connect the dots, so they burned down the abandoned Hinson plantation. The Tennessee and Cumberland rivers were major transport hubs, so he frequented both. From his higher vantage points, he targeted Union boats, picking off captains and Officers, as well as disrupting the flow of river traffic. The most spectacular story of his sniping career was when an entire boat of Union Soldiers surrendered to him. After Jack fired on the boat, the captain thought he was being attacked by Confederate Soldiers. To avoid further bloodshed, the captain beached his boat, raised a white tablecloth, and waited to be captured. But Jack couldn't possibly handle them all, so he retreated and let them wait.

Though he remained apolitical, he began helping the Confederate Army. In November 1864, for example, he guided Lieutenant General Nathan Bedford Forrest to Johnsonville to attack its Union supply center. Jack died on 28 April 1874 and lies buried in the family plot in Cane Creek Cemetery. With help from the locals and by constantly staying on the move, he avoided capture despite the massive manhunt for him. His family was not so lucky, however. Two of his younger children had died of disease, while the son who joined the army also died, as did another during a guerrilla raid. Jack survived the war and cut 36 circles in the barrel of his rifle to mark the number of Union Officers he killed. Union records, however, blame him for over 130 kills - though it's believed that he may have killed "only" a little more than 100. [Source: Together We Served | Shahan Russell | February 2020 ++]

Auschwitz Extermination Factory

The Early Days

Auschwitz lay thirty miles west of Cracow, Poland's fifth largest city, and was on the direct railroad line to German Upper Silesia. Before the German attack in September 1939, Auschwitz had been a Polish army camp. In May 1940 the adjutant at the Sachsenhausen concentration camp, Rudolf Franz Hoess (Not to be confused with Rudolf Hess, the Nazi Party secretary until May 1941), was detailed with thirty men to establish a new compound at Auschwitz.

Until the early spring of 1941, Auschwitz, containing nine thousand inmates, was an installation approximately the same size as earlier German concentration camps, such as Dachau and Buchenwald. Then, as Hitler prepared the assault on Russia, Heinrich Himmler, the head of the SS and German police, came to Auschwitz and told Ho'ss that the camp would have to be expanded to accommodate a large population of 130,000 – 100,000 of them Soviet prisoners of war. The inhabitants of seven villages standing on the swampy, malarial ground between the Sura and the Vistula rivers west of Auschwitz were to be dispossessed and removed as farm laborers to Germany. Since this area was thickly covered with birch trees, the Germans called the new part of the concentration camp Birkenau ('in the birches').

Transport arrivals were usually timed so that the twelve thousand residents of the adjoining town would not be witness to their coming. Stumbling stiff and bewildered out of the cars into the glare of spotlights, the Soviet POWs were lined up in columns of five. Carrying their heavy luggage – for they had been told to come well equipped – they were marched a mile to a building, where they were ordered to strip. Their heads and bodies were shaved roughly, they were given showers, and then were disinfected with Lysol. Each man had a number tattooed onto his left breast, a procedure so painful that many passed out. (Later, to simplify processing, the Germans changed the location of the tattoos to inmates' left arms.)

Outfitted with wooden clogs and Russian uniforms daubed with red paint POWs were taken to Birkenau. Only 150 of the twelve thousand Russian prisoners of war detailed in December 1941 to work on the camp's construction had survived the winter. Quartered in half-finished, unheated buildings, they had died of exposure, starvation, and disease. The Birkenau camp, a mile long and half-mile wide, was encompassed, like Auschwitz, by two rings of electrified barbed wire. Along these, watchtowers were placed every 150 yards. Only a few buildings had so far been completed, though the ultimate goal was to expand the camp to an area covering some two hundred square miles.

The men were awakened at three o'clock every morning and marched off at four to clear land and work on the construction of factories of Siemens, Germany's largest electrical manufacturer; I.G. Farben, the nation's leading chemical company; and the Deutsche Ausrüstungswerke (German Defense Works), an SS enterprise. Jews not capable of labor were executed. Except for a half-hour break at noon, when the prisoners each received a bowl of filthy carrot, cabbage, or turnip soup, the work continued uninterrupted until 6 PM. For supper, the men received one ounce – a little over one slice – of moldy bread made from ersatz flour and sawdust. They slept in almost windowless barracks with steeply pitched roofs resembling stables. Tiers of balconies, honeycombed with cells two and one-half feet high, each shared by three men, ran along the walls, giving the building the appearance of a giant beehive.

Lice and fleas tortured the inmates. Rats were so bold they gnawed at the toes and fingers of sleepers and stole carefully preserved crumbs of bread out of their pockets. A third of the prisoners died every week – the sick and injured were taken to the infirmary, where they were granted two to three days to recover or expire. If they did neither, they were spritzed – given a fatal injection of phenol directly into the heart. By 15 AUG, all but 159 of the 2,722 on the first four transports from Slovakia were dead. [Source: <https://remember.org/fact-fin-ausc.html> | February 5, 2020 ++]

WWII Bomber Nose Art

[48] Sleepy Time Gal



Military History Anniversaries

15 thru 29 FEB

Significant events in U.S. Military History over the next 15 days are listed in the attachment to this Bulletin titled, “**Military History Anniversaries 15 thru 29 FEB**”. [Source: This Day in History www.history.com/this-day-in-history | January 2020 ++]

Medal of Honor Citations

Hugh Carroll Frazer | Mexican Campaign



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

To

HUGH CARROLL FRAZER

Rank and organization: Ensign, U.S. Navy

Place and date: Vera Cruz, Mexico, 22 April 1914

Entered service: West Virginia.

Born: February 22, 1891, Martinsburg, West Virginia.

Citation

For extraordinary heroism in battle, engagement of Vera Cruz, 22 April 1914. During this engagement, Ens. Frazer ran forward to rescue a wounded man, exposing himself to hostile fire and that of his own men. Having accomplished the mission, he returned at once to his position in line.



Frazer graduated from the United States Naval Academy in 1912 and went on to serve in both WWI and WWII. He retired after 20 years of honorable service in 1932 and rejoined in 1942. His highest rank held was Commander. He died at age 84 on July 9, 1975 and was buried in Arlington National Cemetery.

[Source: <http://www.cmohs.org/recipient-detail/2419/frazer-hugh-carroll.php> February 2020 ++]



Medicare Hospital Coverage

Update 05: Stop! Don't Sign Away Your Coverage

Margie Barrie, an insurance agent with ACSIA Partners, knows the potential danger of making the wrong move. She recently wrote a piece for ThinkAdvisor about the day her 98-year-old mother was taken to an emergency room with what turned out to be congestive heart failure. Eventually, Barrie's mother was told she was being moved to a hospital room. Barrie recounted how a hospital employee approached Barrie's mother with several papers to sign, saying the forms were routine:

- "The first paper is about authorizing Medicare to pay the hospital bill.
- The second paper — and this is done very smoothly — states that my mother understands she will be in the hospital on observation status for 24 hours.
- As my mother is handed the paper to sign, I shout, 'Mom, don't sign it!'"

Barrie says various members of the hospital staff tried to browbeat her mother into signing the forms — at least until Barrie uttered some magic words: "I write a column in a national newsletter that has a large circulation." After a bit more debate and discussion about whether Barrie's mother had been given oxygen in the ER — she had been — her mother's hospital status was changed from "observation" to "admitted." As it turns out, Barrie's mother did end up going to a skilled nursing facility for physical therapy and rehabilitation after leaving the hospital. Had Barrie not pushed to get her mother's hospital status changed while her mother was at the hospital, the stay in the nursing facility would have cost \$650 a day — out of pocket.

Barrie's parting words of advice to others who find themselves — or loved ones — in a similar situation are as follows:

"Know these rules so that you can challenge them if appropriate. This discussion must occur in the emergency room. The reason is that when the patient leaves the emergency room, you cannot get the status changed."

To learn more about the rules that determine whether someone's Medicare hospital status is observation or outpatient versus admission or inpatient, you might want to start by reviewing Medicare's "Are You a Hospital Inpatient or Outpatient?" handout at <https://www.medicare.gov/Pubs/pdf/11435-Are-You-an-Inpatient-or-Outpatient.pdf>. [Source: MoneyTalksNews | Chris Kissell | February 5, 2020++]

Prescription Drug Costs

Update 44: Trump State of the Union Claim

During the 2020 State of the Union address, President Donald Trump zeroed in on prescription drug prices, arguing that his administration is "taking on the big pharmaceutical companies." Among the evidence for that claim: a talking point the administration has been using since last April. *"I was pleased to announce last year that, for the first time in 51 years, the cost of prescription drugs actually went down," Trump said.*

Kaiser Health News (KHN) examined this claim twice before, rating it Mostly False. But prescription drug prices are a major voter concern. So they wanted to take another look, in case things had changed. Experts told them the data remains essentially unchanged. Drug prices are still not going down. The President’s numbers are still off.

Last spring, Trump’s team pulled this claim from two sources: a 2018 report from the president’s Council of Economic Advisers and data comparing the January 2019 Consumer Price Index for drugs to that of January 2018. The CPI data suggested a decline in drug prices. But when KHN spoke to experts, they quickly debunked this position. For one thing, CPI data is imperfect — it shows list prices, rather than what consumers pay at the pharmacy counter. For another, it covers only drugs sold through retail, which accounts for about three-quarters of all prescriptions. That misses high-priced specialty drugs that are sold only through the mail.

Plus, other metrics showed that drug prices had, in fact, gone up, although by very little. Last April, for instance, the same CPI data indicated an increase — between April 2018 and April 2019, drug prices had increased by 0.3%. Data from the Kaiser Family Foundation also suggested an increase in total spending on drug prices that year, even if growth had slowed. (KHN is an editorially independent program of the foundation.) The only thing that’s changed is today, prices aren’t going up as fast as they were before, said Stacie Dusetzina, an associate professor at Vanderbilt University who studies drug pricing. But they’re still going up. “That probably doesn’t provide the average person with much relief,” she said.

Meanwhile, there’s the question of individual list price increases. (List prices are defined as what’s charged before rebates — an amount few people pay but that dictates negotiations.) The CPI data paints with a broad brush, drug pricing analysts said, obscuring just how many drugs have seen and continue to see their prices go up. In 2019, 4,311 prescription drugs experienced a price hike, with the average increase hovering around 21%, according to data compiled by Rx Savings Solutions, a consulting group. Meanwhile, 619 drugs had price dips. And already in 2020, 2,519 drugs have increased prices. The average hike so far this year is 6.9%. Meanwhile, the prices of 70 drugs have dropped. Typically, branded drugs increase their prices early in the year, and generics do so later, said Michael Rea, the CEO of Rx Savings Solutions. When generics post their price increases, the 2020 average price hike will likely go up.

“As a broad brushstroke, the story remains the same. Drug prices are going up, not down,” Rea said. Nothing has changed since our previous rulings on this statement. And the continued drug pricing trend suggests that prices may be stabilizing, but they are not coming down. And consumers are not experiencing that relief. We rate this claim Mostly False.



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During his speech President also called on Congress to pass bipartisan legislation to “dramatically” lower the cost of prescription drugs. *“I am calling for bipartisan legislation that achieves the goal of dramatically lowering prescription drug prices,”* Trump said in his State of the Union address. *“Get a bill to my desk, and I will sign it into law without delay.”* Lowering drug prices is seen as a rare area of possible bipartisan action. But the effort has been stalled by partisan disagreements and a range of competing bills. Trump in his speech did not explicitly endorse a specific approach, but he did give a nod to Sen. Chuck Grassley (R-IA), who has a bipartisan bill to lower drug prices with Sen. Ron Wyden (D-OR). *“I have been speaking to Sen. Chuck Grassley of Iowa and others in the Congress in order to get something on drug pricing done, and done quickly and properly,”* Trump said.

Speaker Nancy Pelosi (D-CA) and House Democrats, though, are pushing for bolder action to lower drug prices, namely a bill that the House passed in December to allow the government to negotiate lower prices. Some House Democrats chanted the number for that bill, H.R. 3, at Trump after his remarks. Trump supported government negotiation during the 2016 campaign, saying he would “negotiate like crazy,” but has since backed off that pledge, drawing ire from Democrats. “‘Negotiate like crazy’ must mean ‘not negotiate at all,’” Pelosi said earlier Tuesday. Even the Grassley-Wyden bill, which does not include negotiation, but does limit some drug price increases in Medicare, has drawn fire from many Senate Republicans who label it “price controls.” Grassley is banking on Trump’s support to get it moving.

“The Senate must act soon and the House should be ready to work with the Senate to get this legislation to the president’s desk in the months ahead,” Grassley said in a statement after Trump’s remarks. Trump did not mention any executive action on drug prices, despite fears from drug companies leading up to the speech. Trump has proposed lowering some Medicare drug prices by linking prices to those in other countries, but he did not mention whether he would move forward on that proposal in the speech. [Source: The Hill /Kaiser Health News | Peter Sullivan / Shefali Luthra | February 4 & 5, 2020 ++]

Military Hospitals

Update 01: Military Family/Retiree Patient Reduction Memo

Military families and retirees receiving care through 38 military hospitals nationwide will soon be forced to go off-base instead, and some pharmacies at those hospitals will stop providing drugs to those not on active duty, Military.com has learned. A 12-page memo, reviewed by Military.com, was sent to the commanders of 50 military treatment facilities, or MTFs, targeted for changes. It details for commanders the impacts of a planned MTF restructuring, the subject of an upcoming report to Congress. It also includes a letter to commanders explaining upcoming changes, signed by Lt. Gen. Ronald Pace, who directs the Defense Health Agency, and provides communications guidance to public affairs personnel.

The changes are a part of a review of military hospital operations and a system consolidation under the Defense Health Agency ordered by Congress in 2016. Aimed at increasing a focus on military readiness, the consolidation includes a plan to cut about 18,000 uniformed medical personnel and increase focus on active-duty support. But to do so, the hospitals must cull the number of family members and retirees to whom they currently offer care. The report to Congress detailed in the memo lays out the Pentagon's path for those changes.

The 3 FEB memo states: *"DoD must adapt the military health system to focus more on readiness of the combined force, while continuing to meet our access to health care obligations for active duty families, retirees and their families," "With a challenging array of threats around the world, we need our military medical facilities to keep combat forces healthy and prepare our medical personnel to support them."* The memo does not include the locations of the 50 affected MTFs, or a specific timeline for the changes. It's also unclear how feedback from lawmakers might impact the current transition plan.

Under a section of the document noted as "not for public release," the memo lays out a proposed plan to "reduce operations at 48 facilities and to expand or recapitalize operations at two others. *"At 48 of those 50 MTFs, "DoD recommends reducing the scope of operations to active duty and occupational health services only, while in many cases maintaining pharmacy services for all beneficiaries, "It is estimated that approximately 200,000 Military Health System beneficiaries who receive care at the MTFs identified for reduction in operations will transition to civilian providers in the Tricare network".* That means that some of those facilities may stop offering pharmacy support for users not on active duty. On-base pharmacies are currently the only way for all Tricare beneficiaries, including elderly Tricare for Life enrollees, to receive no-cost, same-day medications. *"Some beneficiaries may see some increased out-*

of-pocket costs. Retirees and their families who receive care at MTFs generally do not incur out-of-pocket copays for that care. When these beneficiaries receive care from Tricare's civilian network, they will incur co-payments."

The memo notes that no users will be cut from the MTF until they have a civilian provider from their community in place. *"Affected beneficiaries will continue to have access to quality health care, and we will not transition any beneficiary to the civilian Tricare provider network until we are confident they have a provider." "DOD intends to implement these changes with a careful, deliberate approach, maintaining access to high quality care for MHS beneficiaries while sustaining readiness ... As patients shift to civilian providers, DoD will monitor network performance and slow or halt transitions as necessary to assure continued access to care."*

Tricare officials were unable to provide a timeline for rollout of the plan or a list of the 50 impacted locations, citing a need to delay comment until the report is delivered to Congress. That report is expected to be delivered as early as next week.

"Until the Defense Department's Report to Congress ... is approved and released, the details in the report are still subject to change," Kevin Dwyer, a Tricare spokesman said in a statement. "For this reason, we are not yet able to discuss the details. As Lieutenant General Place said in his letter to the commanders of our military hospitals and clinics, we recognized there will be concern, and many patients and staff will want to know as soon as possible what this means for them. Nothing is changing immediately, and all changes will be made in a deliberate and responsible fashion. The Department's obligation to our patients has not changed." [Source: Military.com | Amy Bushatz | February 7, 2020 ++]

Military Hospitals

Update 02: Budget Request w/Military Family/Retiree Patient Reduction

The Pentagon's fiscal 2021 budget request supports ongoing, sweeping changes to the military health system that will reduce the number of uniformed medical personnel and send non-active duty beneficiaries to contractors or civilian providers for their health care. The \$50.8 billion proposed Department of Defense medical budget released 10 FEB continues reforms initiated in 2017 that place the service medical commands in charge of providing health care for uniformed personnel and gives oversight and responsibility of all military hospitals and clinics to the Defense Health Agency, to include staffing decisions.

According to the budget documents, this means some non-uniformed beneficiaries — active-duty family members, retirees and their family members — will continue receiving care at military treatment facilities from civilian staff or contractors, while others, “where feasible will be transitioned to a local network provider.” The budget documents affirm what Defense Health Agency officials have said for months: the military health system must right-size the military medical forces to support operational medicine, while roughly 8 million non-uniformed beneficiaries will receive health care from civilian federal employees, contract care or in the community, via Tricare.

In some locations, such changes are underway. In the past two years, military hospitals at Fort Knox, Kentucky; Fort Jackson, South Carolina; and Fort Sill, Oklahoma, were downgraded to outpatient clinics, a reconfiguration that resulted in retirees, retiree family members and some active duty family members transferring to physicians off-base. Military.com reported 7 FEB that commanders of 50 military treatment facilities targeted for changes received a memo from Defense Health Agency officials detailing the changes, which could affect at least 200,000 beneficiaries. According to the report, non-uniformed beneficiaries currently enrolled at 38 military hospitals nationwide will be forced to go off-base.

The details are spelled out in a report expected to go to Congress in the coming weeks. “It is estimated that approximately 200,000 Military Health System beneficiaries who receive care at the MTFs identified for reduction in operations will transition to civilian providers” in the Tricare network, Military.com reported. Military advocates and

members of Congress have raised concerns over the impact of transferring military beneficiaries to community providers in locations where there are not enough doctors or specialty services or in areas where services are unavailable. At a Defense Health Board meeting Monday, a DHA official said in some remote places, such as Twentynine Palms, Calif., hospitals will continue caring for all beneficiaries since services aren't available in the surrounding communities.

Defense health officials say their goal with the transformation is to maintain a healthy force, a military medical staff focused on operational medicine and an improved health care system for non-military beneficiaries. But for those forced off-base to receive medical care, the transition will come with an additional financial burden. Currently, beneficiaries who receive care at military hospitals or clinics have no co-payments for services or prescriptions. But in the community, retirees and their family members enrolled in Tricare Prime can expect co-pays ranging from \$20 for an outpatient primary care appointment to \$62 for an emergency room visit, while those who choose Tricare Select will pay between \$30 for a network primary care appointment up to \$118 for a network emergency room visit. Prescription co-payments outside military pharmacies range from \$10 for home delivery of generic medications to \$60 for a medication not listed on Tricare's formulary at a network retail pharmacy. [Source: MilitaryTimes | Patricia Kime | February 11, 2020 ++]

Medicare Drug Procurement

Update 04: Billions Would be Saved if Allowed to Negotiate

If you don't need insulin, you probably haven't paid much attention to its skyrocketing cost, but new research shows that exorbitant drug pricing eventually affects everyone. The study found that in 2017, Medicare spent nearly \$8 billion on insulin. The researchers said that if Medicare were allowed to negotiate drug prices like the U.S. Department of Veterans Affairs (VA) can, Medicare could save about \$4.4 billion just on insulin. "Medicare now accounts for a third of all drug spending. Legislation allowing Medicare to negotiate prices and establish a central formulary would help save taxpayers money," said the study's lead author, Dr. William Feldman. "We just looked at insulin, but other studies have shown other drugs would have savings as well," Feldman added. He's a research fellow at Brigham and Women's Hospital and Harvard Medical School in Boston.

The VA already has the ability to get discounts on drugs and to negotiate prices. It has also established a national formulary. A formulary is a list of drugs that are approved for treating certain conditions. Feldman said if a formulary only accepts a few drugs for each condition, there's more competition and flexibility in pricing as companies try to get their drug included. Other governments -- like Canada -- use their large buying power to negotiate better prices. But the law that established Medicare Part D said Medicare cannot interfere with negotiations between health plans and pharmaceutical companies, according to the journal Health Affairs. That means Medicare Part D, by law, cannot negotiate drug prices like other governments do.

And that lack of negotiation has had a big impact on pricing. Lija Greenseid, a Minneapolis mother of a teenager with type 1 diabetes, saw those differences first-hand when her family traveled overseas. A box of insulin pens has cost the family as much as \$700 in the United States. That same box was \$73 in Germany, \$57 in Israel, \$51 in Greece and \$61 in Italy. (Those prices were based on 2017 exchange rates.) "It's completely outrageous what we pay here," Greenseid said.

To see what effect the ability to negotiate prices and set up a formulary might have on insulin prices in the United States, researchers looked at Medicare Part D spending in 2017. They compared insulin prices between Medicare Part D and what the VA paid for the same medications. In all, they looked at 31 different insulins. Total spending on insulin for Medicare Part D was \$7.8 billion after manufacturer rebates. If Medicare had been able to use the same prices negotiated by the VA, it would have saved \$2.9 billion. If Medicare could use VA pricing and a national formulary, the projected savings would be \$4.4 billion, the study found. "We were looking at a drug that's been around for 100

years and should be cheaper. Medicare now accounts for a third of all drug spending. If Medicare negotiated prices, it could make a huge difference in health care spending," Feldman said. The findings were published online 3 FEB as a letter in JAMA Internal Medicine. [Source: U.S. News & World Report | Serena Gordon | February 4, 2020 ++]

PTSD Treatment Results

DoD/VA Recommended Therapies Don't Help Many

The psychotherapy approaches considered by the Departments of Veterans Affairs and Defense to be front-line treatments for military-related PTSD don't work for up to two-thirds of patients, a new report published in JAMA Insights finds. Cognitive processing therapy, or CPT, and prolonged exposure therapy, PE, are two approaches for treating post-traumatic stress disorder that focus on a patient's traumatic experiences and helps them process the memories associated with the horrific events. But a review of results from several large clinical studies conducted since 2015 on military personnel and veterans, researchers with New York University's Grossman School of Medicine found these psychotherapies have limited success in these patients, despite recommendation as preferred treatments in the VA/DoD Clinical Practice Guidelines for the Management of PTSD and Acute Stress Disorder.

In fact, according to the review published 30 JAN by JAMA, interventions that don't focus on traumatic events, such as present-centered talk therapy, transcendental meditation and medication, seem to work about as well as emotionally charged PE and CPT. "Overall, these new findings suggest that first-line psychotherapies do not effectively treat military-related PTSD in large proportions of patients and do not outperform non-trauma-focused interventions," wrote lead author Maria Steenkamp, clinical assistant professor of psychiatry at Grossman.

The report did find that all active treatments considered — including PE, CPT, present-centered therapy, meditation and medications — reduced PTSD symptoms, often "with moderate to large effect." Still, just 31 percent to 50 percent of patients actually achieved what Steenkamp would call "a clinical success." "We found that a third to half the patients respond well [to CBT or PE]. Of course that's the same way as saying two-thirds to half don't respond in a way that we would consider successful," Steenkamp said. [Source: MilitaryTimes | Patricia Kime | February 4, 2020 ++]

Diabetes

Update 22: Don't Let Myths Influence Treatment



More than 100 million U.S. adults are living with diabetes or prediabetes, making the disease one of the most serious health risks in modern society: It is a major cause of blindness, amputation and kidney failure, as well as a contributor to heart disease and stroke. Yet despite its prevalence and severity, misconceptions about diabetes abound. Here are five of the most persistent.

Myth No. 1: Only kids get Type 1 diabetes.

One myth is reflected (if only residually) in the name of a major advocacy group combating diabetes: The stated goal of JDRF, formerly known as the Juvenile Diabetes Research Foundation, is to help find a cure for Type 1 diabetes - which is still often called "juvenile diabetes," pegging it as an affliction of children and teenagers. This myth persists

even within the medical community. One woman who developed Type 1 diabetes in her 40s wrote on the blog of the Diabetic Journey website that her severe flu-like symptoms, frequent urination and intense thirst initially led to a misdiagnosis by her doctors of Type 2 diabetes "because of my age." The mistake led to an emergency-room visit.

But of the approximately 64,000 Type 1 cases diagnosed in the United States each year, less than half - about 27,000 - occur in people under the age of 20, typically when they're between 10 and 14. The other 37,000 are adults between 20 and 65. And it's not unheard of for someone in their 70s or 80s to receive a new diagnosis.

Type 1 diabetes is an autoimmune disease that causes a person's body to attack its pancreas, destroying its ability to produce insulin, a hormone that regulates the processing of glucose. The only way to treat it is with insulin injections or an insulin pump. (With Type 2 diabetes, patients generate insulin but are resistant to its effects.) If untreated, Type 1 can cause the sometimes-fatal condition diabetic ketoacidosis: The body can't use the sugar in the blood, so it breaks down fats for fuel, generating dangerous acid levels as a byproduct. We still have a lot to learn about who develops Type 1 and why. Genes are an important risk factor, yet environmental influences, such as a viral or bacterial infection, probably also play a role.

Myth No. 2: 'Walmart insulin' is just as good as the expensive kind.

The price of the most popular types of insulin has roughly tripled in the past decade, inspiring politicians to explore policy solutions and people with diabetes to search for cheaper options. A vial of Levemir, one of the newer insulins, retails for about \$380, and many people need more than one vial per month. In September, Minnesota state Rep. Jeremy Munson posted a video to Facebook showing himself purchasing a vial of insulin at Walmart for \$24.88. "There's affordable options out there," he said. A blogger for FDAReview, a project of the libertarian Independent Institute, similarly argued that Americans should "Trust Walmart's Insulin to Save Lives."

But the insulins sold at Walmart are not the same as the modern insulins that people with Type 1 or Type 2 diabetes rely on. They're not worthless, but they aren't a feasible option for many people. Over-the-counter insulin has been around since the 1980s, when scientists first learned to program bacteria to produce human insulin. And while they are far better than the insulins extracted from cow and pig pancreases that they replaced, using them safely requires an incredibly strict diet and exercise regimen. (Imagine planning all your meals and snacks to have the same number of calories, never missing a meal, and exercising at the same time and level of intensity every day.) There are more than a half-dozen brands of modern insulins introduced in the 1990s and 2000s. These allow patients to eat late or skip a meal with fewer episodes of dangerous - and potentially fatal - low blood sugar. They're infinitely more forgiving when you're trying to live a normal life. But for reasons the pharmaceutical companies can't adequately justify, these drugs have become fearsomely expensive.

Myth No. 3: Eating sugar gives you diabetes.

Eating lots of sugar is bad for your energy levels and weight, says a column posted on the website Best Health Guide, but "what it's absolutely worst for, is your risk of diabetes." Meanwhile, a writer for Healthline who has the disease wearily reported hearing a co-worker joke, "I just ate so many cupcakes, I got diabetes." Because monitoring sugar levels plays such an important role in managing diabetes, many people assume that sugar is also its cause. But as an autoimmune disorder, Type 1 diabetes develops as a result of genetic risk and an unclear trigger; it's not caused by eating sugar - or anything else.

The story for Type 2 diabetes is a bit more complicated. Obesity and inactivity play huge roles in the risk for the disease, but genetics are also a factor, even more so than for Type 1. Many people eat diets laden with fat and sugar but never develop diabetes because their pancreases are able to produce large amounts of insulin on demand; others are not so lucky. Too much sugar, per se, won't give you diabetes. But it can make you overweight, increasing your risk for Type 2.

Myth No. 4: You can't eat sweet foods if you have diabetes.

"Avoid doughnuts, toasted pastries, and other bakery sweets," a Health.com column advises people with diabetes - and take a pass on melons and bananas, too. "Skip sugary foods like sweets and soda," says Everyday Health.

Misconceptions about which foods are completely off limits for people with the disease - especially sweets - are so common that the website The Mighty helpfully suggests 26 snappy comebacks for when others offer uninformed "advice." Granted, eating too many sweets isn't a great idea for someone with diabetes - but it isn't good for someone without diabetes, either.

People with Type 1 or Type 2 already pay close attention to their blood sugar levels, monitoring such things as sugar intake, carbohydrate content, total calories, exercise levels and insulin administration. When you're doing all that, the occasional large dessert is fine. If you take insulin, you'll take a bit more to offset the chocolate cake. If you take medication, like metformin, to manage Type 2, a walk around the block might suffice.

It turns out that fat, not sugar, is what really makes blood sugars hard to control for many people with diabetes. In my clinic, when I see a high blood-sugar reading from a patient whose numbers are usually in the normal range, my first question is whether they had pizza or Chinese takeout the night before. Both are high-fat, high-carbohydrate meals that make for a challenging combination for someone with diabetes: Fat slows the absorption of the carbohydrates and increases the body's insulin resistance, raising blood sugars. The slow food absorption throws off normal insulin timing; the result is often low blood sugar levels (as the insulin kicks in before digestion) followed by high blood sugar levels (as the insulin wears off while the carbohydrates from the meal linger).

Myth No. 5: You can treat Type 1 diabetes without insulin.

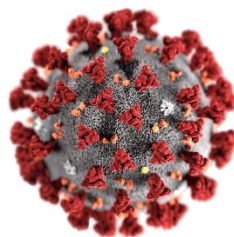
There are endless dubious stories about people with Type 1 diabetes who manage, through some dietary trick, to avoid the need for insulin. In 2016, the website Diabetes.co.uk reported on the case of a 9-year-old Hungarian boy who supposedly avoided insulin injections for 24 months by following a "paleo" diet that "consisted only of animal meat, fat, offal and eggs." In 2007, there were reports that Halle Berry had reversed her Type 1 diabetes with a healthy diet ("I've managed to wean myself off insulin," the actress said). But when you hear of someone with Type 1 who doesn't need insulin, invariably they've either just been diagnosed - or have been misdiagnosed or are confused about which type they have.

- People with newly diagnosed Type 1 diabetes can sometimes come off insulin soon after their blood sugars are brought under control. This is what's known as a "honeymoon period," in which patients can keep their symptoms largely in check through diet, weight loss and exercise. In some cases, the honeymoon period can last months or (rarely) years. But this isn't a reversal of their condition: The patients have just reduced the burden placed on their weakened pancreas. Inevitably, they will end up back on insulin as their immune system continues to attack their pancreas.
- The other "cured" group are the misdiagnosed. Berry, for instance, still says a keto diet helps her diabetes, but she has since clarified that, in fact, she has Type 2. Since people with Type 2 diabetes can produce insulin, it's not surprising if they don't need an external supply.

[Source: The Washington Post | Heather Ferris | February. 7, 2020 ++]

Coronavirus

What We Need to Know About COVID-19



A study published 7 FEB in the medical journal JAMA found that 41% of the first 138 patients diagnosed at one hospital in Wuhan, China, were presumed to be infected in that hospital. This is big news. In plain English, it means that nearly half of the initial infections in this hospital appear to have been spread within the hospital itself. This is called [nosocomial transmission](#). (Doctors use big words to hide bad things: Nosocomial means caught it in the hospital.) What's more, most spread doesn't appear to have been the result of a so-called "super-spreader event," in which a single patient transmits infection to many other people. In these events, a procedure such as bronchoscopy -- where a doctor inserts a tube into the patient's lungs -- can result in many infections.

This would be a concern, but not nearly as much as what appears to have happened: Many health care workers and many patients got infected in many parts of the hospital. What's more, since there's a broad spectrum of infection and only patients who were sick were tested, it's quite likely that there was even more transmission in the hospital. So, like SARS and MERS -- other coronaviruses -- before it, the Wuhan coronavirus, now renamed COVID-19 is spreading in hospitals.

What does this mean?

The virus appears to be quite infectious, health care workers are at especially high risk, and we urgently need more information about just how infectious the virus is. The virus might well be impossible to contain -- just as the common cold and influenza can't be stopped, but the health and societal impacts can be blunted. China's extraordinary efforts to stop the spread of the virus, even if unsuccessful, may slow its spread and improve China and the world's ability to limit the harm the virus causes.

What do we need to do now?

We must protect health care workers and others who care for sick people. This is done through a hierarchy of controls: source, engineering, administrative and personal.

- Source controls include encouraging patients who are only mildly ill to not expose others; requiring all people who are ill to wear face masks; limiting hospital attendance by visitors who may be infectious; ensuring that ill health care workers don't work; and minimizing the number -- and ensuring the safety of -- risky procedures such as bronchoscopy and sputum induction, by performing them only in isolation rooms.
- Engineering controls include putting partitions in triage areas, making sure potentially contaminated air is not recirculated and surfaces are cleaned meticulously, and implementing additional precautions for suspected cases.
- Administrative controls include asking all patients if they have symptoms and taking their temperatures; requiring those with cough or fever to wear a face mask, and isolating them from others at least by several feet until they are more thoroughly assessed. It's especially important to recognize all potentially infectious patients quickly and to implement strict infection control procedures and early in all areas of all health care facilities.
- Personal controls include hand washing and respiratory hygiene. But mask use by the general public -- people without symptoms who are not caring for others -- has little or no benefit and potentially great harm if people who need masks can't get them. Masks will be in short supply. The most important use is for health care workers and those caring for ill patients. In health care settings, safely reusable respiratory protection that can be disinfected can be crucially important. Useful products include personal air-purifying devices and elastomeric respirators. Patients also must be able to cover their mouths to reduce spread of infection.

What more do we need to know?

We are learning more, but unfortunately, the answer is, a lot. China has been working hard to keep up with the testing, care and social impacts of the virus. It's good to see crucial epidemiological information starting to emerge. We still don't know:

- The basics about who has been tested, what proportion are positive, how this is changing over time, and what the positivity rates are by location, week of testing and patient age. This is basic information. As just one example: How many children have been tested? Does the fact that there have been few infections in children reflect a lack of testing or a lack of infection?

- Among those who test positive, what proportion do and don't develop severe disease, analyzed by age, sex and underlying medical conditions? What proportion die, analyzed by the same factors?
- Among all patients using selected health facilities in Wuhan and elsewhere, what proportion of those with a cough have infection, as confirmed by polymerase chain reaction (PCR) testing of nasopharyngeal swab samples?
- What proportion of those without a cough have novel coronavirus infection confirmed by PCR testing?

The answers to these questions will help determine whether the virus is already circulating widely (i.e., has become endemic and can't be stopped), what proportion of all with infection have serious illness, and whether the epidemic is peaking or not. Where is the novel coronavirus going next? Only time will tell. The next few days and weeks will determine:

- If sustained transmission begins in other countries, which unfortunately seems likely.
- If it does, whether it can be contained, which unfortunately seems unlikely.
- How severe the illness is among those who are infected, which we still don't know.

Until we know this critical information, we won't be able to assess how bad this novel coronavirus is going to get and which control measures have the best chance of slowing spread. [Source: CNN | Dr. Tom Frieden | February 8, 2020 ++]

TRICARE Prime

Update 41: Chiropractic Care, Gym Membership Pilot Program



Chiropractic care emphasizes the recuperative power of the body to heal itself without the use of drugs or surgery.

The latest Tricare pilot program meant to provide better care and reduce costs has come to Atlanta, Georgia as Tricare partners with Kaiser Permanente. Nearly 1,760 Tricare beneficiaries signed up during open enrollment last year for the health care pilot that will be available for three years. That is about 740 people short of meeting the program's initial goal. Tricare officials are testing out partnerships like this so they can move to a value-based system instead of a volume-based program that reimburses health care providers by the amount, not quality, of care they provide.

“This model can fragment the delivery of health care and inadvertently reward providers for providing low value tests, services, or procedures that are not correlated with positive health outcomes,” a Tricare document said. So testing and adding value-based programs pay providers based on “improved health outcomes, enhanced experience of care for the patient, and reduced health care costs over time.”

The pilot program is available to beneficiaries who are eligible for Tricare Prime and are living in one of the 17 counties surrounding Atlanta. Military Health System officials chose the Atlanta metro area because having too many military medical clinics and hospitals in the area would “confound” the program outcomes. The region also has an “ideal population size.” Kaiser Permanente will match the cost shares as laid out in the Tricare formulary, a Tricare

official said. But he did not specify if Kaiser Permanente will provide more or less drug coverage than Tricare. However, this pilot does offer more health programs to beneficiaries, like no-cost telephone health coaching; free or low-cost in-person health classes; special rates on gym memberships and discounts on acupuncture, chiropractic and massage therapy.

Tricare is footing the enrollment fees for beneficiaries their first year, but it's not clear what it will cost enrollees the following years. Meanwhile, the pilot's size could change throughout the year as beneficiaries join when they have a Qualifying Life Event, such as a move or birth of a child, or be removed if they become ineligible due to changing health needs. Kaiser Permanente's health system is unique as it's known for providing its own health coverage in addition to delivering medical care. More information about this program can be found at its Tricare webpage here. [Source: Military.com | Dorothy Mills-Gregg | February 9, 2020 ++]

TRICARE Podcast 539

Dental Program Coverage - TFL Eligibility & Enrollment - Spring Travel Tips

TRICARE Dental Program Coverage -- As a TRICARE beneficiary, you may be eligible for different dental programs based on who you are and where you live. For those who are eligible, the TRICARE Dental Program, or TDP, is an option to help you achieve better dental health. TDP is voluntary program administered by United Concordia and is available worldwide. If you want the TDP to support your dental health this year, here are some key features about eligibility, enrollment, and getting care. You can get TDP coverage if:

- You're an active duty family member.
- You're in the National Guard or Reserve member and not on active duty or covered by the Transitional Assistance Management Program.
- You're a family member of a National Guard or Reserve member. Eligible family members include spouses and unmarried children until age 21, or age 23 if certain criteria are met.

To be eligible to enroll in the TDP, your sponsor must have at least 12 months of military service commitment remaining. Once you're enrolled in the TDP, you're committed to 12 months of coverage, unless you qualify for an exception.

Enrolling is simple. You can do so online via www.milConnect, by phone, or by mail. Find additional details about enrollment at www.TRICARE.mil/tdp. Once you're enrolled you can choose to see any licensed and authorized dentist in the U.S., including Guam, Puerto Rico, and the U.S. Virgin Islands. But you'll save time and money if you see a TDP network dentist. There are two costs associated with the TDP: monthly premiums and cost-shares. A premium is the amount you must pay each month to get dental coverage. A cost-share is the amount you pay for your dental services. Take command of your dental health and learn more about the TDP. Check out the latest article, "Get to Know Your TRICARE Dental Program," at www.TRICARE.mil/news.

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TRICARE For Life Eligibility and Enrollment -- Are you wondering what the TRICARE For Life, or TFL, program is and whether you're eligible? TFL is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Part B. This is regardless of your age or where you live. To be eligible for TFL, you must first show that you're eligible for TRICARE in the Defense Enrollment Eligibility Reporting System, or DEERS. That's why it's important to keep your DEERS information current.

Medicare eligibility is the second piece of being eligible for TFL. Medicare is a federal entitlement health insurance program that provides hospital insurance and medical insurance for people:

- Age 65 or older

- Under age 65 with certain disabilities
- And, any age with end-stage renal disease

There are no enrollment forms for you to submit or paperwork to complete. If you already show as eligible for TRICARE in DEERS, are entitled to Medicare Part A, and have Medicare Part B, you're covered under TFL. Your TFL coverage starts the first day you have both Medicare Part A and Part B. Visit www.TRICARE.mil/tfl to learn more. And, check out the article, "How TRICARE For Life Eligibility, Enrollment Works," at www.TRICARE.mil/news.

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Spring Travel Tips -- If you're planning a trip this spring, remember that TRICARE travels with you. Whether traveling stateside or overseas, make sure you know what to do in case you or your loved ones become sick or injured on vacation. A few weeks before you pack your bags, prepare.

- Take care of any routine, specialty, or preventive health care appointments you may need before you travel.
- Fill your prescriptions if you don't have enough to cover your trip.
- Gather important pharmacy, dental, and medical phone numbers to bring with you.

For non-emergency care or to find an urgent care provider when traveling, you can always contact your TRICARE regional contractor. If you reasonably think that you have an emergency, call 911 or go to the nearest emergency care facility. If overseas, you can call the Medical Assistance number for the area where you are to coordinate emergency care. If you're admitted to a hospital, call your regional contractor or primary care manager within 24 hours or on the next business day. You may need to pay up front for services and file a claim to get money back. Before you travel this spring, make sure you're prepared to handle any health issues that may arise. Visit www.TRICARE.mil/travel for more tips.

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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> | January 31, 2020 ++]

TRICARE Podcast 540

MHS Nurse Advice Line - Extended Care Health Option - US Family Health Plan

MHS Nurse Advice Line -- If you're worried about your sick child or need health care advice while traveling, you can use the Military Health System Nurse Advice Line. It provides TRICARE beneficiaries access to a registered nurse 24/7 and at no cost. The nurse advice line isn't for emergencies. Instead, it's a great resource for TRICARE beneficiaries who need and want to get answers to their health questions and concerns, quickly and easily. Through the nurse advice line, you can talk to a registered nurse who can:

- Answer your health care questions
- Assess your symptoms and provide recommendations for the most appropriate level of care
- Provide evidence-based instructions to treat minor ailments at home
- Help locate an urgent care or emergency care facility, and
- Help you schedule an appointment within 24 hours at a military hospital or clinic

To reach a nurse via a secure web chat or video chat, visit www.mhsnurseadviceline.com. If you're in the U.S., Guam, or Puerto Rico, call 1-800-874-2273 and choose option 1. You can find other country-specific numbers online. Learn more about the Military HealThe 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.

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Extended Care Health Option -- Active duty sponsors with family members seeking ECHO services must first sign up for their service's Exceptional Family Member Program, unless waived in specific situations. Then, register for

ECHO with their regional contractor to be eligible for ECHO benefits. There's no retroactive registration for ECHO. You must get pre-authorization from your regional contractor for all ECHO services. Conditions to qualify for ECHO coverage may include, but aren't limited to:

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

To learn more about ECHO, go to TRICARE.mil/echo.th System Nurse Advice Line at www.TRICARE.mil/nal.

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US Family Health Plan -- The US Family Health Plan is a TRICARE Prime option. It's available through networks of community-based, not-for-profit health care systems in six areas of the U.S. If you're enrolled in the US Family Health Plan, you can't get care at military hospitals or clinics or use military pharmacies. The US Family Health Plan follows the same rules as TRICARE Prime. That means you can participate in TRICARE Open Season, or change your enrollment after experiencing a Qualifying Life Event.

To enroll in the US Family Health Plan, you must live in one of the designated service areas. For locations and information, visit TRICARE.mil/usfhp. You must also meet eligibility requirements. Active duty family members, as well as retirees and their family members are among those who are eligible. Like TRICARE Prime, enrollment is required. You can enroll online, by phone, or by mail. Coverage begins the day the designated provider receives your completed enrollment application. Learn more at www.TRICARE.mil/usfhp.

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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> | February 7, 2020 ++]

* Finances *



State Taxation

Update 02: Notable Individual Income Tax Changes in 2020

Several states changed key features of their individual income tax codes going into tax year 2020. In addition, some states adopted legislation in 2019 that changed various individual income tax provisions and made those changes retroactive to the beginning of tax year 2019. Notable changes include the following:

Arizona -- In June 2019, Arizona became the most recent state to conform to a post-TCJA version of the Internal Revenue Code (IRC). Specifically, with enactment of House Bill 2757, Arizona's standard deduction more than doubled to match the new, more generous, federal standard deduction. That legislation also reduced Arizona's marginal individual income tax rates while consolidating five brackets into four, and it replaced the dependent exemption with a slightly more generous child tax credit.

Arkansas -- The state built upon individual income tax rate reductions in 2015 and 2017 with a third phase of reforms in 2019. Arkansas is unique among states in that it has three entirely different individual income tax rate schedules depending on total taxable income. As taxpayers' incomes rise, they not only face higher marginal rates but also shift into an entirely different rate schedule. For tax year 2020, Arkansas's individual income tax rate schedule for high

earners has been consolidated from six brackets into four and the top marginal rate dropped from 6.9 to 6.6 percent. For those subject to the middle rate schedule, the top rate has dropped from 6.0 to 5.9 percent.

Massachusetts -- Single-rate individual income tax dropped from 5.05 to 5.0 percent for tax year 2020, due to the state meeting revenue targets outlined in a tax trigger law that was enacted in 2002. The 2002 law established a system by which, in any year in which revenue growth exceeded a specified baseline, the individual income tax rate would be reduced by 0.05 percentage points until the rate reached 5.0 percent. As such, the reduction to 5.0 percent for tax year 2020 is the last triggered reduction.

Michigan -- Senate Bill 748, signed into law in February 2018, made changes to Michigan's personal exemption to prevent it from being zeroed out due to the state's rolling conformity with federal individual income tax provisions. For tax year 2020, Michigan's personal exemption has increased from \$4,400 to \$4,750 as part of a four-year phase-in that began in tax year 2018. By tax year 2021, the personal exemption will reach \$4,900, and starting in tax year 2020, it will be indexed annually for inflation.

Minnesota -- Like Arizona, this was one of the last states to adopt legislation to bring its tax code into conformity with a post-TCJA version of the federal tax code, doing so in May 2019. With this law, Minnesota adopted a standard deduction that matches the federal amount. The state permitted the zeroing out of its personal exemption but created a new dependent exemption, and these changes were made effective starting in tax year 2019.9

North Carolina -- In November 2019, Senate Bill 557 was signed into law, increasing the standard deduction by 7.5 percent for all filing statuses beginning in tax year 2020.

Ohio -- House Bill 166, Ohio's FY 2020-2021 biennial budget, was signed into law in July 2019 and included several individual income tax changes that were retroactive to the beginning of tax year 2019. The state's seven individual income tax brackets were consolidated into five (with the first two brackets eliminated), and each of the remaining marginal rates was reduced by 4 percent. Indexing of the brackets was frozen at 2018 levels for tax years 2019 and 2020 but is set to resume in 2021.

Tennessee -- The "Hall Tax," which applies to investment income but not to wage income, is continuing to phase out, with the rate dropping from 2 to 1 percent for 2020. Starting in 2021, Tennessee will be among the states with no individual income tax.

Virginia -- House Bill 2529, enacted in February 2019, increased Virginia's standard deduction, retroactive to the start of that tax year and applicable through 2025.

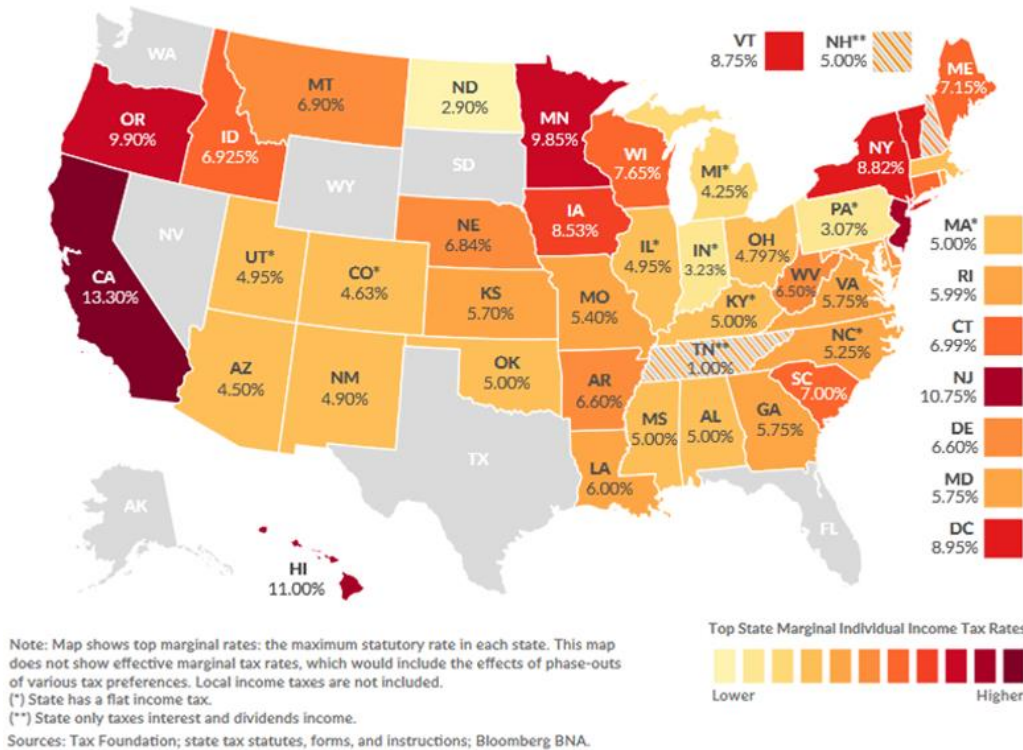
Wisconsin -- In July 2019, Assembly Bill 56 (Act 9) was enacted, reducing Wisconsin's second marginal individual income tax rate from 5.84 to 5.21 percent, retroactive to the beginning of tax year 2019. Assembly Bill 251 (Act 10), also enacted in July 2019, separately prescribed a reduction in Wisconsin's first two marginal individual income tax rates to offset the influx in online sales tax revenue attributable to the state's response to the U.S. Supreme Court's South Dakota v. Wayfair decision. Specifically, Act 10 required the Wisconsin Department of Revenue to reduce the first two marginal rates for tax year 2019 based on the actual influx in online sales tax collections between October 1, 2018, and September 30, 2019, that were attributable to the Wayfair decision. Act 10 further specifies that for tax year 2020, the amount of actual Wayfair-related sales tax revenue collected between October 1, 2019, and September 30, 2020, will be used to determine the first two marginal rates for 2020, and that the 2020 rates will apply for tax years 2021 and beyond. As a result, the interaction between Act 9 and Act 10 is expected to result in Wisconsin's first two marginal rates for tax year 2020 being reduced below the rates shown in the following table. Final 2020 rates will be published once actual sales tax collections data becomes available (after September 30, 2020).

[Source: Tax Foundation FISCAL FACT No. 693 | Katherine Loughhead | February 2020 ++]

State Income Tax Rates | 2020

How High Individual Rates Are in Your State

Of the states that tax wages, nine have single-rate tax structures. Conversely, 32 states and Washington, D.C. levy graduated-rate income taxes, with the number of brackets varying widely. Hawaii has 12 brackets, the most in the country. In some states, a large number of brackets are clustered within a narrow income band; Georgia's taxpayers reach the state's sixth and highest bracket at \$7,000 in annual income. In Washington, D.C. and California, the top rate kicks in at \$1 million. New York and New Jersey's top rates kick in at even higher levels of marginal income: \$1,077,550 and \$5 million, respectively.



income. Connecticut, for example, offers certain taxpayers a full exemption from state income tax for benefits. Residents of the Constitution State pay no taxes on Social Security income if one of the following situations applies:

- Their federal filing status is single or married filing separately, and their federal adjusted gross income is less than \$50,000.
- Their federal filing status is married filing jointly, head of household or qualifying widow/widower, and their federal adjusted gross income is less than \$60,000.

There are 13 states that tax Social Security benefits:

- ❖ Colorado
- ❖ Connecticut
- ❖ Kansas
- ❖ Minnesota
- ❖ Missouri
- ❖ Montana
- ❖ Nebraska
- ❖ New Mexico
- ❖ North Dakota
- ❖ Rhode Island
- ❖ Utah
- ❖ Vermont
- ❖ West Virginia

[Source: MoneyTalksNews | Jeff Miller | February 6, 2020 ++]

Social Security Earnings Limits

Update 02: The 35 Year Factor



There is no special age at which your Social Security benefits are frozen. Instead, your record always takes into account your entire work history when calculating your benefits. You continue to pay Social Security taxes as long as you are working in covered employment, and your benefits are adjusted when appropriate. Whether your benefits will increase, beyond the inflation adjustment, depends on your earnings as you get older. Social Security benefits depend on your highest-paid 35 years of work. If you are working part-time later in your life after paying in for 35 years, it is less likely that these years will be included in the calculation, since these earnings are probably not one of your highest-paid 35 years.

On the other hand, if you have worked for fewer than 35 years, then your benefits will definitely increase if you work after retirement. This is because someone who works for fewer than 35 years will have zeros entered into the calculation of their benefits. For example, if you work for 20 years, there will 15 years of zeros entered into the

calculation. In this instance, even part-time work will mean that some positive amount will be substituted for one of the zero years.

Note that earnings in early years of your history are adjusted for inflation. So, what might appear on your record as low pay — for example, your wages in 1980 — is adjusted by an inflation factor before being entered into your benefit calculation. You can find your work history by setting up an account at the Social Security Administration website <https://www.ssa.gov/myaccount>. This is also a good place to go for other information about your Social Security. It is advised that everyone one. [Source: MoneyTalksNews | Jeff Miller | February 6, 2020 ++]

Tax ID Theft Scam

File Your Taxes Early to Avoid

Tax season is here, and so are the scammers. Con artists are using the Social Security numbers of unsuspecting Americans to file phony tax returns and steal their refunds. In honor of the Federal Trade Commission's Tax Identity Theft Awareness Week, be on the lookout for this and other tax season cons.

How the Scam Works

- You file your taxes as normal and expect a refund from the IRS. Instead, you get a written IRS notice saying that more than one tax return was filed using your Social Security number.
- What happened? Scammers got ahold of your personal information, such as your Social Security number, address, and birth date. They filed your return early and received your refund before you even got around to filing. Tax ID theft is a particularly sneaky con because victims typically don't realize they've been targeted until they try to file their taxes for real.
- Scammers steal your tax information in several ways. You may have fallen for a phishing scam at an earlier time, used a corrupt tax preparation service, or had your information exposed in a hack or data breach. Sometimes tax scammers file in the name of a deceased person or steal children's identities to claim them as dependents.

Tips to Avoid Tax ID Theft:

- *File early.* The best way to avoid tax identity theft is to file your taxes as early as possible, before a scammer has the chance to use your information.
- *Protect your Social Security number.* Don't give out your SSN unless there's a good reason, and you're sure who you're giving it to.
- *Research your tax preparer.* Make sure your tax preparer is trustworthy before handing over your personal information.
- If you are a victim of ID theft, consider getting an Identity Protection PIN (IP PIN). This is a six-digit number, which, in addition to your Social Security number, confirms your identity. Once you apply, you must provide the IP Pin each year when you file your federal tax returns. Visit www.IRS.gov for more information.

For More Information

For more information about tax scams check out [this tip](#) on BBB.org. If you are the victim of tax identity theft in the U.S., contact the IRS at 1-800-908-4490. You should also file a complaint with the Federal Trade Commission (FTC) at ftc.gov/complaint or by calling 1-877-FTC-HELP. The FTC also offers a personalized identity theft recovery plan at www.identitytheft.gov. If you've been targeted by this or another scam, help others avoid the same problem report it at www.BBB.org/ScamTracker. [Source: BBB Scam Alert | January 31, 2020 ++]

Face Mask Scam

Shopping Online

Scammers love to take advantage of our fears, and the spread of a new disease like coronavirus is downright scary. As you strive to keep yourself and loved ones healthy, be sure to watch out for counterfeit face masks and other scams.

How the Scam Works:

- You want to buy a face mask to help protect yourself – or family – from coronavirus. But so many other people had the same idea! Masks are sold out in your local stores and even from top Amazon sellers. So instead, you turn to purchasing masks from an online shop you don't know.
- Unfortunately, phony online stores abound – especially when an item is in high demand. Some sites may take your money and send you low-quality or counterfeit masks. Others, may never deliver anything all. In the worst cases, these sites are actually a way to steal your personal and credit card information, opening you up to identity theft.
- Face masks may be the first phony product to crop up in the coronavirus outbreak, but it's likely not the last. During the Ebola outbreak, the promotion of unapproved and fraudulent remedies was so prevalent that the US government advised consumers to steer clear of these drugs. It's likely that scammers will use the coronavirus as another chance to market products falsely claiming to cure the disease.

Watch Out Coronavirus Cons:

Keep the following tips in mind when looking for face masks or other ways to protect yourself from the coronavirus.

- ❖ Be savvy about product claims. While wearing a face mask may seem like an easy way to stop coronavirus from spreading, the Centers for Disease Control does not actually recommend it for the general public. Be sure to evaluate claims of any medical product before buying. Especially watch out for products claiming to offer a “miracle cure” for a range of ailments.
- ❖ Only buy from reputable stores and websites. The best way to avoid getting scammed is to buy them directly from a seller you know and trust. Check BBB.org to see what other consumers' experiences have been.
- ❖ Be sure the online store has working contact info. If a company seems legitimate but you aren't familiar with it, be extra careful with your personal information. Before offering up your name, address, and credit card information, make sure the company is legitimate. A real street address, a working customer service number, a positive BBB Business Profile... these are just a few of the things to be looking out for to determine if a company is legitimate.
- ❖ Check with your doctor before buying. If you're tempted to buy an unproven health product or one with questionable claims, check with your doctor or other health care professional first.

For More Information

The FDA offers [these tips](#) to recognize fraudulent health products, and CDC has this [FAQ](#) about coronavirus. See www.BBB.org/ShoppingOnline for more online shopping tips. If you've been targeted by this or another scam, help others avoid the same problem report it at www.BBB.org/ScamTracker.

[Source: BBB Scam Alerts | February 6, 2020 ++]

Tax Burden for West Virginia Retired Vets

As of February 2020

Many veterans 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 as a VA rated disabled veteran or military retiree if you retire in West Virginia.

Sales Taxes

State Sales Tax: 6% (groceries and prescription drugs exempt). Counties and cities can charge an additional local sales tax of up to 1%, for a maximum possible combined sales tax of 7%. West Virginia has 39 special sales tax jurisdictions with local sales taxes in addition to the state sales tax. If you buy goods and are not charged the West Virginia Sales Tax by the retailer, such as with online and out-of-state purchases, you are supposed to pay the 6% sales tax (less any foreign sales tax paid) for these items yourself as the West Virginia Use Tax. You are expected to voluntarily list your liable purchases on a West Virginia Use Tax Return, which should be attached with payment to your West Virginia Income Tax Return. Historically, compliance rates with the West Virginia Use Tax have been low.

Gasoline/Diesel: \$0.20.5 cents excise tax per gallon + sales tax + federal tax of 18.40 cents/gallon gasoline and 24.40 cents/gallon diesel.

Cigarette: \$0.55/pack of 20 excise tax + sales tax

Liquor: \$1.89 per gallon excise tax + sales tax

Note:

1. The [West Virginia Sales Tax](#) is collected as a percentage of the final purchase price of all qualifying sales, and is collected directly from the end consumer of the product. West Virginia's excise taxes, on the other hand, are flat per-unit taxes that must be paid directly to the West Virginia government by the merchant before the goods can be sold. Merchants may be required to attach tax stamps to taxable merchandise to show that the excise tax was paid. Even though excise taxes are collected from businesses, virtually all West Virginia merchants pass on the excise tax to the customer through higher prices for the taxed goods.

2. Seniors age 60 and older are eligible for the Golden Mountaineer Discount Card that can be used for pharmaceutical discounts, retail and professional discounts. Some municipalities may add a local sales tax of up to 1%. Go to <https://goldenmountaineer.wv.gov/Pages/default.aspx> or call 304-558-3317 to apply or obtain more information.

Personal Income Taxes

Tax Rate Range: Low – 3%; High – 6.5%

Income Brackets: Five. Lowest – 0 to \$10,000; Highest – \$60,000. For joint returns, the taxes are twice the tax imposed on half the income.

Personal Exemptions: Single – \$2,000; Married – \$4,000; Dependents – \$2,000

Standard Deduction: None

Medical/Dental Deduction: None

Federal Income Tax Deduction: None

Retirement Income Taxes: The beginning point for West Virginia taxation is federal adjusted gross income. Therefore, any amount of the IRA distribution or pension income that is taxable and included in federal adjusted gross income is taxable on the West Virginia income tax return. \$2,000 of civil, and state pensions are exempt. Social Security income is taxable only to the extent that the income is includable in your federal adjusted gross income. Taxpayers 65 and older or surviving spouses of any age may exclude the first \$8,000 (individual filers) or \$16,000 (married filing jointly) of any retirement income. Out-of-state government pensions qualify for the \$8,000 exemption. An individual, regardless of age, may deduct up to \$2,000 of benefits received from the West Virginia Teachers Retirement System, West Virginia Employees Retirement System, and military and federal retirement systems.

Retired Military Pay: First \$2,000 is exempt. Military retirees are able to take an additional decreasing modification for military retirement up to \$20,000.

Military Incentive Credit: For economically disadvantaged veterans hired, the credit available to the employer is 30% of the first \$5,000.00 in wages or compensation actually paid the employee. For disabled veterans, the credit is

the percentage of disability multiplied by the first \$5,000.00 in wages or compensation actually paid the employee. For members of the West Virginia National Guard and United States Reserve forces, the credit is 25% of the first \$5,000.00 in wages or compensation actually paid the employee. Refer to <https://tax.wv.gov/Documents/TaxForms/schedule-J.pdf>.

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

The median property tax in West Virginia is \$464.00 per year for a home worth the median value of \$94,500.00. Counties in West Virginia collect an average of 0.49% of a property's assessed fair market value as property tax per year. West Virginia has one of the lowest median property tax rates in the United States, with only two states collecting a lower median property tax. West Virginia's median income is \$44,940 per year, so the median yearly property tax paid by West Virginia residents amounts to approximately 1.03% of their yearly income. West Virginia is ranked 48th of the 50 states for property taxes as a percentage of median income.

The exact property tax levied depends on the county in West Virginia the property is located in. Jefferson County collects the highest property tax in West Virginia, levying an average of \$1,379.00 (0.54% of median home value) yearly in property taxes, while Webster County has the lowest property tax in the state, collecting an average tax of \$235.00 (0.4% of median home value) per year. For more localized property tax rates, find your county on the website http://www.tax-rates.org/west_virginia/property-tax.

Property Tax Exemptions

Below is a representative, nonexclusive list of property that may be exempt from property tax:

- The first \$20,000 of assessed value of owner-occupied residential property owned by a person age 65 or older or by a person who is permanently and totally disabled is exempt.
- Household goods and personal effects not used for commercial purposes.
- Agriculture tangible personal property including livestock and the products of agriculture while owned by the producer
- Certain government-owned property.
- Property of IRC § 501(c)(3) organizations that is used exclusively for charitable purposes and not held or leased out for profit.
- Property used for divine worship, and parsonages including the household goods pertaining thereto.
- Property belonging to, or held in trust for, colleges, seminaries academies and free schools, if used for educational, literary or scientific purposes.
- Property belonging to, or held in trust for, colleges or universities located in West Virginia, or any public or private nonprofit foundation or corporation which receives contributions exclusively for such college or university used for educational purposes.

Senior Citizens

Those eligible for the Homestead Exemption Program may be entitled to a Senior Citizen Tax credit. The credit is based on the amount of property taxes paid on the first \$10,000 or portion thereof, of the taxable assessed value over the \$20,000 Homestead Exemption. The credit is based on the amount of property taxes paid on the first \$20,000, or portion thereof, of the taxable assess value over the \$20,000 Homestead Exemption. Taxpayers who pay the federal alternative minimum tax cannot claim this credit.

Seniors who are 65 or older and who experience a property tax increase of at least \$300 on their owner-occupied West Virginia home over the past year may qualify for the Senior Citizen property Tax Deferment if their income was no more than \$35,000. The credit must be approved by your county assessor's office. Go to <https://tax.wv.gov/Individuals/SeniorCitizens/Pages/SeniorCitizensTaxCredit.aspx> for additional info

For more information on any of the above refer to <https://www.wv.gov/pages/agency.aspx?newid=115>

Inheritance and Estate Taxes

There is no inheritance and the estate tax is limited and related to federal estate tax collection.

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>.
- Excise Taxes (i.e. gasoline, cigarettes, cellphones, automobiles, beer, wine, and liquor: <http://www.tax-rates.org/taxtables/excise-tax-by-state>.

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For further information call 304-558-3333 or 800-982-8297 or visit the West Virginia State Tax Department site <http://www.Tax.WV.Gov> and/or the Department of Revenue at <http://www.wvrevenue.gov>.

[Source: <http://www.retirementliving.com> & <http://www.tax-rates.org> | February 2020 ++]

*** General Interest ***



Notes of Interest

February 01 thru 14, 2020

- **Navajo Code Talkers.** Joe Vandever Sr, one of the few remaining vets who used their native language to confound the Japanese in World War II, died 31 JAN at age 96 of health complications in Haystack, New Mexico. Of the original 29 less than a handful remain
- **USAF Suicides.** The Air Force on 1 FEB said that 137 uniformed airmen — active duty, Guard and Reserve — and Air Force civilian employees died by suicide in calendar year 2019. That represents roughly a 33 percent increase over the 103 deaths by suicide in the Air Force the previous year.
- **VA Leadership.** Veterans Affairs Secretary Robert Wilkie abruptly fired the second-highest department official on 3 FEB, saying he had lost confidence in his ability to perform the job. The stunning leadership shakeup comes less than five months after James Byrne was confirmed by the Senate for the VA deputy secretary job. In a two-sentence statement announcing the change, Wilkie gave no reason for his decision.
- **W76-2 SLBM Warhead.** The U.S. Navy has fielded the W76-2 low-yield submarine-launched ballistic missile (SLBM) warhead. In the 2018 Nuclear Posture Review, the department identified the requirement to “modify a small number of submarine-launched ballistic missile warheads” to address the conclusion that potential adversaries, like Russia, believe that employment of low-yield nuclear weapons will give them an advantage over the United States and its allies and partners. This supplemental capability strengthens

deterrence and provides the United States a prompt, more survivable low-yield strategic weapon; supports our commitment to extended deterrence; and demonstrates to potential adversaries that there is no advantage to limited nuclear employment because the United States can credibly and decisively respond to any threat scenario.

- **Coronavirus VA Treatment.** VA is working closely with The Centers for Disease Control and Prevention and other federal partners, monitoring an outbreak of Novel Coronavirus. If you have both symptoms of fever, cough, and shortness of breath and have either recently returned from China or have direct exposure to others diagnosed with it call before visiting your local VA medical center to seek care. Tell them about your recent travel and your symptoms.
- **Pete Rose Petition.** Calling his lifetime ban for gambling on baseball "disproportionate relative to other punishments imposed for serious violations that also undermined the integrity of the game," MLB all-time hits leader Pete Rose has submitted a petition to the league asking that he be removed from its permanently ineligible list. Rose cited the sign-stealing scandal involving the Houston Astros and the 2018 reinstatement of former New York Mets pitcher Jenrry Mejia, the first MLB player to receive a lifetime ban for performance-enhancing drug use, as reasons he deems his punishment unfair.
- **Tuskegee Airmen.** President Donald Trump on 4 FEB pinned a single star on each shoulder of 100-year-old Tuskegee Airman Charles McGee, giving the veteran of World War II and the wars in Korea and Vietnam an honorary promotion to brigadier general. McGee is among the last survivors of the Tuskegee Airmen, the famous group of the first African-American military pilots and air corps personnel whose success in World War II was considered critical to the eventual racial integration of the U.S. military after the war. Listen to McGee talk about his service at https://youtu.be/9T_ZJGxZaKw.
- **Iraq U.S. TBIs.** An additional 45 service members have been diagnosed with traumatic brain injuries stemming from the Iranian missile attack 8 JAN on al Asad Air Base in Iraq, the Pentagon announced. As of 10 FEB, 109 U.S. troops have been diagnosed with mild cases of TBI. The Pentagon said 76 service members have returned to duty, 75 of whom were treated in Iraq. One was transported to Germany but also has returned to duty in Iraq. The reported number of injured troops has continued to grow in the weeks after the attack due to the nature of traumatic brain injuries, where symptoms can manifest or worsen over days and weeks.
- **Gallup.** Nine in 10 Americans are satisfied with their personal life, a new high in Gallup's trend. About two-thirds say they are "very satisfied," also a new high. And, Americans' views on their personal financial situation are at record highs, with 59% saying they are better off now than a year ago and 74% saying they will better off a year from now.

[Source: Various | January 31, 2020 ++]

RP-US Relations

Update 03: U.S. Given Notice of VFA Termination



Philippine President Rodrigo Duterte & Philippine Secretary of Foreign Affairs Teodoro Locsin Jr.

The Philippines notified the United States on 11 FEB it would end a major security pact allowing American forces to train in the country, in the most serious threat under President Rodrigo Duterte to their 69-year treaty alliance. Foreign Secretary Teodoro Locsin Jr. said in a tweet that Manila's notice of termination of the Visiting Forces Agreement was received by the deputy chief of mission at the U.S. Embassy in Manila. The termination would take effect after 180 days unless both sides agree to keep it. Locsin signed the notice on the order of Duterte, who has often criticized U.S. security policies while praising those of China and Russia despite the Philippine military's close historic ties with its American counterpart.

U.S. Secretary of Defense Mark Esper said Tuesday in Brussels, Belgium, that he only received notice of Duterte's order on Monday evening and had not yet fully digested the details. Esper called it "unfortunate." "I do think it would be a move in the wrong direction," he said. Esper said that when he visited the Philippines last November he thought the relationship was on a strong footing. The U.S. Embassy in Manila acknowledged receipt of Manila's notice and said Washington "will carefully consider how best to move forward to advance our shared interests." "This is a serious step with significant implications for the U.S.-Philippines alliance," the embassy said in a statement. "Our two countries enjoy a warm relationship, deeply rooted in history. We remain committed to the friendship between our two peoples."

In a Senate hearing last week, Locsin warned that abrogating the 1998 security accord with Washington would undermine Philippine security and foster aggression in the disputed South China Sea. U.S. military presence in the strategic waterway has been seen as a crucial counterweight to China, which claims virtually the entire sea. Locsin proposed a review of the agreement to fix contentious issues, including criminal jurisdiction over erring American troops, instead of abrogating it. Philippine defense and military officials did not immediately issue any reaction to the government move.

Duterte threatened to terminate the security agreement after Washington reportedly canceled the U.S. visa of a loyal ally, Sen. Ronald dela Rosa, who was linked to human rights violations when he first enforced the president's deadly anti-drug crackdown as the national police chief in 2016. Thousands of mostly poor suspects have been killed under the bloody campaign Duterte launched when he took office in mid-2016, alarming the U.S. and other Western governments and human rights watchdogs. Duterte gave the U.S. a month to restore dela Rosa's visa, but U.S. officials have not publicly reacted to the Philippine leader's demand.

Duterte said in a speech late Monday that President Donald Trump has moved to save the agreement but added that he rejected the idea. He accused the U.S. of meddling in Philippine affairs, including seeking the release of opposition Sen. Leila de Lima, whom he has accused of involvement in illegal drugs. She has dismissed the allegation as a fabricated charge meant to muzzle dissent. "America is very rude. They are so rude," Duterte said. Locsin outlined in the Senate hearing what he said were the crucial security, trade and economic benefits the accord provides. The U.S. is a longtime treaty ally, a major trading partner and the largest development aid provider to the Philippines.

The accord, known by its acronym VFA, legally allows the entry of large numbers of American forces along with U.S. military ships and aircraft for joint training with Filipino troops. It specifies which country will have jurisdiction over American soldiers, who may be accused of crimes while in the Philippines, a sensitive issue in the former American colony. A separate defense pact subsequently signed by the allies in 2014, the Enhanced Defense Cooperation Agreement, allows the extended stay of U.S. forces and authorizes them to build and maintain barracks and warehouses and store defense equipment and weapons inside five designated Philippine military camps.

A Filipino senator and former national police chief, Panfilo Lacson, said terminating the treaty would reduce the two allies' 1951 Mutual Defense Treaty "to a mere paper treaty as far as the U.S. is concerned." Some Philippine senators have said the government decision to terminate the treaty, which the Senate ratified, should have the chamber's consent. U.S. State Department Assistant Secretary R. Clarke Cooper said in a telephone news conference 10 FEB that abrogating the pact would put at risk more than 300 military engagements, including joint trainings, this year between the allies.

“All the engagements, all the freedom of navigation operations, all the exercises, all the joint training, having U.S. military personnel in port, on the ground, on the flight line, does require that we have a mechanism that allows that,” he said. “That’s why the VFA is so important.” Terminating the VFA would affect the joint exercises and other activities with U.S. forces “which the Philippine military and law enforcement agencies need to enhance their capabilities in countering threats to national security,” Locsin said. The U.S. provided more than \$550 million in security assistance to the Philippines from 2016 to 2019, Locsin said, adding that there may be a “chilling effect on our economic relations” if the Philippines draws down its security alliance with Washington.

American forces have provided intelligence, training and aid that allowed the Philippines to deal with human trafficking, cyberattacks, illegal narcotics and terrorism, Locsin said, citing how U.S. military assistance helped Filipino forces quell a disastrous siege by Islamic State group-aligned militants in southern Marawi city in 2017. U.S. military presence in the South China Sea has also been a deterrent to aggressive actions in the disputed waters, Locsin said. China, the Philippines, Vietnam and three other governments have rival claims in the strategic waterway.

Duterte first threatened to abrogate the VFA in late 2016 after a U.S. aid agency put on hold funds for anti-poverty projects in the Philippines. He has walked back on such threats but his government’s action on Tuesday is the most serious indication of his intent to set back military ties with the U.S. Aside from threatening to end the VFA, Duterte has said he will ban some critical U.S. senators from entering the Philippines. Duterte has also barred Cabinet officials from traveling to the U.S. and turned down an invitation by Trump to join a special meeting the U.S. leader will host for leaders of the Association of Southeast Asian Nations in March in Las Vegas. [Source: Associated Press | Jim Gomez | February 11, 2020 ++]

NATO

Member Country Survey on Aiding U.S.

Most NATO countries trust the United States to come to their defense if attacked by Russia, but few would be willing to return the favor, a new survey has found. Majorities in 16 member states surveyed by the Pew Research Center said they believe the U.S. military would defend them if they were attacked, but only in five of the countries polled —the U.S., Netherlands, Canada, United Kingdom and Lithuania – did majorities say their country should use force to defend an ally, the survey said. “There is widespread reluctance to fulfill the collective defense commitment outlined in Article 5 of NATO’s founding treaty,” the report said.

NATO’s Article 5, which states that an attack on one member requires a response from all, is the linchpin of the alliance that was formed 75 years ago as a collective bulwark against the Soviet Union. Overall, member states continue to view NATO favorably, the poll found. A median of 53% in the 16 allies polled held positive views toward NATO while 27% had an unfavorable opinion. But even in the country with the highest support for the alliance — Poland where 82% approve — only 40% said their military should come to the defense of another if attacked by Russia. Only a minority of Poles, 47%, also believed the U.S. would use force to defend them if they were attacked by Russia, the poll found. In the U.S., 60% said America should use force to defend an ally under attack by Russia. Only the Netherlands, at 64%, was more willing to defend an ally in a similar situation. Two other important NATO countries — Germany and France — were opposed to using military force to defend another member. In Germany, 60% said the country should not defend an ally under attack. In France, 53% held the same view.

“The belief that their country should respond to a hypothetical Russian attack on a NATO ally has become less common over time in a handful of countries,” Pew said. Majorities in both France and Germany however, said they believed the U.S. would defend an ally under attack, the poll found. While Germans still have a favorable view of the alliance — 57% in 2019 — that is down from 67% in 2017. Support for NATO in France dropped from 60% in 2017 to 49% in 2019.

In the U.S., attitudes toward NATO differ by political party affiliation, with Democrats more likely than Republicans to have a favorable opinion, the survey said. In 2019, 61% of Democrats had a positive view of the alliance, compared with 45% of Republicans. In addition to the 16 member states surveyed, Pew also polled three nonmembers about the alliance. Majorities in Sweden and Ukraine had favorable opinions of NATO, while, not surprisingly, only 16% did in Russia. [Source: Stars & Stripes | John Vandiver | February 10, 2020 ++]

Afghan Peace Talks

Update 07: Insider Attacks Impact | Not Much Movement



Soldiers from the 1-118th Field Artillery Regiment of the 48th Infantry Brigade Combat Team fire an M777 Howitzer during a fire mission in Southern Afghanistan

Members of Afghanistan's security forces turned their weapons on each other every four days on average during the closing months of 2019, according to a new report from the Special Inspector General for Afghanistan Reconstruction (SIGAR). Afghan National Defense and Security Forces (ANDSF) personnel carried out 33 insider attacks during the fourth quarter of 2019, resulting in 90 casualties, according to SIGAR's latest report to Congress on the status of reconstruction and security efforts in Afghanistan. ANDSF personnel carried out a total of 82 insider attacks total in 2019, resulting in 172 deaths and 85 injuries, according to the report. In one major incident, a Taliban infiltrator killed 23 Afghan National Army soldiers in their sleep at a military base in Afghanistan's Ghazni Province in December 2019, the New York Times reported. While the SIGAR report does not include data on ANDSF casualties, the uptick in insider attacks coincides with a record increase in Taliban attacks on Afghan civilians and government security forces.

Both Taliban-led and insider attacks spiked following the breakdown of peace talks with the United States in September and the Afghan presidential election later that month. This sustained violence and rising casualties among the ranks of Afghan forces "contributed to ANDSF attrition outpacing recruitment and retention," according to a December 2019 report to Congress on security and stability in Afghanistan released this past January. "The primary driver of attrition is the large number of soldiers who drop from rolls for being absent without leave (AWOL) for more than thirty consecutive days," according to the report.

As of 26 JAN there were around 14,000 U.S. service members deployed to Afghanistan. Once again, the United States and the Taliban are apparently close to striking a peace deal. Both sides appeared to be close to reaching an agreement in September until the Taliban took credit for an attack that killed Army Sgt. 1st Class Elis A. Barreto Ortiz, of the 3rd Brigade Combat Team, 82nd Airborne Division. That prompted President Donald Trump to angrily cancel a planned summit with the Taliban that had been scheduled to take place at Camp David, Maryland, on 8 SEP.

Taliban spokesman Suhail Shaheen told a Pakistani newspaper that he was "optimistic" that the Taliban could reach an agreement with U.S. negotiators by the end of January. However, it is now February and it has not happened. At the moment, it remains unclear whether the United States is so desperate to quit Afghanistan that it would agree to a peace deal with the Taliban that does not include a nation-wide ceasefire. During the president's surprise visit to

Afghanistan in November, Trump said such a ceasefire had to be part of any deal with the Taliban. In December, the Taliban denied an Associated Press story that its ruling council had agreed to a temporary truce. "We have neither talked about a ceasefire with anyone nor agreed to it," a Taliban spokesman told Task & Purpose on 30 DEC. "We are however holding consultations about a reduction in the level of violence."

On 24 JAN, Pentagon spokesman Jonathan Hoffman declined to say whether the United States would accept a reduction in violence in lieu of a formal ceasefire as part of a peace agreement with the Taliban. "I'm not going to get ahead of the State Department," Hoffman said. "They've got the lead. Ambassador Khalilzad has the lead on that negotiation. So we will continue on this topic to refer everybody to the State Department for an update on where that negotiation is. The role of the military is to help set the security environment so that those diplomatic solutions can be successful."

U.S. negotiators have made it clear to the Taliban that "the current level of violence is not conducive for peace," a State Department spokesman told Task & Purpose. "For a peace process to move forward, the Taliban will need to demonstrate that they are committed and able to reduce violence and eventually abide by a ceasefire," the spokesperson said. Since the Afghan government has been excluded from the U.S. negotiations with the Taliban, Afghan officials will have no say on whether the United States agrees to leave some troops in Afghanistan as part of a counter-terrorism force or if it ends its military presence in the country entirely as part of a peace deal.

Afghan President Ashraf Ghani has said he is open to a withdrawal of 4,000 U.S. troops in Afghanistan, according to New York Times reporters Rebecca Blumenstein and Mujib Mashal. By signaling that he would agree to partial withdrawal, Ghani could be trying to give Trump a political win that falls short of the president's oft-repeated pledge to pull all U.S. troops out of Afghanistan. Hoffman would not say when the U.S. military might withdraw 4,000 troops in Afghanistan. "I have no announcement on that for you," Hoffman said at his 24 JAN news briefing. However, Defense Secretary Mark Esper has said that the United States could reduce the number of troops in Afghanistan while still meeting mission needs, Hoffman said.

None of the public statements made by U.S. or Afghan officials – or the Taliban for that matter – give your humble Pentagon correspondent much confidence that America's longest war will be over soon. Given that Afghanistan has been plunged into chaos since December 1979 hopefully our grandkids live to see the day when U.S. troops no longer have to go there. [Source: Task & Purpose | Jeff Schogol | January 26, 2020++]

Afghan War

Update 05: 2021 Budget Request Lowest in a Decade



With a \$14 billion dollar budget request for fiscal year 2021, the U.S. military is set to spend its lowest amount on the 18-year long war in Afghanistan in nearly a decade. The overseas contingency operations, or OCO, funding request

for Operation Freedom Sentinel was detailed in the Defense Department’s fiscal year 2021 request released on 10 FEB. The Defense Department detailed that the OCO budget request for Afghanistan “assumes a drawdown of forces.”

The U.S and Taliban are amid peace talks to end the conflict, but negotiations have appeared to bog down over definitions of a potential cease-fire or reduction of violence. Secretary of Defense Mark Esper has said the Pentagon is considering reducing the American footprint in Afghanistan from 13,000 to 8,600 troops with or without a deal. But depending on conditions on the ground and the results of the peace talks the FY21 request for Afghanistan could see an increase in its funding request. “The Department will work with Congress on any budget adjustments as decisions are finalized,” the budget request reads.

In FY20, the U.S. military spent \$17 billion on the dual Afghan train and advise and counterterror missions in Afghanistan, according to the OCO request. Overseas operations funding for Afghanistan has generally trended downward since 2011. In 2011, the U.S. spent \$114 billion on OCO funds for the Afghan conflict, according to the OCO request. Between 2010 and 2011, the U.S. had nearly 100,000 U.S. troops on the ground as part of President Barack Obama’s troop surge to clear Taliban militants.

The Afghan conflict appears to still be in a stalemate with Taliban forces unable to capture major population centers and Afghan forces struggling to hold sway over rural farmlands and countryside. A December 2019 DoD report on Afghanistan detailed that sustained operations and high casualties among Afghan security forces was outpacing recruitment and retention. But the Taliban have yet to achieve war goals of sacking a major provincial capital. As the U.S. and Taliban slog through never ending peace talks, violence has rocketed as combative sides jockey for leverage in the talks.

In 2019, the U.S. released more than 7,000 munitions — the highest total in nearly a decade. Since 2018, U.S. warplanes have released nearly 15,000 munitions. For the last two years, U.S. military officials have ramped up operations and bombing of Taliban positions to force the militant group into a settled negotiation. While the U.S. continues to train and equip Afghan forces, it is seeking to drastically cut some support. A recent DoD report noted that the U.S. was planning to make steep cuts to the UH-60 Black Hawk program.

According to the report, Afghan forces are now slated to only field 53 Black Hawks — down from 159 UH-60s originally planned in 2016. The Black Hawks are intended to replace Afghanistan’s aging Russian Mi-17 helicopters. The U.S. military says it plans to replace Afghanistan’s elite Special Mission Wing’s Mi-17s with an undisclosed number of CH-47 Chinook helicopters. The U.S. military is requesting an overall OCO funding request of \$69 billion for FY21 — roughly \$3 billion less than FY20. [Source: MilitaryTimes | Shawn Snow | February 11, 2020 ++]

Nuclear Football

Every President since Kennedy has Carried One



The nuclear football (also known as the atomic football, the president's emergency satchel, the Presidential Emergency Satchel, the button, the black box, or just the football) is a metal Zero Halliburton briefcase carried in a black leather "jacket". The package weighs around 45 pounds. There are four things in the Football. The Black Book containing the retaliatory options, a book listing classified site locations where the president could be taken in an emergency, a manila

folder with eight or ten pages stapled together giving a description of procedures for the Emergency Alert System, and a three-by-five-inch card with authentication codes. The Black Book contains around 75 loose-leaf pages printed in black and red. A small antenna protrudes from the bag near the handle, suggesting that it also contains communications equipment of some kind

If the president as commander-in-chief of the armed forces decides to order the use of nuclear weapons, he or she would be taken aside by the "carrier" and the briefcase would be opened. A command signal, or "watch" alert, would then be issued to the Joint Chiefs of Staff. The president would then review the attack options with the secretary of defense and the chairman of the Joint Chiefs of Staff and decide on a plan, which could range from a single cruise missile to multiple ICBM launches. These are preset war plans developed under OPLAN 8010. Then, using Milstar, the aide, a military officer who has completed a Yankee White background check, would contact the National Military Command Center and NORAD to determine the scope of the pre-emptive nuclear strike and prepare a second strike, following which Milstar/Advanced Extremely High Frequency or Boeing E-4Bs and TACAMOs would air the currently valid nuclear launch code to all nuclear delivery systems operational. Where a two-person verification procedure would be executed following this, the codes would be entered in a Permissive Action Link.

Before the order can be processed by the military, the president must be positively identified using a special code issued on a plastic card, nicknamed the "biscuit". The United States has a two-man rule in place at the nuclear launch facilities, and while only the president can order the release of nuclear weapons, the order must be verified by the secretary of defense to be an authentic order given by the president (there is a hierarchy of succession in the event that the president is killed in an attack). This verification process deals solely with verifying that the order came from the actual president. The secretary of defense has no veto power and must comply with the president's order. Once all the codes have been verified, the military would issue attack orders to the proper units. These orders are given and then re-verified for authenticity. It is argued that the president has almost sole authority to initiate a nuclear attack since the secretary of defense is required to verify the order, but cannot veto it.

The football is carried by one of the rotating presidential military aides, whose work schedule is described by a top-secret rota (one from each of the five service branches). This person is a commissioned officer in the U.S. military, pay-grade O-4 or above, who has undergone the nation's most rigorous background check (Yankee White). These officers are required to keep the football readily accessible to the president at all times. Consequently, the aide, football in hand, is always either standing or walking near the president, including riding on Air Force One, Marine One, or the presidential motorcade with the president. The vice president, the secretary of defense, and the deputy secretary of defense also have nuclear footballs.

The contents satchel are to be used by the President of the United States to authorize a nuclear attack while away from fixed command centers, such as the White House Situation Room. It functions as a mobile hub in the strategic defense system of the United States. Since John F. Kennedy, every president has had an officer that follows him around with the so-called "nuclear football which got its nickname from a nuclear war plan called "dropkick". So far, no president has ever actually used the football.

Interestingly, the only president in history to approve a nuclear attack—Harry S. Truman—wasn't actually very involved in the decision. Although he knew an attack was planned, military officials executed it on their own. Truman was on a ship when the first bomb dropped on Hiroshima on August 6, 1945. He didn't hear about the actual bombing until roughly 16 hours later, after he'd already spent some time relaxing on deck while a band played. Alex Wellerstein, a professor of science and technology who studies at Stevens Institute of Technology, says Truman might not have known about the 9 AUG bombing of Nagasaki in advance. "I don't think there's a lot of evidence that he realized that they had two bombs ready to use so quickly," says Wellerstein, who runs a blog about nuclear security. "He certainly wasn't given any heads up about the second attack."

Yet that soon changed. The day after the Nagasaki bombing, the military told Truman that they could have another bomb ready within a week. Faced with a possible third bombing, Truman immediately asserted control over the situation, declaring that more bombs could not be used without presidential approval. He also curtailed the military's access to these new and frightening weapons. The next president, Dwight D. Eisenhower, started moving things in the other direction by expanding the military's access to nuclear weapons. But right after, President Kennedy once again

reduced this access. It was something his administration had started to do before the Cuban Missile Crisis, but became much more concerned about afterwards.

“One of the things they take away from the crisis is ... what if one of these young airman had thought he saw Cubans coming over the horizon and started attacking?” Wellerstein says. “You could’ve had nuclear war by accident, which sounds even more terrible than nuclear war on purpose.” There was also the fear that some rogue official could start a nuclear war all by themselves—a concept explored in the 1964 film *Dr. Strangelove*. By the end of his administration, Kennedy was being tailed by a man carrying an early version of the nuclear football that contained a list of phone numbers to call and a series of attack plans for him to pick. It’s not clear when the public found out about this, but as early as 1965, *The Baltimore Sun* was calling it a “football” with nuclear capabilities. That same article described how the man who carried the football for Kennedy even followed him to the hospital after the president was shot.

Throughout the Cold War, presidents carried the football with them in case the Soviet Union launched a surprise attack. Because the U.S. would only have minutes to respond, it seemed reasonable to have the president travel around with it. Wellerstein says that Nixon’s excessive drinking and increasingly erratic behavior at the end of his term is one instance in which an administration questioned its commander-in-chief’s ability to handle the football. The idea that the president had to approve nuclear attacks, says Wellerstein, was never actually put into law.

Over time, presidential directives established a protocol for launching nuclear weapons that generally assumed the president had sole authority to launch them. During Trump’s first year, one prominent Republican speculated about whether Trump’s team would ever tackle him to prevent him from using the football. But generally, it is assumed that if the president uses his codes to authorize a nuclear strike, it will go through unquestioned. That is, after all, how the system was designed to work in the first place. [Source: [This Day In History & https://en.wikipedia.org/wiki/Nuclear_football](https://en.wikipedia.org/wiki/Nuclear_football) | January 25, 2020 ++]

Obsolescence

Update 02: The Writing is On the Wall for Dozens of Things We have Grown Up With



The writing is on the wall for dozens of things we have grown up with. When’s the last time you popped in a cassette tape? Rented a movie at a video store? Wrote a check for groceries? Maybe you still do some — or all — of these things. But chances are good you’ve replaced many of what used to be common, everyday activities with more technologically updated trends. It can be tough to believe that many of the things we once considered essential could one day disappear. Following are another dozen things that are still with us, yet are slowly but surely fading from everyday use.

13. Plastic shopping bags

If your city or state hasn’t banned one-time-use plastic shopping bags by now, that move is probably coming. While such bags can break down in a landfill over time, scientists don’t know if they’ll ever decompose entirely. A more environmentally safe way to shop is to bring your own reusable tote bags. And if you’re ever given that old-school choice — “paper or plastic?” — choose paper.

14. Plastic single-use straws

Speaking of plastic, many locations are moving away from plastic, single-use straws. Even such giant corporations as McDonald's and Starbucks have moved toward more environmentally friendly choices. Even though the widespread use of straws looks set to end, they will likely survive at some level until someone comes up with an alternative for those who genuinely need them, such as the disabled.

15. Business cards

Business cards used to be a staple accessory for many offices. But when's the last time you handed one out? The information a business card offers — name, company, phone number and email address — is mostly shared digitally now, which means it is less likely to be lost and can be easily updated. Like a Rolodex, business cards are the victim of an era that's simply found a better way to deal with the information they offer. We're still taking care of business, just not with as many small scraps of paper.

16. Checks

It's become an easy cliché in TV and movies: A character is in a hurry to check out at a store, and the person in front of them slowly pulls out a checkbook and proceeds to write a check as if they're meticulously addressing a wedding invitation. The habit of writing checks, once the default way to pay many bills, is in decline. Many stores no longer accept checks, and many shoppers are too impatient to deal with payments that must be recorded in a register and reconciled. Swiping one's debit or credit card seems much simpler — and it is faster.

17. Desktop computers

Wait, what? Computers are fading away? Not computing in general, just the big old desktop dinosaurs that sit atop an office desk like a Volkswagen. In this era when more workers want the option of working from home, a laptop or tablet gives portability and flexibility. But don't toss the big ol' brick out the window just yet. Desktop PCs remain useful for very specific jobs, including 3-D modeling, video editing and software development.

18. Paper maps

Thanks to internet guidance, Google Maps, built-in-car GPS devices, smartphones and smartwatches, paper maps now seem like a nostalgic throwback. After all, a paper map can't adjust itself for road detours or weather, or suggest a faster or more direct route. But that said, there are reasons to keep a paper map in your glove compartment. On a meandering road trip, paper maps can let you look at a large area at one time, and note which towns or attractions you might want to stop at. And what if your phone's battery dies?

19. Cursive

Can cursive handwriting ever make a comeback? Only a very small percentage of us use it on a daily basis anymore. Computer use has replaced much of the writing we used to do, and some schools make only a cursory (sorry) attempt at teaching handwriting to the next generation. While it's sad to think that many young people may not be able to read older documents written in beautiful, flowing script, it still seems as if the writing is on the wall for cursive.

20. Print catalogs

The JCPenney and Sears catalogs of the past were printed dream factories. Whether you grew up in the 1950s (coonskin caps!), the 1960s (go-go boots!), the 1970s ("Star Wars" figures!) or beyond, the colorful and beautifully laid-out pages let kids drop into a fantasy world like no other. Today, retailers' catalogs are few and far between, and modern kids aren't accustomed to turning to them for gift ideas anyway. Nowadays, if they show up, most catalogs head directly to recycling, or maybe get a second life as a doorstop.

21. Fax machines

Certain businesses will rely on fax machines for years to come, as a way to share contracts or other documents. But technology is making it easier to turn the fax off for good. It's now possible to download and fill out many documents via computer, and companies such as DocuSign even provide ways to electronically sign one's name. Plus, fax-machine technology is now frequently built into printers and copiers — why make room for three giant clunky machines when one will do? That's the fax, Jack.

22. GPS devices

Global positioning technology is here to stay, at least until we all have direction-giving chips implanted in our brains. But standalone global positioning systems are becoming less necessary. If your car or truck isn't new enough to come with built-in GPS guidance, you can punch the needed address into your smartphone or smartwatch and let it guide your way. It's just one more way those compact little phones are replacing older, one-use devices.

23. Portable music players

What's that we just said about phones replacing one-use devices? The iPod was a wonderful invention (we shall not speak of the short-lived Microsoft Zune). Finally, runners and walkers could take their entertainment with them, enjoying tunes, audiobooks and podcasts on the go. But now the smartphone can play all those things, so why carry around two devices where one will do? In 2014, Apple CEO Tim Cook said, "all of us have known for some time that iPod is a declining business," according to Wired. As a farewell, crank up your iPod one last time. Maybe play taps.

24. Sharing school photos

Today's parents may have fond memories of the day their school photo package arrived. Each package was usually loaded with tradeable wallet-sized images, and once Grandma got her giant 8-by-10, the rest could be swapped with friends. But head to any elementary school the day the school photos arrive nowadays, and it's just not the same. Kids who have grown up with smartphone cameras being thrust in their faces (and hands) don't have the same love for trading formally posed photos.

[Source: MoneyTalksNews | Gael F. Cooper | July 28, 2019++]

Robocalls

Update 04: How to Spot and Stop

Robocalls are being classified as an annoying epidemic for both consumers and businesses. So much so that the Federal Communications Commission (FCC) changed its rules on blocking unwanted calls and creative, tech-savvy individuals are coming up with ways to block the onslaught of calls that continue to haunt our devices. Cell phone providers are also trying to do their part by offering blocking services. Now, there's [new United States legislation](#) to tackle the problem. American's phones rang 5 billion times in the month of November 2019 just from robocalls alone - almost 2,000 calls per second.

What's a robocall?

If you answer the phone and hear a recorded message instead of a live person, it's a robocall. Calls use a computerized autodialer to deliver a pre-recorded message to a home landline or wireless number. Many different scams use robocalls, from bogus companies claiming to lower utility bills or credit card rates, government grants, vacation packages and calls from individuals posing as IRS agents.

What types of robocalls are allowed?

Since 2020 is an election year in the United States, keep in mind recorded messages regarding candidates running for office or charities asking for donations are allowed. Messages that are solely informational, for example a reminder from your doctor's office, are permitted. Prerecorded messages from banks, telephone carriers and charities also are exempt from these rules if the organizations make the calls themselves. Canadian laws differ slightly. Robocalls from charities and political candidates are also allowed; however, calls from telemarketers are only allowed if you have an existing business relationship, such as having recently made a purchase or inquired about a product. [Read Canada's detailed regulations here.](#)

How do I know if a robocall is illegal?

In the U.S., an immediate red flag is if the recording is trying to sell you something. If the recording is a sales message and you haven't given your written permission to get calls from the company on the other end, the call is illegal. A telemarketer must have your written consent, whether through paper or electronic means, to receive a call or message.

Simply buying a product, or contacting a business with a question, does not give them legal permission to call you. The new rules also require telemarketers to allow you to opt out of receiving additional telemarketing robocalls immediately during a prerecorded telemarketing call through an automated menu.

How to avoid robocall scams:

The Federal Trade Commission [recommends three key steps](#) consumers can take to help reduce unwanted calls: Hang up. Block. Report.

1. **Hang up.** If you pick up the phone and get a recorded sales pitch, hang up. The call is illegal. Don't speak to them. Don't press a button to supposedly remove your name from a list. (That could result in even more calls.) Hang up. Furthermore, alert your employees that if they see a call that says it's from the IRS or Social Security Administration, don't trust it. Scammers know how to fake the Caller ID information.
2. **Block.** You can reduce the number of unwanted calls you get by using call-blocking technologies. Your options differ depending on the model of your phone, service provider and whether you use a traditional landline or internet phone service. Visit ftc.gov/calls for advice.
3. **Report.** After you hang up, report the unwanted or illegal call to the FTC at ftc.gov/complaint. The more information they have about the call, the better they can target our law enforcement efforts.

What you can do to stop robocalls:

Consumers can help the government combat robocall scams by reporting the calls they receive. The FTC recently announced [Operation Call it Quits](#), a partnership with state and federal partners to crack down on robocalls. As of June 2019, it's included 94 actions targeting operations around the country that are responsible for more than one billion calls. Be sure to report the unwanted or illegal call to the FTC at ftc.gov/complaint.

In the United States, the Federal Trade Commission initiative provides telecommunications companies and other partners with known robocallers' telephone numbers every day. The FTC collects scammers' telephone numbers from consumer complaints, and the more consumers who report numbers, the faster it can develop its blacklist database. [Report a scam call here](#). In Canada, residents can also report illegal robocalls. Go to the [National Do Not Call list to file a complaint](#). Consumers can also report robo calls to BBB.org/ScamTracker. BBB shares Scam Tracker information with government and law enforcement agencies, so every piece of information is helpful in tracking down scammers.

[Source: Better Business Bureau | January 29, 2020. ++]

Israel Laser Sword

Deployable by End of 2020 if It Passes Battlefield Testing

The Israeli Defense Ministry made a startling announcement. It will soon begin testing a new laser weapon to shoot down missiles and drones. If it passes battlefield testing, it could be deployed by the end of 2020, on the Gaza front. It will soon begin trials of a new laser weapon that can neutralize short-range missiles and rockets, low-flying artillery shells and airborne incendiary devices. It is a fearsome weapon of war. Paradoxically, it could also be an engine of peace. The laser "sword" augments the Iron Dome anti-missile system, which had been about 85% successful in shooting down rockets from across the border. This week, a new version of the Dome was pronounced to now be 100% accurate. Still, it is a cumbersome and expensive weapon. Each shell costs close to \$50,000. Lasers -- which can take down incoming tank shells, drones and incendiary balloons -- run on electricity, fire a limitless amount of ordnance and cost roughly \$3.50 a shot.

[Source: Jewish World Review | Zev Chafets | January 20, 2020 ++]

Have You Heard?

Blonde Jokes 2 | Six Tiny Stories | Questions 4

Blonde Jokes (2)

A blonde, a redhead, and a brunette were all lost in the desert. They found a lamp and rubbed it. A genie popped out and granted them each one wish. The redhead wished to be back home. Poof! She was back home. The brunette wished to be at home with her family. Poof! She was back home with her family. The blonde said, "Awwww, I wish my friends were here."

####

Two blondes fell down a hole. One said, "It's dark in here isn't it?" The other replied, "I don't know; I can't see."

####

Blonde: "What does IDK stand for?"

Brunette: "I don't know."

Blonde: "OMG, nobody does!"

####

Q: Why can't a blonde dial 911?

A: She can't find the eleven.

####

A blonde and a redhead have a ranch. They have just lost their bull. The women need to buy another, but only have \$500. The redhead tells the blonde, "I will go to the market and see if I can find one for under that amount. If I can, I will send you a telegram." She goes to the market and finds one for \$499. Having only one dollar left, she goes to the telegraph office and finds out that it costs one dollar per word. She is stumped on how to tell the blonde to bring the truck and trailer. Finally, she tells the telegraph operator to send the word "comfortable." Skeptical, the operator asks, "How will she know to come with the trailer from just that word?" The redhead replies, "She's a blonde so she reads slow: 'Come for ta bull.'"

####

A guy took his blonde girlfriend to her first football game. They had great seats right behind their team's bench. After the game, he asked her how she liked the experience. "Oh, I really liked it," she replied, "especially the tight pants and all the big muscles, but I just couldn't understand why they were killing each other over 25 cents." Dumbfounded, her date asked, "What do you mean?" "Well, they flipped a coin, one team got it, and then for the rest of the game, all they kept screaming was, 'Get the quarterback! Get the quarterback!' I'm like, hello? It's only 25 cents!"

####

A robber comes into the store & steals a TV. A blonde runs after him and says, "Wait, you forgot the remote!"

-o-o-O-o-o-

Six Tiny Stories

{1} Once all villagers decided to pray for rain, on the day of prayer all the people gathered, but only one boy came with an umbrella.

That's *FAITH*

{2} When you throw a baby in the air, she laughs because she knows you will catch her.

That's *TRUST*

{3} Every night we go to bed, without any assurance of being alive the next morning but still we set the alarms to wake up.

That's *HOPE*

{4} We plan big things for tomorrow in spite of zero knowledge of the future.

That's *CONFIDENCE*

{5} We see the world suffering, but still we get married and have children.

That's *LOVE*

{6} On an old man's shirt was written a sentence 'I am not 91 years old ... I am sweet 16 with 75 years' experience.

That's *ATTITUDE*

Have a good week and live your life like the six tiny stories!

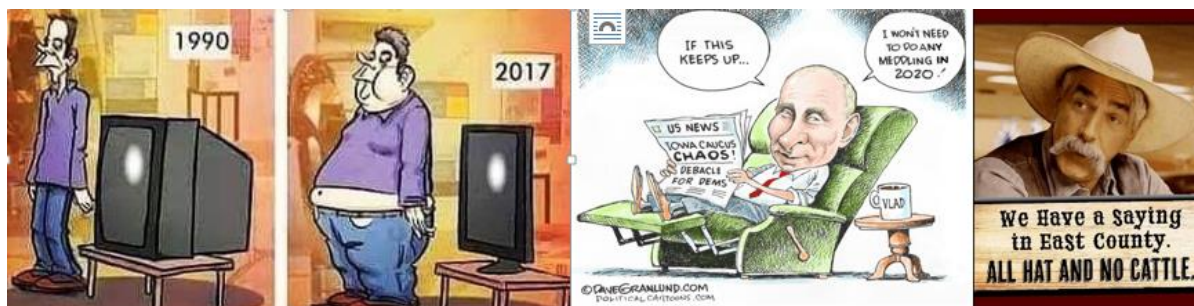
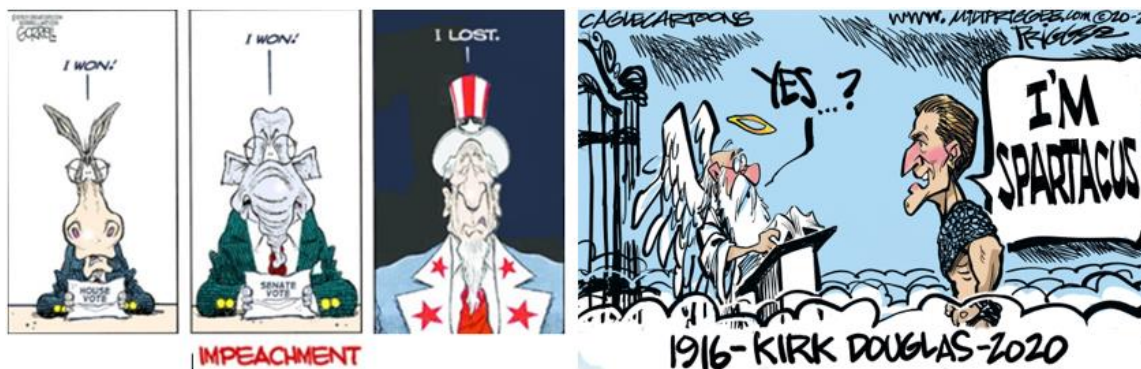
-o-o-O-o-o-

Questions 4

1. Why, why, why do we press harder on the remote control when we know the batteries are getting weak?
2. Why do banks charge a fee due to insufficient funds; when they already know you're broke?
3. Why is it that when someone tells you that there are one billion stars in the universe you believe them, but if they tell you there is wet paint you have to touch it to check?
4. Why doesn't Tarzan have a beard?
5. Why does Superman stop bullets with his chest, but ducks when you throw a revolver at him?
6. Why did Kamikaze pilots wear helmets?
7. Whose cruel idea was it to put an "s" in the word "lisp"?
8. If people evolved from apes, why are there still apes?
9. Why is it that, no matter what color bubble bath you use, the bubbles are always white?
10. Is there ever a day that mattresses are not on sale?
11. Why do people constantly return to the refrigerator with hopes that something new to eat will have materialized?
12. Why do people run over a string a dozen times with their vacuum cleaner, then reach down, pick it up, examine it and then put it down to give the vacuum one more chance?
13. How do those dead bugs get into the enclosed light fixtures?
14. Why is it that whenever you attempt to catch something that's falling off the table you always manage to knock something else over?
15. Why, in winter, do we try to keep the house as warm as it was in summer when we complained about the heat?
16. The statistics on sanity say that one out of every four persons is suffering from some sort of mental illness. Think of your three best friends. If they're OK.....?

Thought of the Week

“A government big enough to give you everything you want is a government big enough to take from you everything you have.” — *Gerald R. Ford*



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