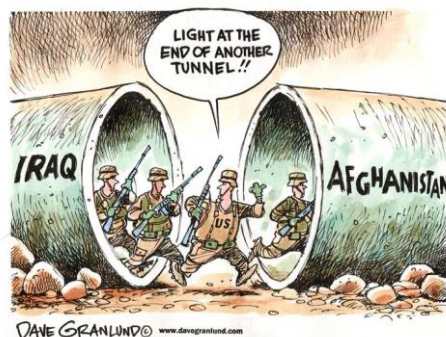


RAO BULLETIN

1 March 2020



PDF Edition

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1. The page number on which an article can be found is provided to the left of each article's title
2. Numbers contained within brackets [] indicate the number of articles written on the subject. To obtain previous articles send a request to raoemo@sbcglobal.net.
3. Recipients of the Bulletin are authorized and encouraged to forward the Bulletin to other vets or veteran organizations.

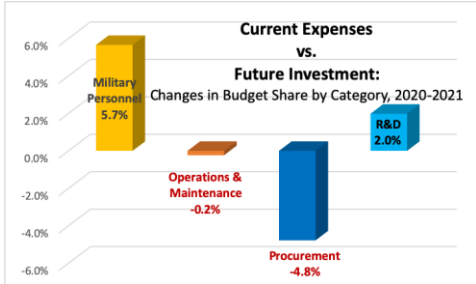
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**DoD Budget 2021
Spells the End of US Force Expansion**



A smaller 2021 budget and greater funding demands for nuclear weapons development mean the end of plans by the four services to expand their numbers. Rising budgets have allowed the Pentagon to maintain old planes, ships, armored vehicles and other weapons, grow the force and invest in new weapons. The reduced topline in fiscal 2021 has forced tradeoffs. The Marines plan to cut 2,000 troops and the other services have scrapped most plans to expand, while trying to hold on to what they had. The effort to balance capacity and capability will likely satisfy no one. Some strategists will call for deep force structure cuts to fund more aggressive investment. Other strategists will argue that larger forces are needed to meet high demands for day-to-day deployments. Congress will be pulled in both directions.

The reduced topline came from the bipartisan budget agreement of 2019, which set \$740.5 billion for national security for 2021 (\$636.4 billion for the base budget, \$69 billion for OCO, and \$35.1 billion for nuclear weapons and other). Although nominally larger than the \$738 billion provided the year before (excluding \$8 billion for emergency and disaster relief), it is a decrease in constant dollars. A further \$2 billion decrease to the military’s budget came from a last-minute plea by the National Nuclear Security Administration to fund its wish. Although the Defense Department and the Office of Management and Budget pushed back, the president sided with NNSA. So, the Defense Department received \$636 billion, \$13 billion less than a zero growth base budget that would have been \$649 billion.

How Services Tried To Balance Strategy, Budget

Army: At the beginning of the Trump administration, the Army leadership had talked about a regular Army of 500,000 or more. It scaled this back last year as they found it hard to recruit and retain soldiers in an economy with 3.6 percent unemployment. In the 2021 budget the Army still intends to grow, but more slowly, adding only 900 soldiers in 2021 to reach 485,900, then planning to expand to 490,500 by 2025.

The Army made no announcements about creating new units for great power conflict — such as cruise missile defense units or anti-ship missile units — but did maintain its existing structure: 31 BCTs, 5 SFABs, and 11 CABs. New systems that would transform existing units, like lasers for air defense and unmanned ground vehicles, are in development but not close to fielding. Creating new units without eliminating existing units will have to wait until the future end strength increases materialize. The conceptual multi-domain brigade is still far in the future. The good news from slower force expansion is that the Army has more money to pursue its planned modernization. Using a similar “night court” process as last year, the Army shifted \$2.4 billion in 2021 (and \$13.5 billion over the FYDP) from lower priority programs to readiness and its six modernization priorities. The Army appears to be placing continued emphasis on improving readiness, with a \$4.8 billion increase from last year.

Navy: The Navy’s force structure message might be best described as “stand by.” Its force structure assessment process collapsed publicly in mid-January. There was no feasible solution as the budget was squeezed, the 355-ship goal was fixed, and the service’s counting methodology was inflexible. Thus, the much-anticipated role for smaller combatants and unmanned vessels in a warfighting concept of distributed operations is still not defined. The Navy says it will release the force structure assessment “in the spring” so the 2021 budget is really something of a placeholder. Shipbuilders must wait to find out whether the naval shipbuilding market will remain primarily with the large builders or whether medium-sized shipbuilders will be able to move in.

Much attention will instead focus on the 2021 five-year shipbuilding budget plan, which cuts one submarine and one destroyer compared with 2020 and dropped plans to buy a second frigate. These reductions, combined with plans to retire relatively new LCSs as well as older LSDs and cruisers, will feed concerns that the Navy is backing off the 355-ship goal. Several senior lawmakers have already declared the Navy’s budget request largely irrelevant. Despite concerns about a “smaller Navy,” however, the Navy does grow by 5,300 sailors and to 306 ships. It may not get to the 355-ship level, but it will grow. To its credit, the Navy does continue its plan to produce unmanned surface vessels by proposing that two be built in 2021 and bulks up with plans to build two a year on average after that. These are funded in RDT&E to get them to the fleet quickly. As such, they are not “a program of record” but are quasi-experiments.

With no announced change to the fleet, naval aviation’s focus on manned platforms continued. F-35, F-18s, CH-53K, V-22, E-2D are all proceeding as planned. No new drones appeared and further procurement of MQ-4s was delayed until 2023 because of development problems. Funding for the MQ-25 Stingray program was cut in half, though it is still planned for procurement beginning in 2023.

Marine Corps: Marine Commandant David Berger’s guidance last summer created a sensation with its bold direction to build more smaller amphibious ships, curtail “over-investment” in sustained ground combat, and move towards unmanned aerial vehicles instead of expensive manned platforms. To do this, he indicated a willingness to trade force structure for modernization. Unlike the other services, the Marine Corps came out of the conflicts in Iraq and Afghanistan at a higher end strength — 186,000 — than it went in with — 173,000 — so it had some trade space.

In 2021, the Corps’ end strength does decline by 2,100 to 184,100 Marines. They are either taken from headquarters, according to the budget briefing, or from low priority combat units, according to the budget highlights book. (Interestingly, the cuts are entirely from the enlisted force. The officer corps grows by 160.) The budget announces no new kinds of units or major restructurings, though it hints at more long-range firepower with procurement of additional HIMARS launchers and procurement of 48 Tactical Tomahawk missiles, and future reductions to tanks and legacy AAVs. Despite earlier rhetoric about emphasizing drones, the budget stops MQ-9 Reaper procurement after the two procured in 2020. (Total Marine Corps inventory of armed drones is: 2; Air Force inventory: 306.) Procurement of F-35s continues as planned, though procurement of the STOVL variant (F-35B) dips in 2021. Announcement of major changes will apparently wait until later this year and be incorporated into the 2022 budget, as Gen. Berger had earlier indicated.

Air Force: Historically, the Air Force has been comfortable trading force structure for modernization, and its 2021 budget proposes to do just that, cutting about 140 legacy aircraft (as roughly calculated by the authors; the Air Force

has not released numbers). End strength increases slightly (about 900 in the active force, once adjusted for creation of the Space Force). The Air Force justifies the aircraft cuts by noting that these are older aircraft and that the risk is “acceptable,” a line of reasoning consistent with the National Defense Strategy’s focus on high-end capabilities. However, just two years ago the Air Force said it needed to grow by 25 percent. At the time, Gen. David Goldfein, Air Force Chief of Staff, said the expansion was driven by the National Defense Strategy’s call “to defeat a peer threat while being able to deter a near-peer threat ... and simultaneously being able to maintain campaign momentum against violent extremism... at a moderate level of risk”. What has happened to change the Air Force’s mind?

Space Force: It exists and costs \$15.4 billion. Exact size and organization to be determined, however. So far, the divorce from the Air Force has been amicable, but the hard work of dividing the household effects and deciding custody of the offspring has just begun.

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Will Congress go along? On the one hand, Congress says it wants DoD to move aggressively in implementing the new defense strategy. On the other hand, lawmakers are historically reluctant to cut force structure. This congressional discomfort will highlight a basic tension in the NDS. Its focus on great power conflict requires modernization, but a high level of day-to-day deployments in Iraq, Afghanistan, throughout the Pacific and dozens of other global hotspots, requires force structure. Rising budgets had allowed DoD to hide this tension, but that is no longer possible. Most strategists think forces should be cut to invest in high-end weapons. The problem for the services is that day-to-day commitments have not declined as planned.

The capacity v. capability tradeoff will thus be a central, maybe the central, topic in the defense budget debates this year, a debate that may roll over into the presidential campaign, which is beginning to consume Washington. The solution, of course, is more money, which Sec. Esper has suggested for a Trump second term. Stay tuned. [Source: Breaking Defense | Mark Cancian & Adam Saxton | February 14, 2020 ++]

Artificial Intelligence (AI)

Update 01: Pentagon Adopts New Ethical Principles

The Pentagon is adopting new ethical principles as it prepares to accelerate its use of artificial intelligence technology on the battlefield. The new principles call for people to “exercise appropriate levels of judgment and care” when deploying and using AI systems, such as those that scan aerial imagery to look for targets. They also say decisions made by automated systems should be “traceable” and “governable,” which means “there has to be a way to disengage or deactivate” them if they are demonstrating unintended behavior, said Air Force Lt. Gen. Jack Shanahan, director of the Pentagon’s Joint Artificial Intelligence Center. An existing 2012 military directive requires humans to be in control of automated weapons but doesn’t address broader uses of AI.

The new principles outlined 24 FEB follow recommendations made last year by the Defense Innovation Board, a group led by former Google CEO Eric Schmidt. While the Pentagon acknowledged that AI “raises new ethical ambiguities and risks,” the new principles fall short of stronger restrictions favored by arms control advocates. “I worry that the principles are a bit of an ethics-washing project,” said Lucy Suchman, an anthropologist who studies the role of AI in warfare. “The word ‘appropriate’ is open to a lot of interpretations.” Shanahan said the principles are intentionally broad to avoid handcuffing soldiers with specific restrictions that could become outdated. “Tech adapts. Tech evolves,” he said.

The Pentagon hit a roadblock in its AI efforts in 2018 after internal protests at Google led the tech company to drop out of the military’s Project Maven, which uses algorithms to interpret aerial images from conflict zones. Other companies have filled the vacuum since, and Shanahan said the new principles are helping to regain support from the

tech industry. “There was a thirst for having this discussion,” he said, while also saying that “sometimes I think the angst is a little hyped.” [Source: Associated Press | Matt O’Brien | February 24, 2020 ++]

Agent Orange Stateside Use

Update 03: New List of Site Locations

At <https://bit.ly/2URmHKH> can be found a new list of military locations where Agent Orange and other herbicides were used and stored in the U.S. It provides far more information about the presence of those chemicals across the United States, including Eglin Air Force Base, than had previously been available through the Department of Defense. Eglin, which maintains its own records on where Agent Orange and other herbicides were used and stored on the base, had no significant disagreements with the expanded list. Agent Orange and other color-coded herbicides — tested at Eglin for the efficacy of spray equipment, spray patterns and other technical considerations — were used by U.S. forces in Vietnam from 1961 to 1971 to defoliate vegetation that provided cover to enemy personnel and to kill food crops.

The expanded information now available is important in terms of veterans seeking to make disability claims through the Department of Veterans Affairs because it provides a more complete picture of where they might have been exposed to Agent Orange and other herbicides during their military service. “This update was necessary to improve accuracy and communication of information,” VA Secretary Robert Wilkie said in written comments on the updated list, which the VA helped to prepare. According to the VA, veterans exposed to Agent Orange or other herbicides during service may be eligible for a variety of VA benefits, including a health exam, health care and disability compensation for diseases associated with exposure. Those veterans’ dependents and survivors also may be eligible for benefits. “VA depends on DoD to provide information regarding in-service environmental exposure for disability claims based on exposure to herbicides outside of Vietnam,” Wilkie added in the VA’s news release.

Of course, those VA services won’t necessarily be available to civilians who worked with contractors on the testing of Agent Orange and other lesser known herbicides, as was the case at Eglin in the 1960s. An effort to help those civilians is developing, as Santa Rosa Beach attorney Rusty Sanders and upstate New York attorney Victor Yannacone work to find a law firm with significant resources to help with a federal lawsuit they have already drafted on behalf of Eglin’s civilian workers. Yannacone argued the case of Vietnam veterans exposed to Agent Orange that led to a \$180 million settlement in 1984. Like that lawsuit, the action being pursued on behalf of the Eglin civilian workers would target manufacturers, including Monsanto, Dow, Diamond Shamrock and others, along with the contractors. Sanders could not be reached recently to comment on the status of the proposed lawsuit.

With regard to the updated list, the new compilation details 17 periods of time between November 1952 and December 1969 when herbicide testing was done at Eglin. With one exception, those time periods routinely stretched beyond a single day. The list, made available late last month as part of a DoD news release, is significantly expanded from a 2003 DoD-compiled list. That list, assembled by an unidentified DoD employee in response to a congressional inquiry about the use of Vietnam-era herbicides in the United States, provided only the barest sketch of the presence of those herbicides at Eglin and elsewhere.

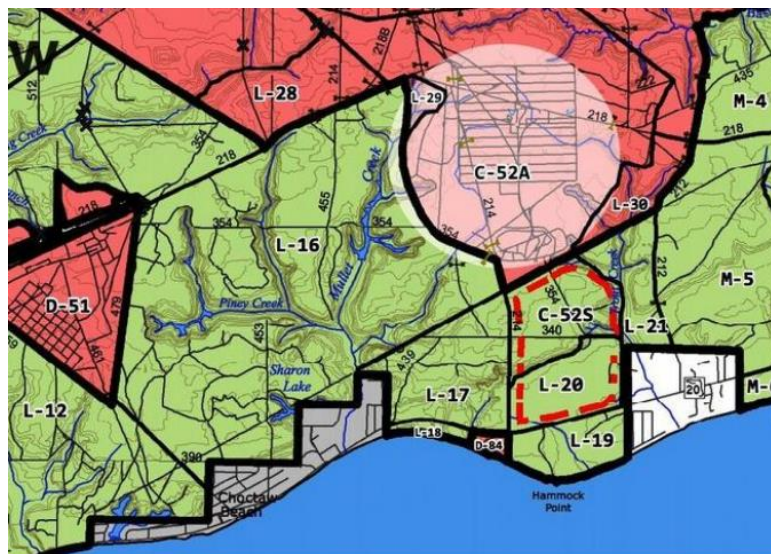
The 2003 accounting includes only three references to Eglin. According to that report, in November and December of 1952, two chemical components of Agent Orange were used to test what was then a prototype large-capacity sprayer for use in aircraft. A second entry in the 2003 listing specifically mentions the use of the C-52A test area from 1962 to 1970 for the testing of Agents Orange (1962-68), Purple (1962-68), White (1967-70) and Blue (1968-70). The only other mention of Eglin in the 2003 listing covers the period from June 11, 1968, to Sept. 12, 1968, when the Army tested how herbicides sprayed from the air would spread in relation to the size of the herbicide droplets. The updated list of herbicide storage and use is the result of a federal Government Accountability Office review ordered by the U.S. House of Representatives in connection with the 2018 defense spending and policy bill.

In a November 2018 report, the GAO noted that the official DoD list of herbicide testing and storage locations, as posted on the Department of Veterans Affairs website at that time, was *inaccurate and incomplete*. “Also,” the report notes, “the list has not been updated in over a decade, though DoD and VA have obtained reports on its shortcomings since 2006.” As noted, Eglin officials do not have any substantial disagreements with the list recently published in the DoD report, according to base spokesman Mike Spaits. “Most of the listings in the VA report are related to Range C52/C52A, which are captured within our DP-09 and SS-25 sites (on the eastern side of the Eglin range),” Spaits said. “SS-25 is a large test grid and DP-09 is an adjacent area (both east of Niceville and north of Choctaw Bay) where drums were disposed of and subsequently removed.”

However, there are some discrepancies, according to Spaits. “We have no knowledge of an area identified as ‘Bombing Range 57,’” which was listed as a spray site in November and December of 1952 in the VA report, he said. And, Spaits noted, a VA listing of a spray tank evaluation conducted in March and April of 1953 does not list a specific site where the reported spraying occurred, so the base can’t comment on that entry. There is some difference between the VA timeline and Eglin’s timeline for herbicide testing. Where the VA report indicates that some herbicide testing occurred in 1952 and 1953, Spaits said Eglin’s documentation “indicates herbicide testing in the early 1960s to around 1970.” That end date of testing tracks with both the initial DoD report, which indicated that testing continued through 1970, and the latest report, which lists Dec. 5, 1969, as a final testing date at Eglin.

According to Spaits, the base maintains documents covering environmental investigations of sites identified during previous extensive records searches. Those documents, Spaits said, “include all areas that could have potentially resulted in a release to the environment.” Those documents are available online at <https://afcec.manageadmin-record.us.af.mil>. Using the search term “Herbicide Orange” will reveal information related to Agent Orange at Eglin. According to Spaits, four areas on Eglin that were investigated for the presence of herbicides including Agent Orange became “IRP sites.” IRP is the acronym for Installation Restoration Program, a DoD environmental cleanup plan that began in 1975 to address contamination from various hazardous substances, pollutants or contaminants.

“The areas investigated that became IRP Sites related to herbicides are DP-09, SS-25, SS-26, and LF-51,” Spaits said. As shown on the map below, the DP-09 and SS-25 sites are east of Niceville and north of Choctaw Beach, while the SS-26 and LF-51 sites are each a short distance east of Eglin runways on the main part of the base. “There were other areas that were evaluated and determined to not have any issues, so they did not move forward to becoming an actual ‘site,’ or they became a site and then were closed after additional investigation confirmed that there were no contaminants present,” Spaits said.



In all, nine sites on Eglin — four on the main base and five on the ranges — had some sort of historical investigation done in connection with the presence of herbicides, according to Spaits. Of those, five — two on the main base and three on the ranges — became IRP sites “due to the presence or possible presence of herbicide constituents,” according to Spaits and maps of the base denoting those areas.

A number of the herbicide sites at Eglin not already cleared through the Florida Department of Environmental Protection or the U.S. Environmental Protection Agency are still being monitored, Spaits said, to help ensure that no improper land use occurs on them. Those tracts, all of which have land-use controls placed on them, are inspected regularly, Spaits said. Sites on the main base are visually inspected quarterly, while sites on the ranges get an annual visual inspection, he said. The results of those inspections are reported annually to the FDEP, Spaits said. None of the sites require groundwater monitoring, he added. Beyond the regular visual monitoring, land use controls are the only ongoing herbicide remediation efforts at Eglin, Spaits said. “Land Use Controls are the final remedial actions approved by the FDEP and EPA,” he said.

Whatever herbicides were sprayed at Eglin, and whenever they were sprayed, those areas remain within the confines of the Eglin reservation, according to Spaits. “There is no documentation indicating areas where these materials were stored or used and have since been sold to private parties,” Spaits said. The use of Agent Orange was banned in the United States in 1971. Stockpiles, including whatever supplies remained at Eglin at the time, were taken to Johnston Atoll, a U.S.-controlled island several hundred miles east of Hawaii. The stockpile was destroyed in 1978. The full list of Agent Orange exposed area for Eglin and other U.S. locations is online at <https://bit.ly/2URmHKH>. [Source: MilitaryTimes | Leo Shane III | February 1, 2020 ++]

Commissary Surcharge

Update 01: Pentagon Elimination Proposal



Commissary customers would no longer be paying that 5 percent surcharge at the checkout, according to a draft Pentagon proposal. But that doesn’t mean the extra cost would disappear. Commissary officials would build the extra 5 percent — or some other amount — into the shelf prices, and advocates are questioning how this could affect customers and ultimately, the commissary benefit. The proposal is part of draft legislation being considered to submit to Congress, because the law would have to be changed.

Under current law, the commissary surcharge money paid by customers must be used for construction, renovation, maintenance and equipment such as coolers and refrigerators for meat and milk and other perishables. This draft legislative proposal would put that into a pot of money used to operate the stores. Defense officials have for years been trying to decrease the amount of taxpayer dollars, currently around \$1.1 billion annually, used to operate 236

commissaries around the world. Depending on the amount of sales, between \$200 million and \$300 million go into the Defense Commissary Agency's surcharge fund each year.

The commissary's discounted groceries are designed to be a benefit for service members, retirees, service-connected disabled veterans, and certain others and their families. Advocates are questioning how this proposal will affect the benefit for commissary customers. "I have a lot of questions. I still don't understand how the variable pricing will be adjusted to make up for loss of surcharge," said Kelly Hruska, director of government relations for the National Military Family Association. "I'd like to understand where the proposal came from, and the purpose of the proposal," she said. "I don't know how this would help the customer," she said. "You'll be raising shelf prices that won't benefit customers. Since customers compare prices — if the commissary price is higher, they'll shop elsewhere."

She's also concerned about the future of the commissary facilities — facility improvements are funded by the surcharge. "What happens if there's a problem with a commissary? Will they allow it to crumble? Where is [the commissary agency] going to find the funds to remodel and build new commissaries?" Information was not immediately available from defense officials about the origin of the proposal, or how much is currently in the surcharge fund. The proposal would also move all the money currently in that surcharge fund into the pot of money used to operate the stores.

According to an analysis of the proposal included with the internal DoD document, all of the costs currently paid for by surcharge money would be paid for out of the commissary agency's operating funds. It wouldn't affect the customer's baseline of savings, according to the analysis, nor would it require additional taxpayer funding. The Defense Commissary Agency takes into account the 5 percent surcharge at the cash register when doing price comparisons with items at commercial grocery stores outside the gate, to determine how much customers are saving at commissaries. The sales tax at those commercial grocery stores is also factored into the comparison. The proposal doesn't specify that exactly 5 percent would be added to each item; the DoD analysis states that the commissary agency would be allowed to continue to include "an additional cost in the price of goods."

Some sources interpreted the DoD analysis to mean the addition to the price could be more or less than 5 percent, and factored into the commissary agency's whole pricing process. For about three years, the agency has had the flexibility to raise or lower prices on items. Previously, commissary goods were priced at whatever the cost was from the vendor. This "variable pricing," more like what commercial grocery stores use, has allowed them to generate profit from customers' purchases, in an attempt to reduce operating costs paid for by taxpayers. It also allows them to be more competitive by lowering prices on some popular items. But commissaries must maintain a baseline of average savings for commissary customers that was measured before this variable pricing started.

One thought is that rolling the 5 percent surcharge (or some percentage) into the shelf price could be more transparent to the customer, because that would be the final price of the item. But Hruska and others contend that the proposal would bring less transparency, because customers currently know that that 5 percent surcharge is used solely for the commissary facilities. Now it could be used for operational costs. "The facility costs aren't going away. How is DoD going to pay for them? Do all those costs become operational? With this proposal, [the customer] doesn't know where the money is going," said Tom Gordy, president of the Armed Forces Marketing Council, a trade association of manufacturers and distributors who do business with commissaries and other military resale entities. He's also a Navy reservist and commissary shopper.

One source said there needs to be "guard rails" on funds to ensure the commissary stores are adequately maintained and modernized, for the protection of the customers' benefit. "This seems to be a solution in search of a problem, with no real explanation of how this is supposed to benefit military families," Gordy said. "At the end of the day, it doesn't strengthen the benefit in terms of savings on grocery products. "Nor does it end up protecting the quality of the benefit in terms of the facilities, the equipment, the things that are used to help deliver the benefit." [Source: MilitaryTimes | Karen Jowers | February 13, 2020 ++]

Navy LCS Program

Update 06: Modernization on the Chopping Block



Introducing the Navy budget in the week of 10 FEB, Rear Adm. Randy Crites, deputy assistant secretary of the Navy for budget, said “we’ve gotten all we can get out of those ships in terms of testing.” The service looked at upgrading the ships to reflect the current LCS configurations, but “in the context of great power competition they were less important,” than other classes of ships, Crites said. “So, we took those savings and applied it to other areas.” In its budget justification, the Navy said the ships “have been test articles and training assets, and were key in developing the operational concepts leading to the current deployment of LCS ships today...But cancelling their modernization allows us to prioritize lethality and survivability where we need it.”

The Pentagon Operational Test & Evaluation office’s 2019 review of the program was damning, reporting, “both LCS seaframes have limited anti-ship missile self-defense capability. The Navy has not fully tested these combat systems and the Navy does not plan to conduct further air warfare operational testing of Freedom seaframes 1 through 15 in their current combat system configuration. The Navy has accepted the risk of continued operations with a combat system that they have not operationally tested.” The program all but bottomed out in 2015 and 2016 after a series of embarrassments that saw mechanical breakdowns on four of the six ships then in service, leading to an overhaul of the program and eventually, the decision to retire these older ships rather than upgrade them.

The service tossed its original operating concept overboard, in which a single LCS would swap out anti-surface, anti-submarine or mine-warfare mission packages in port depending on what the next mission was. The plan proved unworkable when it was discovered the mission packages were more complex than anticipated, and Congress, year after year, cut funding for them. In the end, it’s not clear how long a service life any of the LCS hulls will have. By this summer, the Navy will award the first contract for its new frigate program, which will — at least in part — eventually take the place of the LCS.

But a few of the ships are out there, doing what they can. USS Little Rock is slated to receive a laser weapon during its upcoming deployment, the commander of Naval Surface Forces Vice Adm. Richard Brown told reporters recently. It’s likely the ship will deploy to the 4th Fleet, where LCS USS Detroit is operating. Since November, two LCS — the USS Montgomery and USS Gabrielle Giffords — conducted freedom of navigation cruises near the contested Spratly Islands in the South China Sea, the Giffords while sporting the new Naval Strike Missile, a long-range, precision strike weapon that seeks and destroys enemy ships at distances greater than 100 nautical miles. With Navy officials confirming that they’re likely to see flat shipbuilding budgets for the foreseeable future, every dollar spent on a hull will count. The fight to prove itself for all classes of ship is on. [Source: Breaking Defense | Paul McLeary | February 14, 2020++]

Navy Fleet Size

Update 21: Navy Looks to Slash \$40B to Build Bigger Fleet

The Navy wants to take \$40 billion off its books over the next five years by eliminating commands, slashing logistics costs, and cutting or outsourcing back-end functions. In a 18 FEB memo, Acting Navy Secretary Thomas Modly said the “Stem-to-Stern” review will scour the entire department for savings to find accounts that “squeeze out funds we need to build a larger fleet.” The review comes a week after the release of the controversial fiscal 2021 budget, which includes plans to slash \$4 billion from the Navy’s shipbuilding budget and \$3 billion from its top line, compared to last year. The reductions are seen as part of a necessary culling of older ships and programs to pump money into an ambitious plan to build a 355-ship Navy by 2030, even as Navy budgets project little to no growth in the coming years.

In the memo, Modly says “bottom line is that we need to find at least \$40 billion in real line-of-accounting savings to fund the development, construction, and sustainment of this new [355-ship fleet] over the next 5 years.” The attempt to grow the fleet, while at the same time building a new class of Columbia nuclear submarines, a new class of frigates, and new starts in hypersonic weapons and unmanned ships, is happening “within a flat budget environment we expect to continue to several years. Therefore, we must act now to make tough, fiscally-informed choices in order to fund our key strategic priorities using the budget we have, not the budget we wish we had,” the memo says.

The review is nestled within a larger Pentagon effort, spearheaded by Defense Secretary Mark Esper, to take a “white sheet” review of the entire military and cut costs, and commands, where possible. Earlier this month, Pentagon officials said they already found \$5.7 billion to cut in a variety of back-end offices. Of course, every administration makes a show of hunting for efficiencies and unnecessary spending, but time and again few actual savings found. The goal is to reconfigure the fleet to meet the challenges of Chinese military modernization, and its improving ability to hit targets at distance. The 2018 National Defense Strategy calls for a quick turnaround in fielding new, fast, lighter, more deadly weapons to meet the challenge.

So far there has been little public pushback against Esper’s plan. On the Navy side, the changes are being embraced by Modly, who has marked his eventful, three-month tenure by staking out a very public role in fixing problems with the Ford-class carrier, pushing the 355-ship fleet, overseeing the Navy’s soon-to-be released shipbuilding plan, and preparing to become the face of the Navy’s 2021 budget defense on Capitol Hill as he’s called to answer questions before Senate and House panels. The budget request has already come under fire from Democrats and Republicans in Congress, and was labeled “dead on arrival” by Rep. Joe Courtney, chair of the House Armed Services seapower and projection forces sub-committee.

The Navy has insisted since 2016 that it needs at least 355 ships to do everything being asked of it. So far, the money to do so hasn’t arrived. In fact, budgets have slid backward, making President Trump’s boasts of having rebuilt the military a challenge for Pentagon leadership. When looking at the bills the Navy will have due over the next five years, it’s clear it needs to dig deep into its pockets to find the money. The budget released last week confirmed the first Columbia-class submarine is slated to cost \$14.3 billion, making it more expensive than the first USS Gerald R. Ford aircraft carrier, which comes in at about \$13 billion. The remainder of the 11 planned Columbia submarines, which will carry a majority of the country’s nuclear arsenal, will cost about \$109 billion to build.

The new budget also outlines a path for how the Navy will begin buying its planned new class of frigates, with the first contract for the FFG(X) program coming in fiscal ‘21, eventually totaling 10 ships over the next five years, for about \$10 billion. The FFG(X) is supposed to be a small, multi-mission ship that packs 32 vertical launch cells and costs about half of an Arleigh Burke-class destroyer. In order to clear the decks for those programs, the budget slams the brakes future production of 36 F/A-18E/F Super Hornets in an attempt to save up to \$4.5 billion by 2025. That money will in part be funneled into developing the Next Generation Air Dominance “and other key aviation wholeness investments,” Navy documents said. The NGAD program is an effort to eventually replace the Super Hornet.

As part of this general divestiture of older platforms to make way for new aircraft and ships, the Navy also wants to scrap four Littoral Combat Ships, despite two of them being **less than a decade old**. But the path toward a new fleet, if the Navy figures out a way to pay for it, might have taken a step forward last week when Navy and Marine Corps leaders briefed Esper on their emerging new plan to build a new Navy by 2030. Modly said late last year he wanted the review to be wrapped up by January 15, but Navy and Marine leaders hadn't finished their work by that date, and were leery of releasing anything before the 2021 budget.

Dropped in the middle of this is the lingering uncertainty over the expected nomination of Kenneth Braithwaite as the next Navy Secretary. In November, President Trump promised to nominate the retired admiral — and current ambassador to Norway — for the job. Sources said last month they expected the nomination to come in late February, after the impeachment hearings wrapped up, with some speculation the White House would wait until after Modly testified on Capitol Hill on the 2021 budget before pulling the trigger. [Source: Breaking Defense | Paul McLeary | February 18, 2020 ++]

SBP/DIC Offset Phase-Out

FAQs | Impacted Beneficiaries - 1

The National Defense Authorization Act for Fiscal Year 2020 modified the law that requires an offset of Survivor Benefit Plan (SBP) payments for surviving spouses who are also entitled to Dependency and Indemnity Compensation (DIC) from the Department of Veterans Affairs (VA). Under the previous law, a surviving spouse who receives DIC is subject to a dollar-for-dollar reduction of SBP payments, which can result in SBP being either partially or fully offset. The repeal will phase-in the reduction of this offset beginning on the first day of 2021, and culminating with elimination of the offset in its entirety on the first day of 2023. For the remainder of calendar year 2020, surviving spouses remain subject to the existing dollar-for-dollar offset of SBP payments by the amount of DIC paid by VA. After January 1, 2021, survivors subject to the “SBP-DIC Offset” will potentially see a change in their SBP payments. Many surviving beneficiaries, current service members, and retirees have questions about the impact of this change. The most frequently asked questions regarding ‘*Impacted Beneficiaries*’ are answered below.

-o-o-O-o-o-

Q1.1: Who will be impacted by the repeal of the SBP-DIC offset?

A1.1: This change affects surviving spouses who are, or who will become in the future, eligible for both Survivor Benefit Plan (SBP) payments and Dependency and Indemnity Compensation (DIC) payments, and who were previously subject to a full or partial SBP-DIC offset. The law also impacts the children of service members who died while on active duty or inactive duty, in the line of duty, who are currently receiving SBP payments because the surviving spouse chose the optional child annuity. It does not impact surviving spouses who receive only SBP but not DIC. It also does not impact spouses who are in receipt of DIC-only, either because SBP was declined by the service member at retirement or because the service member was a disabled veteran who was not also a retiree. It is important to note that this change does not impact any retirees or surviving spouses if SBP coverage was previously declined, and does not create opportunities for new enrollment in SBP for retirees who previously declined coverage.

Q1.2: Does every widow/widower of a service member who dies in the line of duty get SBP?

A1.2: In most cases, a surviving widow or widower whose spouse dies on active or inactive duty in the line of duty on or after September 10, 2001, and who remains unmarried prior to age 55 (see question 1.4) qualifies for a Survivor Benefit Plan (SBP) annuity. The only exception would be in situations in which a former spouse of the service member had been awarded SBP as a result of a divorce court order and the necessary former spouse SBP election was registered prior to the death of the service member. Survivors of members who died in the line of

duty prior to September 10, 2001, are not eligible to receive SBP. Certain surviving spouses of members who died in the line of duty on or after October 7, 2001, were eligible to transfer the SBP annuity to a dependent child, which is referred to as an “Optional Child Annuity.” This topic is discussed in Section 4 of this FAQ.

Q1.3: If I was not subject to the DIC-SBP offset before, does this change affect me?

A1.3: Most likely not. The change only impacts those surviving spouses who were previously subject to the SBP-DIC offset, and those surviving spouses and children of members who died in the line of duty if the spouse chose to transfer the SBP benefit to a child or children. This law does not create new beneficiaries nor change the eligibility criteria for SBP or DIC.

Q1.4: What if I got remarried, will I still get the SBP benefit?

A1.4: Section 622 of the National Defense Authorization Act for Fiscal Year 2020 did not change the eligibility requirements for the Survivor Benefit Plan (SBP). If a surviving spouse remarries prior to age 55, he or she is ineligible to continue receiving SBP. If he or she remarries after turning age 55, that spouse does remain eligible to continue receiving the SBP annuity. Note that rules for remarriage differ under the Department of Veterans Affairs Dependency and Indemnity Compensation (DIC) program.

Q1.5: Will I lose Survivor Benefit Plan (SBP) at a certain age?

A1.5: No, SBP is a life-long benefit for spouses. Eligibility does not depend on the age of surviving spouse. Unless the surviving spouse re-marries before the age of 55, he or she will not lose eligibility. Re-marrying after turning age 55 will not cause the survivor to lose eligibility for SBP.

Q1.6: When I retired my spouse and I declined coverage because I’m totally disabled and we knew my spouse would get Dependency and Indemnity Compensation (DIC) when I died and Survivor Benefit Plan (SBP) would be offset. Will she now be eligible for SBP?

A1.6: No, an election to decline or reduce coverage at retirement is irrevocable, regardless of rationale. Section 622 of the National Defense Authorization Act for Fiscal Year 2020 does not authorize retirees who previously declined or elected reduced coverage (such as electing child-only coverage at retirement) to re-enroll or change their level of coverage.

Q1.7: I used to participate in the Survivor Benefit Plan (SBP) but I withdrew when I was rated as totally disabled by the Department of Veterans Affairs. How does this change affect me?

A1.7: Section 622 of the National Defense Authorization Act for Fiscal Year 2020 does not restore Survivor Benefit Plan (SBP) enrollment for any retiree who previously voluntarily withdrew. Withdrawal from SBP remains in effect as long as the retiree who withdrew is rated totally disabled. If the retiree’s rating is later reduced below “totally disabled,” SBP coverage can be reinstated, but only if the retiree requests it within one year of the effective date of the reduction of the VA disability rating.

Q1.8: My spouse declined Survivor Benefit Plan (SBP) when he retired. I am receiving Dependency and Indemnity Compensation (DIC) from VA now because he died of a service-connected issue. Will I now receive SBP also?

A1.8: No, declining SBP at retirement is an irrevocable decision. Section 622 of the National Defense Authorization Act for Fiscal Year 2020 does not grant the authority to reinstate SBP coverage if it was previously declined at retirement.

Note: The Defense Finance and Accounting Service (DFAS) has created this webpage to share information about the elimination of the SBP-DIC offset: <https://www.dfas.mil/retiredmilitary/survivors/SBP-DIC-News.html>. Additionally,

you can contact Military One Source at 800-342-9647 or find other counseling options through the Military One Source website.

[Source: U.S Dept. of Defense | Fact Sheet | February 24, 2020 ++]

Coronavirus

Update 02: U.S. Force's Overseas Precautions

U.S. Forces Korea – As the military went on high alert on 24 FEB officials said the widow of a retired soldier, who on 12 and 15 FEB visited Commissary and Exchange stores on a southeastern base (Camp Walker), tested positive for the new coronavirus in the first confirmed case for the Army in South Korea,. Schools on bases across the country also were closed for the rest of the week, according to the Department of Defense Education Activity. The situation escalated as South Korean health authorities struggled to contain the spread of the deadly respiratory virus after an outbreak in the southeastern city of Daegu and surrounding areas pushed the number of infections past 800, with eight deaths.

That triggered preparations to implement health screening measures at the gates and other restrictions on Camp Humphreys, the main U.S. Army garrison on the divided peninsula, and other restrictions beginning 23 FEB officials later explained. No active-duty service members or relatives of active-duty service members have tested positive for the coronavirus that has rapidly spread over the past week, Camp Humphreys garrison commander Col. Michael Tremblay said separately at a town hall-style meeting Monday.

7th Fleet -- Navy officials said 24 FEB the 7th Fleet has begun screening all personnel accessing its warships and aircraft as the new coronavirus continues to spread across parts of Asia. The new screening requirements apply to crew, visitors, civilians, contractors and others entering 7th Fleet “units and platforms” throughout its area of responsibility, 7th Fleet spokesman Lt. Joe Keiley said in an email Monday evening. “At this time, there are no indications that any U.S. 7th Fleet personnel have been affected by [the coronavirus]” he added. The 7th Fleet’s checks will include questionnaires and self-reporting opportunities, as well as other medical screening. Officials have also made plans to provide supportive care and isolation if warranted, and ship commanding officers can implement additional screenings after the initial assessments if deemed necessary.

The U.S. Embassy in Japan raised the travel risk in the country to Level 2 — “exercise increased caution” — over the weekend. As of Sunday, there were 132 confirmed cases of the virus in Japan, according to the World Health Organization. Symptoms include cough, sneezing and shortness of breath. The Yokosuka-based 7th Fleet’s area of operations spans 124 million square miles from the International Date Line to the India-Pakistan border and from the 7th Fleet -- Kuril Islands to the Antarctic. The four countries with most coronavirus cases — China, South Korea, Japan and Singapore — all fall within the 7th Fleet’s area of responsibility.

Afghanistan -- The U.S.-led international coalition in Afghanistan is closely monitoring the potential spread of coronavirus in the country, as Afghan officials confirmed the first case of infection 24 FEB. The health and safety of the international forces are “top priorities,” NATO’s Resolute Support mission said in a statement, which came as American military officials throughout the Central Command area of responsibility were working to respond to the virus’s spread. “As suspected cases are beginning to appear regionally, we are closely monitoring and implementing the guidance from the Center for Disease Control (CDC) to ensure our forces remain effective and able to continue support to our (Afghan) partners while preventing the spread of the virus,” the statement said.

A man from the western city of Herat who recently traveled to Iran has tested positive for the virus and has been quarantined, said Ahmad Tawhid Shokohmand, deputy spokesman for the Afghan Health Ministry. The city is home to an Italian-run regional headquarters for the NATO mission at Camp Arena, which is home to some American and other international troops. The bulk of U.S. troops are based in the country’s east and south, hundreds of miles from

the city. Traders and workers from Herat frequently cross into Iran, where coronavirus infections have killed at least 50 people across the country, The Associated Press reported Monday. Afghanistan has issued a ban on travel to Iran, Shokohmand said, and is preparing 30 beds in eight locations around the country for possible coronavirus patients.

Bahrain -- The U.S. 5th Fleet in Bahrain, which lies across the Persian Gulf from Iran, also issued new guidance after the island kingdom said 24 FEB that it had confirmed a coronavirus infection. Service members entering Bahrain from mainland China, Hong Kong, Singapore, Thailand, Malaysia and South Korea are subject to a 14-day home quarantine in line with Bahraini guidelines, U.S. Naval Forces Central Command said in a statement Monday. Service members are also being prevented from taking leave in those countries and territories, the statement said. The Navy said it will follow its internal response protocols as well as CDC guidelines.

The CDC recommends avoiding close contact with people who are sick, as well as avoiding touching the eyes, nose and mouth. It also recommends regularly washing hands with soap and water for at least 20 seconds. CDC guidance recommends masks for caregivers and people who are sick, but not for protection against respiratory diseases.

Iraq/Iran/Kuwait -- Meanwhile, U.S. military officials in Iraq said they were working on a statement regarding their coronavirus response, after COVID-19 was found in an Iranian student in the Iraqi Shiite holy city of Najaf on Monday. Iraq closed its border with Kuwait after that country reported three cases of the illness among travelers who'd recently returned from Iran, Reuters reported Monday. Over the weekend, Iraq extended a ban on non-Iraqis arriving from Iran. Two Omani women also contracted the virus after visits to Iran, Oman's health ministry said Monday, according to Reuters.

[Source: Starts & Stripes | Various | February 24, 2020 ++]

DoD Fraud, Waste, & Abuse

Reported 16 thru 29 FEB 2020

Top Secret Info Passed to Journalists. A former Defense Intelligence Agency analyst has pleaded guilty to sharing top secret information with two reporters and now faces up to 10 years in federal prison. **Henry Kyle Frese**, 31, of Alexandria, Virginia, pleaded guilty to willful transmission of top secret materials to the two journalists in 2018. One of the two journalists was his then-girlfriend, who he lived with at the time. "By disseminating the same classified information, he had pledged to protect, Henry Kyle Frese put the US and our national defense equities in danger," said Timothy R. Slater, Assistant Director in Charge of the FBI's Washington Field Office. The girlfriend, Amanda Macias, a national security reporter for CNBC, published eight articles that revealed classified national defense information on weapons systems of foreign countries, according to a justice department statement.



It appears that the FBI investigation tracked Frese's accessing of classified documents and his public social media connection with Macias as it acquired search warrants for his phone and vehicle. Agents also conducted a wiretap of

his phone, tracking calls that closely coincided with stories later being published by Macias and another reporter. Macias direct messaged Frese on Twitter, asking if he would be willing to share more information with another reporter, according to court documents. Frese told Macias he would be willing to share more information with other reporters if it would help her career. He later shared classified information with Courtney Kube, a Pentagon reporter for NBC News, according to court documents.

Journalist 1 Amanda Macias, DIA Analyst Henry Frese, & Journalist 2 Courtney Kube

Though in court documents both Macias and Kube are identified as Journalist 1 and Journalist 2, they have since been publicly identified by multiple media outlets. The weapons systems identified in Macias and Kube’s co-authored article were Chinese military anti-ship missiles. At least twice, Frese retweeted his girlfriend’s posts on Twitter that announced the publication of her stories using the classified information, according to the justice statement. Neither Macias nor Kube responded to requests for comment.

Using a wiretap of Frese’s phone, authorities were able to determine that at least 12 times, Frese shared top secret information with Macias from April to May 2018. He accessed intelligence reports unrelated to his job in counterterrorism analysis. On separate occasions, Frese searched for specific intelligence report information then called either Macias or Kube to share the information over the phone. In one instance, Macias published an online article with some of the shared information about 30 minutes after a call with Frese. “He alerted our country’s adversaries to sensitive national defense information, putting the nation’s security at risk,” said Assistant Attorney General for National Security John C. Demers. “The government takes these breaches seriously and will use all the resources at our disposal to apprehend and prosecute those who jeopardize the safety of this country and its citizens.”

Frese’s sharing was not limited to journalists, according to court documents. Between early 2018 and October 2019, he also communicated with an unidentified overseas counterterrorism consulting group through social media and transmitted classified information to that group at least twice. Frese worked for DIA either as a contractor or employee from January 2017 to October 2019, according to court documents. The former DIA analyst was arrested in October. He pleaded guilty to charges 20 FEB and is scheduled for sentencing in federal court on 18 JUN. [Source: MilitaryTimes | Todd South | February 21, 2020 ++]

POW/MIA Recoveries & Burials

Reported 15 thru 29 FEB 2020 | Eleven

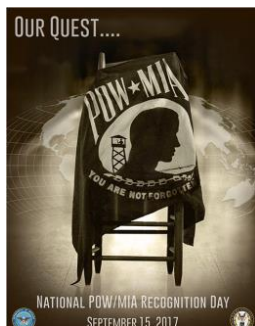
“Keeping the Promise“, “Fulfill their Trust” and “No one left behind” are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century as of FEB 2019 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

-- **Marine Corps Reserve Pfc. Raymond Warren**, 21, of Silverdale, Kansas, was a member of Company K, 3rd Battalion, 8th Marine Regiment, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands, in an attempt to secure the island. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded, while the Japanese were virtually annihilated. Warren died between the first and second day of battle, Nov. 20-21, 1943. Warren will be buried at Arlington National Cemetery in Arlington, Virginia. The date has yet to be determined. [Read about Warren.](#)

-- **U.S. Army Air Forces 1st Lt. Ernest L. Roth**, 20, was assigned as a pilot with the 359th Bombardment Squadron, 303rd Bombardment Group, 8th Air Force in Europe. On May 19, 1944, he was piloting a B-17G bomber while on a bombing run over Berlin when the plane was hit by flak and crashed. Six of the 10 crewmembers, including Roth, were killed in the crash. They were recovered by German forces and reportedly buried in the Döberitz cemetery. Interment services are pending. [Read about Roth.](#)

-- **U.S. Army Pfc. James W. White**, 21, was a member of Company F, 2nd Battalion, 5307th Composite Unit (Provisional), also known as Merrill's Marauders. After taking the airfield in Myitkyina, Burma, from the Japanese on May 17, 1944, White's battalion was tasked with holding the airfield and taking part in the siege of Myitkyina. White was reported to have been killed during fighting on July 2, 1944. Interment services are pending. [Read about White.](#)

-- **U.S. Army Pvt. James J. Cansler**, 21, was assigned to Company C, 1st Battalion, 28th Infantry Regiment, 8th Infantry Division. His unit was engaged in battle with German forces near Vossenack, Germany, in the Hürtgen Forest, when he was reported as missing in action. A year later, Army officials had received no evidence he had been captured or otherwise survived combat, and so released a presumptive finding of death. Interment services are pending. [Read about Cansler.](#)

-- **U.S. Marine Corps Cpl. Thomas H. Cooper**, 22, of Chattanooga, Tennessee, was a member of Company A, 2nd Amphibious Tractor Battalion, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands, in an attempt to secure the island. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed and more than

2,000 were wounded, while the Japanese were virtually annihilated. Cooper died on the first day of the battle, Nov. 20, 1943. Cooper will be buried at Arlington National Cemetery in Arlington, Virginia. The date has yet to be determined. [Read about Cooper.](#)

-- **U.S. Navy Chief Fire Controlman Daniel F. Harris**, 40, 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 Harris. Interment services are pending. [Read about Harris.](#)

-- **U.S. Navy Fire Controlman 1st Class Robert L. Corn**, 24, of Baker City, Oregon, 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 Corn's death and the deaths of 429 crewmen. Corn will be buried May 1, 2020, in Honolulu, Hawaii. [Read about Corn.](#)

-- **U.S. Navy Fire Controlman 1st Class Robert L. Corn**, 24, of Baker City, Oregon, 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 Corn. He will be buried May 1, 2020, in Honolulu, Hawaii. [Read about Corn.](#)

-- **U.S. Navy Seaman 1st Class Edward Wasielewski**, 21, of Detroit, 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 Wasielewski. Interment for Wasielewski will be Feb. 21, 2020, in San Diego. [Read about Wasielewski.](#)

-- **U.S. Navy Seaman 1st Class Lyal J. Savage**, 19, of Dexter, New York, 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 Savage. He will be buried June 27, 2020, in his hometown. [Read about Savage.](#)

-- **U.S. Navy Steward's Mate 2nd Class Jesus F. Garcia**, 21, 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 Garcia. Interment services are pending. [Read about Garcia.](#)

[Source: <http://www.dpaa.mil> | February 29, 2020 ++]

* VA *



Diabetes

Update 23: Concerns over VA's Keto Diet Treatment

Diabetes is one of the largest, most expensive problems facing America's veterans, and the US government is staking its hopes for a solution on an unconventional treatment: the popular keto diet. The Department of Veterans' Affairs (VA) has launched a partnership with a digital therapeutics startup Virta Health to treat diabetic veterans using the

low-carb, high-fat keto diet, at no cost to the vets or the VA. The partnership, first announced in May 2019, has enrolled 400 veterans into Virta's program, which includes personalized nutrition plans and online access to health coaches and physicians.



So far, the results have been promising, according to the company's data. A pilot program with the VA found that half of the participating veterans achieved blood sugar levels below the threshold for diabetes after three months on Virta's program. And the treatment successfully reduced medications, including insulin, by 53% across the entire group. But some experts have raised concerns that there may be unforeseen health consequences following this kind of treatment, and that the VA's buy-in will lend legitimacy to what is still an experimental treatment. Keto could reduce symptoms of diabetes by managing blood glucose, but it isn't a cure. Prior to working with the VA, Virta had been studying keto as a treatment for diabetes for over two years.

Diabetes is an inability to balance blood sugar. Reducing carbs manages the problem at the source by preventing blood sugar from rising in the first place, according to Dr. Mark Cucuzzella, a professor at West Virginia University School of Medicine, a US Air Force Reservist, and a marathon runner who has published several studies on keto and diabetes. "The most impactful thing on your blood glucose is the amount of carbs in your diet. The low-carb diet is effective because it lowers the insulin load," Cucuzzella, who is not affiliated with Virta, told Insider in an interview. "Insulin is the master switch." Medications like insulin can mitigate diabetes symptoms by managing blood sugar levels. But keto can help patients reduce medications, said Dr. Sarah Hallberg, medical director for Virta.

Eating carbohydrates causes blood sugar to rise, but eating fats does not. It means diabetic patients can get their daily calories without needing to use insulin to balance out spiking blood sugar levels. "Standard treatment puts people on a one-way street of progression for diabetes, with temporary pharmaceutical treatment that will have to be added on to," Hallberg told Insider. "We're able to give people another lane going the other way by bringing blood sugar into non-diabetic range while reducing and eliminating medication." That doesn't mean keto can cure diabetes. Virta refers to its treatment as a "reversal" of diabetes. In layman's terms, this means the disease is in remission. The treatment only works as long as the low-carb diet is maintained. As soon as carbs are re-introduced, the same problems with blood sugar and insulin emerge.

A keto diet is any eating plan that pushes the body into a state of ketosis — when it begins producing substances called ketones, explained Dr. Ethan Weiss, a cardiologist and founder of a ketone-detecting device. (Weiss previously served as a medical advisor for Virta.) "Keto" typically refers to eating plans in which a majority of daily calories come from fat, along with some protein and minimal carbs. People with diabetes could cut their carb intake to as low as 30 grams a day and still be healthy. But the key to medical keto is going beyond counting macronutrients. Instead, it's important to focus on whole-food sources of fats, cutting carbs without completely eliminating nutrient-rich foods like veggies.

It's not clear what long-term health effects the keto diet might have. The Physicians Committee for Responsible Medicine, a group of medical experts who advocate a plant-based diet, sent a letter to VA officials asking them to reconsider the partnership, and keto treatment, based on evidence that a high-fat, low-carb diet could potentially increase risks of diabetes, particularly diets high in saturated fat. Skeptics have also noted that most of the data showing keto can treat diabetes is based on studies led and funded by Virta itself. There is barely any hard data on keto's health effects beyond two years on the diet.

Hallberg acknowledged the lack of long-term evidence, but said the same problem has plagued nearly every other type of therapeutic diet (with the exception of the Mediterranean diet). "There's needs to be a hard outcome, long-term trial looking at a variety of eating patterns, no question," she said. But in the meantime, diabetes continues to be diagnosed in record numbers, particularly among military veterans. "Do we have 10-20 years to wait for that? We're in the midst of an unprecedented diabetes and obesity epidemic," she said. "We have to do something now." [Source: Insider| Gabby Landsverk | February 18, 2020 ++]

VA Long Term Care

GAO Says VA Must Improve Plans for Providing to Aging Veterans



Veterans are increasingly relying on the Department of Veterans Affairs for long-term care as they age, and with the cost expected to double in the next 20 years, the department must be prepared, the Government Accountability Office has warned. In 2018, more than 500,000 veterans received long-term care from the VA — either in a nursing home run by the VA, the states or private companies, or through elder care and home support programs. By 2037, the number is expected to increase with rising number of aging veterans, especially those in the highest service-connected disability groups. As a result, VA projects its long-term care costs will increase from \$6.9 billion to \$14.3 billion by 2037, and it has been planning for the expense, according to GAO.

But the government watchdog agency still has concerns that the department won't be able to meet demand. In a report released 19 FEB, GAO analysts said:

- VA is likely to face difficulties hiring enough workers, providing services to veterans in rural areas and adequately supporting those with specialized needs — problems it already struggles to address. For example, GAO said, VA has challenges hiring employees such as nursing assistants and health technicians for its community living centers, 80 percent of which have vacancies. The short-staffing often leads to veterans being placed on wait lists for these VA-run nursing homes, according to GAO.
- VA also has difficulties providing long-term care in places where veterans live, particularly rural areas where demand is high and capacity is low. While the problem is not unique to VA — many health care companies struggle to staff and maintain remote facilities, GAO noted — the department also must anticipate the residential preferences of a fairly mobile population. For example, over the past two decades, veterans have moved from the Northeast to the South, leaving VA with too many beds in the Northeast and not enough nursing-home spots in the South.
- Finally, GAO is concerned about VA's ability to provide care for veterans needing specialized services for dementia, behavioral problems and ventilator support. In some communities, these services are available at VA-supported nursing homes while in others, they are only available at private nursing homes in the community.

VA needs to do a better job envisioning the level of service veterans will need, GAO analysts said. It should establish measurable goals such as targets for the number of available ventilators or caregivers needed to help veterans with dementia. It also must develop measurable goals for meeting demand despite workforce challenges and regardless of a veteran's location, the report recommended. "VA's Geriatrics and Extended Care office ... has not established measurable goals for these efforts. Without measurable goals, VA is limited in its ability to address the challenges it faces meeting veterans' long-term needs," GAO analysts wrote.

Veterans enrolled in VA health care are eligible for long-term care if they need assistance for a service-connected disability or have a VA disability rating of 70 percent or higher. VA manages three "institutional," or nursing home, programs and 11 non-institutional programs, such as adult day care, medical foster homes and home respite care. In the department's response to GAO, VA Chief of Staff Pamela Powers said VA concurred with the recommendations and noted that VA was already tackling the issues. According to Powers, the Geriatrics and Extended Care office met in January with several Veterans Health Administration offices to forge a "strategic approach to meet the long-term care challenges facing our aging and/or disabled veterans population." [Source: MilitaryTimes | Patricia Kime | February 20, 2020 ++]

VA Lawsuit | Gary Pressley

Mother's \$8M+ Suit Alleges Son's Suicide Preventable

The mother of a veteran who died by suicide in a Veterans Affairs hospital parking lot last April has filed an \$8.25 million wrongful death lawsuit against the department, saying that medical mistakes by VA physicians and staffers led directly to her son's suffering. In a lawsuit filed 18 FEB by Rhonda Machel Wilson — mother of Gary Pressley, the 29-year-old Navy veteran who died outside the Carl Vinson VA Medical Center in Georgia — said her son's death was preventable if VA employees had done a better job responding to obvious signs of distress.

That includes a call from Pressley's sister on the day of his death, during which she told a staffer at the medical center that Pressley was in possession of a gun, planning to harm himself while waiting in a car in a nearby lot. "(She) told the operator exactly where he was located based on his GPS signal," the lawsuit states. "No one from the VA attempted to locate or assist Gary, who was on the brink of death. Instead, more than three hours later, Gary was found in the VA parking lot sitting in his car." Pressley's death was one of three veteran suicides to take place on VA medical center campuses in a span of just five days last spring. Although department officials have stated that on-campus suicides have decreased in recent years, the public nature of the deaths sparked renewed interest from lawmakers over whether VA officials have proper protocols in place to aid veterans in distress as soon as they step into VA property.

At least 35 veterans have died by suicide on VA campuses in the last two years. In recent months, VA leaders have promised increased patrols around the grounds of all department hospitals and offered new training to front-line personnel on how to respond to possible suicidal situations. They've also installed more cameras and safety devices to lessen the chance of self-harm. Officials have said in the past that veterans may be drawn to those locations because they believe staff will be more prepared to handle the situation than family members or others. But the new lawsuit charges that VA was completely unprepared to handle Pressley's case. In addition to a lack of response to reports of his suicidal behavior, attorneys allege that Pressley's medical care was mishandled for months prior to his death.

Pressley, who was medically discharged from the Navy after a motorcycle accident, was taking a series of opiate medications for chronic pain and under the care of a private-sector doctor paid for by VA funds. When that doctor stopped seeing VA patients over payment disputes with the department, Pressley's prescriptions were also disrupted. After navigating a series of appointments and tests over six weeks, while waiting for physicians at the Georgia VA medical center to fill those prescriptions, Pressley returned to his car and took his own life. Security personnel said a note beside him read "this is what happens by punishing already suffering people."

The lawsuit says that Pressley was “driven to crisis by both the effects of withdrawal and ineffective pain management,” a direct quote from an op-ed written by VA Secretary Robert Wilkie in October 2018 on the importance of proper medication management and suicide prevention strategy. In a statement, VA press secretary Christina Mandreucci said that the department “does not typically comment on pending litigation” but added that “suicide prevention is VA’s highest clinical priority, and the department is taking significant steps to address the issue.” According to department statistics, about 20 veterans, active-duty troops and other service members die by suicide each day. That figure has remained steady in recent years, even as multiple administrations have increased support programs and funding to address the problem.

Of that group, only about 30 percent were regularly receiving care from the VA. Officials have said that veterans who are in contact with department health services show lower rates of suicide than their peers, and have worked on increasing outreach and public education about crisis services in an effort to draw down the numbers. Veterans experiencing a mental health emergency can contact the Veteran Crisis Line at 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their family members can also text 838255 or visit VeteransCrisisLine.net for assistance. [Source: MilitaryTimes | Leo Shane III | February 20, 2020 ++]

Traumatic Brain Injury

Update 76: LIMBIC Grant — \$50 Million for Five Years of TBI Research

It's been two weeks since the number of traumatic brain injuries from the 8 JAN Iranian missile strike last increased. Most of those troops have since returned to duty, and the issue of traumatic brain injuries has started to move out of the media spotlight. But the Departments of Defense and Veterans Affairs are still paying attention. Shortly after the injuries were first reported, Trump described them as "headaches" and said they were "not serious." Trump stood by that assessment even after the number of injuries exceeded 100. "I saw the missiles. We saw them going...They landed in a way that they didn't hit anybody," Trump told Fox. "And then a couple of weeks later I started hearing about people having to do with trauma, head trauma. That exists. But it's, you know, I viewed it a little bit differently than most, and I won't be changing my mind on that." Trump 'won't be changing his mind' on TBIs

Doctor David Cifu, the chair of Virginia Commonwealth University's Department of Physical Medicine and Rehabilitation and a senior TBI specialist for VA, says this has led people to believe inaccuracies about TBIs. "I've been doing this 30-plus years, and to me, it's pretty straightforward...But you just heard Trump say that there's nothing wrong with them. People believe that there's nothing wrong with these people," said Doctor David Cifu. According to Cifu, the fact the country's attention was on TBIs bodes well for the service members injured in the Iranian attack — they are receiving diagnoses and treatment whereas most TBI sufferers do not.

The Pentagon now says 110 troops diagnosed with TBIs from Iran’s missile strike "They're being treated right away in a setting where people know what they're doing, where people are supporting their recovery. They have an amazingly high chance — over 98 percent — of going back to full recovery and staying in the military if they wish," Cifu said. "In the military and VA cohort, we see that about a third of people still have symptoms from a TBI because they're not being diagnosed early and treated." "We know a lot about TBIs," Cifu said. "But there's always more we can know."

The DoD and VA recently granted Dr. Cifu and a team at VCU the Long-Term Impact of Military-Relevant Brain Injury Consortium or LIMBIC grant — \$50 million for five years of research on exactly how to handle TBIs. With 1,700 participants, it will be the largest military brain injury consortium in the world. "One in five of our troops who went to Iraq and Afghanistan and saw combat in war had one or more concussions," Cifu said. "Now, these people are getting MRIs, they're getting their blood drawn for biomarkers, they're getting their saliva drawn, they're getting their eyes tracked by a computer, they're standing on computerized balance boards. We're looking at all this stuff and what we're going to hopefully learn a lot in the next five to 10 years. "The brain doesn't know how it was injured, it was just injured," Cifu added. "If you don't treat it people are always going to get worse."

[Source: ConnectingVdets.com | Elizabeth Howe | February 21, 2020 ++]

Traumatic Brain Injury

Update 77: Takes Time to Diagnose

The size of the 10 Iranian missiles used on Al Asad Air Base in Iraq during the 8 JAN airstrike is to blame for the increased number of service members diagnosed with traumatic brain injuries (TBI), a Pentagon official told reporters 24 FEB. "The magnitude or size of the munition certainly creates a different exposure for the service members who are in the area of the blast" as compared to the small munitions used against U.S. forces in the past, Air Force Brig. Gen. Paul Friedrichs, Joint Staff Surgeon, said the briefing.

Traumatic brain injuries can't be quickly diagnosed – as was the case with the Iranian missile attack on Al Asad Air Base in Iraq the Joint Staff surgeon said. At a Pentagon news conference 26 FEB, Air Force Brig. Gen. (Dr.) Paul Friedrichs, the Joint Staff Surgeon, said 110 service members have been diagnosed with mild traumatic brain injuries from the attack. Most have returned to duty, while 25 returned to the United States for further treatment, he said, and six more are still undergoing testing.

Following an attack, commanders assess injuries, Friedrichs said, and in this case, no one immediately appeared to have had acute injuries. "No one lost a leg, no one lost an eye, no one lost a limb – which was remarkable given the strength of these munitions," the doctor said. Therefore, he explained, reports went up the chain of command saying no one had an acute injury. But a TBI takes time to diagnose, and the process is involved. Protocols call for TBI testing of service members who were within 50 meters of an explosion, were exposed to a series of explosions, had a direct blow to the head, or who exhibit symptoms such as headache, dizziness, memory problems, balance problems, nausea, vomiting, difficulty concentrating, irritability and visual disturbance.

The tests take up to two days to complete. But service members may have TBI and feel they can power through and just go back to duty. They may have symptoms, but they don't go away and may get worse, Friedrichs said. "A lot of people have said, 'Well, why didn't we immediately identify everybody with a traumatic brain injury?'" the general said. "[It's] because the signs sometimes are fairly nonspecific. And ... even though we've trained everybody who deploys downrange on what to look for, it's quite common that we'll have folks who will say, 'I just was blasted. Of course, I'm not going to feel quite right. I'm going to ride this out for a few days.' Or 'I'm going to wait and see if this gets better.' And then they come in several days or weeks after the fact."

While there are tests that can point to TBI, some cases also require an MRI. The closest MRI testing facility to Iraq is in Germany, adding to the delay in diagnosis. The department takes TBI extremely seriously, the doctor said, and has invested \$1.5 billion in diagnosing and treating the condition. Test groups are wearing sensors to measure blast effects that could give medical professionals better information when making diagnoses, he noted. "I think that's going to be really exciting going forward because that takes some of the subjectivity out," he said. "There is no military in the world that has invested as much or has fielded as many evidence-based tools as what we have right now."

Pentagon officials said they have been meeting with lawmakers to answer their questions about the injuries. Friedrichs said specifics on whether the bunkers or other safety measures were adequate will be studied by the Defense and Veterans Brain Injury Center (DVBIC) for years to come. In the meantime, this has proven to be a "big step forward" for the military medical community, he said. "From a medical standpoint, I think, the most important lesson for anybody that should be drawn from this is we have developed the ability to screen, diagnose and treat people that's far superior to anything that we've had at any point in military medical history," he said. "And we used it, and every single person that we've identified is getting the treatment that they need."

[Source: Military Times & Health.mil | Dorothy Mills-Gregg & Jim Garamone | February 25 & 26, 2020 ++]

VA EHR

Update 22: Launch of New Electronic Health Records System Delayed



Rollout of the Department of Veterans Affairs' new electronic health records system will be delayed for an undisclosed period while VA ensures it will work within the department's current IT framework and trains employees to use it. A VA official confirmed the delay 11 FEB after lawmakers issued a press release late 10 FEB praising the move, saying the "worst thing VA could do is jump the gun" implementing the system, built by Missouri-based Cerner Corp. VA Press Secretary Christina Mandreucci said the department "heard the call" of lawmakers, including House Veterans Affairs Committee ranking Republican Phil Roe of Tennessee and Rep. Jim Banks (R-IN) ranking member of the House VA Subcommittee on Technology Modernization, who urged VA to proceed cautiously.

"VA leaders ... are proceeding deliberately and thoughtfully to adhere to the project's ten-year timeline, which calls for a rolling implementation schedule through 2027," Mandreucci said in a statement. "After rigorous testing of our new [electronic health records system], the department will need more time to complete the system build and ensure clinicians and other users are properly trained on it." Initial deployment was set to begin in March at the Mann-Grandstaff VA Medical Center, Spokane, Wash., and in a briefing 10 FEB on the fiscal 2021 proposed VA budget, senior department officials said the program was on schedule. But same day, VA officials notified Congress that the initiative would be delayed. Mandreucci said the system is 75 percent to 80 percent complete in regard to integration and training and a revised "go-live" schedule will be announced "in the coming weeks."

The White House has requested \$2.6 billion in new funding for the project in fiscal 2021, nearly half of that total for new equipment and infrastructure related to the records upgrades. Roe and Banks applauded VA's decision 10 FEB, saying the department recognized that "more training and preparation is needed and [it is] taking the time to do get this right." "We hope that VA will be able to move forward with the complete Cerner system in Spokane to deliver the best possible veteran experience, and we look forward to continuing the committee's oversight of this project to achieve a fully interoperable health records system for the millions of men and women who have served," they wrote in a statement.

Democrats on the committee, however, were less effusive, saying that VA had not been transparent about progress to date. Rep. Susie Lee, a Democrat from Nevada, chairwoman of the House VA Subcommittee on Technology Modernization on 11 FEB called for a hearing to investigate the delay, saying *Congress needs to know we can take VA at its word*. "As chair, I have repeatedly called for VA to be forthright about its progress, identify concerns, and notify Congress about any challenges," Lee said in a statement. "Secretary Wilkie and I spoke this afternoon and he provided his reasoning behind the delay. While I respect the need to make this tough decision, I want to be sure that we have key action items and schedules to address these issues and roll out without harming our veterans."

House Veterans Affairs Committee Chairman Rep. Mark Takano a Democrat from California, said, however, that *a short-term delay is far better than rushing through*. "VA should take the time it needs to get this \$16 billion dollar implementation right, but it needs to be transparent with Congress," Takano said in a statement. VA chose the Pacific Northwest for initial rollout of its \$16 billion system to match the Department of Defense's electronic health records

program, also built by Cerner and introduced in Washington state in 2017. Last week, VA Secretary Robert Wilkie told reporters the department still planned to deploy the new system in March. The system is designed to be interoperable with the Department of Defense system as well as the VA's other records systems. "I sat down with the Secretary of Defense about a week ago to discuss where we are," Wilkie told reporters. "This is a joint partnership with the Department of Defense. We are doing well, and Mission Act shows that this VA is capable of pulling off enormously complex programs. I expect us to do well with this venture, as we did with Mission."

The Defense Department continues to expand its use of the platform, which it calls *MHS Genesis*. Last September, the system went live at four sites in the West, bringing the total number of military health facilities using it to seven. Seven more DoD sites are expected to get the new system this June, including Nellis Air Force Base, Nevada, Fort Irwin, the Marine Corps Air Ground Combat Center, and Edwards, Beale, Los Angeles and Vandenberg Air Force bases in California. The remaining DoD facilities are expected to switch over in the next three years. [Source: MilitaryTimes | Patricia Kime | February 12, 2020 ++]

VA Budget FY 2021

Update 02: Largest Budget Ever, But is it Enough?

Even with the Department of Veterans Affairs slated to see its largest budget ever in fiscal 2021, a coalition of advocates believes the government needs to spend even more next year to meet the increasing health care and transition needs of veterans across the country. On 19 FEB, officials from Disabled American Veterans, Paralyzed Veterans of America and Veterans of Foreign Wars unveiled their annual independent budget proposal for VA, calling for about \$4 billion more in spending than what the White House has requested for next fiscal year.

The document, designed to highlight unmet needs within the veterans' community, serves as a discussion point for the VA funding debate each year and is closely watched by numerous members of Congress. Members of the groups spent Wednesday delivering the document to their offices, highlighting what they see are shortfalls in the administration's spending plans. Last week, White House officials unveiled their proposal for a more than \$240 billion budget in fiscal 2021, up 10 percent at a time most non-military departments are facing proposed decreases in funding. Authors of the independent budget proposal acknowledged that bump but added that "the real measure should be how well the funding matches the demand for veterans' benefits and services."

Their proposal calls for roughly \$4 billion in additional planned VA spending, including nearly \$1 billion more in anticipated increased usage of department health care services over the next year (VA officials have said they expect only modest increases) and \$2 billion for additional medical program funding. "Specifically, we believe there is a real need for funding to provide additional centralized prosthetics funding, expand and improve services for women veterans, support renewed authority for reproductive services, continue the eligibility expansion for VA's comprehensive caregiver support services to severely injured veterans of all eras, and to close the gap in reported vacancies across the Veterans Health Administration," they wrote. Several of those items will see boosts in the administration's budget, but the outside advocates say support for them needs to go even further.

The group is also calling for about \$1.7 billion more in major construction funding, noting overdue seismic corrections work at numerous existing VA facilities nationwide along with other infrastructure needs. To offset some of those costs, the independent budget calls for trims in information technology spending (about \$300 million less), National Cemetery Administration spending (about \$25 million less), and general administration funding (about \$45 million less). Advocates said they believe that "Congress remains committed to doing the right thing" for veterans and noted that the department has seen steady funding increases in recent years.

In fiscal 2001, the VA budget totaled about \$45 billion. In fiscal 2011, it was about \$125 billion. The current year's funding total is nearly \$221 billion. Lawmakers are expected to spend the next few months negotiating spending levels

for every federal agency ahead of the start of the new fiscal year on Oct. 1, but many members of Congress have been skeptical they can get the work done before that deadline given the shortened work session windows this year due to the November elections. Online at www.independentbudget.org/pdf/FY22%20IB_Budget%20Book_2.14.20.pdf the full independent budget proposal is available for review. [Source: VA News Release | February 19, 2020 ++]

VA Cancer Treatment

Update 13: \$75M Budget Increase is Money Well Spent

The Department of Veterans Affairs' \$243.3 billion budget request for next fiscal year includes a \$75 million increase for cancer treatment so the VA can "deliver the most up-to-date care as close to the patient's residence as possible." The investment would go toward the VA's precision oncology program, which moves away from one-size-fits-all cancer treatments to personalized care that focuses on the patient's and cancer's DNA mutations to figure out the best treatment. Retired 1st Sgt. Jeremy Kitzhaber, 49, considers it a great improvement. "I'm all for it because I had to go outside of the VA to get it," he said.

Kitzhaber spent 22 years in the Air Force, where he worked in civil engineering. Before retiring in 2012, he deployed several times, including Incirlik Air Base, Turkey, for earthquake relief and Al Dhafra Air Base, United Arab Emirates, in support of Operation Iraqi Freedom. While he prefers to receive care from the VA, it wasn't possible in 2014 when he was diagnosed with Pseudomyxoma Peritonei, or appendix cancer, which "leaks everywhere." It was caused by exposure during his duties to radiation and chemical and biological hazards, he said. Since there were no VA oncology physicians who specialized in his cancer, Kitzhaber went to a private provider in Omaha, Nebraska.

The surgeon lifted Kitzhaber's organs out of a 13-inch incision in his abdomen and "washed his inner belly with chemo," he said. When he returned to the VA, his medical team started him on traditional chemotherapy that was so severe he almost died. The cancer returned a few months later. "Cancer care is changing rapidly and becoming increasingly complex," a VA spokeswoman said via email 20 FEB. "The overall mission of the Precision Oncology initiative is to improve the lives of Veterans with cancer through Precision Medicine by implementing a learning health care model to quickly transition new knowledge into clinical practice and to maximize learning from clinical practice."

Precision medicine is what ultimately saved Kitzhaber's life. The first genetic test he received from the Omaha physician showed nothing more could be done for his stage 4 cancer. But a second opinion and blood test from an oncologist in San Diego proved a breast cancer drug would drastically slow the cancer's progress. "I tell people it was 60 miles an hour with no treatment; now it's 1 mile an hour," he said, adding that the drug has had few side effects: a little fatigue, slightly thinner hair and more brittle nails. That's compared to 20 rounds of chemotherapy, which caused him to black out four times due to his heart going into atrial fibrillation.

Among the initiatives to be funded by the VA's budget request will be the National Precision Oncology Program (NPOP), which gives access to a tumor DNA sequencing database and a national molecular oncology tumor board. It will also fund "TeleOncology," a service to let patients access oncology specialists remotely through the internet. There are about 40,000 cancer cases reported to the VA's Central Cancer Registry annually, according to a 2012 study. Though the database is not available to the public, the VA reports that the five most frequently diagnosed cancers among veterans are prostate; lung and bronchial; urinary and bladder; colon; and skin.

Terrence Hayes from Veterans of Foreign Wars said in an email that his organization has heard from several vets who have struggled to find the right care for their specific need and have had to undergo "rigorous" cancer treatments like Kitzhaber. "It is encouraging to see VA institute this program and focus more on a personalized approach to cancer treatment for our veterans," he said. "A one-size-fits-all approach to cancer treatment cannot be the way we look at treating our veterans, especially many who developed these cancers due to the environmental hazards they

have come in contact with during their service." Hayes added the VFW hopes this means the VA will have quicker diagnoses and more thorough treatment measures to extend veterans' lives.

William Goeren, CancerCare director of clinical programs, said he's found that, while precision oncology has fragmented care, it gives a lot more hope for patients. "I will say that precision medicine does provide a patient with a greater sense of hope and individualized attention versus a one size fits all," he said. "[But] there are often so many [medical doctors] involved in a case that patients often don't know who is leading their treatment, especially if a patient has co-morbidities." CancerCare is a national organization that provides free counseling and emotional support services to cancer patients. It's been studying how to work with veterans with cancer as it tries to create a support group for them.

Goeren said he's found that, while veterans have similar challenges as other cancer patients -- including financial strain and transportation difficulties, they have trust issues when it comes to getting care. "In some ways, they feel betrayed by their own government. It was through their work that they have now come down with cancer," he said. "There's a sense of 'I've been burned once -- by an organization, the federal government -- so I'm not trusting of anything.'" Goeren said this is similar to what black or LGBT patients feel when it comes to receiving health care treatment when they have historically been shunned.

Currently, the VA's options for cancer treatment include surgery, chemotherapy, immunotherapy, targeted therapy and hormonal therapy, among others, the VA spokeswoman said. A VA patient is tested for cancer when he or she has symptoms or abnormal test results. If the test shows cancer, the treatment approach will vary based on the patient and cancer. "Cancer diagnosed at any age is scary," Kitzhaber said. "We have these life plans all that kind of go away." Before his diagnosis at 43, he said he had his life planned out until the age of 80, looking forward to celebrating his 50th wedding anniversary and taking care of grandchildren. Now, his outlook is much shorter. "It's not always easy to go outside the system," he said. "Seventy-five million dollars, to me, for people to have a better quality of life, live longer, is money well spent." [Source: Military.com | Dorothy Mills-Gregg | February 24, 2020 ++]

Veterans Benefits Banking Program

Banking Access for VA Benefit Checks



Some veterans may have better access to banking now, through a partnership between the Department of Veterans Affairs and the Association of Military Banks of America. It's especially beneficial for those who haven't been able to open bank accounts in the past, which hampers their ability to get their VA benefit funds by direct deposit. The VA delivers about \$118 billion each year in benefits and services for veterans and their families. About 250,000 veterans and beneficiaries receive their benefits through a pre-paid debit card or paper check, and may not have a bank account.

An added plus is that these banks are already familiar with the financial needs and challenges of service members, and can also support veterans with financial education and resources tailored to their needs, said Paul Lawrence, undersecretary for benefits for the VA. Some of the participating banks have branches on bases, but they also have a large number of branches outside the gate, which will be accessible to veterans, said Andia Dinesen, vice president of communications and operations for AMBA.

There are currently seven banks participating in the Veterans Benefits Banking Program: Armed Forces Bank; Bank of America; First Arkansas Bank and Trust; Fort Hood National Bank; FSNB; Regions; and Wells Fargo. Dinesen said other banks and credit unions are welcome to join the effort, too. For more information, visit <https://www.benefits.va.gov/benefits/banking.asp>. [Source: MilitaryTimes | Karen Jowers | February 17, 2020 ++]

VA Solid Start

Update 01: Helps New Veterans Transition to Civilian Life

The Department of Veterans Affairs (VA) recently launched an initiative called the Solid Start program for new veterans, as they leave the service. Solid Start is a transition program in which VA representatives proactively reach out to the 200,000 newly separated veterans during the critical first year of transition from the military to inform them about the benefits they are eligible to receive.

In a recent conversation with Margarita Devlin, the VA's Principal Deputy Undersecretary for Benefits, the Daily News learned this new program was initiated when research showed the incident of suicides was significantly increased within the first year of separation from the service. "We have the opportunity to follow up every call providing resources from employment counselors, mental health resources, doctors, and other assistance," Devlin said. "If any veteran has been separated from their service for 90 days and not received a call, they should call 1-800-827-1000 and ask about the veteran's transition program."

Another resource is www.benefits.va.gov, she added. Devlin said the website will also provide veterans with information about their local medical center or regional office. "The goal here," Devlin added, "is to effectively transition service members into their civilian life." She added the government's goal is to reach out to these new veterans in three months, six months, and one year, to make sure they are getting the resources they need and are acclimating to civilian life. Veterans recently separated can, of course, also contact their local veterans center to get this assistance for their transition. Devlin added all veterans can receive these same services by contacting their local veteran office. And she encourages all veterans to check out these resources, including those who left the service years ago.

She stressed the VA is here for all veterans. "Our veterans served our country, and we want to make sure they are connected to the benefits they have earned," Devlin said. These efforts to support our veterans were mandated in 2018 through an executive order of the president of the U.S., Veterans Affairs, Department of Defense and Homeland Security. [Source: Midland Daily News | Margarita Devlin | February 26, 2020 ++]

Military Toxic Exposures

VVA Concerned over VA's Inactions

"Toxic exposures remain a prime concern," said Vietnam Veterans of America (VVA) National President John Rowan at a hearing 26 FEB before a joint session of the Senate and House Veterans' Affairs Committees. He called upon Congress to require the Secretary of Veterans Affairs to enter into an agreement with the National Academy of Medicine to empanel distinguished scientists and clinicians in the fields of toxicology and environmental hazards to research the literature, hold public hearings, and produce biennial updates of Veterans and Toxic Exposures. This publication would succeed and follow the format of the Veterans and Agent Orange Updates mandated by the Agent Orange Act of 1991."

Rowan also expressed the displeasure of Vietnam Veterans of America with the implementation of the Toxic Exposure Research Act, enacted on the last day of the 114th Congress. "Now that it has been determined that it is feasible to conduct epidemiological studies on the descendants of veterans who were exposed to toxic substances while in uniform, the VA has the next move," he said. "Thus far, they haven't moved with any sense of urgency." It's now time for Congress to ask the VA Secretary to explain, under oath, "what he will do to get [his department] on track to execute the provisions of the act."

Rowan also noted that VVA is "seeking 'champions' from both sides of the aisle in both Houses of Congress to enact the Toxic Wounds Registries Act of 2020. This legislation would direct the Secretary of Veterans Affairs to establish a master registry that would incorporate real registries that are not just mailing lists" for deployments of troops to Southwest as well as Southeast Asia.

"This legislation would authorize the Secretary of the VA to enter into an agreement with the National Academy of Medicine to review peer-reviewed scientific research and suggest research on the health effects of the toxic exposures identified in those registries," he said. "It would require those reviews to inform the Secretary's selection of research to be conducted and/or funded by the VA. It also would establish a presumption of service connection for the purpose of veterans' disability and survivor benefits, for any illness that the Secretary determines warrants such presumption because of a positive association with exposure to a toxin noted in the master registry." [Source: ArmyTimes | Kyle Rempfer | February 1, 2020 ++]

VA Fraud, Waste, & Abuse

Reported 15 thru 29 FEB 2020

Remote Questionnaires -- A North Carolina veteran completed a public-use disability benefits remote questionnaire for a Department of Veterans Affairs claim for a mental health condition arising from three service-connected conditions. Ultimately, the VA awarded about \$6,500 in disability to the veteran, despite the fact that an examination by a licensed clinical psychologist ruling there was no direct relationship between the veteran's symptoms and conditions. That's according to a new VA inspector general report released 18 FEB, finding that use of questionnaires administered remotely increased bad rulings and led to fraud. In this case, the veteran went through a private provider in Puerto Rico via teleconference to fill out the questionnaire. The VA prohibits staff from using questionnaires completed remotely by non-VA doctors when determining benefits.

The report suggested that the Veterans Benefits Administration "determine whether public-use disability benefits questionnaires continue to be an effective means of gathering evidence to support claims for benefit entitlement and, if not, take steps to discontinue their use." The VBA created the questionnaires for public use a decade ago to address its claims backlog by letting veterans undergo a private, non-VA provider examination. But several years later, over concerns of fraud raised by the IG, the VBA stopped accepting "telehealth" examinations -- health care delivered remotely via phone or internet -- by non-VA providers or contractors when determining a disability claim. But IG staff found VBA claims processors have used the telehealth questionnaires to make decisions in more than half of the claims it reviewed, adding up to about \$613,000 in payments from April 2017 through September 2018.

VBA staff have alerted 225 potential fraudulent claims relating to these public-use questionnaires to the IG as of December 2018. "VBA claims processors improperly used disability benefits questionnaires completed by private providers to determine benefit entitlement without evidence the examination was done in person," IG staff wrote in the report. "VA lacks the ability to easily identify private provider telehealth examinations and takes no actions to correct claims where such examinations are improperly used to provide benefits." The report added that "numerous" organizations have been using these telehealth questionnaires to exploit veterans, charging them fees or taking some of their disability compensation benefits in exchange for filling out the questionnaires. IG staff also reported hearing reports that veterans were being coached on what to say to maximize their benefits.

In addition to lacking checks, the IG report pointed out neither the VBA's website nor its forms informed users that telehealth questionnaires filled out by private providers could not be used for deciding benefit entitlements. VA staff told the IG it would take time to change the form and website because of the Paperwork Reduction Act of 1995 and the requirement to obtain approval from the Office of Management and Budget. This process takes more than a year to complete so public-facing forms, including public-use questionnaires, will be outdated. VBA staff concurred that a broad review should be done, along with subsequent changes if they decide to keep the questionnaire - adding a spot to say it was completed via a telehealth examination and update VBA procedures so staff know what to do if they suspect a questionnaire was completed via telehealth. [Source: Military.com | Dorothy Mills-Gregg | February 20, 2020 ++]

* Vets *



Vet Jobs

Update 260: Temporary Census jobs Available for Veterans

Throughout our history, you have rallied time and again to protect and serve your family, neighbors, and friends. Your leadership, patriotism, and entrepreneurship exemplify the American spirit. Temporary census jobs are available for Veterans across the country. As Article I Section II of the Constitution directs, every 10 years, we conduct a census to determine representation in Congress. Think of it as a national roll call. The next national roll call is coming, and we must hear from you. The 2020 Census is a mission-critical opportunity to make your numbers known. This opportunity only comes once a decade, so 2020 will be the time to make sure your community is counted. We need your help! Please get your community prepared by taking the following steps:

- **JOIN OUR TEAM.** We want to hire Veterans for temporary census jobs. Apply to work as a census taker at www.2020census.gov/jobs. If you know others who are looking for work, please spread the word.
- **RAISE AWARENESS.** Tell other Veterans how the 2020 Census impacts services they rely on. Discuss this at Veteran service organization chapter meetings or the next Veteran gathering you attend.
- **PARTNER WITH US.** Visit www.2020census.gov/partners to learn more, become a partner, and download materials to share with other Veteran leaders, business owners, and nonprofit partners in your community.
- **RESPOND TO THE CENSUS.** Mark Census Day, April 1, 2020, on your calendar, and plan to respond to the short census questionnaire for your household as soon as you can. Mailings will go out, and the online response portal will open in mid-March. You can choose your preferred method of response: securely online, over the phone, or by mail.

Veterans benefit directly when their communities are counted correctly. Billions of dollars in federal funds are distributed each year based on census data that support education, housing, health care, hospitals, fire stations, and more. An accurate count is especially crucial for Veterans in rural communities, those with disabilities, and those at risk of homelessness. Data from the 2020 Census will also help the U.S. Department of Veterans Affairs plan programs and assess emerging needs for Veterans. To get started, visit www.2020census.gov. [Source: Director, United States Census Bureau | Steven D. Dillingham | February 19, 2020 ++]

Vet State Income Tax

Update 04: Arizona Senate Rejects Elimination Proposal

The Arizona Senate on 25 FEB rejected Republican Gov. Doug Ducey's proposal to exempt military pensions from the state's income tax. The GOP-controlled Senate shot down the stand-alone proposal that would cut state revenue by an estimated \$45 million. Four Republicans joined all 13 Democrats in opposing the measure, although they offered differing reasons. One Republican was absent, and GOP Sen. David Gowan supported the measure but changed his vote to "no" to preserve his right to ask the full Senate for another vote. That made the vote 11-18. The defeat doesn't mean the tax cut won't make it into a final budget deal now being negotiated with majority Republicans in the House and Senate and the governor.

Republicans voting no included Michelle Ugenti-Rita, David Farnsworth, Eddie Farnsworth and J.D. Mesnard. Eddie Farnsworth and Mesnard said they opposed the measure because they support broad-based tax cuts, not carve-outs for special groups. "I don't think the members of the military fought so that they could get free stuff," Farnsworth said. Democratic Sen. Andrea Dalessandro said she had taken a vow to oppose any tax cuts as long as the state was underfunding schools and other programs that support children. Democrats have embraced that mantra for several years, even as majority Republicans regularly enact tax cut measures.

Ducey proposed eliminating state income taxes on pensions for military veterans in his January State of the State address, giving veterans an average savings of \$840 per year. Some who spoke 25 FEB said the biggest beneficiaries would be high-ranking retirees who don't need the tax break because their pensions are large. But GOP Sen. Sonny Borrelli, a retired Marine, said that most retirees aren't officers but instead are average grunts like him. "They earned this pension overseas. They earned this pension on foreign soil," Borrelli said. "It's not too much to ask. If the federal government's not going to be taxing them, why should we? We don't tax social security. Why would we tax a military pension?" [Source: Associated Press | Bob Christie | February 26, 2020 ++]

Vet Home Buying

Florida Down Payment/Closing Costs Initiative

Gov. Ron DeSantis announced a new \$8 million initiative to provide veterans with down payment and closing costs assistance to purchase new homes in Florida, part of a broader effort to ease veterans' transition from active duty service to civilian life and attract more veterans to the state. The governor announced the initiative, officially called the "**Salute Our Soldiers Military Housing Loan Program**," at the University of West Florida on 19 FEB. The announcement came just hours after he was at the Pensacola International Airport to announce a \$4.8 million grant for the expansion of ST Engineering's new campus in Pensacola.

The military housing loan program will take effect 2 MAR, the governor told reporters, veterans and UWF staff gathered in the president's office building on Wednesday. It will be available to both active duty military personnel and veterans, and will be administered by the Florida Housing Finance Corp. The plan will also offer assistance for securing low-interest mortgages. "These funds will assist over 1,000 veterans and active duty members by making the home buying process easier and more affordable. ... More veterans calling Florida home is good for our state," DeSantis said. "We look forward to the positive impacts that this program will have on the lives of our veterans. But this is also a selfish thing, because the veterans have a very positive impact on communities here in the state of Florida."

Florida is home to approximately 1.5 million veterans — the third highest number in the nation, behind California and Texas — according to the Florida Department of Veterans' Affairs. Nearly 60,000 of those veterans live in Escambia or Santa Rosa counties. The new housing loan assistance program is a small slice of a bigger policy pie. DeSantis has taken a pronounced interest in veterans' affairs during his time in office, launching several initiatives geared toward veterans and active duty military members, including suicide reduction and transition assistance. Before the announcement Wednesday, DeSantis had a closed-door roundtable discussion at UWF with local active duty military members and veterans to discuss his initiatives to streamline services for those who are leaving the service and heading into civilian life. Roy Clark, the legislative and cabinet affairs director for the Florida Department of Veterans Affairs, was at the roundtable meeting and said the focus was on determining how the state could better synchronize services for veterans across the state.

The Forward March initiative, as it's being called, is an effort to coordinate with the various groups in the state to help veterans, making it easier for veterans to find the information they need without being bogged down in paperwork, 1-800 phone numbers or dead ends. "Beginning in April of last year, we went to eight locations (throughout Florida) and we pulled together everyone in the community who had an interest in helping veterans — for-profit, not-for-profit, county services, city services, the VA itself — and we all got in a room and we talked about critical issues," Clark said. "What's being done to solve homelessness? What's being done to provide cash assistance? What's being done on transitioning, and not just jobs, but transitioning these guys and girls back into the community? That's what we talked about at the round table today".

The governor touted the Forward March initiative in his speech Wednesday, saying it also provides legal services to military members who need to get out of their housing leases when they go on deployment. DeSantis said the plan was inspired by his own troubles transitioning out of the military, an experience he described as "mind-numbing." "We're going to be working to provide the veterans at all the military installations here in Florida with something simple and digestible, that shows them the different types of resources available for veterans who are living in the state of Florida," DeSantis said. [Source: Pensacola News Journal | Annie Blanks | February 19, 2020 ++]

Vet Homeless Recovery Programs

Update 05: Shallow Subsidy Initiative

A new VA subsidy will help low-income and formerly homeless Veterans afford housing in high-rent communities. The *Shallow Subsidy* initiative provides low-income Veterans a fixed rental subsidy for up to two years. The subsidy is available to Veterans who are enrolled in the Supportive Services for Veteran Families (SSVF) program and live in communities characterized by high rates of homelessness and low availability of affordable housing. To encourage long-term self-sufficiency through employment, renters receive the subsidy for up to two years, regardless of any increases in their household income.

Through a competitive application process, VA awards SSVF grants to private, non-profit organizations and consumer cooperatives to provide eligible Veteran families with outreach, case management, and assistance in obtaining VA and other mainstream benefits that promote housing stability and community integration. SSVF has recently partnered with the U.S. Department of Labor's Homeless Veterans' Reintegration Program to co-enroll Shallow Subsidy participants in employment and training programs to help them become economically self-sufficient by the end of their two-year subsidy.

The Shallow Subsidy initiative represents the benefits of VA's ongoing use of data to adjust programs based on evidence to promote the best possible outcomes for Veterans. VA created the Shallow Subsidy Initiative after several analyses of SSVF data revealed that intermediate-term rental subsidies would remove a key barrier to long term housing stability among homeless Veterans. For the life of the Shallow Subsidy Initiative, VA will collect and evaluate data on outcomes to ensure the initiative is producing the intended results.

“With the Shallow Subsidy initiative, we’re able to increase the likelihood of long-term housing stability among Veterans who were previously homeless or at risk of homelessness in communities with challenging rental markets,” said SSVF National Director John Kuhn. “The resources made available to eligible Veterans under this initiative enable them to afford rent and other household expenses while they secure job training, employment or other income and benefit resources before the shallow subsidy ends.”

Since 2011, SSVF has served over 800,000 people, including over 170,000 dependent children. Of those who exited the SSVF program to date, 84% found permanent housing; another 10% found safe, temporary housing. SSVF was established in 2011 as the first VA-administered homeless prevention and rapid rehousing program to serve Veterans and their family members. In addition to the recurring SSVF grants already awarded, VA has also committed \$50 million in nonrecurring awards to support shallow subsidies in the following communities:

- California: Alameda (including Oakland), Contra Costa, Los Angeles, San Diego, San Francisco, Santa Clara
- District of Columbia: Washington
- Hawaii: Honolulu
- Illinois: Cook County
- New York: New York City and Bronx, Queens, Kings and Richmond counties
- Washington: Seattle

Veterans who live in any of the targeted communities who wish to be considered for the program should visit the Homeless Programs Office at their [local VA medical center](#) or contact the National Call Center for Homeless Veterans at **877-4AID-VET** (877-424-3838). For more information

- Visit the [Shallow Subsidy FAQs](#) to learn more about the initiative.
- [VA.gov/homeless](#) has resources available for Veterans who are homeless or at risk of homelessness.
- The [Get Involved](#) webpage lists ways to help Veterans who are homeless or at risk of homelessness.

[Source: Vantage Point | February 22, 2020 ++]

Critical Limb Ischemia

Veterans with Blocked Leg Arteries Seeing Better Results

Critical limb ischemia (CLI) can cause severe leg pain, wounds that don't heal and poor quality of life, according to the study published recently in the journal *Circulation: Cardiovascular Interventions*. Without proper treatment, the blockages can lead to amputation. Patients also have a high risk of heart attack and stroke. "All patients with CLI should be evaluated to determine if they could benefit from a procedure to restore blood flow," said study senior author Dr. Saket Girotra, an assistant professor of cardiovascular medicine at the University of Iowa College of Medicine. "In addition, patients with CLI should be aggressively treated with medications, including statins, blood pressure medications if they are hypertensive, and drugs to reduce platelet stickiness in order to reduce the risk of heart attack and stroke," Girotra said in a journal news release.

In this study, researchers analyzed data from nearly 21,000 veterans, average age 68, hospitalized for CLI at U.S. Veterans Affairs facilities nationwide between 2005 and 2014. During that time, the amputation rate fell from 20% to 13% and the death rate fell from 12% to 10%. Patients who had procedures to restore blood flow in the legs (revascularization) were 55% less likely to die and 77% less likely to have an amputation. However, there were significant differences between VA hospitals in the rates of patients who had revascularization, ranging from 13% to 53%. The study also found that many patients weren't taking recommended cholesterol-lowering statin medications, and that nearly half of those who had leg amputations did not first undergo revascularization.

Because the patients in the study were mostly men and veterans, the findings may not apply to female veterans or to patients in the general population, the researchers noted. Refer to <https://vascularcures.org/critical-limb-ischemia-cli> for more on CLI. [Source: HealthDay | Robert Preidt | February 25, 2020 ++]

Vet Suicide

Update 46: The Problem with Doctor-Assisted. Hippocratic or hypocritical?

As Maryland lawmakers prepare to hold public hearings on whether the state should join nine others that allow terminally-ill patients to choose physician-assisted suicide, it begs a serious question with no easy answer: Is suicide wrong? Granted, the question of the humanity of physician-assisted suicide is a complicated one. For those who have completed Applied Suicide Intervention Skills Training, which is the global gold standard for training in suicide first aid, they are asked to grapple with this question at the beginning of the training. The responses from participants are typically complex and illustrative of the moral ambiguity that is informed by the diversity of experiences, circumstances, and suffering that often lie beneath the question. According to a 2018 report, 2,217 people chose to die with the help of a doctor, with 1,459 patients dying in this manner as of February 2019.

However, the general consensus is a person with a terminal illness does not want to die. What he or she wants is an escape from pain and uncertainty, and likely prefers that this desire be satisfied without dying if given the option. Some argue that a dearth of options is precisely why an otherwise rational person may choose to die and justify supporting doctor-assisted suicide. However, the chief strategy officer for AMVETS challenges those who support doctor-assisted suicide to process their own thoughts and experiences, which may include periods of profound hardship, and consider the question of whether a life saturated with pain or suffering can still be meaningful.

If the answer is yes, then how do we find ourselves now in a place where human beings are not only not preventing suicide, but encouraging it for people who have hit the absolute height of vulnerability? We do our best to discourage at-risk military combat veterans, police officers, and firefighters, all of whom die at higher rates than their peers by age in other professions, from putting guns to their temples, hanging themselves, overdosing on medications, or jumping off bridges. One could argue they too have a terminal illness, of a different sort, that leaves them dying inside. Yet, they rightfully don't enjoy the same option to escape from the pain that is offered to a terminal cancer patient, for example, in states that allow doctor-assisted suicide.

We tell these men and women that their lives do, in fact, have meaning. Then we allow members of our ostensibly civil society to facilitate self-inflicted death in one instance while criminalizing it in another. The problem with suicide in America isn't just in the statistics and its general prevalence. It is in the inconsistent standards we apply that masquerade as compassion for the select few who apparently deserve a permanent escape from pain with the help of a system that's supposed to support and sustain life. In other words, do no harm.

But mercy killing is harm, both biologically and principally. It's inhumane and undermines the human inclination to fight to live in the face of hardship. There's a reason why a sane person cannot choke himself to death with his own hands, or why she will instinctively fight for air when submerged underwater too long. Doctor-assisted suicide exploits the vulnerability of those who merely want freedom from pain by suggesting the capacity for perfect judgment, or the accurate prediction of certain disease-related death, is achievable by virtue of medical education. The suicide problem is bad enough in this country. To further codify, it is to promote it essentially. As earlier mentioned, veterans and service members die at higher rates per day on average than those who have never served in uniform.

More police officers die by their hand than in the line of duty. The suicide rate for children aged 10 to 14 had risen to more than twice the homicide rate in that age group. To combat these trends, we encourage these human beings to get support, seek treatment, reach out, and call someone when faced with a crisis. This, despite the fact that most of us cannot fathom the pain they feel or the experiences that brought them to the point of desperation. But this should

also be the case where illnesses are involved, even terrible illnesses that no human being should have to endure. When they do, however, it's not the place of a doctor or system of care to help end that life — and get paid to do it.

Instead, find more cures. Develop more effective treatments. Enact better policies. No one who claims to be a healer should offer death as if it's an entree on a menu of options to choose from, depending on how one feels at the moment. Otherwise, helping someone die can be justified for all of us who live with the most incurable terminal condition: mortality. At best, we all have a natural expiration date that's hard enough to reconcile as we age. We ought to let nature do its job, the way human life was meant to end. No one should be profiting from or stealing credit for carrying out nature's work. We repeatedly tell veterans that their lives are worth living, whether they have missing limbs, brain injuries, severe mental deficits, or severe diseases as a result of military service. Proponents of doctor-assisted "self-killing," which is what it is, must stop clouding this message by anesthetizing our society to the pain linked to suicide. [Source: The Hill | Sherman Gillums Jr., (*Opinion*) | February 21, 2020 ++]

Vet Suicide

Update 47: New York Rate Doubles for Vets Aged 18 to 34

The suicide rate for New York state veterans aged 18 to 34 has "more than doubled," according to a January study by the New York Health Foundation. While the suicide rate for older veterans in New York State has recently declined, for younger New York veterans and for veterans nationally, the problem is worsening, the report found. The report by the private foundation states that "young veterans also have the highest rates of suicide of all veteran age groups as of 2017, and these rates have been increasing." In New York State, the report found, Livingston, Columbia and Wyoming counties had the highest rates of veteran suicide from 2015 to 2017.

The recently appointed Director of Ulster County Veteran Services Agency, Mark Cozzupoli, said that addressing veteran suicide is a top priority for him. "It's an epidemic," said Cozzupoli, "and it's also a problem for active duty service people." Cozzupoli said that 22 vets die by suicide every day. "That's a known stat," he added. Cozzupoli's plans include developing a peer-to-peer support program, enlarging upon programs such as the Hudson Valley Center for Veteran Reintegration, creating a local spinoff of the Hudson Valley Veterans Task Force, plus a community call-to-action in September to raise awareness. "We're looking for ways to connect local veterans with the community," said Cozzupoli, who added that his first new veteran's coalition meeting recently brought in some 50 participants from across Ulster County.

"Isolation keeps coming to mind," said County Executive Pat Ryan, who is also an Army veteran who was deployed twice to Iraq. "You're surrounded by your family but you feel isolated because nobody around you understands what you experienced." Two veterans Ryan knew, one a soldier under his command and one a close friend and fellow officer, committed suicide, he said. "For me, having had that direct experience ... the urge to find solutions is even stronger," said Ryan, describing the experience of finding out about a suicide as "an absolute gut punch." While Ryan said that he has not struggled with these issues, he did speak of the veteran's tendency to be tough, to keep it all in. "It took a while to share some of my experiences with my wife," said Ryan, "but it helped me and brought us closer together."

Ryan is particularly enthusiastic about individual support for veterans, such as developing a peer-to-peer support program. "One thing I learned from counseling my soldiers," said Ryan, "each person has a different level of resiliency. ... Some programs seem to assume everybody needs the same thing." Cozzupoli said that the Veteran Services Agency is applying for a state grant for a "vet to vet" program widely used in other counties, the "PFC Joseph Dwyer Veterans peer to peer support program." Cozzupoli is a veteran of the U.S. Air Force, which in 2019 experienced the highest level of active-duty suicides in three decades, according to preliminary numbers reported by the Associated Press.

“In my opinion,” said Cozzupoli, “[veterans] go from being a part of something so great ... the honor of serving, the feeling they are making a difference, that what you do matters. ... When they leave, they’re lost.” But the stress of remaining in the military is tough, too, said Cozzupoli. “It’s not getting any easier,” he said. “There are dwindling resources; more is asked [of each person].” The best course of action for a veteran, he said, is to join the reserves after active duty. Cozzupoli himself, after four years of active service with two deployments, worked decades more at the Stewart Air National Guard Base, retiring as a Command Chief. “The Veterans Administration has [suicide prevention] programs and crisis lines,” said Cozzupoli, “and there are things that vets can do to find help, but we don’t know if [vets] are going to them.”

In fact, according to the New York Health Foundation report, nearly 70 percent of New York veterans receive care outside the Veterans Administration. What both Ryan and Cozzupoli seek is to anchor veterans more firmly to each other and to the community. “The most thanks you could give to our veterans,” said Ryan, “is to take the time to find somebody who is [a veteran] in your circle ... try to understand what they experienced ... that you care enough to listen. I think it’s really powerful.”

Veterans or their loved ones who are troubled can contact the Veterans Administration Crisis Line to connect with a trained responder by text: 838255, by online chat at <https://www.veteranscrisisline.net>, or by calling 1-800-273-8255 and Press 1. Veterans who need help with services and anyone who would like to volunteer can call the Ulster County Veteran Services Agency in Kingston (845) 340-3190. Veterans who would like to volunteer to help other vets can also contact the Hudson Valley Center for Veteran Reintegration in the Town of Ulster, info@hvcvr.org or (845) 389-6329. [Source: Daily Freeman | Celia Watson Seupel Twitter | February 22, 2020 ++]

WWII VETS 218

Frank Losonsky | Flying Tiger



Frank Losonsky, 99, died Feb. 6 at home in Columbus from natural causes, his son Chris told the Ledger-Enquirer in a phone interview 10 FEB. No funeral service is planned, he said. Losonsky was the last survivor of the Flying Tigers, the legendary World War II unit officially called the American Volunteer Group, according to the U.S. Air Force. Losonsky joined the Flying Tigers in May 1941. The unit's 311 members helped protect China from Japanese forces, according to the Air Force. Losonsky became a crew chief and sergeant with the 3rd Squadron, nicknamed the Hell's Angels.

The Flying Tigers soon made their mark, according to Tripp Alyn, chair of the Historical & Museums Committee AVG Flying Tigers Association. "The Japanese referred to them as 'gangsters' because they said they didn't fight fair," Alyn said in an Air Force statement. "The Flying Tigers, though they were characterized by some as mercenaries or soldiers of fortune, were largely patriotic American officers who joined a covert operation to help keep China in the war." "The Flying Tigers were instrumental in delaying Japan from capitalizing on regional natural resources. Their effort not only delayed Japan, but it was vital to U.S. strategy of thwarting the Japanese Army from taking root on the Chinese mainland."

The Flying Tigers were only around for a year, but they had 20 aces and shot down 297 enemy aircraft. After the United States joined the war in December 1941, the AVG disbanded and became part of the U.S. Air Force 23rd Fighter Group in July 1942. “It wasn’t easy for Frank, who had to wend his way around the world, via South Africa, before he eventually found himself back in the States,” WarBirdNews.com reported. “He got married in the interim, and then returned to China as a mechanic with China National Aviation Corporation, a quasi-civilian airline which took part in the massive logistics operation flying supplies between India and China over the Himalayan Mountains during the period when Japanese forces had cut off the normal land route via the Burma Road. After the war he joined TransAsiatic Airlines in Burma, eventually becoming a pilot himself.”

Losonsky’s military memoir, “Flying Tiger: A Crew Chief’s Story,” written with his son Terry, was published in 2004. In 2012, Losonsky was among the surviving Flying Tigers honored at the National Infantry Museum & Soldier Center in Columbus. “He was kind of a hero,” said Chris, president of Part IV Inc., the restaurant group that owns the Speakeasy in Columbus. “We went to many, many of the reunions these individuals had over the years. It was always exciting being among those gentlemen. I kind of grew up with it, but everybody acknowledged him for his duty and his service.” And it never got old for him. “When he got around Flying Tigers stuff,” Chris said, “he lit up.” [Source: Columbus Ledger-Enquirer | Mark Rice | February 13, 2020 ++]

WWII VETS 219

Owen Hammerberg | MOH Recipient

Most Medal of Honor recipients earned the award during combat, but that's not the case for everyone. Navy Petty Officer 2nd Class Owen Francis Patrick Hammerberg, a boatswain's mate, is one of the few recipients who earned it for his heroic efforts outside of normal duty. Hammerberg was born May 31, 1920, and grew up on Michigan's Upper Peninsula. His family moved around and landed in Flint during Hammerberg's teen years. He dropped out of high school, hitchhiked west and worked on a ranch before joining the Navy on July 16, 1941, when he was 21.



Hammerberg (left), West Loch Disaster (center), and remnants of LST-480 lost in the disaster (right)

After basic training, Hammerberg was assigned to the USS Idaho and USS Advent. While on the Advent, Hammerberg became known for an incident in which he dove into the water to free a cable that had been tangled in a mine. It could have caused an explosion, but Hammerberg's actions prevented that. After his heroics in the water, Hammerberg went to Navy dive school. He completed the training and was assigned to Pacific Fleet Salvage Force, Mobile Diving Salvage Unit 1 in Pearl Harbor, Hawaii.

What led to being awarded his Medal of Honor was an incident known as the West Loch Disaster. Pearl Harbor's West Loch was an area that had been spared from damage during the Dec. 7, 1941, Japanese attacks. In May 1944, several ships were moored there, all of which were loaded with ammunition and fuel for an upcoming mission in the Pacific. On 21 MAY, one of those ships mysteriously blew up, causing a chain-reaction explosion that set several other

ships on fire. The Navy was forced to sink several of them so they didn't put more nearby ships in danger. The Navy lost six ships, killing 163 people were killed and more than 350 were injured.

The following February, the Navy called in five dive teams to raise the hulks and clear the channel. Hammerberg and his team were able to raise their assigned ship without any issues, but another team didn't have that luck. As the two divers tunneled under a ship that had sunk in 40 feet of water and 20 feet of mud, they got trapped in steel and cables. Attempts by other divers to reach them made the waters even muddier, so even a special diving team wouldn't risk the mission.

A call for volunteer divers went out, and Hammerberg responded. He pushed his way into the black, muddy waters to find the stranded men, despite serious concerns about cave-ins and jagged pieces of debris tearing his lifeline. Working in complete darkness, it took Hammerberg five hours to find and free George Fuller, the first of the trapped men. "Fuller, who had been pinned by a steel plate, shook Hammerberg's hand underwater before heading to the surface for safety," congressional records state.

Hammerberg was tired from the effort, but he continued to push his way through the buried wreckage to find the second diver, Earl Brown, whom he located about 18 hours after the rescue mission began. At the same time, though, a cave-in occurred, causing a heavy piece of steel to pin Hammerberg on top of Brown. Hammerberg was crushed to death, but Brown survived because he was protected by Hammerberg's body. Two days later, a Filipino father-and-son dive team rescued Brown from the murky depths and recovered Hammerberg's body.

For giving his life to save another, Hammerberg received the Medal of Honor. His parents accepted it on his behalf the same month he died. The 23-year-old was buried in Holy Sepulchre Cemetery in Southfield, Michigan. The young diver has not been forgotten. In 1954, the Navy named a destroyer escort, the USS Hammerberg, in his honor. It was christened by his mother. Around the same time, Hammerberg Road was dedicated in Flint, Michigan, and a Detroit park was named for him. In 2005, a large monument was dedicated for Hammerberg near Veterans of Foreign Wars Post 5966 in Menominee, Michigan. The Medal of Honor recipient's medals and uniform are also on display at the Michigan Heroes Museum in Frankenmuth, Michigan. [Source: DOD News | Katie Lange | February 17, 2020 ++]

WWII VETS 220

Donald Stratton| USS Arizona Survivor



Donald Stratton, a sailor severely burned while aboard the doomed USS Arizona during the Japanese surprise attack Dec. 7, 1941, died 15 FEB at his home in Colorado Springs, Colo. He was 97. His passing leaves only two living survivors of the battleship, Lou Conter and Ken Potts. Stratton's wife of 69 years, Velma, and son Randy announced his death in a Facebook post the next day, saying they were beside him when he "passed away peacefully." "One of Donald's final wishes was that people remember Pearl Harbor and the men aboard the USS Arizona," the posting said. "Share their story and never forget those who gave all for our great country."

Stratton spent much of his latter life doing just that, and in 2016 he published the memoir “All the Gallant Men,” recounting the surprise attack, and his injuries, recovery and subsequent return to combat in World War II. Stratton often summed up the happenstance of being aboard the Arizona on the morning of the attack with, “Everybody had to be someplace. We were there.” The attack that turned the Arizona into an inferno killed 1,177 sailors and Marines, and Stratton barely made it off alive, burned over two-thirds of his body.

Born July 14, 1922, Stratton was raised in the small Nebraska town of Red Cloud and joined the Navy in the fall of 1940, he wrote in the memoir, which was coauthored by Ken Gire. Within a couple of months, he was one of the roughly 1,500 men serving aboard the USS Arizona. He was assigned to one of the ship’s five portside anti-aircraft guns. On the morning of Dec. 7, 1941, he stepped onto an outside deck, catching sight of Japanese dive bombers attacking Ford Island, the berthing point for the eight massive warships of Battleship Row: California, Maryland, Nevada, Oklahoma, Pennsylvania, Tennessee, West Virginia and Arizona.

With no time to fire up the Arizona’s boilers to steam out of port, the ship’s broad side became an easy target. At one point, a bomb ignited the forward magazines, causing a catastrophic explosion. “Men stumbled around on the deck like human torches, each collapsing into a flaming pile of flesh,” Stratton wrote. “Others jumped into the water. When they did, you could hear them sizzle. “My T-shirt had caught fire, burning my arms and my back. My legs were burned from my ankles to my thighs. My face was seared. The hair on my head had been singed off, and part of my ear was gone.” Stratton and a handful of sailors huddled together likely would have died if not for a sailor aboard the nearby repair ship Vestal who managed to toss a rope across to the burning ship. “We had to go hand over hand on that line, and that was probably 70 or 80 feet,” Stratton wrote. “You know, you get to the middle of the line and it starts uphill again. That was really tough, with my hands and everything burned.”

About two weeks after the attack, he was transferred to a hospital specializing in burn treatment on Mare Island near San Francisco to begin a long recovery, which included a treatment using maggots to eat away the dead and diseased skin left from the burns. He was medically discharged from the Navy in September 1942 and returned to Red Cloud. But as the following weeks passed in his hometown, he came to realize that “everything innocent and trusting and carefree” had been ripped from him with the attack, and he was overwhelmed with the urge to be back in the Navy. He was allowed to reenlist in February 1944 but was required to repeat basic training. Back aboard ship, he saw action in New Guinea, the Philippines and Okinawa.

He left the Navy at war’s end, but he couldn’t give up the sea. He worked for a diving company off the coast of California, and later on oil drilling platforms at sea. USS Arizona survivors are allowed to have urns of their cremated remains entombed in the sunken hulk of the ship, which is now a memorial site. Stratton said in the past that instead, he would be buried in Nebraska. National Park Service historian Daniel Martinez, a longtime friend, explained Stratton’s thinking during a news conference in 2014. “He said to me that he came so close to being burned alive that cremation probably wasn’t the way to go,” Martinez said.

Note: Click https://www.youtube.com/embed/MgE2KiPd3xg?feature=player_detailpage to see how it would have been handled if Stratton had elected to be interned with his shipmates.

[Source: Stars & Stripes | Wyatt Olson | February 16, 2020 ++]

Vet Fraud & Abuse

Reported 15 thru 29 FEB 2020

Eire, PA -- The founder of a now-defunct Erie veterans organization has reached an agreement to end her federal criminal case through a pretrial diversion program that will allow her to avoid continued prosecution on charges that she embezzled more than \$7,000 in donations. The agreement would mean that the case against **Venus Azevedo-**

Laboda, 46, who started Boots on Ground in 2014, would be put on hold for two years. If Azevedo-Laboda successfully completes the two-year diversionary program, the indictment against her will be dismissed, according to an agreement filed Monday in U.S. District Court in Erie.



In an undated file photo, Venus Azevedo-Laboda poses with a picture of her brother, U.S. Navy Combat Corpsman Phillip A. Azevedo, who took his own life in March 2012, in Erie, after tours in Afghanistan. Azevedo-Laboda went on to found Boots on Ground, a veterans organization from which she was later accused of embezzling.

Azevedo-Laboda has agreed to pay \$7,010 in restitution during the two-year program, according to the agreement. The victims who will receive restitution include more than a dozen groups and individuals who donated to Boots on Ground, court filings show. U.S. District Judge Susan Paradise Baxter must approve the agreement before it can take effect. The two-year program would be similar to probation. Azevedo-Laboda will be under supervision and will be required to comply with certain conditions for the full two-year period to complete it successfully. The program does not require Azevedo-Laboda to enter a plea. She can avoid prison time if she meets the program's requirements.

Azevedo-Laboda has said previously that she started Boots on Ground after the death of her brother, U.S. Navy Corpsman Phillip Azevedo, who was suffering from PTSD. She told the Erie Times-News in 2015 that she formed the group to educate others on how to help veterans in crisis. She was indicted in January 2019 on charges that she deposited donations to Boots on Ground into her personal bank account and used a debit card linked to the organization's bank account to pay personal bills. The indictment charged that the fraud took place between January 2014 and November 2018, and that Azevedo-Laboda received a total of \$7,837 in funds intended for the group.

She faced seven counts of wire fraud related to specific occasions when the funds were used to pay bills, including to First Energy, National Fuel Gas, Erie Water Works and Time Warner between October 2014 and September 2015. She has been free on \$10,000 unsecured bond since her first court appearance in January 2019. She is represented by Assistant Federal Public Defender Maria Goellner. A lawyer for Boots on Ground announced the group would dissolve in February 2019. [Source: Stars & Stripes | Madeleine O'Neill | February 24, 2020 ++]

Military Retirees & Veterans Events Schedule

As of 01 MAR 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/veterans related websites and resources.

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

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

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\veternans related events to the Events Schedule Manager, Milton.Bell126@gmail.com
[Source: Retiree\Veterans Events Schedule Manager | Milton Bell | March 91, 2020 ++]

Vet Hiring Fairs

Scheduled As of 01 MAR 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 | March 01, 2020 ++]

State Veteran's Benefits New York 2020

The New York State Division of Veterans' Services (DVS or Division) advocates on behalf of New York's Veterans and their families, as individuals and as a group, to ensure they receive benefits granted by law for service in the United States Armed Forces. The Division provides free benefits advising. Experienced and dedicated advisors — each a Veteran — work in a network of field offices across the state and offer Veterans and their families with professional help to resolve social, medical, and economic matters. Veterans Benefits Advisors assist the claimant — whether a Veteran, spouse, child, or parent — in completing applications, obtaining necessary documentation, and filing claims for a broad spectrum of federal, State, local, and private Veterans' benefits. Veterans Benefits Advisors also assist by responding to follow-up correspondence and, appealing an unfavorable ruling.

A toll-free information and referral hotline — 1-888-VETS-NYS (1-888-838-7697) — is available to refer Veterans and their families to the nearest Veterans Benefits Advisor Office or to schedule an appointment. The state of New York provides several veteran benefits. The “**Vet State Benefits – NY**” attachment to this Bulletin offers a brief description of each of the following:

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

[Source: <http://www.veterans.ny.gov> & <https://www.military.com/benefits/veteran-state-benefits/new-york-state-veterans-benefits.html#2> | 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>.

GI Bill

Update 302: S.3266/HR.5870 | Guard and Reserve GI Bill Parity Act of 2020

Both chambers of Congress are proposing ambitious bipartisan changes to the GI Bill aimed to bridge the pay and benefits gap between active-duty troops and National Guard members. The measure introduced this week, the Guard and Reserve GI Bill Parity Act of 2020, would mandate all days served in uniform would accumulate toward education benefits, regardless of duty status, potentially opening up millions of dollars in federal benefits to thousands of troops. “If members of the guard and reserves do similar jobs and face similar risks as other service members, then they deserve the same benefits,” Rep. Mike Levin (D-CA), chairman of the House Committee on Veterans’ Affairs subpanel on economic opportunity, said in a statement. “This common-sense legislation will finally bring basic fairness for servicemembers who spend months away from family and risk their lives for our country, but have not received the benefits they deserve.”

Pay disparity has been a key topic in veteran policy circles on Capitol Hill with some lawmakers and advocacy groups asserting the National Guard gets the short end of the stick when it comes to pay and benefits despite performing the same duty at home and abroad. “The men and women of the National Guard work tirelessly alongside their active-duty and reservist counterparts, often accomplishing the exact same mission but receiving very different benefits,” said Daniel Elkins, legislative director of the Enlisted Association of the National Guard of the United States. To qualify for post-9/11 GI Bill benefits, troops have to complete at least 90 days of active duty. More days of active-duty service leads to more generous GI Bill benefits, unlike stateside service, which doesn’t earn Guard troops any federal education benefits.

Typical National Guard service doesn’t fall into the active-duty bracket, with many Guard troops banking on their deployments overseas to cover a lot of the costs of living while going to school. With the wars in Iraq and Afghanistan winding down and Guard units being less utilized overseas, there are fewer opportunities for soldiers to build their education benefits. The average National Guard soldier serves roughly 45 days a year, according to a study from Rand Corp., a number which could wildly fluctuate depending on a soldier's training schedule. Veterans earn 100% of their GI Bill after 36 months of active service, meaning without a deployment, it could still take Guard troops nearly two decades of domestic service to reach their maximum education benefits.

GI Bill eligibility for National Guard troops created confusion last year when thousands of troops stationed at the U.S.-Mexico border were not earning benefits, setting off months of debate between the Defense Department and congressional lawmakers, despite troops mostly deployed under Title 32(f) orders, which entitles troops to federal benefits. Maj. Gen. Dawne Deskins, director of manpower and personnel at the National Guard Bureau, testified before Congress in October about the matter, saying she was uncertain about how GI Bill accrual works during stateside deployments. After nearly a year of confusion, Defense Secretary Mark Esper affirmed troops performing active service responding to a national emergency declaration by the president will accrue GI Bill benefits.

The House bill was introduced by Levin, Rep. Steven Palazzo (R-MS) and Rep. Tim Ryan (D-OH). The same measure was also introduced in the Senate by Sens. Jon Tester (D-MT) and Marsha Blackburn (R-TN). [Source: Stars&Stripes | Steve Beynon | February 14, 2020 ++]

Vet Deportations

Update 28: S.3294 | Strengthening Citizenship Services for Veterans Act

Last summer, Customs and Border Patrol stopped a deported Marine Corps veteran on his way to a citizenship interview from entering the U.S. at the San Ysidro, California checkpoint. Though former Sgt. Roman Sabal’s story was complicated, it inspired Army veteran Sen. Tammy Duckworth (D-IL) to propose a bill 13 FEB that would require CBP

to allow deportees to attend appointments at ports of entry, consulates or embassies without having to make their case for “advance parole,” which temporarily suspends deportation proceedings or decisions while an immigrant works their way through the naturalization process.

“Far too many veterans like Roman — who have been cruelly deported by the same nation they sacrificed to defend — are unable to attend their citizenship interviews because of ambiguous federal policies that keep them from re-entering the country,” Duckworth said in a release. “This legislation would help ensure these veterans receive a fair chance at gaining citizenship without unnecessary delays that prevent them from reuniting with their families.” Dubbed the Strengthening Citizenship Services for Veterans Act, the law would require Citizenship and Immigration Services to take biometric information, to naturalization examinations and perform oath ceremonies at ports of entry, consulates or embassies for veterans working toward citizenship. In Sabal’s case, the Belizean citizen would have been able to do his interview at San Ysidro and return home while he awaited next steps.

Veterans have become a flash point as the Trump administration has tamped down on illegal immigration and undocumented immigrants. Historically, immigrants have been able to earn citizenship through service, but some were not aware of the necessary steps or never completed the process, making them vulnerable to deportation — especially for immigrant veterans who later committed crimes. Complicating the issue, the Government Accountability Office found in June, Immigration and Customs Enforcement had not been consistently following policy requiring agents to determine whether someone is a veteran and use their service to evaluate whether they should be deported.

Duckworth has introduced three previous bills taking aim at recent immigration policies, including parole in place for troops’ immigrant family members, a path to citizenship for service members and deportation protection for veterans who have committed non-violent crimes. [Source: MilitaryTimes | Meghann Myers | February 14, 2020 ++]

Guard & Reserve Compensation

S.3308 | Hazardous Duty Incentive Pay

Guardsmen and reservists could see big boosts in their pay and benefits under a set of legislative proposals unveiled by lawmakers in recent days. The plans have bipartisan support and follow on recent efforts by elected officials to ensure that the part-time service members — whose roles and responsibilities have dramatically expanded in recent years — are receiving full credit for their work. On 18 FEB, a group of Republican and Democratic senators introduced S.3308 to mandate Hazardous Duty Incentive Pay for guardsmen and reservists equal that of active-duty troops. The money is given to highly-skilled individuals certified in specialties such as parachute jumping, demolitions, and flight deck logistics.

Currently, the part-time troops receive only a small fraction of what their full-time counterparts get, which can total up to \$250 a month depending on the specialty. But supporters of the measure noted that all troops who qualify for the boost are required to maintain the same qualifications and training, regardless how much they actually receive. “The National Guard is an essential part of our military, playing an indispensable role in protecting our country,” said Sen. Kevin Cramer (R-ND). “The Guard members who qualify for hazard-duty incentive pay are doing work just as dangerous as their active duty counterparts, and they deserve to be compensated as such.” Companion legislation H.R.5887 has already been introduced in the House. Officials did not know how many troops may be affected by the change, but the move could give numerous service members thousands more a year in pay.

That proposal was introduced just a few days after a similar bipartisan, bicameral plan to ensure “parity in GI Bill benefits” to guardsmen and reservists. Supporters of that idea noted that even though troops from active and reserve components often train and serve alongside each other on a variety of deployments, that time in service is not counted equally for veterans education benefits. That issue has drawn headlines in recent years with the controversial border patrol missions in several southern states. Part-time troops deployed there were not receiving credit for the time served

towards their GI Bill eligibility, even though active-duty troops serving beside them were. The new measure would mandate that every day a guardsman or reservist is “paid and in uniform” count towards the education benefits calculation.

“If members of the Guard and Reserve do similar jobs and face similar risks as other service members, then they deserve the same benefits,” said Rep. Mike Levin, D-Calif. “This commonsense legislation will finally bring basic fairness for service members who spend months away from family and risk their lives for our country, but have not received the benefits they deserve.” Senate Veterans’ Affairs Committee ranking member Jon Tester (D-MT) is a sponsor of the education benefits and hazard pay measures, called for quick passage of both, noting that the troops involved “have been waiting years for the government to do right by them.”

No cost estimates have been offered for the measures yet, but both are likely to receive strong consideration in coming months as the two chambers debate drafts of the annual defense authorization bill. Pentagon officials have relied on Guard and Reserve troops more heavily in the last two decades as size of the active-duty force has risen and fallen amid seemingly constantly increasing missions worldwide. According to the Defense Department, the average Army National Guard soldier serves on duty about 50 days a year, and the average Air National Guard member about 46 days. Reservists average more than 60 days a year. All of those figures are up in recent years.

[Source: MilitaryTimes | Leo Shane III February 19, 2020 - ++]

Cancer Screening

Update 01: H.R.5858 | Military Pilot Cancer Incidence Study Act

The number of former military pilots who have been diagnosed with cancer has become personal for Rep. Elaine Luria (D-VA) a Navy veteran who had three deployments on aircraft carriers. Luria served 20 years as a nuclear-trained Navy surface warfare officer and knows pilots who are facing cancer. “I had heard and been aware of similar stories of pilots,” Luria said in a phone interview with McClatchy. “And personally know of some who have contracted cancer.” Luria and Rep. Adam Kinzinger (R-IL), who currently serves in the Air National Guard, recently introduced the “**Military Pilot Cancer Incidence Study Act**” to require the military to study whether pilots have a higher risk for cancer and if cockpit radiation or other toxic exposure is to blame.

Over the last several months, McClatchy has reported on the rising rates of cancer treatments at Department of Veterans Affairs health care facilities, found cancer clusters among the military’s top aviators and uncovered that in at least one aircraft, the E2 Hawkeye, the military knew there were hazardous levels of cockpit radiation. Dozens of former military pilots or their surviving spouses have come forward to draw attention to how many former aviators have died from or are fighting cancer, and the difficulty they had getting the VA to either correctly diagnose or cover the costs of their medical treatments.

Navy Capt. Jim Galanie was a career Navy aviator and test pilot with more than 4,300 hours flying the A-7 Corsair attack plane and F/A-18 fighter jet. He was physically fit and did not show outward symptoms. “He’s climbing to the top of a Mayan ruin in Mexico in December 2017, and then February 2018 he’s diagnosed with stage four cancer,” said his widow, Sheila Galanie. Jim Galanie had gone each year to the VA clinic in Charlotte Hall, Maryland, for a regular checkup, including the PSA blood test that detects prostate cancer, she said. Based on his medical records, his PSA numbers had jumped in previous years above the threshold that should have triggered follow-up tests, Galanie said. “The data was there. His PSA data was right there,” she said. “His symptoms got missed for five years.”

Prostate cancer is a common cancer in men and treatable if detected early. An investigation by McClatchy published in October found that across all military services prostate cancer treatment rates at VA health care facilities rose 23 percent from fiscal year 2000 to fiscal year 2018. By the time Jim Galanie’s prostate cancer was diagnosed it had spread to other areas and by May 2018 doctors were advising hospice care. He died in May 2019 at age 59.

Last year the Air Force announced it would study cancers in all of its pilots dating back to 1970 after a number of former fighter pilots brought attention to how many of their group were diagnosed with cancer and other illnesses. The Navy said current evidence did not show its aviators were at a higher risk of cancer and that it would see what the Air Force review found. Galanie said she hopes the Navy will reconsider. “I would hope that the Navy would choose to take responsibility for its own service members rather than relying on the Air Force, as that would delay treatment, possibly much needed treatment, for people who served,” she said.

Luria said she would like the study to look at cancers among not only active duty pilots but also former pilots. It would require pilot data to be collected by age, gender, type of aircraft flown, and military service. “I think it bears studying,” Luria said. “Is there an increased prevalence for these types of cancers in people who have flown military aircraft, if so is there a correlation between the type of aircraft and type of equipment and radiation they may be exposed to? The data tells a lot.” The bill would also require medical screening for pilots as young as 30 for some cancers. [Source: McClatchy News| Tara Copp | February 20, 2020 ++]

Legislation of Interest

Update 23: House Passes 5 Vet Bills

Ranking Member of the Committee on Veterans’ Affairs, released the following statement after the House passed five bipartisan veterans’ bills in the week of 24 FEB:

“This week, the House passed five bills to continue to deliver on the promise we have made to the men and women who have served. These bills would help homeless veterans receive legal assistance, give student veterans additional information about GI Bill eligible schools, stop companies from exploiting contracting loopholes that take work away from veteran-owned small businesses, allow surviving spouses of servicemembers who die on active duty to terminate car leases, and make all Congressionally mandated reports publicly available to veterans and taxpayers. I applaud Chairman Takano and my colleagues on both sides of the aisle for their hard work on these important pieces of legislation.” The following bills were passed by the House and forwarded to the Senate:

- *H.R. 561*: Protecting Business Opportunities for Veterans Act
- *H.R. 2227*: Gold Star Spouses and Spouses of Injured Servicemembers Leasing Relief Expansion Act
- *H.R. 3749*: Legal Services for Homeless Veterans Act
- *H.R. 4613*: VA Reporting Transparency Act
- *H.R. 4852*: G.I. and Veterans Education Empowerment (GIVE) Act

To review all pending legislation and Congressional representatives refer to <https://www.congress.gov> . [Source: HCVA Press Release | Samantha Gonzalez | February 26, 2020 ++]

*** Military ***



Military Hospitals

Update 03: Restructure to Improve Wartime Readiness & Training

The Department of Defense announced plans to restructure 50 military hospitals and clinics to better support wartime readiness of military personnel and to improve clinical training for medical forces who deploy in support of combat operations around the world. Military readiness includes making sure MTFs are operated to ensure service members are medically ready to train and deploy," said Tom McCaffery, assistant secretary of defense for health affairs. "It also means MTFs are effectively utilized as platforms that enable our military medical personnel to acquire and maintain the clinical skills and experience that prepares them for deployment in support of combat operations around the world." The restructuring effort focused on strengthening on the prime responsibility of military medical facilities for training medical personnel and "for keeping combat forces healthy and ready to deploy according to readiness and mission requirements – all while ensuring the MHS provides our beneficiaries with access to quality health care," McCaffery added.

These plans were described and explained in a report sent to Congress earlier today, titled "[Restructuring and Realignment of Military Medical Treatment Facilities](#)." This report was required by law under Section 703(d) of the National Defense Authorization Act of 2017, which directed the DoD to analyze its hospital and clinic footprint and submit a plan to Congressional defense committees. Of the 343 facilities in the United States initially screened for this report, 77 were selected for additional assessment, with 21 identified for no changes.

Facilities closing to non-active duty patients include:

- [Goodfellow Air Force Base](#), Texas, outpatient clinic
- [Barksdale Air Force Base](#), Louisiana, outpatient clinic
- [Maxwell Air Force Base](#), Alabama, outpatient clinic
- [Dover Air Force Base](#), Delaware, outpatient clinic
- [Hanscom Air Force Base](#), Massachusetts, outpatient clinic
- [MacDill Air Force Base](#), Florida, outpatient clinic
- [Robins Air Force Base](#), Georgia, outpatient clinic
- [Dyess Air Force Base](#), Texas, outpatient clinic
- [Joint Base McGuire-Dix-Lakehurst](#), New Jersey, outpatient clinic
- Navy Weapons Station Earle, New Jersey, Colts Neck Earle clinic
- San Onofre Marine Corps Base, California, San Onofre Health Clinic
- [Fort Bragg](#), North Carolina, Joel clinic and Robinson clinic
- Marine Corps Logistics Base Albany, Georgia, Naval Branch Health Clinic Albany
- Naval Support Facility Dahlgren, Virginia, Naval Branch Health Clinic Dahlgren
- [Naval Submarine Base New London](#), Connecticut, Naval Branch Health Clinic Groton
- Naval Support Facility Indian Head, Maryland, outpatient clinic
- Naval Air Station Belle Chasse, Louisiana, outpatient clinic
- [Naval Support Activity Mid-South](#), Tennessee, outpatient clinic
- Portsmouth Naval Shipyard, New Hampshire, outpatient clinic
- [Fort Detrick](#), Maryland, Barquist outpatient clinic
- Defense Distribution Center in New Cumberland, Pennsylvania, outpatient clinic
- [Redstone Arsenal](#), Alabama, outpatient clinic
- [Fort Lee](#), Virginia, Kenner-Lee outpatient clinic
- [Aberdeen Proving Ground](#), Maryland, Kirk Army Health outpatient clinic

Facilities that have either already transitioned to active duty-only, or are in process:

- [Fort Riley](#), Kansas, Farrelly Health Clinic
- [Fort Hood](#), Texas, Fort Hood Medical Home and Charles Moore clinic
- Naval Support Activity Lakehurst, New Jersey, Naval Behavioral Health Clinic Lakehurst
- [Marine Corps Air Station Miramar](#), California, Rancho Bernardo clinic
- [Presidio of Monterey](#), California, outpatient clinic
- Rock Island Arsenal, Illinois, outpatient clinic
- [Naval Air Station Corpus Christi](#), outpatient clinic
- [Naval Station Newport](#), Rhode Island, Naval Health Clinic New England
- [Naval Air Station Patuxent River](#), Maryland, outpatient clinic
- [Joint Base Lewis-McChord](#), Washington, Okubo Medical Home
- [Fort Carson](#), Colorado, Robinson-Carson outpatient clinic

Facilities that will close completely to all users:

- MacDill Air Force Base's Sabal Park community clinic in Brandon, Florida
- [Fort Benning](#), Georgia, North Columbus-Benning clinic
- [Fort Irwin](#), California, Department of Behavioral Health

Facilities that could see upgrades:

- Camp Lejeune, North Carolina, upgrade to Level II Trauma Center
- [Tripler Army Medical Center](#), Hawaii, could be closed to non-active duty patients if officials determine that the local community can handle providing the necessary medical care.

Facilities slated for downgrade:

- [Fort Meade](#), Maryland, Kimbrough, Ambulatory Care Center to downgrade to a clinic
- Marine Corps Air Station Beaufort, South Carolina, [Naval Hospital Beaufort](#) downgrade to ambulatory surgery center
- Joint Base Langley-Eustis, Virginia, downgrade to an ambulatory surgery center and outpatient clinic; McDonald clinic downgrade from ambulatory surgery to an outpatient clinic
- [Fort Leavenworth](#), Kansas, downgrade from ambulatory surgery to an outpatient clinic

Facilities that may continue to see active-duty families

- Naval Technical Training Center Meridian, Mississippi, outpatient clinic
- Southern Command (SOUTHCOM), Miami, Florida, Gordon outpatient clinic

Of the 50 facilities ultimately designated for restructuring, 37 outpatient clinics now open to all beneficiaries will eventually see primarily only active-duty personnel. *Active-duty family members, retirees and their families who currently receive care at those facilities will transition over time to TRICARE's civilian provider network.* The report states that seven of these clinics may continue to enroll active duty family members on a space-available basis.

In addition, many active duty-only clinics will continue to provide occupational health services to installation civilian employees related to their employment.

The report acknowledges that transitioning patients from MTFs to the TRICARE network will take time - in some cases several years - and if local TRICARE networks cannot provide access to quality care, DoD will revise implementation plans. "Markets are expected to transition MTF eligibles to the network at different rates and, in certain markets, the transition could take several years," the report states. Detailed implementation plans will be developed through coordination with MTFs, the Defense Health Agency, the Military Departments, and the TRICARE Health Plan.

TRICARE is the health care program for the U.S. armed services. The two most popular plans (Prime & Select) include more than 6.7 million enrolled patients and are available to most eligible beneficiaries under 65. Other plans are targeted for specific beneficiary groups, such as Reservists and those eligible for Medicare.

- *TRICARE Prime*: A managed care option available in Prime Service Areas in the United States; you have an assigned primary care manager who provides most of your care.) and TRICARE Select (Starting on January 1, 2018, TRICARE Select replaces TRICARE Standard and Extra.
- *TRICARE Select*: A self-managed, preferred provider network plan. TRICARE Select is a fee-for-service option in the United States that allows you to get care from any TRICARE-authorized provider. Enrollment is required to participate.

During his keynote address at the December 2019 annual meeting of the Society of Federal Health Professionals, known as AMSUS, McCaffery offered a broad overview of intentions for changing the scope of operations at certain MTFs in what is known within the MHS as the Direct Care System. (Direct care refers to military hospitals and clinics, also known as “military treatment facilities” and “MTFs.”) "In optimizing the operation of the Direct Care system to most effectively support the MHS readiness mission, we need to identify those areas where we could expand capacity at MTFs that offer potential for sustaining the skills and knowledge of our medical force," McCaffery said during his AMSUS speech. "But we also must examine those areas where facilities do not offer now, and likely will not be able to offer in the future -- a platform for maximizing capabilities to support medical readiness. In those situations, we need to be open to right-sizing MTF services and capabilities so as to ensure that we are using finite resources most efficiently... while not compromising our ability to meet mission."

The final report delivered to Congress contains a summary of all the changes, a description of how each change was made, and supporting data. Go to <http://www.health.mil/MTFRestructuring> for a complete list of military hospital and clinic changes listed in the report. [Source: Health.mil | MHS Comm Office | February 19, 2020 ++]

USMC Action Issues

Top Marine Identifies His Most Important Items to Address

Commandant Gen. David Berger took to Twitter 21 FEB to announce what he sees as the most important issues to address in the Marine Corps. These are the "most important matters for immediate execution," he wrote in an eight-tweet thread. The tweets are not orders announcing revisions to Marine Corps policy, but instead are areas where Berger wants the Corps to research and see if improvements can be made, Maj. Eric Flanagan, a spokesman for the commandant, told Marine Corps Times in a phone call.

The Friday morning thread was a way for the commandant to publicly announce initiatives he already had directed those responsible in the Marine Corps to consider, Flanagan said. A few of the issues mentioned in tweets — regarding banning those with sexual or domestic violence convictions from becoming Marines and including adoptive parents and same sex parents in Marine parental leave policy — already are part of Marine Corps’ policy, however. The commandant’s office has not yet responded to requests for clarification.

Sexual Violence -- The first issue Berger addressed was in updating Marine Corps policy to “disqualify any applicant with a previous conviction for sex or gender-based violence, to include domestic violence,” he said in the second tweet of the thread. However, the Corps already bans anyone with a felony or misdemeanor sexual or domestic violence conviction from becoming a Marine. According to a Marine Corps recruiting command order, recruits with sexual or domestic violence convictions also are barred from applying for waivers. As Marine Corps Times still waits for more answers from Marine Corps officials, it is unclear what the commandant would look to change in its policy.

Sexual violence has been a recurring issue since the Marines United scandal erupted nearly three years ago. Marines United was an invite-only Facebook group with nearly 30,000 members — mostly made up of active duty and veteran Marines — where members would share intimate pictures, often of female service members. Many of the female victims then became targets of harassment. In response to the scandal, then-Commandant Gen. Robert Neller brought changes to the Marine Corps social media policy and explicitly banned Marines from sharing intimate photos without the expressed consent of the person photographed.

Women in the ranks -- In addition to attempting to rid the Corps of sexual- and gender-related violence in the wake of Marines United, the Corps set a goal to increase the number of women in its ranks. Neller tasked the Corps with building a force that was made up of at least 10 percent women — a goal that the Corps has neared by being just shy of 9 percent women, with more than 10 percent of new recruits being female, Lt. Gen. Michael A. Rocco, deputy commandant for Manpower and Reserve Affairs, testified to Congress in December 2019. Two of the initiatives Berger announced Friday were related to increasing women in the Corps' ranks and also increasing the number of company-grade female officers in Marine infantry.

Berger said the Marine Corps should review the feasibility of recruiting female Marines already serving in the reserves and find ways to get them to return to active duty and potentially enter combat-related jobs that were previously gender-restricted. He directs that the Corps should seek active-duty female company-grade officers for the chance to attend the Infantry Officer Course, and be able to change their military occupational specialty and join infantry battalions if they pass. As of Friday afternoon, Marine Corps Training and Education Command had not yet responded to requests for comment about current Marine Corps opportunities for attending IOC nor the number of female Marines attending the grueling course.

Though the number of women in previously gendered-restricted jobs saw a 60 percent increase in 2019, the number of women passing IOC is still exceedingly low. As of June 2019, only two women had passed the notoriously difficult 13-week course and neither were currently acting as platoon commanders, Marine Corps Times previously reported. By searching for more qualified applicants already within the ranks of young female Marine officers, Berger seemingly hopes to get more women passing IOC and also increase the number of female platoon commanders.

Maternity leave -- Berger said he also wants the Corps to “identify the costs associated with implementing a new one-year paid maternity leave policy, along with the benefits and risks, and make a formal recommendation.” In another tweet, he said he wants to revise the Corps' parental leave policy “to include parental leave for adoptive parents, to include same-sex couples.” Currently, adoptive parents and same-sex couples already get leave under the Corps' policy. In 2018 the Corps updated its parental leave policy, aiming to give more flexibility to new parents in how they use their non-charged leave. The update, “does not specifically use the terms ‘same-sex couples’, rather it incorporates gender neutral terms to ensure no Marine who rates parental leave is excluded,” Maj. Craig Thomas, a spokesman for Manpower and Reserve Affairs, told Marine Corps Times 21 FEB. Requests for clarification from Headquarters Marine Corps had not yet been answered as of Friday afternoon.

The Corps' current parental leave policy was intended to give more flexibility to new parents. The policy gave the primary caregiver up to 42 days of non-charged leave, while the secondary caregiver could take up to 14 days of non-charged leave. The birth parents could also be given an extra 42 days of non-charged convalescent leave, bringing total non-charged leave for new Marine mothers to 12-weeks, according to the policy — still far short of the 52-week policy the commandant has said he is considering.

Smarter grunts -- The commandant also wants smarter grunts. He called for the Marine Corps to within six months raise the minimum General Technical score required for prospective 0311 Marine riflemen “unless there is analysis that suggests irreparable damage to our recruiting effort or operational readiness.” The commandant wants the required minimum GT score — currently a score of 90 out of 140 to become a rifleman — to be increased to a score of 100. The move is part of the commandant's goal make the Marine Corps smarter. It's one that has Sergeant Major of the Marine Corps Troy Black envisioning a future where staff noncommissioned officers will be required to get college degrees. It all fits into the commandant's vision for the next big war, where there will be a greater leadership and decision-making burden on small unit leaders as the Corps likely fights an enemy like China, spread out across vast distances like in the Pacific.

Fitness reports -- The final change proposed by the commandant would affect how fitness reports are calculated. It would eliminate “non-observed academic fitness reports.” Fitness reports are given to officers and enlisted Marines starting at the rank of sergeant.

[Source: MarineCorpsTimes | Philip Athey | February 22, 2020 ++]

Treasurer Island Safety Concerns



Throughout the decades, the Navy has maintained it is safe to live and work on Treasure Island, a 400-acre manmade island in the San Francisco Bay. A December 2018 flyer released by the Navy answers “frequently asked questions” about safety concerns. “All accessible areas of Treasure Island are safe to the public and confirmed to have no radiation above naturally occurring background levels,” according to the document.

Treasure Island actually consists of two islands connected by a causeway, halfway between San Francisco and Oakland, according to the Naval Facilities Engineering Command’s online history of the island. The northern island, known as Treasure Island, was built by the Army Corps of Engineers beginning in 1936 by dredging the San Francisco Bay as a place to host the Golden Gate International Exposition World’s Fair held in 1939 and 1940. The southern island is a naturally occurring island known as Yerba Buena Island, which is about 170 acres. Military activity began on the island in 1866, according to the Navy, which operated the first West Coast Naval Training Station there until 1923. The Navy acquired Treasure Island in 1942 and, as America entered World War II, all military operations moved from Yerba Buena to the larger, northern island. During the war, it became a major facility, with the Navy processing about 12,000 military personnel each day heading to and from overseas service.

Though the Navy’s official history of the island stops here, the subsequent years were spent hosting a variety of atomic warfare school and radioactive decontamination training that utilized chemicals such as plutonium and cesium, according to a 2014 report from the Center for Investigative Reporting. Journalists with the organization combed through boxes of files belonging to the Navy and the National Archives to piece together the four decades of Treasure Island’s missing history. A 2014 Navy document reviewing the history of the island’s radiological activity outlines that the Navy held radioactive decontamination training at two locations on Treasure Island using a mock ship, the USS Pandemonium, until 1969. Aboard the ship, 11 pieces of cesium-137, a radioactive isotope used in nuclear weapons, were raised and lowered from lead enclosures so students could train on survey meters, according to the report from the Center for Investigative Reporting.

Other Navy activities, such as scrap metal yards and trash burn pits, also resulted in the dumping and disposal of toxic and hazardous materials that occurred on the island throughout the years when the Navy used them, according to the report. Base housing and schools were built at the sites of some former dumping grounds as early as the 1960s, according to the 2014 Navy document. These facilities were used by military families until the base closed in 1997, including the apartment building next to the one that Sample said she lived in.

The Navy’s official history on the island base picks back up at its closure in 1997 as part of a round of Base Realignment and Closures, known as BRAC, approved in 1993. Upon announcing its closure, the Navy began plans to

clean up the island to return it to San Francisco, which immediately saw it as an opportunity to increase its expensive, limited supply of housing. Parcels of land have transferred from the Navy to the Treasure Island Development Authority, a state agency staffed by the city of San Francisco to conduct economic redevelopment of the island, as ongoing environmental cleanup was completed. [Source: Stars & Stripes | Rose L. Thayer | February 14, 2020 ++]

Treasurer Island Lawsuit

Residents Sue Navy, Others over Radiation Danger



Nearly 50 current and former residents of a shuttered Navy base have filed a lawsuit seeking \$2 billion in damages, alleging officials from the Navy, the state of California and the city of San Francisco lied about the levels of radiation and toxic contamination left behind after decades of military activity. The residents who filed the lawsuit claim they were told that it was safe to begin moving into old military housing on Treasure Island in the San Francisco Bay. But they now suffer from illnesses and “fear of cancer” because they believe the radiation levels on the island from decades of military work, including decontaminating ships returning from nuclear testing at Bikini Atoll in the early years of the Cold War, are much higher than what service officials have publicly stated, according to the lawsuit filed Jan. 23 in San Francisco Superior Court.

Officials “purposely withheld true levels of radiation on the island,” said Stanley Goff, the attorney who filed the suit. “They continue [to say] that to the present date and they’re lying.” Residents have suffered tumors the size of baseballs, extreme allergies and rashes, he said. Some former residents have died from cancers, though they have not been directly linked to radiation exposure. Even some pets of residents have been diagnosed with rare cancers, Goff said. Civilians began moving into old base housing on Treasure Island in the late 1990s, but the lawsuit filed focuses on residents dating back to 2006. Many of the people moved using government subsidies to prevent homelessness, Goff said.

As illnesses began and fears of radiation exposure increased, residents had to decide to either stay in potentially hazardous housing or face homelessness, he said. “It’s sad to put somebody in that type of position,” Goff said. The two lead plaintiffs on the lawsuit, Felita Sample, 53, and Andre Patterson, 65, moved to the island in 2004, each using vouchers from the Department of Housing and Urban Development’s Shelter Plus Care program administered through leases with Catholic Charities. They had been on the area’s housing waitlist since 1998 and 1999, respectively. Patterson, who served three years in the Marines, was living in a hotel at the time where bedbugs were a problem, and Sample was transient, moving between shelters with her young daughter. Both of them were told to take the housing on Treasure Island or get put back on the waiting list. Neither of them said they were told anything about radiation levels and toxic chemicals being present on the island.

Had they known, they said they wouldn’t have signed a lease. Within two years of moving to the island, Patterson said he developed pimples on his back and shoulder that turned into tumors. Sample said she had and continues to suffer from stomach pains that make it difficult to eat. Her daughter, who was in first grade when they moved, had radiation rashes. “The place out there was a dumping ground for throw-away people,” Patterson said, describing the community as similar to a government housing project. “It was not a good place to live.” In 2012, Treasure Island made

news headlines because the Navy confirmed to residents the possibility of radioactive waste. It was the first time that Patterson and Sample had heard of the toxic chemicals. It explained to Sample why an apartment building near her apartment was blocked off from the public with no explanation. It has since been made public that the building sits on a former dumping ground where the Navy burned waste, including hazardous chemicals.

Patterson and Sample met while living on the island, and in 2017, the now-married couple moved off the island, back to San Francisco proper using a Department of Veterans Affairs housing grant available to Patterson. Through filing the lawsuit, Patterson said he hopes former residents are compensated for the fraudulent information provided upon moving to the island, and “to get the island closed and get the people evacuated off the island with housing choice vouchers.” He said he also wants to see further development halted on the island, because construction releases toxins resting in the soil into the air. “My main thing is to evacuate those people off the island,” Sample said. “All those people living out there and all those people working out there they need to be evacuated. I want that whole operation stopped.” About 2,000 people now live on the island, which also has a number of businesses and restaurants, a grocery store, schools, community-servicing organizations and recreation spaces.

Three Navy civilian employees -- Jim Sullivan, David Clark and Keith Forman -- are named as defendants on the lawsuit, as well as Treasure Island Development Authority, Treasure Island Homeless Development Initiative, State Department of Toxic Substance Control, San Francisco Department of Public Health, and the companies Tetra Tech, Inc., Shaw Environmental, John Stewart Company, Lennar Inc. and Five Point Holdings. Allegations against them include false and misleading statements, negligence, liability for ultrahazardous activities and civil conspiracy, according to court documents. The Navy’s public affairs office declined to comment on pending litigation and did not answer questions about the employment status of the men named in the lawsuit.

Two weeks after the Center for Investigative Reporting released its first report on Treasure Island in November 2013, which included its own soil samples showing elevated levels of radioactive contaminants in the soil near housing on the island, six residential buildings were evacuated. The buildings need to be razed for chemical cleanup, the news outlet reported. The Navy’s hosted 200 public restoration advisory board meetings on the island since 1994 to provide updates on continued clean-up efforts. Once an area is deemed safe for the public, the Navy releases it to the development authority. Six sites on Treasure Island are still under the Navy’s protective review, according to a September 2019 draft of the cleanup project’s second five-year review. A protective review means they are still monitoring and cleaning the area. The sites include a former fire training school, a section of the housing area, a former dry-cleaning facility and a day care center.

Based on a December 2019 presentation from the advisory board, the Navy spent \$290 million through fiscal year 2019 on cleanup of the island and expects to spend about \$5 million in fiscal year 2020. About another \$11.6 million is needed to complete remediation. The lawsuit counters that this is not the case. “In reality, contamination levels are some three times higher than the Navy reported, and 60% higher than the Navy’s own safety guidelines,” according to the lawsuit, which cites outside testing from civilian agencies and media outlets such as the Center for Investigative Reporting and Reuters.

In its frequently asked questions flyer, the Navy wrote it is complying with all radiation protection standards established by federal and state agencies, including the Nuclear Regulatory Commission, U.S. Environmental Protection Agency and the California Department of Public Health. Some of the toxins that they are cleaning from the island include dioxins, fuels, pesticides and herbicides, asbestos, lead and arsenic, according to the second five-year review of remediation process. Outside of asking for \$2 billion in damages, the suit seeks to halt construction plans for a \$6 billion luxury development that would increase the island’s population from about 2,000 to 19,000 by the end of 2021. “The island needs to be decontaminated,” Goff said. “If they decontaminate it, they can do whatever they want.” [Source: Stars & Stripes | Rose L. Thayer | February 14, 2020 ++]

Navy Rest Study

Shipboard Sleep



Following a pair of deadly warship collisions in the Western Pacific in 2017, the Navy issued formal rest guidance for sailors at sea. Now the sea service wants to know more about the quality of the sleep sailors are getting. In a recent study, a Naval Postgraduate School team replaced the standard issue rack curtains on the San Diego-based guided-missile destroyer Paul Hamilton and outfitted its entire berthing with thicker sets. The curtains use a magnet to hold them together in an effort to minimize movement and light infiltration while adding privacy. Researchers also gave sleep watches to 50 volunteers of varying rates scattered across the ship. Light and temperature monitors were also installed inside and outside of their racks to track environmental changes.

The study is led by Nita Shattuck, a behavioral scientist at the Naval Postgraduate School who has been studying sleep across the fleet since 2002. “The whole premise is to improve the quality of life of sailors on the ships,” Shattuck told Navy Times in a phone interview. The curtains cost about \$35,000 and were made by Navy Rack Packs, a company operated by a submariner’s wife, Shattuck said. Failure to get enough sleep can contribute to impaired memory and trigger serious health problems, including heart attacks and high blood pressure. Investigators cited fatigue or poorly managed sleep as contributing factors in separate collisions of the guided- missile destroyers Fitzgerald and John McCain in 2017, accidents that killed 17 sailors.

The sea service’s comprehensive review of the entire force released in the wake of the mishaps pointed to two similar incidents involving other warships. As a result, the Navy began to probe how sleep affects readiness. Surface fleet leaders were required to implement watch schedules and shipboard routines that better sync with circadian rhythms and natural sleep cycles. Shattuck said the curtain study doesn’t stem from the collisions. It’s a culmination of years of work and visits to various vessels during which she learned that standard curtains provide privacy but “nothing else.” She’s awaiting responses to questionnaires from the 50 volunteers before researchers can begin gauging their experiences with the different curtain sets. The entire crew will be surveyed about their experiences when their vessel returns from deployment.

Results from the study are expected later this year. Data they’ll look for include light infiltration, noise suppression and heat retention. Another curtain design is in the works to look at cutting down on more noise, Shattuck added. Early reviews from sailors appear to be positive. Paul Hamilton’s crew is “keeping the curtains,” Shattuck said. Retrofitting rack curtains to improve sleep quality is just one of the issues Shattuck’s team is studying on the Paul Hamilton. They’ve installed 15 blue-enriched white lights in the destroyer’s combat information center, the darkened electronic nerve center of a warship, to study their effects on the crew. Blue-enriched lights have been found to suppress the production of melatonin, a hormone that helps regulate sleep, Shattuck said. Researchers also issued 20 pairs of blue light goggles to night watchstanders to adjust and stabilize their circadian rhythms.

The later studies are part of a three-year look into shipborne habitability funded by the Naval Advanced Medical Development Program, Shattuck said. [Source: NavyTimes | Courtney Mabeus | February 14, 2020 ++]

Bone Regenerative Therapy

Substance to Promote Growth Moving toward FDA Testing

The latest proposed bone regenerative therapy is a paint-like substance that coats implants or other devices to promote bone regrowth. It's designed for use in treating combat injuries and lower back pain, among other issues. After about \$9 million in grants from the Departments of Defense and Veterans Affairs, the substance, called AMP2, made by the company Theradaptive, is moving onto the next trial phase, a step ahead of testing on humans. Creator Luis Alvarez, a retired Army lieutenant colonel who served a year in Iraq, said coating an implant is much better than the current, more dangerous therapy for bone regrowth. "Without this product, the alternative is to use the type of protein that is liquid," Alvarez said. "And you can imagine if you try to squirt a liquid into a gap or a defect in the bone, you have no way of controlling where it goes." This has caused bone regrowth in muscles and around the windpipe, which can compress a patient's airway and nerves leading to the brain, he said.

AMP2 is made out of that same protein that promotes bone or cartilage growth in the body, but it's sticky. It binds to a bolt or other device to be inserted into the break, potentially letting surgeons salvage limbs by reconstructing the broken, or even shattered, bone, Alvarez claims. He said veterans could find the new product beneficial as it may be used in spinal fusions to treat back pain or restore stability to the spine by welding two or more vertebrae together. According to the American Academy of Orthopaedic Surgeons, the goal of this surgery is to have the vertebrae grow into a single bone, which is just what AMP2 is intended to facilitate.

Alvarez created his product after finding out halfway through his career that wounded soldiers he served with ultimately had limbs amputated because they couldn't regrow the tissue needed to make the limbs functional. "To me, it felt like a tragedy that that would be the reason why you would lose a limb," he said. "So when I got back from Iraq, I went back to grad school and the motivation there, in part, was to see if I could develop something or work on the problem of how do you induce the body to regenerate tissue in specific places and with a lot of control?" Alvarez, who graduated from MIT with a Ph.D. in Biological Engineering and a Master of Science in Chemical Engineering, said AMP2 has shown a lot of promise: A recent test showed bone regrowth that filled a two-inch gap. And its potential is not limited to combat injuries, he added.

"The DoD and the VA are actually getting a lot of leverage from their investment because you can treat not only trauma, but also aging-associated diseases like lower back pain," Alvarez said. "It's going to redefine how physicians practice regenerative medicine." [Source: Military.com | Dorothy Mills-Gregg | February 20, 2020 ++]

USSF National Guard

Pentagon Uncertain About How to Move Forward on Proposal

National Guard officials are pushing for the Defense Department and Congress to create a Space National Guard, despite some uncertainty within the Pentagon about how to move forward. The Office of the Secretary of Defense is drawing up multiple options for what the Space Force's Reserve component might look like, including creating a single-component service with full-time and part-time employees instead of traditional Reserve or National Guard units, or possibly ditching the reserve component altogether, said Maj. Gen. David Baldwin, California's adjutant general. "They're obligated to look at all the different options and courses of action," Baldwin told reporters at a Feb. 12 briefing.

“We don’t really know what [a single component] means, but they’re, again, doing their due diligence and they need the time to be able to churn through that.”

Congress stopped short of authorizing a Space Reserve or a Space National Guard in the Fiscal 2020 National Defense Authorization Act, but could add language to green-light them in future legislation. The Air Force plans to detail its thoughts on a space reserve component in a report to Congress due 19 MAR. Colorado Adjutant General Maj. Gen. Michael Loh said the Air Force’s first Space Force organizational report to lawmakers earlier this month sparked questions among some people who thought they would see USAF come out with a firmer plan to integrate those who aren’t on Active duty. “I would say I’m concerned, because they had an opportunity to put it in,” Loh said. “They’ve looked at this and studied what they want a Space Force to look like for years now.” He’s told wary subordinates to focus on their mission in the meantime.

“The model’s there for success,” Maj. Gen. James Eifert, Florida’s adjutant general, said of the National Guard. “You can study something into oblivion and never move forward, and in the meantime, you’re losing that capability and the opportunity to really get things started.” Whether the Space Force should have Reservists and Guardsmen has been a point of some contention. Those personnel already exist, and the Air Force argues they are a valuable part of the new service. Others say they aren’t sure of the need for the states to have their own space operators with a mission that doesn’t always fit the part-time nature of the Guard.

About 1,500 space personnel serve in the Air and Army National Guards, including around 1,100 Airmen. Eight states—Alaska, Arkansas, California, Colorado, Florida, Hawaii, New York, and Ohio—and Guam have National Guard space units. Some of those service members have jobs like flying the Milstar constellation from California, and others are part of expeditionary units who deploy to support combat operations overseas. Guardsmen already handle space-focused electronic warfare, provide space experts to U.S. Central Command and other organizations, operate the Air Force’s legacy satellites, and help identify and track wildfires in coordination with state agencies.

Even as places like Hawaii and Guam expand their military space capabilities within the National Guard, officials argue the U.S. may not need individual Space National Guards for every state and territory. “We really only see there being some additional overhead in the particular states that participate in the mission, so the concern that this would be creating this huge bureaucratic overhead is not what we envision,” Eifert said. Certain billets in the National Guard Bureau would change roles to organize, train, and equip space personnel at no additional cost, Brig. Gen. Patrick Cobb, the bureau’s deputy director of space operations, said. “Operationally, we’re ready to do it immediately because we’re already operating as space forces under the auspices of either the Army or the Air National Guard,” Baldwin added. “It’s all the administrative minutiae that has to get sorted out about which service will be responsible for which function.” [Source: Air force Magazine | Rachel S. Cohen | February 12, 2020 ++]

Sleep Disorder

Update 05: First Guideline to Better Sleep For Military, Veterans

A retired Army colonel is on a mission to help service members and veterans achieve better rest. He helped create the first federal guideline to address insomnia and obstructive sleep apnea. Dr. Vincent Mysliwec, a professor of research in the Department of Psychiatry and Behavioral Sciences at The University of Texas Health Science Center at San Antonio, is the lead author of the first Department of Veterans Affairs and Department of Defense guideline to help treat military members and veterans who suffer from the two most common sleep disorders. His paper was featured in the Annals of Internal Medicine for the March issue.

Mysliwec retired as a U.S. Army colonel after 23 years. He served as a sleep medicine physician. “Sleep disorders were in part discounted. They were ascribed to other disorders whether they were post-traumatic stress disorder, depression, pain,” said Mysliwec. “The guidelines will be used throughout the nation and all of the veteran

administration hospitals, as well as through the DOD, which would really be throughout the globe.” Researchers discovered that nearly half of military personnel in the United States reported poor sleep quality. The guideline address’

- **Insomnia**, which causes difficulty falling and staying asleep. Researchers said insomnia affects about 41 percent of active-duty military members who are deployed to combat.
- **Obstructive sleep apnea**, which is when the throat muscles relax and the airway is blocked during sleep.

Mysliwec said the disorders can cause long-term consequences like cardiovascular disease, increased risk of stroke or dementia. Mysliwec said the guideline marks a major step forward in helping clinics serve the military community. “It’s a recognition from these large organizations about the importance of sleep disorders in military personnel and veterans,” said Mysliwec. “What we know today is that military service is a unique risk factor to develop sleep disorders and this is a first step in addressing these common sleep disorders.” For more information on the guidelines that clinics can use for treatment, click [here](#). [Source: <https://www.kens5.com> | Sharon Ko | February 24, 2020 ++]

Military Hearing Loss

Update 01: Service-Connected Hearing Loss Is a Big Problem

One of the little-known facts of the wars in Afghanistan and Iraq is that the nature of combat wounds has changed dramatically. For most of human history, the most common combat wound was a piercing injury. Primitive spears, the Roman gladius, medieval lances and bullets all create piercing wounds, and battlefield medicine was largely focused on treating these types of injuries. As an assistant secretary for the U.S. Department of Veterans Affairs during the George H. W. Bush administration, I saw up close how VA health care responded to the after-effects of these combat wounds. But in the years since, veteran care reflects an entirely new and complex type of injury.

A study published in the Journal of Trauma and Acute Care Surgery in 2012 noted that between 2005 and 2009 -- the early years of the wars in Afghanistan and Iraq -- nearly three in four combat wounds were the result of “explosive mechanisms.” This fact was reflected in the Iranian missile attacks on U.S. forces in Iraq last month, which resulted in 109 troops sustaining varying degrees of head injuries. Most of these troops have returned to duty, but one of the most common and least seen aspects of these injuries is hearing loss.

The auditory sense is highly vulnerable to explosive mechanisms and, unlike most of the human body, many tissues associated with hearing do not regenerate themselves. When they are destroyed, they are destroyed forever. Tinnitus, otherwise known as ringing in the ears, while less serious than absolute hearing loss, is still harmful in the long term and is pervasive among troops serving in Afghanistan and Iraq.

My own hearing has been degraded due to military noise. I can never forget the roar that reverberated through my head the first time I was catapulted from the deck of an aircraft carrier. As a young Marine Corps fighter pilot, the “scramble orders” I and my squadron mates received in response to threats from Cuban MiGs resulted in ear-shattering experiences with every sortie, for months at a time. Today, more than 1.25 million veterans suffer from hearing loss, with nearly two million suffering from tinnitus. Combined, they represent the top two service-connected disabilities addressed by the VA. To its credit, the VA is doing a good job of addressing the problem with hearing conservation programs and high-tech hearing aids.

But the Defense Department is playing catch-up on the issue. After having issued faulty hearing protection to active-duty forces over the past decade, leading to countless cases of unnecessary hearing loss, the Pentagon is now testing several different styles of hearing protection for troops in the field, and confidence is high that the next generation of combat hearing protection will represent a substantial improvement.

Once these troops muster out of uniform and transition to veteran status, a large part of the challenge in helping these vets with hearing loss is technological. Low-cost hearing aids that simply amplify sound do little good, often making background noise too loud to provide any meaningful improvement in hearing conversation, music and other audible intelligence. The private sector is making good progress on developing and improving this technology with Bluetooth capabilities and even fitness trackers, offering hope to veterans with hearing loss as they re-acclimate to civilian life.

The prospects for better hearing protection and improved service to veterans with hearing loss and tinnitus is encouraging. But we have to keep our eye on the ball to make sure our warfighters get the combat gear they need, and that veterans receive the care they earned through their sacrifice. [Source: Military.com | Ed Timperlake (Opinion) | February 26, 2020 ++]

Stolen Valor

Update 118: Thief Masqueraded as a Combat Veteran

A man has been found guilty of faking his veteran status and stealing nearly \$17,000 from an American Legion post in Scranton, Pennsylvania, according to copies of court records and local news reports. The Lackawanna County district attorney's office filed stolen valor charges against **Christopher Crawford**, 31, in late January, but the man was arrested over the summer for theft. Crawford was accused of stealing from American Legion Post 568 by using the post's debit cards to make unauthorized purchases, including ATM withdrawals in Atlantic City, New Jersey, in June to spend at casinos.

"The conduct alleged in this case — masquerading as a combat veteran in order to infiltrate and steal funds from an American Legion post — is breathtakingly brazen and unprecedented in my almost 30 years of practicing criminal law in Lackawanna County," said the county's district attorney, Mark Powell. "It's an affront to every veteran." Crawford claimed to be a combat veteran wounded by an improvised explosive device when he was actually discharged under "other than honorable conditions" after he went absent without leave during basic training at Fort Benning, Georgia, in July 2007, detectives said in an arrest affidavit. He used the veteran status to earn the position of Post 568's executive officer, where he managed memberships and recruitment, according to the Scranton Times-Tribune.

Members of Post 568 testified against Crawford, claiming in court that they noticed there was something wrong when checks started to bounce in August, reported Fox 56. "What he did [was] wrong, I mean the stolen valor thing. It angers me more than even the theft," Sean O'Shea, commander of Post 568, told the news station. "So I was confident taking the stand and saying what I had to say." The judge found Crawford guilty on all 11 charges including nine felonies and two misdemeanors associated with Pennsylvania's stolen valor laws, Fox 56 reported. Pennsylvania made it a third-degree misdemeanor in June 2017 to falsify military service or wear unearned military decorations, but only if it's being done to obtain money, property or other benefits. Crawford will be sentenced in the coming months. [Source: ArmyTimes | Kyle Rempfer | February 26, 2020 ++]

Base Housing

Update 18: Tenant Bill of Rights SITREP 2

Secretary of Defense Dr. Mark T. Esper, Secretary of the Army Ryan D. McCarthy, Acting Secretary of the Navy Thomas B. Modly and Secretary of the Air Force Barbara M. Barrett **have signed** the Military Housing Privatization Initiative Tenant Bill of Rights. The Bill of Rights commits the Department of Defense to ensuring privatized housing tenants receive quality housing and fair treatment from the Military Housing Privatization Initiative project owners that

operate and maintain privatized housing. You can view the Military Housing Privatization Initiative Tenant Bill of Rights at https://media.defense.gov/2020/feb/25/2002254968/-1/-1/1/military_housing_privatization_initiative_tenant_bill_of_rights.pdf.

Military tenants will have most of the benefits in a tenant bill of rights by 1 MAY. But three key rights are still in the works — access to maintenance history of a home, a process for dispute resolution, and withholding of rent until disputes are resolved — as DoD works to develop standardized, formal processes for these rights. Some of the rights required by Congress affect legal matters “that do not lend themselves to unilateral action by the Department,” according to the document. So more work is required before the benefits of the rights are full available. So while the processes are being developed, service members and families can work with military officials to resolve housing issues. Tenants should seek assistance from their military housing office, installation leadership or chain of command. [Source: U.S. Dept. of Defense | Press Release | February 25, 2020 ++]

Navy Terminology, Jargon & Slang

‘GLOC’ thru ‘Group Grope’

GLOC - G-induced Loss Of Consciousness. Pronounced 'gee-lock'. Can be induced by magnitude or duration of the G load, the rate at which G's are applied, or a combination of these factors.

GMT – General Military Training. Non-specific training on military matters, often assigned as NJP.

Goat Locker - Chiefs' Quarters and Mess. The term originated during the era of wooden ships, when Chiefs were given charge of the milk goats on board. Nowadays more a term of respect for the age of its denizens. See also MENOPAUSE MANOR.

Goat Rope – An evolution which is going not at all well; disorganized; chaotic.

God Botherer - (RN) The chaplain. Aka 'Sin Bosun', 'Sky Bosun'.

God's G - The acceleration due to gravity.

Goffa - Any non-alcoholic drink (why bother?).

Goffer - (RM) A large wave. Usually shouted as a warning.

Golden BB - That one bullet or shell that ruins your (or your opponent's) day in a dogfight or when conducting ground attacks.

Golden Rivet - The mythical last rivet which completes a ship. Generally found in the depths of the engineering spaces, a maneuver used to get a female guest to bend over. "And if you look 'way down there, you can see the golden rivet!"

Golden Shellback - One who has crossed the Equator at the International Date Line.

Gong – (RN/RCN/RAN) Medal.

Gonk - (RN) To sleep, perchance to dream. "I think I'll have a gonk before we hit the beach."

Gonzo Station - The rendezvous point for aircraft carrier battle groups off the Straits of Hormuz in the Persian Gulf.

Goofers – See VULTURE'S ROW.

Gopping - (RN) Awful, horrible.

Gouge (the) – (1) Information, or the 'inside scoop'. Aka 'the poop', 'the gen' (USAF). See SCUTTLEBUTT. (2) In older usage, cheating, or, as a verb, to cheat. (3) Easy, as in a class where the prof grades gently.

Grab-Assing – Horsing around, skylarking, etc.

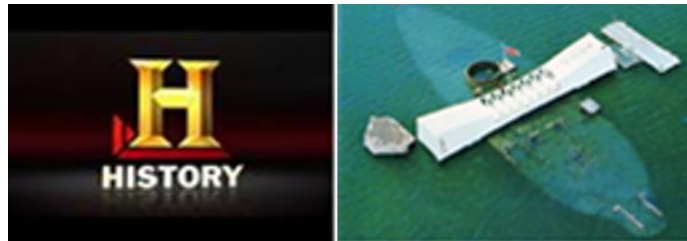
Grannie (or Granny) – (1) A mis-tied square knot. (2) (UK) The opposite of ‘hard charger,’ i.e. someone tentative in thought and/or action.

Group Grope – A disorganized or confused evolution.

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> | March 01, 2020 ++]

*** Military History ***



Fall of Singapore

A WWII Humiliation for the British Government

The fall of Singapore to the Japanese Army on February 15th 1942 is considered one of the greatest defeats in the history of the British Army and probably Britain’s worst defeat in World War Two. The fall clearly illustrated the way Japan was to fight in the Far East – a combination of speed and savagery that only ended with the use of the atomic bomb on Hiroshima in August 1945.



Singapore, an island at the southern end of the Malay Peninsula, was considered a vital part of the British Empire and supposedly impregnable as a fortress. The British saw it as the “Gibraltar in the Far East”. The surrender of Singapore demonstrated to the world that the Japanese Army was a force to be reckoned with though the defeat also ushered in three years of appalling treatment for the Commonwealth POW’s who were caught in Singapore. Improvements to Singapore as a British military base had only been completed at great cost in 1938. Singapore epitomized what the British Empire was all about – a strategically vital military base that protected Britain’s other Commonwealth possessions in the Far East.

Once the Japanese expanded throughout the region after Pearl Harbor many in Britain felt that Singapore would become an obvious target for the Japanese. However, the British military command in Singapore was confident that the power they could call on there would make any Japanese attack useless. One story told about the attitude of the British Army in Singapore was of a young Army officer complaining that the newly completed defenses in Singapore might put off the Japanese from landing there. British troops stationed in Singapore were also told that the Japanese troops were poor fighters; alright against soldiers in China who were poor fighters themselves, but of little use against the might of the British Army.

The Japanese onslaught through the Malay Peninsula took everybody by surprise. Speed was of the essence for the Japanese, never allowing the British forces time to re-group. This was the first time British forces had come up against a full-scale attack by the Japanese. Any thoughts of the Japanese fighting a conventional form of war were soon shattered. The British had confidently predicted that the Japanese would attack from the sea. This explained why all the defenses on Singapore pointed out to sea. It was inconceivable to British military planners that the island could be attacked any other way – least of all, through the jungle and mangrove swamps of the Malay Peninsula. But this was exactly the route the Japanese took.

As the Japanese attacked through the Peninsula, their troops were ordered to take no prisoners as they would slow up the Japanese advance. A pamphlet issued to all Japanese soldiers stated: *“When you encounter the enemy after landing, think of yourself as an avenger coming face to face at last with his father’s murderer. Here is a man whose death will lighten your heart.”*

For the British military command in Singapore, war was still fought by the ‘rule book’. Social life was important in Singapore and the Raffles Hotel and Singapore Club were important social centers frequented by officers. An air of complacency had built in regarding how strong Singapore was – especially if it was attacked by the Japanese. When the Japanese did land at Kota Bharu aerodrome, in Malaya, Singapore’s governor, Sir Shenton Thomas is alleged to have said “Well, I suppose you’ll (the army) shove the little men off.”

The attack on Singapore occurred almost at the same time as Pearl Harbor. By December 9th 1941, the RAF had lost nearly all of its front line airplanes after the Japanese had attacked RAF fields in Singapore. Any hope of aerial support for the army was destroyed before the actual attack on Singapore had actually begun. Britain’s naval presence at Singapore was strong. A squadron of warships was stationed there lead by the modern battleship “Prince of Wales” and the battle cruiser “Repulse”. On December 8th 1941, both put out to sea and headed north up the Malay coast to where the Japanese were landing. On December 10th, both ships were sunk by repeated attacks from Japanese torpedo bombers. The RAF could offer the ships no protection as their planes had already been destroyed by the Japanese. The loss of both ships had a devastating impact on morale in Britain. Sir Winston Churchill wrote in his memoirs: *“I put the telephone down. I was thankful to be alone. In all the war I never received a more direct shock.”*

Only the army could stop the Japanese advance on Singapore. The army in the area was led by Lieutenant General Arthur Percival. He had 90,000 men there – British, Indian and Australian troops. The Japanese advanced with 65,000 men lead by General Tomoyuki Yamashita. Many of the Japanese troops had fought in the Manchurian/Chinese campaign and were battle-hardened. Many of Percival’s 90,000 men had never seen combat.

At the Battle of Jitra in Malaya (December 11th and 12th 1941), Percival’s men were soundly beaten and from this battle were in full retreat. The Japanese attack was based on speed, ferocity and surprise. To speed their advance on Singapore, the Japanese used bicycles as one means of transport. Captured wounded Allied soldiers were killed where they lay. Those who were not injured but had surrendered were also murdered – some captured Australian troops were doused with petrol and burned to death. Locals who had helped the Allies were tortured before being murdered. The brutality of the Japanese soldiers shocked the British. But the effectiveness of the Japanese was shown when they captured the capital of Malaya, Kuala Lumpur, on 11 JAN.

All the indications were that the Japanese would attack Singapore across the Johor Strait. General Wavell, the British commander in the region, was ordered by Churchill to fight to save Singapore and he was ordered by Churchill not to

surrender until there had been “protracted fighting” in an effort to save the city. On 31 JAN the British and Australian forces withdrew across the causeway that separated Singapore from Malaya. It was clear that this would be their final stand. Percival spread his men across a 70 mile line – the entire coastline of the island. This proved a mistake. Percival had overestimated the strength of the Japanese. His tactic spread his men out for too thinly for an attack.

On February 8th 23,000 Japanese soldiers attacked Singapore across the Johor Strait. Many Allied soldiers were simply too far away to influence the outcome of the battle. They advanced with speed and ferocity. At the Alexandra Military Hospital, Japanese soldiers murdered the patients they found there. Percival kept many men away from the Japanese attack fearing that more Japanese would attack along the 70 mile coastline. He has been blamed for failing to back up those troops caught up directly with the fighting but it is now generally accepted that this would not have changed the final outcome but it may only have prolonged the fighting.

The Japanese took 100,000 men prisoner in Singapore. Many had just arrived and had not fired a bullet in anger. 9,000 of these men died building the Burma-Thailand railway. The people of Singapore fared worse. Many were of Chinese origin and were slaughtered by the Japanese. After the war, Japan admitted that 5000 had been murdered, but the Chinese population in Singapore put the figure at nearer 50,000. With the evidence of what the Japanese could do to a captured civilian population (as seen at Nanking), 5000 is likely to be an underestimate.

The fall of Singapore was a humiliation for the British government. The Japanese had been portrayed as useless soldiers only capable of fighting the militarily inferior Chinese. This assessment clearly rested uncomfortably with how the British Army had done in the peninsula. The commander of the Australian forces in Singapore later said:

“The whole operation seems incredible: 550 miles in 55 days – forced back by a small Japanese army of only two divisions, riding stolen bicycles and without artillery support.”

Sir Winston Churchill had stated before the final Japanese attack:

“There must be no thought of sparing the troops or population; commanders and senior officers should die with their troops. The honor of the British Empire and the British Army is at stake.”

[Source: The History Learning Site| C N Trueman | February 5 2020 ++]

Remembrance Day

FDR Signs U.S. Internment Camp Order



Les Ouchida was born an American just outside California’s capital city, but his citizenship mattered little after Japan bombed Pearl Harbor and the U.S. declared war. Based solely on their Japanese ancestry, the 5-year-old and his family were taken from their home in 1942 and were imprisoned far away in Arkansas. They were among 120,000 Japanese Americans held at 10 internment camps during World War II, their only fault being “we had the wrong last names and wrong faces,” said Ouchida, now 82 and living a short drive from where he grew up and was taken as a boy due to fear

that Japanese Americans would side with Japan in the war. On 20 FEB, California's Legislature was expected to approve a resolution offering an apology to Ouchida and other internment victims for the state's role in aiding the U.S. government's policy and condemning actions that helped fan anti-Japanese discrimination.

President Franklin D. Roosevelt's executive order No. 9066 establishing the camps was signed on Feb. 19, 1942, and 2/19 now is marked by Japanese Americans as a Day of Remembrance. Assemblyman Al Muratsuchi was born in Japan and is one the roughly 430,000 people of Japanese descent living in California, the largest population of any state. The Democrat who represents Manhattan Beach and other beach communities near Los Angeles introduced the resolution. "We like to talk a lot about how we lead the nation by example," he said. "Unfortunately, in this case, California led the racist anti-Japanese American movement."

A congressional commission in 1983 concluded that the detentions were a result of "racial prejudice, war hysteria and failure of political leadership." Five years later, the U.S. government formally apologized and paid \$20,000 in reparations to each victim. The money didn't come close to replacing what was lost. Ouchida said his father owned a profitable delivery business with 20 trucks. He never fully recovered from losing his business and died early. The California resolution doesn't come with any compensation. It targets the actions of the California Legislature at the time for supporting the internments. Two camps were located in the state — Manzanar on the eastern side of the Sierra Nevada in central California and Tule Lake near the Oregon state line, the largest of all the camps.

"I want the California Legislature to officially acknowledge and apologize while these camp survivors are still alive," Muratsuchi said. He said anti-Japanese sentiment began in California as early as 1913, when the state passed the California Alien Land Law, targeting Japanese farmers who some in California's massive agricultural industry perceived as a threat. Seven years later, the state barred anyone with Japanese ancestry from buying farmland. The internment of Ouchida, his older brother and their parents began in Fresno, Calif. Three months later, they were sent to Jerome, Ark., where they stayed for most of the war. Given their young ages at the time, many living victims such as Ouchida don't remember much of life in the camps. But he does recall straw-filled mattresses and little privacy.

Communal bathrooms had rows of toilets with no barriers between users. "They put a bag over their heads when they went to the bathroom" for privacy, said Ouchida, who teaches about the internments at the California Museum in Sacramento. Before the last camp was closed in 1946, Ouchida's family was shipped to a facility in Arizona. When the family was freed, they took a Greyhound bus back to California. When it reached a stop sign near their community outside Sacramento, "I still remember the ladies on the bus started crying," Ouchida said, "because they were home."

The resolution, co-introduced by California Assembly Republican Leader Marie Waldron of Escondido, makes a passing reference to "recent national events" and says they serve as a reminder "to learn from the mistakes of the past." Muratsuchi said the inspiration for that passage was migrant children held in U.S. government custody over the past year. Ouchida said Japanese families like his always considered themselves loyal citizens before and after the internments. He holds no animosity toward the U.S. or California governments, choosing to focus on positives outgrowths like the permanent exhibit at the California Museum that provides an unvarnished view of the internments. "Even if it took time, we have the goodness to still apologize," he said. [Source: Associated Press | Cuneyt Dil | February 16, 2020++]

WWII Ramree Island Massacre

980 Japanese Soldiers Reportedly Killed by Crocodiles in 2 Days

In the annals of our World Wars, there have been many atrocities committed by our kind against each other. The South Pacific during World War II holds a special distinction for being an especially brutal and savage killing ground the likes of which humankind has never seen before or since. Yet one of the bloodiest and most horrifying massacres in the history of the war came not from the hands human beings, but from the jaws and teeth of the animal kingdom.

During World War II on one remote island in the South Pacific, a platoon of nearly a thousand armed Japanese troops entered crocodile infested swamps and most never returned; a disappearance that, if reports are to be believed, would make it the single greatest instance of carnage caused by animals in history



Japanese forces retreating

For 6 weeks during January and February of 1945, the swamp-covered island of Ramree, located in the Bay of Bengal off the coast of Burma, was the setting for a bloody battle between Japanese and Allied forces. The Battle of Ramree Island was part of the Burma Campaign during World War II, and was launched for the purpose of dislodging Japanese Imperial forces that had invaded the island in 1942. On January 26, 1945, British Royal Marine units accompanied by the 36th Indian Infantry Brigade pushed into the enemy occupied island in an effort to establish an airbase there. They were met with stiff resistance from the Japanese, and vicious fighting ensued.

After a long and bloody battle, the Allied troops managed to gain the upper hand, flanking a Japanese stronghold and flushing out an estimated 1,000 Japanese troops. The defeated Japanese soldiers abandoned their base and made a beeline across the island in the hopes of merging with a much larger Japanese battalion on the other side. Since the British were flanking them on all sides, the Japanese decided to cut straight through 16 km of dense tidal swampland to reach their objective, ignoring all appeals by the British for their surrender. It was to be the beginning of a horrific ordeal for the enemy troops, and most would never be heard from again.

The soldiers quickly became slowed by the thick, muck-filled swamps that impeded their progress. In addition, many of the men began to succumb to tropical diseases carried by the swarms of mosquitoes as well as the various poisonous spiders, snakes and scorpions that skittered and slithered through the muddy underbrush. Over the course of several days of struggling through the swamps in this manner, starvation and a lack of drinking water became a very real threat as well. All the while they were harassed by sporadic artillery fire from British forces positioned at the edges of the swampland.

This was to be merely the beginning of their nightmare. One night British troops patrolling the periphery of the swampland reported hearing panicked screams of terror and gunfire emanating from within the darkness. It quickly became apparent that somewhere out there in the dark swamp, the Japanese troops were being ravaged by some evil menace. The British troops stationed there cringed in horror despite the fact that it was being unleashed upon their enemy.

Unfortunately for the Japanese troops, the swamps of Ramree were infested by countless, very large saltwater crocodiles, which can grow upwards of 20 feet long and over a ton in weight. The weary and bloodied soldiers thrashing clumsily through the swamps may as well have been a dinner bell ringing. The soldiers were viciously and mercilessly attacked by the reptilian beasts, and survivors reported how swarms of the aggressive animals descended upon them as terrified soldiers fired blindly in all directions in a futile effort to drive off their ravenous aggressors. Some reports from survivors described how the crocodiles would often appear out of nowhere from the murky water to drag screaming and thrashing men to their doom. The mosquito-clouded air was reported to be filled with the sounds of gunfire, snapping jaws, and the horrible gurgling cries of men being ripped to shreds, as the soldiers tried desperately to escape a fate worse than Allied troops.

The naturalist Bruce Stanley Wright described the scene unfolding in his 1962 book *Wildlife Sketches Near and Far*: That night was the most horrible that any member of the M.L. [marine launch] crews ever experienced. The crocodiles, alerted by the din of warfare and the smell of blood, gathered among the mangroves, lying with their eyes above water, watchfully alert for their next meal. With the ebb of the tide, the crocodiles moved in on the dead, wounded, and uninjured men who had become mired in the mud. The scattered rifle shots in the pitch black swamp punctured by the screams of wounded men crushed in the jaws of huge reptiles, and the blurred worrying sound of spinning crocodiles made a cacophony of hell that has rarely been duplicated on earth. At dawn the vultures arrived to clean up what the crocodiles had left.

Of the nearly 1,000 Japanese troops that had entered the swamp, it was said that only 20 harried survivors crawled out alive, some of them badly injured and mauled, although this figure has been sometimes disputed and estimates of just how many soldiers died within the swamp vary. It is also uncertain just how many of the doomed soldiers met their demise in the gaping, fanged maws of crocodiles rather than the myriad other dangers lurking in the swamp. Regardless of what the numbers are, the incident was impressive and horrifying enough for the Guinness Book of World Records to crown it with the distinction of being the “Most Number of Fatalities in a Crocodile Attack.”

The remarkably violent and ominous incident at Ramree Island has earned it an almost legendary status right alongside similar stories from WWII such as mass shark attacks on the shipwrecked crew of the USS Indianapolis (CA-35), which holds the distinction of being the largest amount of shark attacks on humans in history. Ramree Island still continues to instill a sense of fear even all of these years later. For now, the island is quiet. The crocodiles are still there, and perhaps so are the ravaged ghosts of the fallen soldiers that met their bloody doom there all of those years ago. [Source: Mysterious Universe | Brent Swancer | August 11, 2014 ++]

Operation Crazy Horse

Update 01: Fighting the Viet Cong

Operation Crazy Horse (16 May to 5 June 1966) was a search and destroy mission during the Vietnam War conducted by military forces of the United States, South Vietnam, and the Republic of South Korea in two valleys in Bình Định Province of South Vietnam. The objective of the operation was to destroy the Viet Cong (VC) 2nd Regiment (approximately 2,000 men) believed to be in the area and thereby prevent an attack on the Vinh Thanh Civilian Irregular Defense Group camp. The U.S. forces had the continuing objective of protecting Highway 19 and the base camp of the 1st Cavalry Division at An Khe from harassment by the VC.

Almost immediately upon arrival of the 1st Cavalry in Vietnam to this area they began mounting operations against communist forces in the Vinh Thanh Valley, 10 miles northwest of An Khe. Vinh Thanh Valley was small, approximately 12 miles long and less than 3 miles wide, but heavily populated and dominated by the Viet Cong. Ten miles east of Vinh Thanh Valley was the Suoi Ca Valley. The two valleys were separated by a chain of heavily-forested mountains rising as much as 2,600 feet over the river valleys. The U.S. estimated that a regiment of main force VC guerrillas controlled Suoi Ca Valley.

In late 1965, sweeps through the two valleys by the 1st Cavalry failed to find large numbers of VC. They were believed to have fled the valleys, but to have returned after the 1st Cavalry withdrew to its base. In early May 1966, Montagnard irregulars and U.S. Special Forces soldiers in the Vinh Thanh valley reported clashes and increased activity by the Viet Cong in the area and a possible major attack on May 19. 1st Cavalry Division commander Maj. Gen. John Norton ordered Operation Crazy Horse to preempt the attack and attempt to destroy the VC regiment believed to be in the area. Norton was prepared to dedicate up to five battalions of 1st Cavalry troopers to the task. The attachment to this bulletin titled, “**Operation Crazy Horse**” recounts what one of those battlione rifle companies experienced while attempting to flush out and destroy the Viet Cong. [Source: Together We Served Battlefield Chronicles | Michael Christy | February 2020 ++]

WWII Bomber Nose Art

[49] Our L'Lass



Military History Anniversaries

01 thru 15 MAR

Significant events in U.S. Military History over the next 15 days are listed in the attachment to this Bulletin titled, **“Military History Anniversaries 01 thru 15 MAR”**. [Source: This Day in History www.history.com/this-day-in-history | February 2020 ++]

Medal of Honor Citations

Emil Fredericksen



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

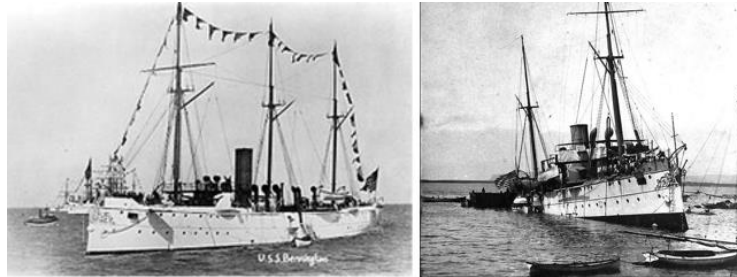
To

EMIL FREDERICKSEN

Rank and organization: Watertender, U.S. Navy
Place and date: USS Bennington (PG-4), 21 July 1905
Entered service: 1897
Born: 1867, Copenhagen Denmark

Citation

Serving on board the U.S.S. Bennington, for extraordinary heroism displayed at the time of the explosion of a boiler of that vessel at San Diego, Calif., 21 July 1905.



USS Bennington before and after the explosion

Born in Copenhagen, Fredericksen immigrated to the United States at age 17. He enlisted in the U.S. Navy in 1897 and served on more than 20 ships in roles such as boilermaker, fireman and quartermaster. He was stationed aboard the gunboat USS Bennington (PG-4) as a watertender, a position which required him to tend the fires and boilers in the ship's engine room.

On July 21, 1905, Bennington was off San Diego, California preparing her to sail to the aid of the monitor Wyoming which had broken down and was in need of a tow. After her crew had finished the difficult task of coaling the ship that morning, most of them were below decks cleaning themselves from the dirty job when a boiler exploded, killing 66 and seriously wounding 46 of the 179 men aboard. In the immediate aftermath, Fredericksen "was prominent in the work of rescuing the injured from confined spaces below decks" despite those areas being "filled with blinding steam and the decks covered with scalding water; and while the ship was heavily listed, rapidly filling, and thought liable to sink at any moment." Eleven sailors, including Fredericksen, were awarded the Medal of Honor on January 5, 1906, for their efforts to save their crewmates and the ship.

Unbeknownst to anyone on board, three problems with one of Bennington's boilers – oily feed water, an improperly closed steam valve, and a faulty steam gauge – were conspiring against them. At about 10:30, excessive steam pressure in the boiler resulted in a boiler explosion that rocked the ship, sending men and equipment flying into the air. The escaping steam sprayed through the living compartments and decks. The explosion opened Bennington's hull to the sea, and she began to list to starboard. Quick actions by the tug Santa Fe — taking Bennington under tow and beaching her – almost certainly saved the gunboat from sinking.

After the explosion, Bennington was refloated and towed to the Mare Island Navy Yard. Because of the extent of the damages and the age of the ship, Bennington was not repaired but was instead decommissioned on 31 October 1905. After five years of inactivity, Bennington was struck from the Naval Vessel Register on 10 September 1910 and sold for scrap on 14 November. Bennington was not scrapped but was purchased in 1913 by the Matson Line for use as a molasses barge. She was towed to Honolulu and remained in use there from 1913 until 1924, when she was scuttled off Oahu

The sheer number of casualties – the death toll exceeded the U.S. Navy's death toll for the entirety of the Spanish-American War – overwhelmed San Diego's medical facilities, and many burn victims had to be cared for in makeshift facilities tended by volunteers. The number of dead also taxed the morticians in San Diego, who were hard-pressed to prepare all of the victims for burial. On 23 July, two days after the explosion, the majority of those killed were buried in the cemetery at Fort Rosecrans. The victims are commemorated by the USS Bennington Monument, a 60-foot granite obelisk dedicated in the cemetery on 7 January 1908.

Fredericksen continued to serve on active duty in the U.S. Navy until 1925 and in the Naval Reserve until 1930, reaching the rank of chief watertender. After leaving active duty, he lived in Keyport, Washington, and worked for the Howard S. Wright & Co. construction company in nearby Bremerton. In 1944 he moved to Seattle and died of natural causes at the U.S. Marine Hospital in 1950. Fredericksen had no known next of kin and was buried at Seattle's Evergreen Washelli Memorial Park without ceremony and with only a temporary grave marker. The location of his grave was lost to history until 2016, when a researcher with the Medal of Honor Historical Society tracked him through pension records and re-discovered his burial place. A graveside memorial service with full military honors was held on March 25, 2016.

[Source: <http://www.cmozs.org/recipient-detail/2364/fredericksen-emil.php> | February 2020 ++]

* Health Care *



Lifting and Carrying Tips

How to Avoid Injury



Injuries usually occur because of two reasons. Back muscles are weak and/or the use of poor techniques for lifting and carrying. To avoid injuries and other back related problems, follow these tips:

- Take a few minutes each day to strengthen and stretch your back muscles.
- Plan the lift and clear your path of any obstacles or hazards
- Get help for heavy or awkward loads.
- When working together with another person let one person call the order to lift
- Wear shoes that offer good support and traction.
- Stretch your legs and back before lifting anything
- Use a step stool or steady ladder when to reach loads above your shoulders
- Slide the object as close to you as possible.
- Keep a wide stance and make sure of your footing.
- Keep your back straight, push your buttocks out, and use your legs and hips to lower yourself down to the object.
- Point your feet in the direction you plan to move. Don't bend or twist at the waist.
- Put the hand (same side of your body as the forward foot) on the side of the object furthest from you.
- Put the other hand on the side of the object closest to you. Your hands should be on opposite corners.
- Grasp the object firmly with both hands vice just fingers.
- Keep the load close to your body. Center it in the space between your shoulders and waist.

- Don't jerk or lift quickly.
- Don't obstruct your vision when carrying.
- Prepare for the lift, tighten your core muscles, look forward and upward.
- Make sure you are not pinching your fingers or toes
- Don't hold your breath.
- Lift steadily with your legs, not your back. Keep your head up and your back straight.
- Lift slowly and follow your head and shoulders. Hold the load close to your body. Lift by extending your legs
- Put down the load by squatting down, not bending over.
- If you are using a cart or dolly to move a heavy load, push it, don't pull it.

[Source: Various | February 15, 2020++]

VA Manila Pharmacy

Out of Stock Medications

VA Manila, as the only facility located outside of the United States, occasionally has some unique challenges with receiving supplies and medications from our pharmacy distribution center in Hawaii. When a medication is out of stock at their primary vendor, VA Manila does not have an alternative source for medications. In these instances, Veterans will be required to obtain the medication through a local pharmacy in your community, and if the medication is for a service-connected condition, you are eligible to seek reimbursement through the Foreign Medical Program. The Pharmacy actively monitors the current list of out of stock medications. Some of these medications are on a temporary, or short-term backorder; however, there are others which are categorized as long-term out of stock/backordered. You are always welcome to contact the Pharmacy directly at: +63 (02) 8550-3888, Option 2 for additional information regarding your medications. VA Manila out of stock medications, as of January 10 were:

- LISINO+HCTZ20/12.5MG GOLD 1000
- CYCLOBENZ TAB 10MG GOLD 1000
- ARIFICL TEAR OPH SOL AKOR 15ML
- TELMISARTAN/AMPLODIPINE 40/5MG
- TELMISARTAN/AMPLODIPINE 40/10MG
- TELMISARTAN/AMPLODIPINE 80/10MG
- VALSARTAN 160MG

Note: VA Manila phone numbers now include the prefix 8. Call 2-8550-3888 vice 2-550-3888. VA Manila dial 011 (63-2) 8550-3888. Regional Office, press 1; to speak for the outpatient clinic press 2, follow the prompts to be connected (IE: Press 2 for an attendant to answer). Toll free at: 1-800-1-888-5252 from either Smart, Sun cellular or PLDT carriers Fax #'s: 08-550-3965 or 3964 or 3968.

From the United States dial US number: 808-433-5254. This number will connect you to the main VA switchboard, then follow the instructions above. Their toll free number remains the same 1-800-1-888-5252. For PLDT and Smart/Sun/TNT callers, you can also use the telephone keypad letters M-y-V-A or numbers 6982 anywhere from the Philippines. For Veterans who use the Audio Care automated refill line to request medication renewals, please note the new number: #MyVA, Option 8 (or 02-8550-3888, Option 8).

[Source: VFW Post 9892 Newsletter | February 11, 2020 ++]

Prescription Drug Costs

Update 45: Lower Drug Costs Bill H.R.3 Opposition

House Speaker Nancy Pelosi announced on 19 SEP that the Democratic majority would offer H.R. 3, the **Lower Drug Costs Now Act**. The bill would allow the federal government to negotiate with pharmaceutical companies on the cost of prescription drugs for Medicare, restrict price hikes, and limit out-of-pocket costs. It aims to follow through on one of Donald Trump's unkept campaign promises: Medicare drug price negotiation. That same day Pelosi outlined the plan, McConnell (R-KY) declared it would have no chance of passage in the GOP-controlled Senate. "Socialist price controls will do a lot of left-wing damage to the healthcare system. And of course we're not going to be calling up a bill like that," he told reporters.

According to Prescription Justice, a 501c4 non-profit organization that brings together doctors, lawyers, public health and consumer advocates, and political activists dedicated to lowering drug prices in the United States, forty-five million Americans did not fill a prescription in 2016 due to cost. Millions often choose between food and medicine in the world's richest country. Forgoing prescribed medication leads to sickness and death, and even larger healthcare costs from hospitalizations when patients stop taking their medications. Though polling shows about 88% of Americans favor letting Medicare negotiate lower drug costs, the pharmaceutical industry is strongly against it. And within days of McConnell's announcement, his reelection campaign and his leadership PAC saw a large uptick in donations from the industry.

- On Oct. 16, McConnell received a \$2,500 check from Takeda Pharmaceuticals' political action committee, according to McConnell's reports to the Federal Election Commission.
- The same campaign finance filings show that a few weeks after that, multinational pharmaceutical company Novartis' PAC also sent \$2,500 to McConnell. Then, a PAC for another pharma company, Emergent BioSolutions, kicked in \$2,500.
- By the end of December, McConnell's campaign reported, he had received at least \$30,000 more from the corporate political action committees of Bluebird Bio (\$2,500), Boehringer Ingelheim (\$5,000), Greenwich Biosciences (\$2,500), Teva USA (\$10,000), and UCB (\$2,500).
- According to filings from his Bluegrass Committee leadership PAC, Merck & Co. also contributed \$5,000 to support McConnell and Sanofi donated \$2,500.
- Over that time period, McConnell's campaign also received \$5,000 from Gilead Sciences CEO Daniel O'Day, \$2,000 from Amgen lobbyist Helen Rhee, and \$5,600 from his former policy director and current Pharmaceutical Research and Manufacturers of America registered lobbyist Hazen Marshall.

Amgen, Boehringer Ingelheim, Gilead Sciences, Merck, Novartis, Sanofi, Takeda, Teva, and UCB are all members of the Pharmaceutical Research and Manufacturers of America, which has said the bill would have a "devastating effect on the industry" and would cause fewer treatments to be developed.

- A spokesperson for Sanofi said the company does not "tie [political] contributions to single pieces of legislation."
- A UCB spokesperson said, "There is no connection between U-PAC's donation to Senator McConnell's reelection campaign and his positions taken on specific legislation."
- "These donations are unrelated to candidates' positions on specific legislation," a spokesperson for Takeda wrote.
- A Gilead Sciences spokesperson also said denied any connection between its CEO's donations and McConnell's position.
- An Amgen spokesperson said the company does not comment on personal contributions from employees.

The remaining companies and individuals mentioned in this piece who donated to McConnell did not immediately respond to questions about whether the donations had anything to do with the senator's actions against H.R. 3. But

several of the donations represented the first or largest contributions McConnell had received in years from those supporters. McConnell's campaign did not respond to questions about the contributions.

Note: The American Independent, one of the sources of the above article, is a far-right political party in the United States that was established in 1967. The AIP is best known for its nomination of former Governor George Wallace of Alabama, who carried five states in the 1968 presidential election running on a segregationist “law and order” platform against Richard M. Nixon and Hubert H. Humphrey. The party split in 1976 into the modern American Independent Party and the American Party. From 1992 until 2008, the party was the California affiliate of the national Constitution Party. Its exit from the Constitution Party led to a leadership dispute during the 2016 election. Use of their material in the Bulletin is only intended to show that there is opposition to what 88% of Americans think about H.R.3.

[Source: The American Independent | Josh Israel | February 18, 2020 ++]

Prescription Drug Costs

Update 46: Rhode Island’s Effort to Lower

Rhode Island State Sen. Louis DiPalma told a group of about 50 members of the Middletown Senior Center the morning of 18 FEB how his father, 98, was prescribed a medication that would have cost him \$1,000 a month, although his monthly Social Security and private pension payments were not much more than that. “How are people supposed to deal with that?” DiPalma asked. He said his father eventually received aid from an indigent program, but options like that are not available for millions of people trying to pay exceedingly high prescription drug costs. “According to an AARP report published earlier this year, high prescription drug prices have forced more than one of five Rhode Islanders to stop taking medication as prescribed by their doctor,” said Congressman David Cicilline, D-R.I.

Cicilline set up the meeting to let people know about the importance of ongoing legislative efforts to bring prescription drug costs under control, and the need for political action to pressure federal legislators to pass proposed bills that would bring relief. The U.S. House of Representatives last year passed a bill called H.R. 3, the **Lower Drug Costs Now Act**, but like 80% of the bills passed by the Democratic-controlled House, it sits on the desk of Senate President Mitch McConnell awaiting a vote in the Republican-controlled Senate, Cicilline said. “Prescription drug prices are out-of-control, with drug companies charging Rhode Islanders and Americans prices that are three, four and even 10 times higher than what they charge for the same drugs in other countries – even though they admit they still make a profit overseas,” he said.

The House legislation awaiting Senate action would allow Medicare to negotiate directly with drug companies to cut prices, which is currently forbidden under federal law, he said. The bill would make those lower drug prices negotiated by Medicare available to all Americans with private insurance, not just Medicare beneficiaries who are generally 65 or older. Under the bill, the maximum price of negotiated drug prices would be “in line with the average price in countries like ours,” Cicilline said. The bill also would create a \$2,000 out-of-pocket limit on prescription drugs for Medicare beneficiaries. Savings from the overall program would be reinvested in Medicare to deliver vision, dental and hearing benefits for the first time for beneficiaries, he said.

Arleen Kaull, executive director of Middletown Senior Center, encouraged members in the audience to make their opinions known and to participate in the political process. “Senior citizens are the fastest growing population in the country and the biggest voting bloc in the nation,” she said. “This is a very important issue.”

DiPalma talked about efforts being made at the state level to reduce prescription drug costs. He is the lead sponsor of Rhode Island’s Senate Bill 2321, which would allow the importation of prescription drugs from Canada, which has similar safety and quality standards as the U.S., but the prices are much cheaper. This proposal led to the only question from the audience during the one-hour session with DiPalma and Cicilline. “Where are these drugs going to be

manufactured if they are not manufactured in the U.S.?” asked Robert-John von See of Middletown. He said he was concerned that cheap, knock-off drugs manufactured in China might be provided to people in this country.

DiPalma said if the legislation passed at the state level, the program would still require approval of the U.S. Food and Drug Administration before it could be implemented. The state or a state-licensed wholesaler would deal only with a fully regulated Canadian supplier, he said. The draft of the bill proposed by DiPalma and four other senators would require that “only prescription drugs meeting the federal Food and Drug Administration’s safety, effectiveness and other standards are imported by or on behalf of the state.” Vermont passed similar legislation in 2018, and Colorado, Florida and Maine in 2019, but no state has yet received federal approval for an importation program, according to the documentation provided by DiPalma. Twelve other states are considering similar legislation.

Cicilline had some good news from the front in the battle against high prescription drug costs. President Donald Trump signed into law in December the **Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act**, for which Cicilline was a lead sponsor in the House. It was a bipartisan bill that received Senate support, he said. No longer will large pharmaceutical companies be able to block access to generic drugs that perform the same as branded drugs at a fraction of the costs, Cicilline said.

Over a five year period, from 2012 to 2017, the cost of name-brand drugs used to treat cancer, diabetes, and heart disease rose substantially -- 67%, 61%, and 95%, respectively, Cicilline said. The Congressional Budget Office estimates the CREATES Act will lower federal Medicare spending on prescription drugs by \$3.9 billion, he said. Encouraging others to join him, Cicilline said he would “keep putting pressure on Senate Republican leadership to stop standing in the way of laws that will lower drug costs and keep our seniors and our families healthy without forcing them into poverty.” [Source: Daily News | Sean Flynn | February 18, 2020 ++]

Prescription Drug Costs

Update 47: Brace to Pay More in 2020

Drug price hikes tend to happen at the start of every year, and 2020 is no exception, according to [GoodRx](#). The website — which gathers prescription drug prices from pharmacies nationwide — tracks these annual drug price hikes. The GoodRx research team tracked 2020 drug price increases for more than 3,500 brand-name and generic drugs throughout January and found that 639 drugs had increased in price by an average of 6% during that time. They include:

- 619 brand-name drugs, which increased in price by an average of 5.2%
- 20 generic drugs, which increased in price by an average of 29.4%

That number of brand-name drugs with prices increases is larger than it was in the past two years: GoodRx found that 486 branded drugs increased in price by an average of 5.2% in January 2019, and 580 branded drugs increased by an average of 8% in January 2018. The analysis shows that the biggest branded-drug price hike of 2020 so far is 14.9% for Marplan, which is used to treat depression. So far this year, GoodRx says, the biggest increases on the most commonly prescribed medications include:

- Armour Thyroid: 5% -- Bystolic: 5% -- Chantix: 5% -- Cosentyx: 7% -- Creon: 7.4%
- Diazepam (generic Valium): 7.8% -- Eliquis: 6% -- Enbrel: 7.4% -- Entresto: 7%
- Gilenya: 5.5% -- Humira: 7.4% -- Jardiance: 6% -- Lo Loestrin FE: 5%
- Myrbetriq: 5.4% -- Ozempic: 5% -- Premarin: 5% -- Qvar: 6% -- Spiriva: 6%
- Tecfidera: 6% -- Tradjenta: 6% -- Travatan Z: 5.5% -- Trintellix: 5%
- Victoza: 5% -- Viibryd: 5% -- Vyvanse: 5% -- Xifaxan: 7.9%

GoodRx tracks list prices, which are the prices that manufacturers set for their drugs. This is worth noting because list prices generally differ from the prices that consumers end up paying for their prescriptions — although list prices still serve as a barometer of sorts. As GoodRx explains: “Few patients actually pay this price because they are typically

shielded by their health insurance. But the list price is still a good proxy for the price of a drug. In essence, rising list prices lead to rising out-of-pocket costs for patients.”

Why are prescription drug prices rising? The reasons behind drug price increases vary depending on the type of drug, according to a study published in “[Health Affairs](#)” in 2019. The research was based on an examination of the prices of drugs (including those taken by mouth and those injected) each year from 2008 through 2016.

- Price increases for generic and specialty drugs are driven primarily by new product entry — meaning the price hikes can be attributed primarily to new drugs coming on the market — the study found.
- Price increases for brand-name drugs are driven primarily by inflation of the prices of existing drugs.

[Source: MoneyTalksNews | Marilyn Lewis | February 23, 2020 ++]

Hypertension

Update 07: Management

Managing hypertension or high blood pressure can be tough, especially during the winter months. A change in routine, family visits, traveling, illnesses, holiday menus and financial concerns can all stop your best efforts at keeping high blood pressure under control. If you’re one of the millions of Americans with high blood pressure, it’s vital to keep your blood pressure stable. Drastic changes can put you at risk for heart attack or stroke. The facts about blood pressure

- Blood pressure is a measure of the pressure that is placed on the arteries. As the heart pumps blood with oxygen and nutrients out to the body, it creates pressure in the arterial system, like a pipeline.
- Arteries carry this oxygenated blood from the heart to other organs and areas in the body. As blood pressure rises, the heart must work harder to pump blood to the body’s organs. This causes strain and damage to the heart and arteries.
- Blood pressure is based on two readings. The top number (systolic reading) measures the pressure as the heart contracts or beats. The bottom number (diastolic reading) is the pressure in the arteries as the heart relaxes between beats. In general, normal blood pressure is 120/80.

However, blood pressure may change with stress or activity. High blood pressure (hypertension) is diagnosed when the top number (systolic blood pressure) is greater than or equal to 140, and the bottom number (diastolic blood pressure) is greater than or equal to 90. Risk factors for high blood pressure include:

- Family history of high blood pressure (mother, father, brother or sister)
- African American
- Smoking
- Diet high in salt and fried foods
- Overweight
- Diabetes, heart or kidney disease
- Increased stress
- Greater than two alcoholic drinks per day
- Sedentary lifestyle
- History of stroke or heart attack

Many people have hypertension and do not know it. For this reason, it’s often considered the silent killer. Take these steps to control blood pressure, prevent complications and lower your risk for heart disease. You can work with your health care team to develop a healthy habits plan. A good plan should include healthy eating and regular physical activity. Eat foods that are low in sodium. Skip the salt shaker and use spices instead. Try not to eat foods that are high in fat or fried foods. Bake, broil or grill foods and eat lean meats, such as chicken or fish, whole grain cereals and breads, fresh fruits and vegetables. Learn how to read food labels. Healthy eating will reduce blood pressure and

promote weight loss. Great fitness exercises include walking, biking and swimming. Exercise for 30 minutes a day most days. Walk whenever you can. Through proper diet and exercise, you will look and feel better and have less stress. Also, try quitting smoking, limiting alcohol and reducing your caffeine intake.

Sometimes, healthy habits are not enough to lower blood pressure. If that's the case, your health care provider may recommend medications. Often, more than one medication may be needed. It's important to take all your medications as prescribed and follow up with your health care provider regularly. Do not let yourself become a victim of this silent killer. You can do this by making simple changes in your life. Change your eating habits. Begin an exercise routine. Take your medicine as prescribed. You can control your blood pressure and ensure a healthier tomorrow. [Source: Vantage Point | February 17, 2020 ++]

Military Hospitals

Update 04: Careful, Deliberate Changes Ahead for Select MTF Patients

The Department of Defense's top health official shared plans 19 FEB to restructure 50 military hospitals and clinics, emphasizing changes will prioritize the warfighter and enhance force readiness. "The bottom line is we are committed to refocusing our hospitals and clinics on readiness, in addition to providing access to health care for our beneficiaries. I am confident the Military Health System can accomplish both of those goals," said Tom McCaffery, DoD's assistant secretary of defense for health affairs, who reiterated changes would be implemented over time, in some cases several years. "We will help guide beneficiaries (moving into private care) through every step of the enrollment process when the time for actions arrives," he said.

McCaffery, Dr. Dave Smith, acting principal deputy assistant secretary of defense for health affairs, and Lt. Gen. Ron Place, director of the Defense Health Agency, discussed the plans outlined in the report during briefings with Military and Veteran Service Organizations and members of the media to announce the restructuring plans. (Click [here](#) to read the entire transcript). While some facilities may expand, others will reduce capabilities, with 37 slated to move to active duty care only. This means active-duty family members, retirees and families who currently receive care at identified facilities will transition into the TRICARE health plan's civilian provider network.

McCaffery confirmed active duty and their family members will not be responsible for copays in downsizing locations. An exception is when filling a prescription at a retail pharmacy. "We will implement changes in a deliberate fashion, at a pace local health care markets can handle," McCaffery said. Changing some facilities to active duty-only clinics is the most significant change, McCaffery said, adding that it collectively applies to roughly 200,000 beneficiaries enrolled at those MTFs. "We are taking a careful, deliberate approach as we assess the market capacity of each location to accept new patients," McCaffery said. "If we determine market capacity in a particular location is more constrained than we estimated, we will reassess our plans and adjust as necessary."

Immediate next steps involve collaboration among DHA staff, MTF leadership, installation leadership, and TRICARE network partners to continue tailoring MTF-specific transition plans while maintaining uninterrupted access to health care for all patients. The report "makes very clear that we recognize this is a MTF-by-MTF, market-by-market implementation," McCaffery said. "We readily recognize that some of these changes may take two, three, four years to implement because it's going to be contingent upon that local health care market to be able to take on those additional patients."

McCaffery acknowledged retirees and their families who transition to TRICARE Select will be responsible for copays. Currently, a primary care visit costs \$30, and specialty care from in-network TRICARE providers is \$45 per visit. TRICARE is the health care program for the U.S. armed services. The two most popular plans available to most eligible beneficiaries under 65, TRICARE Prime and TRICARE Select, include more than 6.7 million enrolled patients. DoD has sent a report to Congress titled, "Restructuring and Realignment of Military Medical Treatment

Facilities.” The report outlines changes to the scope of operations at 50 hospitals and clinics. Section 703(d) of the National Defense Authorization Act of 2017 required DoD to analyze its footprint of hospitals and clinics and submit an implementation plan to Congressional defense committees. For more information about TRICARE, go to www.TRICARE.mil. [Source: Health.mil | MHS Comm Office| February 19, 2020 ++]

Leg Artery Blockage

Critical Limb Ischemia Death/Amputation Study

A growing number of older U.S. military veterans with blocked leg arteries are getting procedures to restore blood flow, and a new study suggests deaths and amputations are declining as a result. Researchers looked at a decade of data on almost 21,000 veterans hospitalized for “critical limb ischemia” - badly blocked arteries that can lead to infections, gangrene and amputation. Left untreated, the condition can quickly become fatal. “These patients are at a serious threat of needing an amputation due to the combination of poor circulation, impaired wound healing and infection,” senior study author Dr. Saket Girotra of the University of Iowa and Iowa City VA Medical Center told Reuters Health by email.

Between 2005 and 2014, the proportion of patients admitted to Veterans Affairs (VA) healthcare facilities who underwent revascularization procedures to unblock limb arteries climbed by 41%. Over the same period, amputations resulting from the condition declined by 38% and fatalities decreased by 20%. In 2005, almost one in five veterans had a major amputation within 90 days of being hospitalized for critical limb ischemia. By 2014, only 13% of such patients got major amputations, the analysis found. An uptick in the proportion of veterans prescribed statins to lower their cholesterol, which can improve circulation, also may have helped reduce the need for amputations, the study team notes in *Circulation: Cardiovascular Interventions*. Over the decade-long study, the proportion of patients prescribed statins climbed from 47% to 61%.

Many patients were quite sick when they entered the hospital with blocked leg arteries. Most had high blood pressure, two-thirds had diabetes and more than one-quarter had kidney disease. The study looked at data for veterans treated at 115 VA hospitals and found wide variation in the rates of revascularization and amputation procedures, suggesting quality of care for this condition may be uneven. At hospitals that did the fewest procedures, only about 13% of patients had revascularization, compared with 53% at hospitals that did the most procedures. One limitation of the study is that researchers used billing data, which doesn’t provide a complete medical picture for individual patients or show all the factors that might have contributed to treatment decisions and outcomes.

Even so, the results suggest the VA may be nimbler at treating blocked leg arteries and getting better results than are typically seen in other hospitals and health systems, said Dr. Philip Goodney, of the Geisel School of Medicine at Dartmouth in Lebanon, New Hampshire. “This study shows that veterans treated for severe leg blockages have a lower chance of dying, and a much lower chance of losing their leg, than they did a decade ago,” Goodney, who wasn’t involved in the study, said by email. “Given the multidisciplinary nature of treatments provided in the VA, this suggests that even difficult healthcare challenges can be improved with team-based approaches.” [Source: Reuters | Lisa Rapaport | February 19, 2020 ++]

Coronavirus

Update 01: Potential Impact on U.S. Drug Supply

As the coronavirus continues to be among the major news stories each day, attention has turned to the drug supply in the U.S., not because of the cost but because of the vulnerability of the supply of prescription drugs for use in the

nation. The U.S. depends on China for thousands of chemicals needed to make prescription drugs. That's because it turns out that pharmaceutical companies have outsourced our generic medicine manufacturing to China. In fact, generic medicines represent around 90 percent of all prescriptions dispensed in the U.S., and we depend on China for 80 percent of the core components to make our generic medicines.

With China taking drastic measures to try and contain the spread of the disease, including quarantines and shutting down some industries, production to supply America's pharmacies and medicine cabinets is at risk of interruption. For instance, sedatives such as fentanyl and propofol, which are administered to people placed on ventilators to help them breathe, are made with core ingredients from China. Medicines to treat shock, such as epinephrine and dopamine, are also made with chemical components from China. Antibiotics to treat sepsis, a life-threatening bloodstream infection, are made with raw materials supplied by China. In addition, other medical supplies, including masks, gloves, and gowns are also made, in large measure, in China.

So it turns out that we have an important choice to make as a country. We can continue down the current path, increase our dependence on China, and accept the risk to our survival. Or we can invest in domestic manufacturing of a minimum level of production of essential medicines to prevent a situation where our supply is severed. This is a new issue that has popped up on our radar and TSCL will be studying it in greater depth as we learn what might be done to insure lower prices and greater security for the prescription drugs that are so important for so many of us, especially the nation's senior citizen population. [Source: TSCL Weekly Update | February 21, 2020 ++]

Coronavirus

Update 03: What Heart Patients Should Know About Covid-19

The coronavirus should have everyone's attention by now, health experts say. And people with heart disease have extra reasons to be alert. COVID-19, which was first reported in the Chinese city of Wuhan in December, has sickened tens of thousands of people and killed hundreds around the globe. On 25 FEB, Dr. Nancy Messonnier, director of the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention, said its spread in the United States seemed certain. "It's not so much a question of if this will happen anymore, but rather more a question of exactly when this will happen and how many people in this country will have severe illness," she told reporters during a news conference.

For people with underlying heart issues, the concerns are serious enough that the American College of Cardiology issued a bulletin this month to warn patients about the potential increased risk and to encourage "additional, reasonable precautions." Based on early reports, 40% of hospitalized COVID-19 patients had cardiovascular disease or cerebrovascular disease (which refers to blood flow in the brain, such as stroke), according to the bulletin. "That statistic doesn't mean people with heart disease are more likely to contract the coronavirus," said Orly Vardeny, associate professor of medicine at the Minneapolis VA Health Care System and University of Minnesota. "It just means that those folks are more likely to have complications once they do get it."

Vardeny, an adviser on the ACC bulletin, said the virus could affect heart disease patients in several ways. The virus's main target is the lungs. But that could affect the heart, especially a diseased heart, which has to work harder to get oxygenated blood throughout the body, she said. "In general, you can think of it as something that is taxing the system as a whole." That could exacerbate problems for someone with heart failure, where the heart is already having problems pumping efficiently. Someone with an underlying heart issue also might have a less robust immune system. People's immune systems weaken as they age, Vardeny said. And "in those with chronic medical conditions, the body's immune response is not as strong a response when exposed to viruses." If such a person catches a virus, she said it's likely to stick around and cause complications. A virus also may pose a special risk for people who have the fatty buildup known as plaque in their arteries, Vardeny said. Evidence indicates similar viral illnesses can destabilize these

plaques, potentially resulting in the blockage of an artery feeding blood to the heart, putting patients at risk of heart attack.

Vardeny emphasized that information about COVID-19 is changing almost hourly. But previous coronaviruses, such as SARS and MERS, offer insight. They were linked to problems such as inflammation of the heart muscle, heart attack and rapid-onset heart failure, the ACC bulletin said. COVID-19 also has similarities to influenza, Vardeny said. At the moment, she said, "We don't think the actual risk is any higher per se. It's just that the spread is quicker." And unlike the flu, there's no vaccine. COVID-19 numbers change rapidly. The World Health Organization reported the fatality rate from the illness was between 2% and 4% in Wuhan, and 0.7% outside Wuhan. By comparison, as of mid-February, the CDC estimated there had been at least 29 million flu illnesses, 280,000 hospitalizations and 16,000 deaths from it in the United States this season.

Many of the same precautions that work against the flu should be helpful against COVID-19, Vardeny said, because it appears to spread the same way – through droplets in the air when someone coughs or sneezes. For now, she suggests people defend themselves by hand-washing, keeping surfaces clean and avoiding travel to areas with outbreaks. The ACC bulletin recommends people with cardiovascular disease stay up to date with vaccinations, including for pneumonia. The ACC also supports getting a flu shot to prevent another source of fever, which could potentially be confused with the coronavirus infection. In the news conference, Messonnier summed up her advice as, "Stay home if you're sick; cover your cough; wash your hands." She also warned that people need to prepare for the possibility of closures of work, school and more. "I understand this whole situation may seem overwhelming and that disruption to everyday life may be severe," she said. "But these are things that people need to start thinking about now." [Source: U.S. News & World Report | February 27, 2020 ++]

Head Trauma

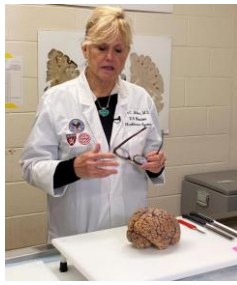
VA Study focused on Long-Term Effects

The VA-Boston University-Concussion Legacy Foundation Brain Bank in Boston houses 850 human brains, most of them donated for research by former football players or their families. Dr. Ann McKee of Boston University studies the brains of deceased football players at this, the world's largest brain bank, hoping to learn about the long-term impact of repeated head traumas for people ranging from professional athletes to victims of domestic abuse. "For the last 12 years, we've really focused on the long-term effects of head trauma, including what we call repetitive head trauma," where the impact doesn't cause a concussion, said McKee, chief of neuropathology at VA Boston University and director of the CTE Center of Boston University. That center's research is vital to learning about a degenerative brain disease known as chronic traumatic encephalopathy (CTE), she said, which can only be definitively diagnosed postmortem.

Among those who hope her research may help is Leonard Marshall, 58, star player for the New York Giants from 1983-1992, who may be best known for a hard hit on San Francisco 49ers quarterback Joe Montana during the NFC Championship Game in 1990. Montana would not play another regular season game for almost two years, and Marshall also was badly hurt. In a recent interview with Reuters from his New Jersey home, Marshall said after the impact, he didn't "remember ever getting up off the ground." This was long before the NFL adopted its concussion protocol to assess head injuries, and players were "taught to be tough" and "you just kind of just dealt with it," he said. Marshall suffered mood swings and memory losses for years after he retired from the NFL at the end of the 1994 season. "I drove seven miles to a Publix grocery store. I had no idea why I drove there," he said.

While McKee's critics have accused her of trying to ruin football, she said that on the contrary, "I'm trying to save football players." "To see them come in with this disease and to see their lives cut short and to see them declining at such early ages. That's what really hits me. And that's what I want to stop," she said. NFL greats Dave Duerson and

Junior Seau were diagnosed with CTE after killing themselves. In 2016, the league allotted \$40 million in funding towards neuroscience research, and pledged \$100 million towards player safety amid concerns about concussions. A 2018 report showed the NFL had approved more than \$500 million in concussion-claims settlements.



Dr. Ann McKee, Chief of Neuropathology, VA Boston examines the brain of a 47-year old former college football player looking for signs of CTE in Boston, Massachusetts, U.S. on January 16, 2020

McKee said repetitive head trauma victims include “hockey players, soccer players, rugby, military veterans, as well as victims of domestic abuse.” Symptoms of the disease may begin with headaches and a loss of focus, and progress to depression, mood swings and short-term memory loss. Other symptoms include visual or spatial difficulties, aggression, impulsivity, suicidal tendencies and dementia. [Source: Reuters | Angela Moore| February 20, 2020 ++]

TRICARE Podcast 541

Keep Your Heart Healthy - Dental Coverage Options

Keep Your Heart Healthy -- Around Valentine’s Day, people focus on pledging their hearts to loved ones. It’s also an ideal time to pledge to take care of your heart health. According to the Centers for Disease Control and Prevention, one in every four American deaths is due to heart disease. Making lifestyle changes and using your TRICARE benefit can help prevent heart disease and keep you healthy.

Visiting your doctor regularly and getting preventive screenings now may help protect you from serious health problems later. TRICARE covers cardiovascular disease screenings, including blood pressure and cholesterol checks. TRICARE also covers Type 2 diabetes screening for people with high blood pressure and adults between the ages of 40 and 70 who are overweight or obese. Check out www.TRICARE.mil/preventive for more services that TRICARE covers.

Choosing healthier habits can also decrease your risk for developing heart disease. Improving your eating habits, exercising regularly, limiting alcohol, and giving up tobacco use are all healthy steps you can take. For help in these areas, your provider can provide education and counseling at your next Health Promotion and Disease Prevention exam. TRICARE covers one of these exams annually for beneficiaries who are age six or older. Remember, cardiovascular disease screenings are a part of your TRICARE benefits. To learn more, check out the latest article, “What’s at the Heart of TRICARE Coverage? Keeping Yours Healthy,” at www.TRICARE.mil/news.

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Dental Coverage Options -- If you’re new to TRICARE dental or need a refresher, there are three dental options. These options are separate from TRICARE health care options. Eligibility for each plan varies. They include the:

- Active Duty Dental Program
- TRICARE Dental Program, and
- Federal Employees Dental and Vision Insurance Program

The Active Duty Dental Program is available only for active duty service members when not getting care at a military dental clinic. Learn more about the Active Duty Dental Program at www.TRICARE.mil/addp. To use the program, you must either have a referral for care by a military dental clinic to a civilian dentist, or have a duty location and live more than 50 miles from a military dental clinic

For family members of active duty service members and National Guard and Reserve members, the TRICARE Dental Program is an option. National Guard and Reserve members not on active duty can also enroll in the program. It's available stateside and overseas. You can learn more about the TRICARE Dental Program at www.TRICARE.mil/tdp.

Retired service members and their eligible family members can get dental coverage through the Federal Employees Dental and Vision Insurance Program, or FEDVIP. Eligibility also includes retired National Guard and Reserve members and their eligible family members. If you want coverage, you need to enroll in a FEDVIP dental plan. You may only enroll in a dental plan following a FEDVIP qualifying life event or during the annual Federal Benefits Open Season. Learn more at www.BENEFEDS.com.

For more information about your dental options, check out the article, "TRICARE Dental Coverage Options Keep Your Smile Healthy," at www.TRICARE.mil/news.

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The above is from the TRICARE Beneficiary Bulletin, an update on the latest news to help you make the best use of your TRICARE benefit. [Source: <http://www.tricare.mil/podcast> | February 14, 2020 ++]

TRICARE Podcast 542

TRICARE Publications Survey - Enrolling Through MilConnect

TRICARE Publications Survey -- Do you read TRICARE publications to learn more about your TRICARE medical, dental, or pharmacy benefits? Maybe you've recently downloaded the Costs and Fees Sheet, TRICARE For Life Handbook, or Retiring from Active Duty Brochure. If so, complete the TRICARE publications survey at www.TRICARE.mil/publications. Your comments, suggestions, and questions help to create better content and improve your TRICARE benefit resources.

TRICARE publishes brochures, handbooks, newsletters, and more. You can view all products online, or download and print them from the TRICARE Publications page. You'll find content on a variety of topics related to eligibility, enrollment, getting care, and costs. Keep in mind new publications are added to the website and updated often to reflect TRICARE changes. If you have ideas for new topics for future publications or want more of a particular topic, share your feedback. This is your benefit. Use these publications to help you take command of your health. Visit www.TRICARE.mil/publications and click on "Publications Satisfaction Survey" at the top of the page.

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Enrolling Through MilConnect -- Staying current on how to enroll in TRICARE health and dental programs will help you and your family get the most out of your TRICARE coverage. Online enrollment through Beneficiary Web Enrollment takes place via milConnect at www.milconnect.dmdc.osd.mil. You can enroll or change your enrollment online for a lot of the TRICARE health and dental plans. However, you may only enroll in an overseas health plan by phone, by mail, or at a TRICARE Service Center. To enroll in a health or dental plan online:

- First, sign in to the milConnect website at www.milconnect.dmdc.osd.mil.
- Secondly, click on the "Benefits" tab at the top of the page.
- Thirdly, click on the "Beneficiary Web Enrollment" tab.

- And, finally, select the “Medical” or “Dental” tab to get started.

Remember, you can only enroll in or change enrollment in TRICARE Prime, US Family Health Plan, or TRICARE Select plans following a Qualifying Life Event or during the annual TRICARE Open Season. For more on how to enroll in a health or dental plan, go to www.TRICARE.mil/enroll and select a plan.

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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 21, 2020 ++]

* Finances *



Airline Senior Discounts

Currently Only 4 Still Offering

Airlines are constantly changing their ticket prices, fees and flight schedules. For instance, [Southwest announced](#) recently that it no longer offers senior fares. To score a sale or promotion on your next Southwest trip, the airline encourages you to sign up for Southwest Click ‘N Save emails. Of course, it’s not the same as getting exclusive pricing. For that, you’ll have to turn to other major airlines. There are still a select few offering discounted tickets for travelers over a certain age. Whether you’re retired or simply enjoying an empty nest, these are prime traveling years. The following is a list of airlines with special senior savings you can get by booking online, over the phone or both.

1. American Airlines

American Airlines’ policy for senior discounts remains the same, a company spokesperson confirms with Money Talks News. The airline offers discounted tickets on select international flights for passengers over the age of 65. To view such fares, the airline advises using the advanced search feature on its website. Visit the [AA.com home page](#) and click on the words “Advanced/Multi-city search” just below the blue “Search” button. On the next page, fill in your flight preferences and then look for the drop-down menus in the “Passengers” section. From there, select the “Senior (65+)” passenger age option to indicate the number of passengers who are eligible for any senior discounts that may apply to your itinerary.

2. British Airways

Turning 50 years old comes with a few perks, including eligibility to join AARP. Currently, AARP members can save up to \$200 on trans-Atlantic flights with British Airways. This discount applies to round-trip flights from select U.S. gateways to the United Kingdom and beyond that are booked by April 30, 2020. According to British Airways’ [terms and conditions](#) for this offer, “All discounted fares will be highlighted with word ‘Discount.’” The discount is available to both AARP members and those traveling with an AARP member, according to the terms. However, flights must be booked through the AARP website to be eligible and only an AARP member who is a registered user of AARP.org can do that.

3. Delta Air Lines

Delta may offer seniors’ discounts in certain markets, according to [the airline’s website](#). However, they are not available on Delta.com. To find out if you’re eligible for a senior discount for your next trip, contact the airline directly. The phone number for the general sales and service department is 800-221-1212, which you can call 24 hours a day, seven days per week.

4. United Airlines

This airline offers senior fares for selected destinations to customers age 65 and older, according to [United's website](#). Ask for more details about these rates when making a reservation. Or, if you book through [United.com](#), select the number of "Seniors (65+)" under the "Travelers" drop-down menu to indicate how many people are eligible for any available senior discounts.

[Source: MoneyTalksNews | Elizabeth Lotts | February 15, 2020 ++]

Arrears of Pay

Every Military Retiree Should Designate a Beneficiary

Defense Finance and Accounting Service officials remind retirees there are two ways they can prepare to leave behind money from their military retirement: by designating beneficiaries for the Survivor Benefit Plan and Arrears of Pay. Naming a beneficiary for SBP does not automatically entitle that person to receive AOP. A separate election must be made, as AOP and SBP are two separate benefits.

AOP is a one-time payment, usually less than one month's pay, made to a beneficiary after the retiree's death. Arrears of Pay is not a death benefit. It is the pro-rated amount of the final month's retirement pay; and, if applicable, any other money owed to the retiree at the time of death. It's important to designate a beneficiary or beneficiaries for AOP, and to keep the information current, said DFAS officials. They explain that failing to designate an AOP beneficiary and keep their contact information current could cause stress and financial hardship for survivors during an already difficult time because the final payment could be delayed.

Unless otherwise noted, an AOP beneficiary will also be the person DFAS officials contact for assistance in closing the account, so it is important to designate a person the retiree trusts to handle their affairs. Also, designating a sole beneficiary in a will does not automatically make that person an AOP beneficiary. When no beneficiary is named, the payment is made to the highest person in what is known as the "Order of Precedence." The Order of Precedence is the federally mandated order of inheritance that applies to legacies without a designated beneficiary. It can take many months to locate survivors, identify who comes highest in the Order of Precedence, and then make the payment. DFAS officials also suggest limiting the number of AOP beneficiaries to avoid delays as the AOP payment is usually less than one month's pay, and this amount will be divided among all of the designated beneficiaries.

For more information, visit the DFAS website <https://www.dfas.mil/retiredmilitary/provide/aop.html> or contact a representative at the DFAS Customer Care Center by calling 800-321-1080. [Source: Afterburner | Fall/Winter 2019-2020 ++]

Car Insurance

Update 22: Worst Types of Tickets for Your Rate

Some types of traffic violations can drive your car insurance rate dramatically higher according to a study from insurance comparison tool The Zebra. For example, blow through a red light, and your rate can be expected to jump by an average of 23.3%. That could cost you an extra \$361 in your annual premium, The Zebra says in its 2020 State of Auto Insurance Report. Tickets for more serious offenses can prove especially costly — increasing your premium by as much as 78%, on average. Below are 13 violations that increase premiums by an average of more than 25% over the course of a year, according to The Zebra.

- Following too closely: 25.5% (\$395)
- Speeding in a 65 mph zone: 27.6% (\$428)

- Passing a school bus: 28.5% (\$441)
- Speeding 21-25 mph over the limit: 29.7% (\$460)
- Operating a vehicle without permission: 31.1% (\$481)
- Driving with an open container: 34.7% (\$537)
- At-fault accident: 41.1% (\$636)
- Reckless driving: 67.0% (\$1,038)
- Driving with a suspended license: 67.4% (\$1,043)
- Refusing a breathalyzer/chemical test: 69.8% (\$1,080)
- DUI: 71.0% (\$1,099)
- Racing: 73.1% (\$1,131)
- Hit and run: 78.3% (\$1,212)

Clearly, it pays to drive carefully and obey the law. But there are other ways to lower your car insurance costs as well:

- Perhaps the best tip for trimming your car insurance costs is to shop around. You can do this by calling around to different insurers or filling out forms on their websites.
- Sometimes you can save by dropping coverage you no longer need, such as comprehensive and collision coverage As Money Talks News writes in “How to Get the Best Possible Deal on Car Insurance” at <https://www.moneytalksnews.com/the-complete-guide-to-getting-the-best-possible-deal-on-car-insurance> “The rule of thumb when it comes to comp and collision: If the premiums exceed 10% of the value of your car, you might consider dropping the coverage.”
- Lastly, you might qualify for a break on your car insurance through memberships that you already have. Check out <https://www.moneytalksnews.com/a-secret-way-to-slash-your-car-insurance-bill>.

[Source: MoneyTalksNews | Chris Kissell | February 22, 2020 ++]

Coronavirus

Update 04: How to Protect Your Nest Egg

The coronavirus outbreak is damaging the global economy and crushing markets. In just the last week, fear surrounding the coronavirus COVID-19 has erased trillions from the U.S. stock market. This is a true black swan event: one that nobody saw coming and nearly everyone underestimated. So much for history. What now? Let’s look at your options for both stocks and savings accounts.

Stocks: Keep calm and carry on

If you’ve got a time machine and can travel back to mid-February when the Dow Jones Industrial Average was approaching 30,000, go back and sell everything. If that’s not an option, however, the thing to do now is ... nothing. The market is already flirting with correction territory (a decline of 10% from recent highs) so it’s probably too late to get out now. If the coronavirus becomes a true global pandemic along with a global panic, you’s probably regret that advice. But from what we know now, sitting tight is probably the best idea.

That being said, while it wouldn’t advisable to reduce your stock exposure, it would definitely be advisable to reduce your expectations, at least for the short term. Prior to the coronavirus outbreak, Wall Street consensus was for 7% earnings growth this year, with similar growth for stocks. On 27 FEB, Goldman Sachs revised its estimate to zero growth. That’s how much economic damage the virus has already caused. The bottom line for stock investors? That depends partly on your situation:

- If you’re investing monthly through a 401(k) or other retirement plan, and have decades until retirement, you’re in fat city. Stocks are on sale and may get cheaper yet. Don’t change a thing.

- If you've got money on the sidelines, keep it there for now. Nobody, and I mean nobody, knows where this is going. Keep some powder dry.
- If this sudden stock market drop has you in a panic, you may have too much money in the market. While this coronavirus is unique, sudden sharp declines in the stock market aren't. Consider this a lesson and allocate accordingly.

Savings: Lock in rates

There's already been enough damage from the effects of the coronavirus outbreak to slow the world economy. And what do governments do when growth dries up? They prime the economic pump with lower interest rates. The futures market is now pricing in the odds of the Federal Reserve lowering its benchmark federal funds rate this year at roughly 85%. Just a few weeks ago, those odds were 50-50. So what's a saver to do? Lock in rates now, before they go lower. As this is being written you can still lock in a 2% interest rate on a certificate of deposit (CD). Nothing to write home about. But it's probably a higher interest rate than your savings account is paying — and it may look good if the economy tips into a recession. Should you lock up all your savings? Absolutely not. The coronavirus scare may be over by the time you read this, growth could resume and savings rates could head higher. But a little hedging, along with a pinch of diversification, never hurt anybody.

[Source: MoneyTalksNews | Stacy Johnson | February 28, 2020 ++]

Election Fundraising Scam

This Election Season, Look Out For Donation Cons

Between the political ads and the news coverage, the 2020 presidential election is impossible to ignore. But voters aren't the only ones paying attention. According to recent BBB Scam Tracker reports, scammers are using phony political fundraising calls to trick Americans into "donating" to a favorite candidate.

How the Scam Works

- You receive a robocall and answer the phone. It's a recorded voice – perhaps even one that sounds just like one of the presidential candidates. According to the recording, rivals have been raising a lot of money. In order to see your favorite candidate elected, you need to donate... immediately.
- If you offer to give, you'll be transferred to a live person and asked for your credit card information. But your money won't go to support the political cause. Instead, the phony caller will make off with your money and/or personal information that can be used for identity theft. As the 2020 election campaign heats up, be on the lookout for more versions of this con.

How to Avoid a Robocall Scam:

- Screen your calls. If a call comes in from a number you don't recognize, don't answer. Even if the number looks familiar, be wary. Check the number on WhitePages.com (a BBB Accredited Business) to see if it's been flagged with a fraud alert.
- Don't respond to unsolicited robocalls. If you receive an unsolicited robocall that seems to come from a legitimate business, be cautious. Scammers can fake caller ID, and businesses are only allowed to call you via robocall with your written permission. If someone is calling you out of the blue, it's most likely a scam. Best practice is to hang up the phone without interacting with the call.
- Register with the Do Not Call Registry. This step won't prevent scammers from calling you, but it will reduce the number of legitimate marketing calls you receive, which will make it easier to identify the fraudulent ones. If you live in the US, call 888-382-1222 or register online at donotcall.gov. If you live in Canada, visit the National Do Not Call List here.

For More Information

To learn more about how to avoid robocall scams, read www.BBB.org/RoboCall. If you've been the victim of a robocall scam, report it on the www.BBB.org/ScamTracker. By doing so, you can help others protect themselves from falling prey to similar scams. Learn more about scams at www.BBB.org/ScamTips and learn how to avoid them at www.BBB.org/AvoidScams.

[Source: BBB Scam Alert | February 21, 2020 ++]

Coronavirus Cure Scam

As Covid-19 Spreads, So Do Phony Cures

It's not a matter of if the coronavirus will spread into North America, it's matter of when, [announced](#) the Centers for Disease Control and Prevention (CDC). While this is bad news for most Americans and Canadians, it's great news for scammers who are cashing in on our anxiety about the disease. Look out for fake cures, phony prevention measures, and other coronavirus cons.

How the Scam Works:

- You are worried about coronavirus and hear about preventions or a "cure" on social media, in an email, or a website. The message or website contains a lot of information about this amazing product, including convincing testimonials or a conspiracy theory backstory. For example, one scam email claims that the government has discovered a vaccine but is keeping it secret for "security reasons." You figure it can't hurt to give the medicine a try, so you get out your credit card.
- Don't do it! Currently there are no U.S. Food and Drug Administration-approved vaccines or drugs to prevent coronavirus infection, although treatments are [in development](#). No approved vaccines, drugs, or products specifically for coronavirus can be purchased online or in stores
- Peddling quack medicines isn't the only way scammers are trying to cash in on coronavirus fears. Con artists are [impersonating](#) the CDC and the World Health Organization in phishing emails. These messages claim to have news about the disease and prompt readers to download malicious software. Another scam email tries to con people into donating to a fake fundraising effort, claiming to be a government program to develop a coronavirus vaccine.

How to Spot a Cronavirus Con:

- Don't panic. Do your research: Be skeptical of alarmist and conspiracy theory claims and don't rush into buying anything that seems too good – or crazy – to be true. Always double check information you see online with official news sources.
- Be wary of personal testimonials and "miracle" product claims. Be suspicious of products that claim to immediately cure a wide range of diseases. No one product could be effective against a long, varied list of conditions or diseases. Also, testimonials are easy to make up and are not a substitute for scientific evidence.
- It's "all natural." Just because it's natural does not mean it's good for you. All natural does not mean the same thing as safe.
- Check with your doctor. If you're tempted to buy an unproven product or one with questionable claims, check with your doctor or other health care professional first.

For More Information

Read more about coronavirus scams on the Federal Trade Commission's [website](#), and see BBB's alert about [counterfeit face masks](#). Learn more about the disease at the CDC's [FAQ page](#). Also, the FDA is updating this page about its progress in developing a treatment for coronavirus. If you've spotted a scam (whether or not you've lost money), report it to www.BBB.org/ScamTracker. Your report can help others avoid falling victim to scams.

Tax Burden for Wyoming 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 Wyoming.

General Taxes

State Sales Tax: 4% (prescriptions and food for home consumption are exempt. Wyoming treats both candy and soda as groceries for sales tax purposes); counties have the option of adding up to 2% in additional taxes. There is a county lodging tax that varies from 2% to 4% and is added to the other sales taxes.

Use Tax: If you buy goods and are not charged the Wyoming Sales Tax by the retailer, such as with online and out-of-state purchases, you are supposed to pay the 4% sales tax (less any foreign sales tax paid) for these items yourself as the Wyoming Use Tax.

Gasoline Tax*: 42.4 cents/gallon (includes \$0.24 cents/gallon WY excise tax)

Diesel Fuel Tax*: 48.4 cents/gallon (includes \$0.24 cents/gallon WY excise tax)

Cigarette Tax: 60 cents/pack of 20

Beer & Liquor Tax: \$0.02 & 0.00 cents/gallon

Cell Phone: \$7.94 per phone service plan on average

**Note: The 2020 U.S. federal excise tax on gasoline is 18.4 cents per gallon and 24.4 cents per gallon for diesel fuel*

Personal Income Taxes

No state personal income tax. Also, retirement income is not taxed, including that received from other states.

Property Taxes

Tax rates are set by the various political entities with the legal power to levy taxes. These governmental entities include counties; school districts; cities and towns; and special taxing districts, such as water and sewer districts and cemetery districts. Once the taxing entities have adopted their budgets and tax rates, the tax rates cannot be appealed. However, obvious factual errors may still be corrected by the county. Your tax notice indicates the amount you pay to each taxing entity.

Wyoming is a "fractional assessment" state. This means their property tax applies to only a fraction of the full market value of property. This fraction is the property's assessed value. For most property, only 9.5% of market value is subject to tax. Consequently, a home worth \$100,000 on the market is only taxed on \$9,500 in assessed value. The real effect of fractional assessments is to exempt \$90,500 of the home's value from taxation. Citizens are legally protected from counties and municipalities increasing property tax rates. For county revenue, the rate is limited to 8 mills (.8%). With very few exceptions, state law limits the property tax rate for all governmental purposes. All Wyoming citizens benefit from property tax exemptions. Personal property held for personal use is tax exempt. Inventory, pollution control equipment, cash, accounts receivable, stocks, and bonds are also exempt.

The state has several property tax relief/credit/deferral programs. If the value of certain assets (bank accounts, investments, real estate other than house, and motor vehicles in excess of one per household member) exceed \$101,900, a resident cannot qualify.

To be eligible for the main property tax relief program one must have a household income less than the greater of half the state or county median household income, and have other assets totaling less than \$101,900 (see above). By meeting the eligibility rules, the tax relief is up to one-half of the median residential property tax or one-half of the property tax bill, whichever is less. Refer to <http://revenue.wyo.gov/property-tax-division> for more information

There is a Veteran's Property Tax Exemption for those who qualify. A person must be honorably discharged as a veteran of WWI, WWII, Korea, or Viet Nam. Surviving spouses of qualifying veterans and certain disabled veterans may be eligible for the exemption. The amount of relief is \$3,000 of assessed value against real personal property. The exemption is limited to \$800 in total tax benefits. A surviving spouse may continue to collect benefits until he or she remarries. Refer to <http://revenue.wyo.gov/property-tax-division/veterans-exemption-forms> for more information.

The state has a Tax Rebate to Elderly and Disabled Program that is available to those age 65 and older who meet certain income requirements. Those eligible by statute for this program are individuals who are 65 years of age or older or 18 years of age or older and totally (100 percent) disabled. Income for these individuals must be less than \$17,500 per year if single or \$28,500 per year if married. Residency for 12 months prior to the date of application is required. For a qualified single individual, the amount of the refund varies between \$250 and up to \$800. For details on property tax relief programs, click here. Call 307-777-5235 for additional details. Call 307-777-5235 for details. For general information on property tax and relief programs, [click here](#).

Refer to <http://revenue.wyo.gov> or call 307-777-5235 for details on property tax relief programs. Go to <http://revenue.wyo.gov/system/app/pages/search?scope=search-sites&q=tax+rebate+elderly+and+disabled>. for general information on property tax and relief programs refer to

Inheritance and Estate Taxes

There is no inheritance tax 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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Visit the Wyoming Department of Revenue site <http://revenue.wyo.gov> or call 307-777-5287 for more information.

[Source: <http://www.tax-rates.org> & <http://www.retirementliving.com/taxes-new-york-wyoming#Wyoming> | February 2020 ++]

*** General Interest ***



Notes of Interest

February 15 thru 29, 2020

- **AZ Vet Property Tax.** SCR 1043 has been introduced in the state Senate to submit a proposition to the voters at the next general election to exempt all honorably discharged veterans who are residents of the state and who have a service or nonservice connected disability, as determined by the VA, from having to pay.
- **Preventable Hospital Deaths.** Based on a systematic review that yielded eight studies of deaths of hospitalized patients, researchers from Yale University School of Medicine and VA Connecticut Healthcare System found that only 3.1% were judged to have been preventable. Two of the studies offered data on preventable deaths for patients with at least 3 months of life expectancy and reported that between 0.5% and 1.0% of those deaths were preventable. Considering the number of annual deaths of hospitalized patients in the USA, the researchers estimated that approximately 22,165 preventable hospital deaths annually and up to 7,150 preventable deaths among patients with greater than 3 months life expectancy.
- **Iraq Missile Strike.** One more U.S. service member has been diagnosed with a traumatic brain injury following Iran's January missile strike in Iraq, the Pentagon announced 21 FEB. The new diagnosis brings the total number of U.S. service members who suffered brain injuries in the attack to 110.
- **Social Security statement.** If you already have a Social Security account at SSA.gov, here's how to get your latest annual benefit statement via your account:
 - 1) Sign in to your account at <https://www.ssa.gov/myaccount> , which brings you to your Overview page.
 - 2) Click on "Replacement Documents" in the list at right.
 - 3) Scroll down to Form SSA-1099/SSA-1042S, and click to open your document.
 - 4) View, print or save your benefit statement.
- **Iran*Yeman.** The seizures of weapons by two U.S. Navy warships in the Arabian Sea in November and February included newly designed Iranian surface-to-air missiles among other weaponry bound for Houthi rebels in Yemen.
- **Space Force.** Graduates from the U.S. Air Force Academy in Colorado are expected to cross-commission into the Space Force this spring, military officials said.
- **Korea Travel Restriction.** Travel to South Korea is being restricted immediately for all service members and civilians who are nonessential due to the growing cases of coronavirus in the country, the regional military combatant command announced 26 FEB.
- **COVID-19.** Children of U.S. military personnel living in South Korea, Japan, Italy, Bahrain and elsewhere are beginning to experience the disruption of routine caused by the burgeoning worldwide COVID-19 outbreak. In Asia, Europe and the Middle East, 15 Department of Defense Education Activity schools are closed and extracurricular activities canceled, affecting roughly 7,500 students.
- **NDSWA Memorial.** Kuwait has pledged \$10 million to help build the National Desert Storm and Desert Shield Memorial in Washington, D.C. Scott Stump, CEO and president of the National Desert Storm War Memorial Association said the organization is honored and humbled by the show of support. As of 31 DEC, NDSWA has raised \$9 million of the \$40 million needed to construct the memorial.
- **USMC.** Marine Corps Commandant Gen. David Berger wants the Corps to remove all "Confederate-related paraphernalia" from Marine bases.

- **USAF.** The U.S. Air Force has officially started its search for a “flying car” able to speedily shuttle troops and equipment into war zones. On 25 FEB, the service released a solicitation for Agility Prime, its effort to explore commercial advances in electronic vertical-takeoff-and-landing technologies, otherwise known as eVTOL. The Air Force is especially interested in air vehicles that can carry three to eight troops more than 100 miles at a speed of greater than 100 mph for periods of an hour or more, the solicitation said.

[Source: Various | February 29, 2020 ++]

China’s Power Projection

Update 01: SecDef Makes Case of China’s Growing Threat to Europe

In Europe, there is a focus on the threat from Russia. However, there is also a threat from China, the Pentagon's number one concern, said Defense Secretary Dr. Mark T. Esper. "America's concerns about Beijing's commercial and military expansion should be [Europe's] concerns as well," Esper said, during his remarks at the Munich Security Conference in Germany today. China is currently applying economic and political pressure publicly and privately on many Indo-Pacific region and European nations, to seek new strategic relationships, he said.

The Belt and Road Initiative is one such example where it uses overseas investments to force other nations into making suboptimal security decisions, the secretary noted. This has wide-ranging implications for the U.S. and allies in areas such as data security and military interoperability. Another example is China's telecommunication firm Huawei, which has developed and is exporting 5G networks that threaten secure communications and jeopardize U.S. alliances. The department is working to support 5G advances in the U.S. and the secretary said he hopes European nations will follow suit.

Esper said China's President Xi Jinping is leading his nation even faster in the wrong direction: more internal repression, more predatory economic practices, more heavy-handedness and a more aggressive military posture. The international community needs to be aware of the challenges presented by China's manipulation of the longstanding international rules-based order that has benefited the world for many decades, he said. Beijing has said that by 2049, it intends to dominate Asia as the preeminent global military power, Esper said. Over time, the Chinese have seized and militarized islands in the South China Sea, rapidly modernized its armed forces, while seeking to use emerging technology — often acquired through theft — to alter world power in its favor, he said.

Beijing is using artificial intelligence and other technologies to surveil and to repress many of its own people. Also, China is exporting those technologies to other authoritarian regimes, the secretary said. The world is too interconnected for us not to work together to solve some of our toughest problems." For its part, DOD is investing in cutting edge technology to modernize its force and building stronger relationships with allies and partners. Examples, he said, are hypersonics, advanced missile defense systems and artificial intelligence. The goal of developing these weapons is to protect the sovereignty of all freedom-loving countries.

Next year marks the 20th anniversary of China's admission into the World Trade Organization, "a decision that fundamentally altered the course of international affairs," he said. The thinking at the time was that China's admission into the WTO and other multilateral institutions would result in China's continued path to economic reform and eventually become a responsible global and political stakeholder, and possibly an eventual democracy, he mentioned. Skeptics, however, warned that China would reap the benefits of free trade to acquire technologies to build a strong military and security state capable of expanding the reach of its authoritarian rule, he said. "These are both credible arguments but we all know which one is winning right now," he said.

Having said that, the U.S. doesn't seek conflict with China, he said. "In fact, we look for areas of cooperation where our interests converge." For example, Esper said the U.S. delivered 18 tons of medical supplies to China and provided other assistance to help fight COVID19, the coronavirus. "The world is too interconnected for us not to work together

to solve some of our toughest problems." The world is increasingly becoming aware of China's motives and is responding in turn, he said. To be a responsible partner in the international community, China must be transparent and respect the sovereignty, freedom and rights of all nations, he said. [Source: DOD News | David Vergun | February 15, 2020 ++]

Marriage Prenup

Reasons Why You May Need/Want One

When people marry, they often believe that their union will last forever. But many marriages end in divorce. That's why it's important to consider protecting yourself with a prenuptial agreement. This legal document spells out how your assets will be divided if your marriage ends. It can also prevent lengthy and expensive court battles, in which the only winners are attorneys who bill by the hour. Of course, this is not to say that everyone must get a prenup. Not every needs one, as Money Talks News founder Stacy Johnson details in "[Should Everyone Have a Prenup?](#)" At the same time, many people stand to benefit from a prenup — whether the agreement is for their own marriage or that of an adult child. What follows are several advantages of a prenuptial agreement to consider before determining whether you — or your offspring — should pursue one:

1. Avoid the state dividing your property

Each state has its own rules and regulations governing how property is divided in a divorce. If you don't have a prenup, it is likely that a judge would determine how to divide your assets based on the judge's interpretation of state statutes.

2. Ensure family assets stay in the family

Even if you don't need or want a prenup for yourself, you might benefit from an heir getting one. Sometimes parents ask their adult children to sign prenups. Gabriel Cheong, a divorce and family law attorney in Boston, says that's because the parents don't want any of the money they plan to leave to their offspring going to a former son- or daughter-in-law.

3. Guarantee a fair distribution of assets

When someone marries a partner with significantly fewer assets, the wealthier spouse is at risk of losing much wealth in a divorce. "If you're coming into the marriage with a lot of assets and your partner is in a different situation, you may want to protect what you earned before marriage," Cheong tells Money Talks News. "This is especially true if you're older, retired or about to retire, because you simply don't have the time to make that money back if there's a divorce."

4. Shield yourself from your spouse's debts

A prenup can help shield a debt-free spouse from his or her partner's financial liabilities in the event of a divorce. This is especially important if you live in a community property state, where debts and assets are viewed as being owned jointly by both spouses.

5. Streamline the divorce process

No one wants to anticipate a divorce. However, if your marriage does end, a prenup will make the divorce less complicated, since the division of assets already has been negotiated and agreed upon by both parties. "This doesn't mean a prenup will prevent all litigation," says Cheong. "There are, of course, situations where people might still litigate and fight. But it helps to eliminate a lot of issues if those issues were talked about and agreed upon in advance."

6. Protect your children

If you remarry, it's important to think about how your new marriage will affect the lives of your children from previous relationships. Michele Lee Fine, president of Cornerstone Wealth Advisory in New York, tells Money Talks News that a prenup can ensure that the property rights of your children are protected and enforced. The agreement allows you to designate certain assets for your offspring.

7. Protect your business

You can designate your business as separate property in a prenup so you won't have to liquidate it in a divorce, says Elysa Greenblatt, a matrimonial attorney in New York City. Greenblatt says she often advises clients to sign a prenup if they own a business or an interest in a business, to make the business immune to distribution if the marriage ends. "Valuing and dividing a business in a divorce can be very complicated and costly, so having a prenup can make a divorce much easier," Greenblatt says.

[Source: MoneyTalksNews | Emmet Pierce | February 22, 2020 ++]

Postal Custom Forms

Handwritten Ones no Longer Accepted After 5 MAR

Mailing packages from military post offices is about to become more of a hassle following a new U.S. Postal Service rule that is doing away with handwritten customs declaration forms. Beginning March 6, clerks at military post offices overseas will require customers to use an electronic version of the PS Form 2976 that should be typed and printed, the U.S. Postal Service said in a recent announcement. U.S. Army Europe in a statement 19 FEB said it is working to delay the policy change, which is expected to cause longer waits for customers. But while the Army tries to negotiate a delay, the military community should anticipate the change taking effect in March, USAREUR postal chief Bill Hilsher said.

For decades, filling out paper customs forms has been a fixture of military life for service members overseas, particularly during the holiday season when customers cram into postal offices. USAREUR warned the new system could result in longer wait times, particularly if customers elect to have postal clerks individually type declarations into retail system software. Another option is filling out forms and printing them at home in advance. There also are plans to set up computer-equipped kiosks at military post offices, USAREUR said. "We ask for customers' patience and understanding if the policy change causes longer wait times," said Chuck Sharpe, program manager for Installation Management Command-Europe's postal operations.

The military currently has a limited exemption for mail destined for non-U.S. addresses. "Only military mail items that originate at Military Post Offices destined to international, non-U.S. addresses are allowed as a temporary exception to this rule (pending software updates)," a recent U.S. Postal Service bulletin stated. Otherwise, the changes apply to all U.S. post offices, military and non-military, the postal service stated. A fillable customs form can be found on the U.S. Postal Service website <https://cfo.usps.com/cfo-web/labelInformation.html>. [Source: Stars & Stripes | John Vandiver | February 20, 2020 ++]

Afghan Peace Talks

Update 08: Violence Reduction Agreement Key to Talks

The U.S. and the Taliban have agreed to reduce violence across Afghanistan — paving the way for both parties to shake hands on a peace agreement later this month. "The United States and the Taliban have been engaged in extensive talks to facilitate a political settlement to end the war in Afghanistan, reduce United States and Allied Forces presence, and ensure that no terrorist group ever uses Afghan soil to threaten the United States or our allies," Secretary of State Mike Pompeo said in a statement Friday morning. Following recent discussions between U.S. and Taliban negotiators in Doha, Qatar, Pompeo said there has been a mutual understanding for a "significant and nationwide" reduction in violence throughout Afghanistan.

“Upon a successful implementation of this understanding, signing of the U.S.-Taliban agreement is expected to move forward,” Pompeo said. The agreement is expected to be inked on 29 FEB, according to Pompeo. Then, intra-Afghan discussions can start to “deliver a comprehensive and permanent ceasefire and the future political roadmap for Afghanistan,” he said. “Challenges remain, but the progress made in Doha provides hope and represents a real opportunity,” Pompeo said. “The United States calls on all Afghans to seize this moment.”

U.S. Special Representative for Afghanistan Reconciliation Zalmay Khalilzad has led peace negotiations with the Taliban since 2018. Although discussions stalled in September after President Donald Trump called off a meeting with the Taliban at Camp David, peace talks resumed later in the year. Javid Faisal, a spokesman for the Afghan National Security Advisor, said the reduction in violence will last a week. “Based on the plan, the reduction in violence (RIV) will start between the Taliban and international and Afghan security forces for one week,” Faisal said, according to Reuters. “We hope it is extended for a longer time and opens the way for a ceasefire and intra-Afghan talks,” he said. Taliban leaders also told Reuters the understanding to cut down on violence would get underway the evening of 21 FEB.

Pompeo’s announcement comes after the Taliban’s deputy leader Sirajuddin Haqqani — who is wanted by the FBI — penned an op-ed for the New York Times signaling a peace agreement was imminent and would result in the removal of all U.S. troops from Afghanistan. The U.S. could then support step postwar development and reconstruction after troops exit, he said. “My fellow Afghans will soon celebrate this historic agreement,” Haqqani said. “Once it is entirely fulfilled, Afghans will see the departure of all foreign troops.” Pompeo did not specify in his statement how many U.S. troops would be cut, if the reduction in violence proves successful and a peace agreement advances. However, Secretary of Defense Mark Esper has suggested 8,600 U.S. troops would stay in Afghanistan to conduct counterterrorism missions, in addition to train, advise, and assist missions. Approximately 13,000 U.S. troops currently remain in Afghanistan. Combat casualties among U.S. troops in 2019 includes the hostile deaths of 14 soldiers and 3 Marines. [Source: MilitaryTimes | Diana Stancy Correll | February 21, 2020 ++]

Food Safety Recalls

84% of Grocery Stores Come Up Short

Food safety recalls can be scary. But even more frightening is knowing that your local grocer might not provide the details you need about such recalls to keep your family safe. In fact, the vast majority of major food retailers earn a failing grade in keeping the public aware of such episodes, according to a recent U.S. PIRG Education Fund survey. The nonprofit consumer advocacy organization says that 22 of the 26 largest U.S. grocery stores get failing grades for the policies and practices they use to notify consumers about food recalls.

In reaching its verdict, U.S. PIRG (Public Interest Research Group) began by sending questionnaires to leading grocers about recall policies, efforts to directly notify consumers and the posting of warning signs in stores. Most of the grocery chains declined to respond, or only answered a few questions. So, the nonprofit took matters into its own hands: “[W]e did what any concerned consumer might if they had a significant amounts of free time: a significant review of all publicly available information about supermarket’s recall efforts. We examined company websites, terms of service, and privacy policies.” The analysis revealed that most grocery stores fail in several ways, including:

- Eighty-four percent of grocery store chains did not provide a public description of how they notify customers about recalls.
- Although more than half of surveyed grocery store chains said they have a program to directly notify consumers about recalls via email or phone, U.S. PIRG typically was unable to find out when such a program “is activated, how customers participate, or what information is included in the notifications.”
- None of the chains in the survey offer information online about where recall notices can be found inside stores.

Stores tagged with failing grades include: Albertsons, Aldi, BI-LO, Food Lion, Giant Eagle, Hannaford, Harveys, H-E-B, Hy-Vee, Meijer, Price Rite, Publix, Safeway, ShopRite, Stop & Shop, The Fresh Grocer, Trader Joe's, Vons, Walmart, Wegmans, Whole Foods, and Winn-Dixie.

By contrast, four stores earned passing grades — albeit only at the “C” level — for “providing adequate information about their recall notification policies to the public,” U.S. PIRG reports. They are: Harris Teeter, Kroger, Smith's, and Target.

How can grocery stores improve their food-recall practices? U.S. PIRG notes that grocery stores typically have loyalty programs and track purchase histories in a way that gives the retailers information they could use to provide “targeted alerts” to customers about recalled products: “Stores can see sales of products drop after recalls and may receive some blame for failing to notify consumers. But, proactively warning customers they may have purchased recalled food is more than a critical mechanism to protect public health — it could help inoculate the grocery store from consumer outrage.” [Source: MoneyTalksNews | Chris Kissell | February 19, 2020++]

Homeless Population

More than Half Have Had Some Form of Traumatic Brain Injury

A serious health problem is running rampant in the homeless population, but it's not a contagious virus or an issue with drugs. A stunning number of people experiencing homelessness have suffered a traumatic brain injury (TBI). Health experts believe managing those TBI's could be key to helping people get off the streets.



After being homeless for nearly a year, Derrick Edwards now has a place of his own. "It might not be much, but it's mine," Edwards said while opening the door on his 600 square foot apartment in Seattle's International District. His journey into homelessness started 15 years ago. Edwards was serving in the Air Force, based in Minot, North Dakota. On a trip off the base, he says he was randomly attacked by a group of men, who hit him repeatedly in the head. "After the 3rd or 4th time, I .. yeah .. it had taken me out," Edwards said. "And the last thing I remember was getting a boot to the face."

Edwards needed surgery to save his right eye, and he suffered a traumatic brain injury that still causes migraines and memory issues. He was managing, and he started his own appliance repair business in Seattle. But he relied heavily on his wife. When she was arrested last year over questions about her immigration status, he spiraled and stopped working. "Tears would roll down and I .. I .. I tried. It was embarrassing. So I had to stop. I couldn't do it anymore," Edwards said. With no income, he moved into his car and became one of Seattle's homeless. And he had something in common with a surprising number of other people on the streets. According to researchers at the University of British Columbia, more than half of people experiencing homelessness have a traumatic brain injury.

The research team performed a systematic review and meta-analysis, looking at 38 previous studies from multiple countries, including the United States. They found 53% of people experiencing homelessness have had some form of a TBI in their lifetime. That could include a mild concussion. But the study also found, 25% of homeless have a moderate to severe brain injury, which is ten times the rate in the normal population. The researchers, who [published](#)

[their study in Lancet Public Health](#), said TBI's could be underappreciated when it comes to understanding obstacles people experiencing homelessness face.

The numbers ring true for Dr. Simha Reddy, Medical Director at the VA Puget Sound homeless primary care program. Dr. Reddy helps take care of Derrick Edwards. And a large number of his other patients have a TBI, making it difficult to help them find stable housing. Reddy said it's important to understand the prevalence of TBI's. "If we can get someone into treatment, working closely with the a traumatic brain injury clinic which we have at the VA, that can be really helpful, in helping them learn how to manage their life," Reddy said.

UW Medicine's Pioneer Square Clinic also sees a significant number of patients with TBI's. Medical Director Dr. Nancy Sugg said many have had repeated physical trauma. "They may have had a motor vehicle accident many years ago, then they get assaulted on the street," Sugg said. "They get a seizure disorder, and then they fall because of their seizures. You stack those injuries to the brain, and that's where we see problems for people." She said that physical trauma combines with the emotional stress of living on the streets. "When you think about all those things together, if you think about somebody who's trying to get a job, keep a job, be housed and stay housed, pay their rent, make sure they budget money, all those things we take for granted to function, all of those things become impaired," Sugg said.

Reddy said awareness of TBI's should remind people to view the homeless as people who need support. "We're asking people in the toughest time of their life to almost be super human," he said. "To make perfect decisions at every moment. That's a lot to ask." Derrick Edwards hopes people in crisis will be more open to asking for help. He lived in his car for four months before reaching out. The VA provided transitional housing and helped him understand his own injury, and how to manage it. He's now working again, living in his apartment, and he hopes to soon be reunited with his wife. "After everything I've worked for, I'm not going to lose it. I can't," Edwards said. [Source: KOMO News Friday | Molly Shen | February 21, 2020 ++]

RP-US Relations

Update 04: Duterte Says RP Can Survive Without U.S. Military Help



Philippine President Rodrigo Duterte, center, salutes during the Presidential Security Group Change of Command ceremony at the PSG Compound in Malacañang Park, Manila

Philippine President Rodrigo Duterte on 26 FEB said Filipino forces can fight insurgents and Muslim extremists without American military help, in a defense of his recent decision to terminate a U.S. security pact. Duterte also said in a speech that he would stick to a decision made early in his presidency, when he was enraged by then President Barack Obama's criticism of his deadly anti-drug crackdown, that he will not travel to the United States. The brash

Philippine leader has often criticized U.S. security policies while praising China and Russia since taking office in mid-2016 for a six-year term.

U.S. President Donald Trump invited Duterte to join a meeting he will host for leaders of the Association of Southeast Asian Nations in Las Vegas next month. Duterte has better relations with Trump than with Obama, but his remarks Wednesday support an earlier statement by his spokesman that he would not attend the Las Vegas meeting. “Do we need America to survive as a nation?” Duterte asked. “Do we need ... the might and power of the military of the United States to fight our rebellion here and the terrorists down south and control drugs?” “The military and police said, ‘Sir, we can do it,’” he said. “If we can’t do it, we have no business being a republic,” Duterte said. “You might as well choose. We can be a territory of the Americans or we can be a province of China.”

The Philippine government notified the U.S. two weeks ago that it intends to end the Visiting Forces Agreement, which allows American forces to train in large numbers in the Philippines, in the most serious threat under Duterte to the two nations’ 69-year treaty alliance. The termination takes effect after 180 days unless both sides agree to keep the VFA. The waiting period allows the allies to renegotiate contentious terms of the 1998 agreement. The accord allows the entry and temporary stay of American forces along with U.S. military ships and aircraft for joint training with Filipino troops. The maneuvers include annual drills that Philippine security officials have credited with helping beat back communist insurgents nationwide and Islamic State group-aligned Muslim militants in the southern Philippines. The VFA specifies which country has jurisdiction over American soldiers who are accused of crimes while in the Philippines, a sensitive issue in the former American colony.

U.S. Secretary of Defense Mark Esper has called the decision by the Duterte administration “unfortunate.” Trump, however, reacted dismissively, saying, “If they would like to do that, that’s fine. We’ll save a lot of money.” Foreign Secretary Teodoro Locsin Jr., who signed the notice of termination at Duterte’s direction, has proposed a review of the agreement to fix contentious issues instead of abrogating it. Duterte threatened to terminate the 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 enforced the president’s deadly anti-drug crackdown as national police chief in 2016. Duterte gave the U.S. a month to restore dela Rosa’s visa, but U.S. officials have not publicly reacted to his demand.

Thousands of mostly poor suspects have been killed under Duterte’s campaign against illegal drugs, alarming the U.S. and other Western governments and human rights groups. Duterte rejected on Wednesday what he said was the portrayal by some U.S. officials of his administration as persecuting a detained opposition senator and being incapable of investigating extrajudicial killings. “We were being portrayed as a republic incapable of administering simple justice,” Duterte said. [Source: The Associated Press | Jim Gomez | February 27, 2020 ++]

Obsolescence

Update 03: 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 is yet another dozen things that are still with us, yet are slowly but surely fading from everyday use.

25. Print magazines

This one's a toughie for those of us who still have boxes full of recipe magazines and Martha Stewart Living, who remember mooning over wedding gowns in Brides magazine or saving a Sports Illustrated from the year our hometown team finally won something. But more print magazines cease publication every year. Some publications are simply moving online or switching to fewer print issues. Kurt Andersen, who founded the iconic, satirical Spy magazine, told the New York Times that the magazine industry is in "more of a dusk, a slow dusk, and we're closer to sunset."

26. Alarm clocks

Hey, guess what tiny device is challenging the alarm-clock industry? You guessed it: smartphones, again. Smartphones, and smartwatches, too, have their own alarm clocks and plenty of advantages over more cumbersome physical clocks. You can set multiple alarms, program each one with a different ringtone or other alarm sounds, and you can take them with you on a business trip or vacation. How come we didn't wake up to this concept earlier?

27. Headphones with cords

Hooray for headphones: They let listeners tune in privately to music, podcasts and audiobooks, or just cancel out the annoying noise of a busy plane or office. But headphones are changing: Eventually, they'll mostly move to a wireless version, where you don't have to plug in the headphones to a computer or phone. The cordless versions do seem safer: No more worries about tripping over the cord while running on a treadmill, or accidentally stepping on it while bending down. For now, you can still use your corded ones, but the next time you buy a set, you'll probably want to think seriously about cutting the cord.

28. Parking meters

Parking meters used to be as much a part of the American urban landscape as, well, mailboxes (see above). Don't misunderstand: Major American cities are still going to demand that drivers pay for parking. But the old-fashioned meters — where you toss in a few coins and your allotted parking time publicly ticks down — are disappearing. Parking payment is moving to smartphones, with many services now posting signs telling a driver what app to download and what assigned number to punch in. It can be complicated for those who aren't computer savvy, but it's the future. And hey, at least it frees you up from carrying around all those quarters.

29. Landline phones

As we noted in a 2017 story, a majority of U.S. households are now cellphone-only, and many states are making it harder for those who want to cling to their landlines. Yes, landlines do have their benefits. Calls rarely drop out as they do on mobile phones. And it's comforting to think that in case of an emergency when cellular service is down — or in the case of a baby sitter or child who may not have a cellphone — there's a way to connect. But many people now see the landline as an expense that can be easily cut.

30. CDs

Remember when the music industry was singing the new song of compact discs (CDs)? Smaller than vinyl records! No ribbons tangled mid-tune as with cassette tapes! And don't even get us started on how much better they sounded than clunky eight-tracks! But now that we all have boxes and dresser drawers jammed full of CDs, the tune has changed. Last year, Rolling Stone reported that CD revenue plummeted 41.5% in the first half of 2018 as compared with 2017. Modern music users are moving to getting — and storing — their tunes digitally. Ironically, as CDs decline, an older musical medium, vinyl records, is reviving. "I definitely believe the next decade is going to be streaming plus vinyl — streaming in the car and kitchen, vinyl in the living room and the den," musician Jack White told Rolling Stone.

31. Paper receipts

From grocery stores to gardening centers, businesses are increasingly ditching the old paper receipt. It's not surprising anymore to be asked at checkout if you want a paper receipt or prefer an emailed one. (Many stores offer both.) And emailed ones can come in handy if you have to return an item. Just search your inbox for proof of purchase. Wondering when exactly you bought that coat, or where? An email search will give you the answers — and the whole trend will save some trees.

32. Movies on DVD

Right next to those drawers full of old CDs, your living room might be full of shelves crammed with movies on DVD. But nowadays, you can buy digital movies on any number of streaming services, from Amazon to iTunes. And really, are you going to want to watch “Grumpy Cat’s Worst Christmas Ever” (a real 2014 title) more than once?

33. Paper bills

Opening your mailbox only to pluck out a pile of paper bills can be discouraging indeed. But these days, it's possible to eschew almost all paper bills, whether utility, credit-card or even doctor's bills. Most places that charge you money for something are happy to do it electronically. You'll receive an email or text nudge when your bill is due, and you can often pay it automatically right from your bank's website. That doesn't make the charges go down any easier, but at least you don't have to hunt for a stamp.

34. Paper airplane tickets and boarding passes

If you've traveled by air lately, you know that paper tickets are on the way out. Even paper boarding passes are taking flight: You can now have those passes sent to your smartphone, and need only show it to the gate agent when boarding for a quick scan. With so many airline amenities getting worse — smaller seats, terrible or no food, etc. — at least this is an efficient change in the air.

35. Theater tickets

Sure, you can still purchase paper tickets at your local movie theater. But increasingly, digital tickets are becoming an option. Purchase your tickets online and have them sent to your smartphone. Then, skip the line at the box office and simply show the usher your virtual ticket to be scanned. Less time waiting in line means more time checking out the candy choices at the concession stand!

36. Calculators

Let's face it: Over the years, those carefully memorized multiplication tables start to slip out of your brain. So calculators, once fiercely banned by teachers, come in awfully handy. But who needs a separate physical calculator when you can calculate any sums via the calculators found on the internet or on your smartphone? These days, you can even ask smart speakers, such as the Amazon Echo, to solve a math problem for you. Alexa, sum it up!

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

Phone Call Harassment

Vet Convicted

A Twentynine Palms man who federal prosecutors said made over 10,000 harassing phone calls to government offices, which included threats to kill congressional staffers, was convicted 12 FEB on six counts. A jury found **Robert Stahlnecker**, 48, guilty on one count of making threats by interstate commerce and five counts of anonymous telecommunications harassment, according to a statement from the U.S. Attorney's Office — Central District of California. He was acquitted of two counts of threatening federal employees. He faces a maximum sentence of five years in federal prison at a 4 MAY hearing in U.S. District Court in Los Angeles.

According to court records, Stahlnecker made the calls between January and November 2019, and followed a similar pattern in which he complained about a U.S. Department of Veteran Affairs Hospital in Loma Linda and then "(launch)

into profanity-laced, obscene, and offensive tirades." In one of several calls made to Ohio Sen. Sherrod Brown's office, Stahlnecker allegedly told a female intern who answered: "I am going to come to your office and kill you, you miserable little c---." The next day, an FBI agent said in an affidavit that Stahlnecker called again and became angry when the intern didn't provide her name because he was "keeping a list of the b----es that hang up on him." In August, Stahlnecker reportedly called a U.S. Congresswoman's office in San Mateo and told the staffer who answered: "I'm going to your f---ing office and I'm going to kill you, f--- you."

Of the 10,000 calls, the FBI investigator found that over 3,600 of them were made to a VA complaint line. This is not the first run-in Stahlnecker has had with law enforcement for making threats. According to the U.S. Attorney's office, he has been the subject of 41 investigations for threatening or harassing phone calls involving 53 elected officials since at least 2009. Stahlnecker has criminal convictions for harassment in New Jersey and making terrorist threats in Pennsylvania. In 2015, he was convicted in a Riverside federal court of impeding the operations of the VA, which was later overturned on appeal.

According to the Times Leader, a newspaper that covers northeastern Pennsylvania, Stahlnecker is a Marine Corps veteran who served from 1995 until 1999, when he was discharged after severely injuring his ankle. Stahlnecker told the paper that was when his "troubles with the VA began." He said the VA denied his first claim in 2000 to receive disability compensation and told him his "injury had nothing to do with (his) military service despite suffering the injury while training with a platoon." According to the 2011 article, a disability claim wasn't accepted until 2007, after he made hundreds of phone calls and emails to a VA office in Philadelphia. The article reported that police in Pennsylvania and the U.S. Department of Homeland Security had charged Stahlnecker that year of using vulgar and threatening language, and making a rape reference to female call takers at the VA office in 2009.

Stahlnecker told the Times Leader he "lost his cool after years of fighting denials" of claims but appeared to justify his behavior as standing up for fellow former soldiers. "It is the principle of getting what I deserve. Not only for me, but for all veterans who suffered a disability while on active duty and get denied by the VA," he said in 2011. "I have tolerated and put up with a great deal of nonsense. I was trying to get the VA to recognize they can't treat veterans this way. They don't care."

Note: Cell phone harassment is illegal in all 50 U.S. states. Not only is it annoying, but unwanted calls also burn up the minutes available in a cell phone plan, resulting in lost calling time and wasted money. Most states define telephone harassment as an obscene communication or any verbal or text message threatening physical harm. Intent is also necessary to establish a criminal complaint of harassment, either by repeated calling or specific threats in a single call. Fortunately, there are several options for stopping harassing cell phone calls, up to and including legal action.

[Source: Daily Press, Victorville, Calif. | Martin Estacio | February 14, 2020++]

Year 1919

What It Was like Only a Century Ago

This will boggle your mind! What a difference a century makes! Here are some statistics for the Year 1919:

- The average life expectancy for men was 47 years.
- Fuel for cars was sold in drug stores only.
- Only 14% of the homes had a bathtub.
- Only 8% of the homes had a telephone.
- The maximum speed limit in most cities was 10 mph.
- The tallest structure in the world was the Eiffel Tower.
- The average US wage in 1919 was 22 cents per hour.

- The average US worker made between \$200 and \$400 per year.
- A competent accountant could expect to earn \$2,000 a year. A dentist earned \$2,500 a year.
- A veterinarian between \$1,500 and 4,000 a year. A mechanical engineer about \$5,000 a year.
- More than 95% of all births took place at home
- Ninety percent of all Doctors had NO COLLEGE EDUCATION! Instead, they attended so-called medical schools, many of which were condemned in the press & the government as "substandard."
- Sugar cost four cents a pound.
- Eggs were fourteen cents a dozen.
- Coffee was fifteen cents a pound.
- Most women only washed their hair once a month, And, used Borax or egg yolks for shampoo.
- Canada passed a law that prohibited poor people from entering their country for any reason.
- The Five leading causes of death were: Pneumonia and influenza, Tuberculosis, Diarrhea, Heart disease, and Stroke
- The American flag had 45 stars ...
- The population of Las Vegas, Nevada, was only 30.
- Crossword puzzles, canned beer, and iced tea hadn't been invented yet.
- There was neither a Mother's Day nor a Father's Day.
- Two out of every 10 adults couldn't read or write, & only 6% of Americans had graduated from high school.
- Marijuana, heroin, and morphine were all available over the counter at local corner drugstores.
- Back then pharmacists said, "Heroin clears the complexion, gives buoyancy to the mind, regulates the stomach, bowels, and is, in fact, a perfect guardian of health!"
- Eighteen percent of households had at least one full-time servant or domestic help...
- There were about 230 reported murders in the ENTIRE U.S.A.

[Source: Frontlines of Freedom Newsletter | February 28, 2020 ++]

Have You Heard?

British Humor | Husbands & Wives (2) | Questions 5

British Humor

1. I got invited to a party and was told to dress to kill. Apparently, a turban, beard and a backpack wasn't what they had in mind.
2. After a night of drink, drugs and wild sex, John woke up to find himself next to a really ugly woman. That's when he realized he had made it home safely.
3. Seven wheelchair athletes have been banned from the Para-Olympics after they tested positive for WD40.
4. A teenage boy asks his granny: "Have you seen my pills? They were labelled LSD?" Granny replies: " The hell with the pills, did you see the dragons in the kitchen?"
5. Wife gets naked and asks hubby: "What turns you on more, my pretty face or my sexy body?" Hubby looks her up and down and replies: "Your sense of humor!" (Hospital visiting hours are 5:00 to 6:00.)
6. A chap's wife is back on the warpath again. She was up for making a sex movie last night, and all he did was suggest they should hold auditions for her part. (His viewing will be Saturday from 7:00 till 8:30.)
7. I've accidentally swallowed some Scrabble tiles. My next crap could spell disaster.

8. I woke up this morning at 9:00 and could sense something was wrong. I got downstairs and found the wife face down on the kitchen floor, not breathing! I panicked. I didn't know what to do. Then I remembered McDonald's serves breakfast until 10:30.

9. My missus packed my bags and as I walked out the front door. She screamed: "I wish you a slow and painful death, you bastard!" I replied: "Oh, so now you want me to stay!"

10. Bought the missus a hamster skin coat last week. When we went to the fair last night it took me 3 hours to get her off the Ferris wheel.

11. The other night, my wife asked me how many women I'd slept with. I told her: "Only you. All the others kept me awake all night!" (The doctor says I should be able to see again in about ten days. The broken arm will take about a month.)

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Husbands & Wives (2)

Avocados

"Could you please go shopping for me and buy one carton of milk and if they have avocados, get 6.

A short time later the husband comes back with 6 cartons of milk. The wife asks him, "Why did you buy 6 cartons of milk?"

He replied, "They had avocados."

If you're a woman, I'm sure you're going back to read it again! Men will get it the first time.

#####

Carburetor Water

WIFE: "There is trouble with the car. It has water in the carburetor."

HUSBAND: "Water in the carburetor? That's ridiculous"

WIFE: "I tell you the car has water in the carburetor."

HUSBAND: "You don't even know what a carburetor is. I'll check it out.

Where's the car?

WIFE: "In the pool"

#####

Mental Illness

25% of the women in this country are on medication for mental illness.

That's scary. It means 75% are running around untreated.

#####

Cell Phone

A young man wanted to get his beautiful blonde wife something nice for their first wedding anniversary. So he decided to buy her a cell phone. He showed her the phone and explained to her all of its features.

Meg was excited to receive the gift and simply adored her new phone.

The next day Meg went shopping. Her phone rang and, to her astonishment, it was her husband on the other end. "Hi Meg," he said, "How do you like your new phone?"

Meg replied, "I just love it! It's so small and your voice is clear as a bell, but there's one thing I don't understand though..."

"What's that, sweetie?" asked her husband.

"How did you know I was at Wal-Mart?"

#####

Moving Out/In

Husband and wife had a tiff. Wife called up her mom and said, "He fought with me again, I am coming to live with you."

Mom said, "No darling, he must pay for his mistake. I am coming to live with you.

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Questions 5

TEACHER: Why are you late?

STUDENT: Class started before I got here.

TEACHER: John, why are you doing your math multiplication on the floor?

JOHN: You told me to do it without using tables.

TEACHER: Glenn, how do you spell 'crocodile'?

GLENN: K-R-O-K-O-D-I-A-L'

TEACHER: No, that's wrong

GLENN: Maybe it is wrong, but you asked me how I spell it.

TEACHER: Donald, what is the chemical formula for water?

DONALD: H I J K L M N O.

TEACHER: What are you talking about?

DONALD: Yesterday you said it's H to O.

TEACHER: Winnie, name one important thing we have today that we didn't have ten years ago.

WINNIE: Me!

TEACHER: Glen, why do you always get so dirty?

GLEN: Well, I'm a lot closer to the ground than you are.

TEACHER: George Washington not only chopped down his father's cherry tree, but also admitted it.

Now, Louis, do you know why his father didn't punish him?

LOUIS: Because George still had the ax in his hand.....

TEACHER: Now, Simon, tell me frankly, do you say prayers before eating?

SIMON: No sir, I don't have to, my Mum is a good cook.

TEACHER: Clyde, your composition on 'My Dog' is exactly the same as your brother's.

Did you copy his?

CLYDE: No, sir. It's the same dog.

(I want to adopt this kid!!!)

TEACHER: Harold, what do you call a person who keeps on talking when people are no longer interested?

HAROLD: A teacher

Thought of the Week

"When you know what you are willing to die for, then you will know what to live for." --- Jewish saying



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