

RAO

BULLETIN

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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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National Defense Strategy

Update 01: Northcom Reports on U. S. Security Needs

The U. S. Northern Command is responsible for defending the homeland and is morphing to develop 21st century tools to defend against 21st century threats. "Our adversaries have watched, learned and invested to offset our strengths while exploiting our weaknesses," Air Force Gen. Terrence J. O'Shaughnessy told the House Armed Services Committee 11 MAR. "They have demonstrated patterns of behavior that indicate their capability, capacity and intent to hold our homeland at risk below the nuclear threshold." The security environment is changing. "The Arctic is no longer a fortress wall, and the oceans are no longer protective moats," the general said. "They are now avenues of approach to the homeland, which highlights the increase in adversary presence in the Arctic." We cannot defend the nation against 21st century threats with 20th century technology. "

The country needs a capable, persistent defense that can deter adversaries, protect critical infrastructure, enable power projection forward and prevent homeland vulnerabilities, he said. "To deter, detect and defeat threats arrayed against the homeland today, Northcom and NORAD are transforming our commands and our way of thinking," the general told the House committee. "We cannot defend the nation against 21st century threats with 20th century technology. " O'Shaughnessy called for a layered defense infused with the latest technology. The command will continue to partner with the U. S. defense and commercial industries a "to transform rapidly evolving scientific information into leading-edge digital age technology," he said.

The command is building a SHIELD — the Strategic Home and Integrated Ecosystem for Layered Defense — to defend the homeland. "Our layered defense needs to establish awareness in all domains; from below the oceans to the highest levels of space, including the unseen cyber domain, which are all at risk," he said. The general called for a layered sensing grid in all domains which can detect and track threats from their points of origin. "In other words, it requires the ability to identify and eliminate the archers before the arrows are released," O'Shaughnessy said. "We need an adaptive architecture for joint all-domain command and control, capable of using a myriad of sensors across the globe into accurate decision quality threat information at the speed of relevance for effective command and control."

Finally, the command needs the ability to deploy "defeat mechanisms capable of neutralizing advanced weapon systems in order to defend our great homeland," he said. "We have put great effort into these areas such as Ballistic Missile Defense and the need also exists to aggressively defeat additional threats to include the ever growing cyber threat and the cruise missile threat." [Source: DOD News | Jim Garamone| March 11, 2020 ++]

Navy Training

Update 02: CNO Sounds off About SECDEF Comment



A Navy F/A-18E Super Hornet from the Tomcatters of Strike Fighter Squadron 31 flies above the aircraft carrier Theodore Roosevelt on Feb. 27 in the Pacific Ocean

Stung by Pentagon criticism over how the Navy trains and deploys its crews, the Navy's top officer publicly pushed back 2 MAR, saying his fleet has made "every commitment, every deployment that we've been directed to do." Chief of Naval Operations Adm. Mike Gilday's remarks came on the first day of the annual WEST conference and five days after Defense Secretary Mark Esper told lawmakers that the Navy's Optimized Fleet Response Plan, or O-FRP, "hasn't worked for years." "I don't necessarily agree with the secretary's assessment" of O-FRP, Gilday said during a town hall event. "I say that with all due respect."

The O-FRP puts U. S. -based ships on a 36-month cycle for training, deploying and maintenance. But six years in, critics say O-FRP has been hampered by shipyard maintenance delays and manning shortages. The Navy has failed to meet maintenance or readiness targets called for under the O-FRP, and Esper told the House Armed Services Committee that a pending independent force structure assessment was built on the assumption that the O-FRP was working, and he believes it's not. This is how O-FRP is supposed to work:

- It starts with a maintenance phase, where ships get fixed before they're scheduled to deploy. Then sailors enter a basic training phase, when they start qualifying for the key shipboard functions such as fighting a major fire, operating the combat system correctly and safely navigating the ship.
- Crews graduate to an advanced and integrated phase when they learn high end tactics, uniting with others in a strike group to wage war as a team.
- That's followed by a deployment before moving to a roughly 14-month period of elevated readiness called the "sustainment phase."

Gilday said ships in a surge readiness phase of the O-FRP have been called on "a lot," and that O-FRP "has also given a degree of stability for our sailors." After becoming the Navy's 32nd CNO in August, Gilday said he directed U. S. Fleet Forces Command and U. S. Pacific Fleet to conduct assessments of O-FRP. "It's been five or six years since we put it into place and I had questions myself," he said. Esper has asked for a "separate independent assessment of O-FRP," which remains ongoing, Gilday said. "The Navy's been very much a part of working on that," CNO added. Under O-FRP, a ship should be employable for roughly 22 of the 36-month construct, he said. "If we want to

change how we deploy within that 22 months, we can take a look at that,” Gilday said. “We can take a look at the cost of it.” “At the end of the day, what we have to do is understand what the secretary of defense really wants with respect to either increased presence today or increased surge or a combination of both,” he said.

Flanked at the Monday morning town hall by the commandants of the Coast Guard and Marine Corps, Gilday also announced that their services are working on a joint maritime strategy slated for a summer release. The annual conference is sponsored by AFCEA International and the U. S. Naval Institute. It gave CNO a platform to also defend the Navy’s progress on fixing the aircraft carrier Gerald R. Ford, saying the warship will spend half of the next year at sea. All type, model, series aircraft expected to join Ford on its first deployment are now certified to conduct flight operations from the flattop, Gilday said, and the carrier flattop will be “operational at the end of the month and will be the East Coast carrier for carrier quals for the next year.” The flight deck will be certified by the end of March, he added.

Ford has started bringing along shipyard workers when underway, and the carrier logged 7,000 miles while at sea for 20 days last month. “They were chasing the highest seas they could find in order to test the elevators,” he said. Slow progress on the ship’s ammunition elevators has long been a sore point inside the Pentagon. “The punch line is that the elevators are broken,” Gilday said. “The elevators have not been constructed. They’re not built. And so, we have four fully built right now, seven by the end of this summer and the remaining four finished in 2021.” Four months of shock trials will commence about a year from now, he added. “After that, we’re going to see what we can do with her operationally, for an extended period of time,” Gilday said. “I am very bullish on that carrier and the capability it brings.”

Gilday also defended a recommendation in the Fiscal Year 2021 budget to scrap the Navy’s first four littoral combat ships. “We made a decision a number of years ago,” he said. “In order to give capability to LCS 5 and beyond, particularly the block buys we did in 2015, we decided we needed to do much more testing and use those first four hulls, so that we could better understand what were the issues with respect to hull maintenance and engineering that kept plaguing us and kept us from getting those ships to sea.” “We used those first hulls to test and we put no money into upgrading them like the rest of the fleet,” Gilday added. It would cost another \$2 billion to get the first four hulls prepped for sea duty.

“Those first four ships are not bringing lethality to the fight,” he said. “I just didn’t see the return on investment.” Currently, the plan is to homeport 14 littoral combat ships on the East Coast and another 17 on the West Coast, Gilday said. Progress is being made on the various mission modules — antisubmarine warfare, minesweeping and surface fighting — for the ships, and five will deploy overseas this year, he added. “We need to use those ships,” he said. “We need to get serious about using those ships. We have thousands of sailors that are well-trained and excited about those ships.” [Source: NavyTimes | Geoff Ziezulewicz | March 3, 2020 ++]

DMDC Log On System

7th DS Logon Outage in a Year

The Defense Manpower Data Center logon system that provides millions of troops, military retirees, veterans and family members access to Defense and Veterans Affairs Departments medical and ID card information, pay records and benefits was down for at least two days, frustrating users trying to obtain personal information or take care of business with the federal government. Patients attempting to log into Tricare Online Patient Portal encountered error messages starting 26 FEB that stated the page could not be verified.

Lee Castillo, the spouse of a military retiree who lives in Fairfax, Va., said he was not been able to obtain the results of medical tests as a result. “I don’t know why this hasn’t been reported more widely. It affects millions of people,” Castillo told Military Times. Castillo attempted to reach Tricare through Twitter 28 FEB and was told the

military health program was “unaware of any outages at the moment.” Tricare advised users to call the Tricare Online Help Desk if they needed to contact the system. A message on the Defense Health Agency Global Help/Service Desk, however, said DoD was aware of the issue. “Please be advised that users of Tricare Online and MHS Genesis [electronic health records system] may be experiencing access issues when logging onto the website. Our engineers are aware and are working to resolve the issues,” the message stated.

The problem stemmed from DS Logon, an identification platform by the Defense Manpower Data Center, DMDC, that lets DoD and VA beneficiaries access more than 40 websites. A Defense Health Agency spokesman said DS Logon remains active for those using it on a DoD network computer with a Common Access Card but is unavailable to those using outside computers. According to the official, DMDC “has been working closely with the Defense Information Systems Agency to resolve the outage to our external partners.” The logon was not expected to be operational until at least 4 p. m. Eastern Standard Time. This is at least the 7th outage in a year for the site, which serves as a lifeline for veterans and military family members to access information on their DoD and VA-related benefits.

While Defense Health Agency officials said the problem did not affect internal operations, some ID card sites and military health facilities reportedly experienced problems with their medical appointment and prescription databases. Users also reported problems 28 FEB at military ID card renewal sites. “This is a major problem and they don’t say a word about it,” Castillo said. “Forty-eight hours to acknowledge the problem.” [Source: MilitaryTimes| Patricia Kime | February 28, 2020 ++]

PFAS Toxic Exposure

Update 14: DoD’s Search for AFFF Solution Continues

Over the past four years, the Defense Department has committed substantial resources and has taken actions to respond to concerns with PFAS, a DOD official said. Nationally, DOD had led the way in addressing Per- and polyfluoroalkyl substances. These substances are a group of man-made chemicals that are very persistent in the environment and the human body — meaning they don’t break down and they can accumulate over time. There is evidence that exposure to PFAS can lead to adverse human health effects. PFAS is an effective chemical in aqueous film-forming foam, or AFFF, which is used to put out fires quickly, particularly around aircraft.



Naval Research Lab Research Chemist Spencer Giles (left) prepares to test an experimental aqueous film-forming foam at the NRL in Washington, Sept. 23, 2019. John Farley, director of fire test operations at the Naval Research Laboratory, (right) tests the effectiveness of aqueous film-forming foam by spraying it on a gasoline fire at the laboratory in Chesapeake Beach, Md. Oct. 25, 2019

Maureen Sullivan, deputy assistant secretary of defense for environment, Defense Department, testified 11 MAR at a House Appropriations subcommittee hearing concerning the impact of PFAS exposure on service members. In July 2019, a PFAS task force stood up "to provide strategic leadership and direction to ensure a coordinated, aggressive and holistic approach on DOD-wide efforts to proactively address PFAS," she said. The task force focused on three goals:

- Mitigating and eliminating the use of AFFF
- Understanding the impacts of PFAS on human health
- Fulfilling DOD's cleanup responsibilities

The department is complying with the Environmental Protection Agency's lifetime health advisory for addressing drinking water, where DOD is the known source of PFAS release, she said. Levels greater than 70 parts per trillion are considered unhealthy, according to the EPA. Known and suspected sources of PFAS release are in various stages of investigation and cleanup, she said, adding that information will be shared with affected communities in an "open and transparent manner."

In January 2016, DOD issued a policy prohibiting the use of AFFF for maintenance, testing and training, Sullivan noted. None of the commercially available PFAS-free foams meet DOD's strict standards of rapidly extinguishing fuel fires, she said. "We are funding extensive research and demonstration projects to test for fluorine-free alternatives," added Sullivan. "The department recognizes that this is a national challenge involving a wide array of industries and commercial applications as well as many federal and state agencies. Therefore, it needs a nationwide solution," she said. [Source: DOD News | David Vergun | March 11, 2020 ++]

Coronavirus Vaccine

US Military Working to Develop

The Pentagon is pitching in on work to develop a vaccine for the deadly coronavirus, the military's top uniformed official said on 2 MAR. "Our military research labs are working feverishly around the horn here to try to come up with a vaccine. So we'll see how that develops over the next couple of months," Joint Chiefs of Staff Chairman Gen. Mark Milley told reporters at the Pentagon. Milley also said that U. S. Government military laboratories are "working very consistently, not only on that vaccine but all kinds of things" and that the labs are "working in direct support with health and human services." Defense Secretary Mark Esper, who also spoke to reporters, said one of the labs was at Fort Detrick, an Army Medical Command installation in Frederick, Md.

Brig. Gen. Michael J. Talley, commander of Army Medical Research and Development Command and Fort Detrick in Maryland said Army researchers are taking a "whole of government" approach with other agencies, including the National Institutes of Health; the Centers for Disease Control and Prevention; industry; and academia in the U.S. and abroad to detect, prevent and treat COVID-19. The work being done by Army researchers is a collaborative effort with those partners to ensure there's no duplication, added Dr. Nelson Michael, director of the Center for Infectious Disease Research at Walter Reed Army Institute of Research. Regarding potential vaccines, robust testing will be underway soon, he said.

The first phase of testing has already started: testing potential vaccines in mice to see what their response is and making sure it's safe, Dr. Kayvon Modjarrad, director of Emerging Infectious Diseases at Walter Reed Army Institute of Research said. The next phase would be testing in larger animals that are more similar to humans, including monkeys, he said. Modjarrad said he didn't want to speculate when human testing would begin. There's a good possibility that the outbreak could slow down over the warmer months and then start again later in the year when it gets colder — if it follows the pattern of some past coronaviruses, he said. It's likely that clinical trials will take some time, he said. It could be a year to 18 months before a vaccine is proved safe. Michael said a risk/benefit analysis would be done to ensure the benefits far outweigh risks.

For now, the best thing people can do is wash their hands frequently, even if they don't touch anything, he said, adding that hugging and kissing also should be avoided. Also, be sure to stay home if sick, Michael added. Currently, the risk to Americans is low, he said. America has the best emergency medical treatment and intensive care in the world so the American public should be reassured.

As coronavirus continues to spread across the globe, the Defense Department has raced to limit the illness in the ranks. In the past week the department has canceled a joint military exercise with South Korea, restricted access to public areas at Army installations in Italy and ordered all ships that have visited countries in the Pacific region to remain at sea for 14 days. In addition, U. S. Central Command has ordered all military personnel in Saudi Arabia to stop nonessential travel in the region. CNN first reported that the U. S. Military also canceled a joint military exercise with Israel. A U. S. servicemember in South Korea as well and their spouse also tested positive for the illness. The precautions come as the virus has been recorded in at least 12 states as of 2 MAR, with two deaths in Washington state. In just one week as of 9 MAR those figures climbed to 21 fatalities, with 554 confirmed cases across 34 states and the District of Columbia. More than 3,800 deaths have been reported worldwide, along with more than 110,000 infections.

Milley stressed that the virus's overall impact on the military has been "very, very minimal." "That's not to say its zero, but it's very, very minimal," he said. "That's not surprising because we have a young demographic, healthy demographic, lots of immunizations, so on and so forth." He added that in addition to the canceled joint exercise with South Korea, defense officials are "taking a look at some other exercises to see if they need to be modified or changed" due to the threat of the illness. "Here in the United States we are making all due preparations to protect our bases, camps and stations and also to act in support of Health and Human Services." In South Korea, where there have been more than 4,300 coronavirus cases recorded which jumped to 7300 with 50 deaths in one week. The Pentagon has sent additional medical personnel, equipment and test kits. US military has halted moves to new assignments for troops in South Korea which currently has 28,500 troops stationed there.

Milley also said the Pentagon is planning for all outcomes in relation to the virus. "The United States military looks at a wide variety of scenarios . . . pandemic is the worst case," Milley said. President Trump, meanwhile, said on 2 MAR that he will be urging pharmaceutical executives to accelerate their efforts to develop a vaccine for the coronavirus. The executives were set to attend a meeting with members of the White House coronavirus task force later that day. [Source: The Hill & DOD News | Ellen Mitchell & David Vergun | March 2 & 5, 2020 ++]

Coronavirus Vaccine

Update 01: WHO Decided Threat Warranted Human over Animal Testing

There was a report this week that pharmaceutical manufacturers and government scientists are working as quickly as possible to develop a vaccine to combat the rapidly spreading coronavirus. However, some scientists and medical experts are concerned that rushing a vaccine could end up worsening the infection in some patients rather than preventing it. Normally, researchers would take months to test for the possibility of vaccine enhancement in animals. Given the urgency to stem the spread of the new coronavirus, some drug makers are moving straight into small-scale human tests, without waiting for the completion of such animal tests.

Studies have suggested, however, that coronavirus vaccines carry the risk of what is known as vaccine enhancement, where instead of protecting against infection, the vaccine can actually make the disease worse when a vaccinated person is infected with the virus. The mechanism that causes that risk is not fully understood and is one of the stumbling blocks that has prevented the successful development of a coronavirus vaccine. But according to one report, at a specially convened World Health Organization (WHO) meeting in mid-February designed to co-ordinate a global response to the new coronavirus, scientists representing government-funded research organizations and drug makers around the world agreed that the threat was so great that vaccine developers should move quickly into human trials before animal testing is completed. [Source: TSCL Weekly Update | March 13, 2020 ++]

Character of Warfare

Grave Threats at Highest Point since Cold War



Matthew P. Donovan, who is performing the duties of the undersecretary of defense for personnel and readiness, said the character of warfare has evolved at the same time, with grave threats now appearing in previously unknown or uncontested domains, such as cyber and space. He testified before the Senate Armed Services Committee, which is considering his nomination for undersecretary of defense for personnel and readiness. Donovan said the Defense Department must also evolve to successfully meet these threats. "We must attract and retain people with the right skills to prevail in this environment, properly manage them and meet their expectations using 21st century talent management practices, and ensure all are always treated with dignity and respect."

The department must also provide its warriors with the cutting-edge tools of the trade that they need to be successful, state-of-the-art training technologies, and techniques to best hone their skills, he added. Soldiers, sailors, airmen, Marines and DOD civilians deserve the best leadership, the best policies, the best equipment, the best education and training, and our service members and their families deserve the best health care, best support systems, and best quality of life we can possibly provide, for the sacrifices we ask them to endure, Donovan added.

When one senator on the Committee mentioned that a study showed only 29% of American youth are eligible to serve, Donovan replied that he's seen those studies. "I think it's a problem that extends well beyond the Department of Defense. It's a national issue." Part of the problem, he said, is the lack of sports and physical fitness activities among the nation's youth. "Kids are not getting the physical activity that they need to help prepare them for the rigors of military duty," he said. That said, Donovan noted that DOD isn't yet having a problem filling its ranks with qualified and quality service members. "But as we look toward the future, toward the imperatives of the National Defense Strategy, then we're seeing that we're going to need to attract those skills that are in so much demand on the outside as well," he said, adding that a good example is cyber. One step the department is taking is partnering with universities and industry to see if there's some way to share the load on this, he said. [Source: DOD News | David Vergun | March 10, 2020 ++]

Guantanamo Bay Navy Base

Update 04: Detention Camp Right-Sizing, Not Reduction

Since the Guantanamo Bay detention camp stood up in 2002, nearly 780 prisoners have been housed there. Today, the facility holds just 40 men, one who has been convicted and 39 others who are detainees, said Navy Adm. Craig S. Faller, commander of U. S. Southern Command. Now, there are plans to adjust operations at the facility to reflect this new reality. "There's a heavy guard footprint," Faller said, speaking during a briefing at the Pentagon. "What drives the size of the guard is, in some respects, the spread-out layout of the detention facility."

The admiral said that as part of a Combatant Command review process, Defense Secretary Dr. Mark T. Esper had raised the issue of increasing efficiency and effectiveness at the detention facility, while at the same time not

compromising force protection, security of information or the mission of the Guantanamo military commission. "We've gone through a number of courses of action, and we think there's a way to consolidate footprint and not compromise force protection, and not compromise in any way the Commission process and so we're on a conditions-based path to do that. As we meet conditions, we're going to look to best consolidate the footprint."



A metal staircase ascends to a caged area with detention facility cells.

Faller said that he doesn't consider possible changes at the detention facility to be a "reduction." Rather, operations will be adjusted to meet the mission requirement as it currently exists. "I think that the way I would look at what we're doing in the detention facility . . . is we are right-sizing that. We're making it fit for the task, the purpose and the numbers," he said. "So there'll be savings and a tremendous manpower savings and a cost savings for consolidation on footprint, but it's absolutely the right thing to do. And so I wouldn't look at it as a reduction so much as a re-balance."

Faller was in Washington so that he could testify on Capitol Hill regarding the Southcom portion of the DOD's fiscal year 2021 budget request. The admiral said that, among other things, he discussed with lawmakers the importance of maintaining a competitive edge in Central and South America. "It's our assessment that the neighborhood's becoming an increasingly contested strategic space in the global competition with China and Russia," he said. "And we do maintain our positional advantage here. However, that advantage is eroding and it's challenging our ability to maintain the favorable balance of regional power that's strictly called for here in this hemisphere in the National Defense Strategy." [Source: DOD News | C. Todd Lopez | March 12, 2020 ++]

SBP/DIC Offset Phase-Out

FAQs | Timing - 2

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 'Timing' are answered below.

-o-o-O-o-o-

Q2. 1: When will the change go into effect?

A2. 2: Section 622 of the National Defense Authorization Act for Fiscal Year 2020 was signed into law on December 20, 2019; however, the actual adjustments to Survivor Benefit Plan (SBP) payments for those affected by the change will begin in 2021. The legislation phases in the repeal of the SBP-DIC offset from 2021 to 2023. Survivors subject to the SBP-DIC offset will remain offset dollar-for-dollar in 2020.

Q2. 2: When will I see an increase in my Survivor Benefit Plan (SBP) payments?

A2. 2: Section 622 of the National Defense Authorization Act for Fiscal Year 2020 phases in the elimination of the SBP-DIC offset in the following way: In 2020, surviving spouses will continue to have their SBP offset by the full amount of Dependency and Indemnity Compensation (DIC) they receive from the Department of Veterans Affairs. In 2021, SBP will be reduced by no more than two-thirds of the amount of DIC rather than by the entire amount of DIC, even though eligible surviving spouses will continue to receive the full amount of DIC. In 2022, SBP will be reduced by no more than one-third of the amount of DIC received. In 2023, the SBP-DIC offset will be eliminated in total, so that surviving spouses eligible for both programs will receive both SBP and DIC in full, effective January 1 (paid as of February 1).

Q2. 3: Why can't I receive the full Survivor Benefit Plan (SBP) benefit starting this year?

A2. 3: Section 622 of the National Defense Authorization Act for Fiscal Year 2020 does not authorize any change to the calculation of the SBP-DIC offset prior to January 1, 2021.

Q2. 4: When will I start receiving benefits in full?

A2. 4: Eligible survivors will start receiving Survivor Benefit Plan (SBP) payments in full, without offset, beginning with their January 2023 entitlement, which will be paid on February 1, 2023.

Q2. 5: Does any form, document, or supporting statement need to be submitted to take advantage of these increased Survivor Benefit Plan (SBP) payments? If yes, when is the cutoff date?

A2. 5: No, the increase in benefits will occur automatically for surviving spouses subject to the SBP-DIC offset. All surviving spouses subject to the offset will have their benefit recalculated for the month of January 2021, which they will receive on February 1, 2021. We would encourage you to ensure your contact and bank account information is updated through the Defense Finance and Accounting Service's self-service portal, myPay.

Q2. 6: If a person becomes a surviving spouse this year, would that person automatically start to receive both Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) benefits?

A2. 6: First, in order to be eligible for both benefits the current or former military member must either have retired – and elected to participate in SBP – or died in the line of duty. If retired, he or she must also have died of a service-connected disability for the surviving spouse to be eligible for Dependency and Indemnity Compensation (DIC). Less than 10 percent of surviving spouses qualify under both programs. In 2020, all new surviving spouses remain subject to the SBP-DIC offset if eligible under both programs. Those survivors will receive only the amount of SBP in excess of the amount of DIC they receive. Beginning in 2021, new surviving spouses will receive the same increase in benefits as existing survivors.

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 ++]

POW/MIA Recoveries & Burials

Reported 01 thru 15 March 2020 | Eight

“Keeping the Promise“, “Fulfill their Trust” and “No one left behind” are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century as of FEB 2019 are: World War II 73,025 of which over 41,000 are presumed to be lost at sea, Korean War 7665, Vietnam War 1589 (i. e. VN-1,246, Laos-288,

Cambodia-48, & Peoples Republic of China territorial waters-7), Cold War 111, Iraq and other conflicts 5. Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home.

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

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

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

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



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

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

LOOK FOR

-- **Army Pvt. James J. Cansler**, 21, of Bolivar, Missouri, 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 on Dec. 19. 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. While studying unresolved American losses in the Hürtgen area, a DPAA historian determined that one set of unidentified remains, designated X-2505 Neuville, recovered from a minefield north of Vossenack in 1946 possibly belonged to Cansler. He will be buried on April 15, 2020, in Springfield, Missouri. [Read about Cansler.](#)

-- **Army Sgt. David C. Sewell**, 30, of Walker, Minnesota, was a member of Company M, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action on Nov. 28, 1950, in the vicinity of the Chosin Reservoir, North Korea, when his unit was attacked by enemy forces. Following the battle, his remains could not be recovered. Sewell will be buried in Anoka, Minnesota. The date has yet to be determined. [Read about Sewell.](#)

-- **Naval Reserve Machinist's Mate 1st Class Paul H. Gebser**, 39, of San Diego, 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 Gebser. The date and location have yet to be determined. [Read about Gebser.](#)

-- **Navy Fireman 1st Class Andrew J. Schmitz**, 26, of Richmond, Virginia, 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 Schmitz. He will be buried on March 6, 2020, in Amelia Court House, Virginia. [Read about Schmitz.](#)

-- **Navy Fireman 1st Class Dan E. Reagan**, 20, of Haslet, Texas, 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 Reagan. He will be buried on April 14, 2020, in North Little Rock, Arkansas. [Read about Reagan.](#)

-- **Navy Fireman 1st Class James C. Webb**, 23, of Hobart, Arkansas, 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 Webb. Interment services are pending. [Read about Webb.](#)

-- **Navy Fireman 1st Class Leo T. Keninger**, 20, of Ackley, Iowa, 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 Keninger. Interment services are pending. [Read about Keninger.](#)

-- **Navy Seaman 2nd Class Everett G. Windle**, 20, of Kansas City, Missouri, 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 Windle. He will be buried in Honolulu. The date has yet to be determined. [Read about Windle.](#)

[Source: <http://www.dpaa.mil> | March 15, 2020 ++]

* VA *



VA Appointments

Update 20: Sick? “Stay Home and Phone” a Safe Convenient Option



Got a fever, cold, cough or flu-like symptoms? Are you worried that you have a viral illness? The last thing you want to do is get out of the house to see the doctor, exposing yourself (and others) to more potential bugs and viruses. VA

can make it easier and safer to get back to health with virtual care through My HealtheVet and the VA Video Connect app on your smartphone, tablet or computer. What is virtual care? Virtual care means you can contact your VA provider (and health care team) through secure messaging or receive treatment by telephone or video. Last year, Veterans had over 20 million virtual engagements with VA. Any Veteran who qualifies to receive VA care and lives in the U. S. is eligible to use virtual care.

Virtual care is personalized and can connect you with your providers more effectively than ever. Ask your health care team if virtual care can help meet some of your health care needs. Options include in-home health monitoring with tailored technologies, connection to specialists, or even remote scans and data. Virtual care is safe and effective. Imagine the benefits to you and to your fellow Veterans if you don't have the hassle of going to the hospital or clinic with a cold, flu or other viral illness. You can stay at home and avoid battling for a parking spot and spending time in a waiting room. Most importantly, you won't put other Veterans at risk of a highly contagious illness. Staying home can be easier for you AND safer for the community by helping contain the spread of infectious diseases.

You probably already know My HealtheVet is a great way to manage your care – with online Rx Refills, VA Appointments, and your labs and tests, radiology reports, and images. With secure messaging and video appointments, reaching your providers while at home can be easy, too. While not for use in emergencies, a secure and private session begins with a simple request with a Secure Message for a video appointment. Sign in and request one next time you need to see your doctor or other providers. Your health care team can also set up an in-person appointment if needed. However, if you're feeling seriously ill, or your symptoms may require immediate care, please come in! For more information, visit:

- VA Video Connect) at <https://mobile.va.gov/app/va-video-connect> (allows you to test your equipment compatibility)
- [Reach Your VA Care Team Over Live Video \(YouTube\) https://www.youtube.com/watch?v=2HZPs-BFBtw&feature=youtu.be](https://www.youtube.com/watch?v=2HZPs-BFBtw&feature=youtu.be)
- [VA Telehealth Services @ https://telehealth.va.gov/type/home](https://telehealth.va.gov/type/home)
- [Influenza \(Flu\) @ https://www.publichealth.va.gov/flu](https://www.publichealth.va.gov/flu)

If you do visit a VA hospital, clinic, community living center or other health care facility, you'll be met at the entrance by a staff member. They will greet you and ask you some screening questions. Depending on your answers, a VA health care professional will assist you on the next steps of your visit. If you're a Veteran coming in for an appointment, plan to leave home earlier than usual to allow time for the screening. VA is doing all they can to make sure everyone in every VA facility—patients, families, visitors, staff and anyone else—stays as safe as possible during this situation For the latest VA updates on coronavirus and common-sense tips on preventing the spread of disease, visit <https://www.publichealth.va.gov/n-coronavirus>. For more information about coronavirus, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. [Source: VAntage Point | March 6, 2020 ++]

VA Urgent Care

Update 02: Region 1 Community Care Network Provider Change

The U. S. Department of Veterans Affairs (VA) is transitioning its urgent care network manager, effective 18 MAR, from TriWest Healthcare Alliance to Optum Public Sector Solutions, Inc. (Optum), which is part of UnitedHealth Group, Inc., in Community Care Network Region 1. The change will result in new urgent care providers being added to VA's contracted network, while others will be removed. These changes in Veterans' urgent care are part of the **VA Maintaining Internal Systems and Strengthening Outside Networks Act** of 2018 or MISSION Act. Veterans have the option for urgent care treatment of minor injuries and illnesses such as colds, sore throats and minor skin infections at in-network non-VA urgent care providers. Additionally, Veterans can receive same-day urgent care treatment at VA medical centers.

“VA is working to ensure Veterans in Region 1 understand how this change will affect them,” said VA Secretary Robert L. Wilkie. “The goal is to provide Veterans a seamless transition when seeking urgent care in their communities.” Not all urgent care providers currently in the Region 1 network will be authorized to provide care after March 18. Conversely, new providers who are not currently authorized through the TriWest network will be available through Optum’s network beginning March 18. VA can only pay for urgent care if the provider is part of VA’s contracted network. If Veterans go to an out-of-network urgent care provider, they will be required to pay the full cost of care.

The change in network management will also affect pharmacies. Veterans who require urgent care prescriptions of 14 days or less can find an authorized in-network provider (<https://www.va.gov/find-locations>) or contact their local VA medical facility to identify a VA network pharmacy to avoid paying out-of-pocket costs. Community providers within Region 1 who want to provide urgent care services to Veterans after 18 MAR must establish a contract with Optum.

The change will impact Veterans in the following locations: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, D.C. and West Virginia. Veterans in these states who need urgent care should use VA’s facility locator or contact their local VA medical facility for help identifying in-network urgent care providers. [Source: VA News Release | March 11, 2020 ++]

VA Nursing Homes

Update 17: New COVID-19 Safeguards Announced

While the Centers for Disease Control (CDC) still considers COVID-19 to be a low threat to the general American public, the Department of Veterans Affairs (VA) announced, 10 MAR, new safeguards aimed at limiting COVID-19 exposure risk for two of its most susceptible patient populations: nursing home residents and spinal-cord injury patients. VA’s 134 nursing homes are home to more than 41,000 Veterans across the country. The residents are predominantly older, and many have multiple complex health conditions, making them particularly vulnerable to infection. To minimize the risk of exposure, effective March 10 and until further notice, VA is taking the following actions:

- All VA nursing homes will adopt a “No Visitor” stance, meaning no outside visitors will be permitted to see residents. The only exceptions will be in compassionate cases, when Veterans are in their last stages of life on hospice units. In those cases, visitors will be limited to a specific Veteran’s room only.
- All VA nursing homes will suspend new admissions.
- VA nursing homes will continue to welcome resident transfers from VA facilities once medical personnel have determined patients are not at risk for infection from COVID-19 or transmitting COVID-19.
- Nursing home staff will be actively screened daily and dedicated to working at Community Living Centers.

VA’s 24 major spinal cord injury and disorder centers (SCI/Ds) across the country serve the needs of a unique patient population of more than 24,000 Veterans who are also vulnerable to infection. To minimize the risk of exposure, effective 10 MAR and until further notice, VA is taking the following actions:

- All VA SCI/Ds will adopt a “No Visitor” stance, meaning no outside visitors will be permitted to see inpatients. The only exceptions will be in compassionate cases, when Veterans are in their last stages of life. In those cases, visitors will be limited to a specific Veteran’s room only.
- All VA SCI/Ds will limit inpatient admissions to addressing acute clinical needs. This means all VA SCI/Ds will avoid inpatient admissions for routine matters, including annual exams and respite, which will now be done on an outpatient basis.
- VA SCI/D staff will be actively screened daily and dedicated to working at SCI/Ds.

“While the COVID-19 risk to average Americans remains low, these commonsense measures will help protect some of our most vulnerable patients,” said VA Secretary Robert Wilkie. “VA will make every effort to minimize the impact of these policies on Veterans while putting patient safety first.” For more information about the Coronavirus and COVID-19 visit CDC coronavirus disease 2019 website <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. For questions about this news release contact the following individuals:

- ✓ Susan Carter - Susan.carter2@va.gov
- ✓ Randy Noller - Randal.noller@va.gov
- ✓ Tatjana Christian - Tatjana.christian@va.gov

[Source: VA News Release | March 10, 2020 ++]

Coronavirus Preparations

Emergency Team Activated to Prepare for a Potential Outbreak

Though there are no confirmed or even suspected cases of the novel coronavirus reported among U.S. veterans so far, the Department of Veterans Affairs has activated an emergency team to prepare for a potential outbreak. "We are testing our processes. We are making sure our supply chain is full," VA Secretary Robert Wilkie said at a hearing of the House Veterans Affairs Committee on 27 FEB. "We don't need any extra money now," he said, but added the situation could change rapidly if the virus, known formally as COVID-19, begins to impact veterans. "If this develops into a pandemic, in which parts of the American health system break down, we're going to have a different conversation," said Dr. Richard Stone, head of the Veterans Health Administration.

As a precaution, the VA has activated its emergency management coordination cell (EMCC), the purpose of which is to coordinate national and local response efforts. But the department, which serves more than nine million veterans annually, doesn't want anyone to panic. "At this time, no veterans receiving care at VA have been diagnosed with COVID-19," according to the VA's website. At the HVAC hearing, Rep. Lauren Underwood (D-IL) pressed Wilkie and Stone on getting more funding to prepare for a potential virus outbreak. She also urged them to communicate more directly with veterans on the threat. "We are on the precipice of a significant public health crisis in our country," Underwood, a registered nurse and former senior adviser to the Department of Health and Human Services, said.

The Trump administration did not include any funding specifically for the VA in a \$2.5 billion supplemental request sent to Congress on 1 MAR to counter the spread of the coronavirus. In a statement Monday, White House Office of Management and Budget spokeswoman Rachel Semmel said the \$2.5 billion includes funding to "accelerate vaccine development, support preparedness and response activities, and to procure much needed equipment and supplies." One of the complaints from local health officials in California, where the first confirmed case of coronavirus in a patient not traceable to China was reported this week, has been the lack of kits for testing for COVID-19.

Thus far, there have been at least 62 confirmed cases of coronavirus in the U. S. -- the majority from recent evacuees from China and among the U.S. citizens who returned from aboard the Diamond Princess cruise ship off Japan. More than 83,000 people in at least 56 countries have been infected, with more than 2,800 deaths. New infections in other countries are now outpacing those in China, according to the World Health Organization in Geneva. On 29 FEB, WHO also raised its risk assessment on the spread of the coronavirus to "very high," one step short of declaring a global pandemic. This week, U. S. Forces Korea reported the first confirmed cases of coronavirus in the U.S. military: a 61-year-old dependent widow of a retired U.S. soldier and a 23-year-old active-duty soldier.

On Wall Street on 28 FEB, the financial markets plunged again in what was on track to be the worst week for the markets since the 2008 recession. By mid-afternoon, the Dow Jones Industrial Average was down another 700 points. On its website, the VA had this advice for veterans: "If you have symptoms of fever, cough, and shortness of breath, please call your local VA medical center and select the option to speak to a nurse before visiting the facility. Tell

them about your symptoms and any recent travel." The VA's overall advice mirrors that of the Centers for Disease Control and Prevention and can be seen here and here. [Source: MilitaryTimes | Richard Sisk | February 28, 2020 ++]

GI Bill

Update 304: VA to Fight Court Decision Giving Extra Year of Benefits

Veterans Affairs officials have appealed a federal court ruling granting thousands of veterans an extra year of college tuition benefits, likely delaying final resolution on the issue for at least a few more months. Department attorneys on 6 MAR filed paperwork to the U. S. Court of Appeals for the Federal Circuit to consider the case of “BO vs Wilkie,” which centers around VA’s practice of making veterans relinquish their Montgomery GI Bill eligibility in order to receive Post-9/11 GI Bill payouts. The case could eventually cost the department billions of dollars in new education payouts if the courts continue to rule against VA.

Under current department rules, veterans eligible for both Montgomery GI Bill and Post-9/11 GI Bill must sign away their rights to one of the education benefits programs in order to access the other. Typically, veterans opt for the Post-9/11 GI Bill program, because it provides 36 months of the full tuition cost of state schools, plus additional living stipends. Veterans can also transfer the benefit to family members. The total value of those payouts can easily top \$20,000 a year, depending on where individuals attend school. In contrast, the Montgomery GI Bill — the primary education benefit for veterans before 2010 — provided eligible veterans with about \$2,000 a month last semester

Federal officials have argued in court that relinquishing eligibility to one of the programs is designed to make sure veterans aren’t doubling up on government benefits. But last fall, a panel with the U. S. Court of Appeals for Veterans Claims rejected that argument, saying veterans should not be able to receive both education programs simultaneously but should be able to access a second benefits program after they have exhausted the first. That would mean another year of college funding for veterans who use up their Post-9/11 GI Bill benefits but still have Montgomery GI Bill eligibility. Under existing federal statute, any government higher education payouts are capped at 48 months.

The full appeals court upheld that ruling in January. VA leaders now want the federal circuit court to weigh in. That process can take months or years, although plaintiff attorneys in the case said in January they are hopeful the court will consider fast-tracking the matter because of its potential impact on the fall college semester. VA officials did not offer an official statement on the appeal. The ongoing legal fight has drawn significant interest among outside veterans groups because of the potential thousands of veterans who might suddenly be eligible for additional education payouts if the ruling stands. [Source: MilitaryTimes | Leo Shane III | March 10, 2020 ++]

PTSD & Aging

Strategies that Help Older Veterans

New challenges appear with age. Those challenges can make the symptoms of posttraumatic stress disorder (PTSD) more noticeable, cause them to come back after many years or even to occur for the first time. “It really wasn’t until after I retired and moved to be with my family that the [PTSD] symptoms began to be bothersome and disrupt my life, disrupt my family’s life,” says Mary Martin, an Air Force Veteran. Don’t assume that these changes are a given or that it’s just what happens with getting older. Memories or impacts of trauma can be addressed at any age. You’re never too old to get help, and older adults can benefit from effective PTSD treatments, even for people who experienced trauma decades ago. It’s common for older adults to minimize and deny the pain they experience from past traumas.

They're more likely to try to cope with these issues by themselves instead of seeking mental health treatment. However, strategies that once seemed to help with PTSD symptoms can be more difficult to maintain as people get older.

Common Challenges & Strategies



You're never too old to get help

Dr. Elissa McCarthy, clinical psychologist at the National Center for PTSD, and Dr. Joan Cook, associate professor of psychiatry at the Yale School of Medicine, shared some common challenges faced by older adults and strategies for how to deal with those challenges:

CHALLENGE: More free time. Increased amounts of free time can make unpleasant memories more frequent.

STRATEGY: Create structure and maintain a routine or organized schedule. Spend more time on hobbies or doing other enjoyable activities that you may not have made time for earlier in life. For example, learn to play an instrument, bake, start a blog or make a scrapbook with old photos.

CHALLENGE: Loss of purpose. Retirement can be challenging if work was a large part of your identity.

STRATEGY: Learn new skills or volunteer. For example, many older Veterans enjoy giving back by mentoring Servicemembers or younger Veterans.

CHALLENGE: Loss of loved ones.

STRATEGY: Having a network of supportive people is important. Maintain relationships with people you care about and make new friends, too. For example, look for social groups who enjoy your hobbies or an activity you want to learn.

CHALLENGE: Changes in physical ability.

STRATEGY: Replace hobbies with other similar activities. For example, if poor eyesight makes reading difficult, try audiobooks or podcasts instead. For those who are homebound or have limited mobility, there are other options, like telehealth, for receiving counseling and care from home.

CHALLENGE: Medical problems. Living with untreated PTSD can make other mental and physical health issues worse.

STRATEGY: Don't assume this is how aging needs to be, be proactive in managing health conditions and get treatment for PTSD symptoms that arise.

Symptoms May Worsen

As people age, their PTSD symptoms may suddenly appear or become worse, causing them to act differently. It may be unsettling to see these changes in a loved one, but it's nothing to fear. Changes are common and treatment can help.

If a loved one is living with PTSD, these tips can help:

- Take time to understand what friends or loved ones went through and what they're now experiencing as they live with the symptoms of PTSD.
- Be supportive and nonjudgmental. Think about how to respond better if a loved one says they've experienced trauma or may have PTSD. Responding negatively, even unintentionally, can shut someone down. Thank them for sharing their personal story with you.

- Connect them with care. If being the main support person for a loved one becomes too much to handle, connect them to help and remain in a loving, supporting role. Don't forget that loved ones need help and support, too.
- Give hope. Understand that symptoms can come and go throughout different times in a person's life. Remind loved ones that they've successfully coped in the past, and can do it again.

Visit the National Center for PTSD [website](#) for information, videos and tools to help manage PTSD. For more information on older adults with PTSD, download the [Understanding PTSD and Aging](#) booklet. If you care about someone with PTSD, download the Understanding PTSD: [A Guide for Family and Friends](#) booklet to learn more about how to support your loved one and take care of your own needs.

[Source: Vantage Point | Joan Cook | February 25, 2020 ++]

VA Secretary

Update 89: Wilkie Blasts Socialism as Bad for Veterans Care

Veterans Affairs Secretary Robert Wilkie warned his department's core services "would be gone" if socialist ideals were to take over America — a swipe at the Democratic front runner to replace President Donald Trump. "If socialism became the coin of the realm, that [care for veterans] would be gone," Wilkie said in an interview with the far-right media outlet Breitbart at the annual Conservative Political Action Conference on 29 FEB. "That place that was promised for warriors would disappear." The event, which had an announced theme of "America vs. Socialism," featured Republican leaders attacking their political foes as dangerous for the country.

President Donald Trump appeared at the event Friday and promised his administration is "defeating the radical socialist Democrats." Wilkie attended the event but did not take the stage to give a speech. He told Breitbart that "socialism would wipe (VA) out" if allowed to take over American politics. Wilkie's remarks came as Sen. Bernie Sanders (I-VT), a self-described democratic socialist, took the lead in the Democratic presidential primary race. Wilkie did not mention Sanders by name in the interview but said he has "concerns" about public support for socialist ideas. While past VA secretaries have frequently promoted their administration's achievements, most have refrained from directly attacking the president's political rivals during election years.

Wilkie also praised Trump for his efforts to revamp VA community care rules in recent years, noting that the new VA Mission Act signed into law last summer significantly increased the number of veterans receiving private sector care in conjunction with department oversight. "That is a massive reform," he said. "The president has taken 'Choice' and given it new meaning. We're seeing it work on a scale that has really confounded critics." Sanders, who sits on the Senate Veterans Affairs Committee and previously served as the panel's chairman, has been a vocal critic of the Trump administration's plans to expand veterans access to private sector care at taxpayers expense, saying they would be better served by improving staffing and funding within the existing VA footprint.

Sanders also has accused Trump of working to privatize certain VA responsibilities, in order to weaken federal support services and boost profits for private companies. In recent public appearances, Wilkie has countered those claims, saying that VA's budget has continued to increase under Trump and that veterans are better served by having numerous options for medical care. [Source: MilitaryTimes | Leo Shane III | March 2, 2020 ++]

Elderly Vet Care

Update 01: VA Enrollees Age 75+ Nearly Doubles by 2028

As veterans age and the population of senior veterans grows dramatically in the next eight years, Congress worries the Department of Veterans Affairs isn't prepared for what lawmakers called a "silver tsunami." The number of veterans

older than 75 enrolled in VA health care is expected to nearly double by 2028, VA leaders told Congress during a House Veterans Affairs Committee hearing 3 MAR. About half of the 9 million total veterans who receive care at VA are older than 65.

As the veteran population gets older, their need for care also significantly increases, particularly for those with service-connected disabilities. The number of veterans with service-connected disabilities is expected to increase by more than a third by 2028, such as Vietnam veterans ill from Agent Orange exposure or Gulf War and post-9/11 veterans exposed to other toxins. The demand for long-term care -- anything from help around the house to round-the-clock care, including help eating or bathing -- is expected to rise in particular. But VA may struggle to meet that demand, according to a recent Government Accountability Office (GAO) report.

VA faces workforce shortages for nursing assistants and other jobs, which result in waitlists for long-term care and challenges reaching veterans in rural or remote areas, where about a third of all veterans live, according to Nikki Clowers, managing director of health care at GAO. VA will need to spend \$14 billion annually to keep up with this increasing demand for long-term care, according to GAO. In 2018, VA provided or paid for long-term care for more than half a million veterans. VA officials promised Congress Tuesday that the department was working on a strategic plan to care for senior veterans.

The number of veterans 85 and older has increased nearly 300 percent between 2003 and 2018 and is expected "to surge close to 500 percent by 2038," said Teresa Boyd, an assistant deputy undersecretary at the Veteran Health Administration. Many of the veterans who use long-term care services are significantly disabled, some in the "catastrophically disabled" category. Others are more likely to be low-income or live in remote or rural areas, according to Adrian Atizado, deputy national legislative director for Disabled American Veterans. About 80 percent of aging veterans will need long-term services and support, Boyd told lawmakers, and in the past, most of that care has been provided by family members, with women taking on the greatest burden of care.

The number of possible caregivers for each veteran in America is about seven. But that number is expected to decrease to about four by 2030. The availability of caregivers can be jeopardized by work responsibilities outside the home and other factors, Boyd said. "Many veterans are divorced, have no children, are estranged from their families or live long distances from family members," Boyd said, making it difficult to get care from family members -- something VA has depended on in the past -- and passing the responsibility on to VA. And the lack of a strong family caregiver is especially true for the increasing number of aging women veterans "who are at higher risk for needing (long-term care) due to their longer life expectancies and greater risk of disability than men at any age," Boyd said. "Demands for all types of long-term care will continue to grow into the foreseeable future," Atizado told lawmakers. "VA must enable as many family caregivers to assist as possible" in addition to expanding and improving its own programs, he said.

Reps. Julia Brownley (D-CA) and Neal Dunn (R-FL) both asked about the VA caregiver expansion, especially in light of a "healthcare market that is increasingly tight." Previously, VA was expected to expand eligibility for caregiver benefits to pre-9/11 veterans. But it missed the deadline to expand that program last year and delayed it until this year. Last week, VA Secretary Robert Wilkie told lawmakers they could expect an update on that program in coming weeks, with the program expected to begin its expansion this summer. With an expected decrease in availability of family caregivers, Boyd said VA will likely need to increase the care it, or its networked private partners, provide. The number of veterans using nursing homes is also increasing. "The costs to VA for providing nursing home care for enrolled veterans are expected to significantly increase," Boyd said.

Dunn also asked how VA is preparing its oldest and possibly most vulnerable veterans for a possible outbreak of coronavirus, specifically COVID-19, in the United States. Boyd said VA has "tremendous experience with infectious diseases" but did not say what specific actions VA is taking to protect those veterans, only advising them to wash their hands and take other measures to prevent infection. No VA patient has been diagnosed with COVID-19 as of 3 MAR, but the department has activated its emergency management coordination cell and provided a guide for veterans and their families. That guide includes asking veterans who believe they are infected to call their VA hospital before showing up.

Last week, Wilkie declined Congress' offer of additional resources for an outbreak, saying his department was prepared. Brownley and Dunn stressed the importance of long-term care for aging and disabled veterans, repeating that it is a service "VA cannot afford to get wrong." "Millions of veterans rely on us to ensure their later years are as dignified as possible," Brownley said. "These veterans will live longer with more complicated needs ... than any American health system has had to contend with ... this is unlike anything the United States has seen before." [Source: ConnectingVets. com | Abbie Bennett | March 03, 2020 ++]

VA Dental Benefits

Update 05: Trump Signs Measure to Expand Dental Care

President Donald Trump signed into law a new measure allowing VA to expand reduced or no-cost dental care coverage to veterans on 2 MAR. House Joint Resolution 80 approves a request from the Department of Veterans Affairs to begin a pilot program to increase VA-funded dental care options. Only about 8 percent of veterans who get care at VA currently qualify for VA-backed dental coverage.

The bill was introduced by Rep. Phil Roe (R-TN), ranking member of the House Veterans Affairs Committee, to kick off a new avenue for veteran benefits through the MISSION Act, which replaced the Choice Act in June 2019. "In addition to increasing veterans' access to care, the MISSION Act also created a Center for Innovation for Care and Payment to give VA an avenue to test new payment and service delivery models that have the potential to better serve veterans and taxpayers," Roe said. "This resolution would approve the Center's first waiver request – to allow VA to coordinate free or reduced-cost dental care in the community for veterans who are ineligible for dental care through VA. This would greatly enhance not only the dental care provided to those who have served but also their overall health and well-being. "

Poor oral health can have a "significant negative effect on overall health," according to VA. Clinical research has found potential connections between gum problems and heart disease, bacterial pneumonia and stroke. VA Secretary Robert Wilkie asked Congress for the opportunity to pursue the pilot program, which would allow VA to enter agreements with private dental service providers in the community who agree to provide free or discounted dental care to veterans who are enrolled in VA health care, but who may not qualify for VA dental care.

"The MISSION Act gave Veterans real choice over their healthcare decisions," Wilkie said in a statement in December, when he originally made his request. "Through this pilot proposal, we want to ensure veterans have access to quality dental care through a network of providers who are proud to serve America's heroes." For more information on the proposed pilot program, click [here](#). For information about your eligibility for the program, please contact your local VA medical center. [Source: ConnectingVets. com | Abbie Bennett | March 4, 2020 ++]

VA Medical Marijuana

Update 67: IAVA Issues Plea to Congress for 2020 Legislation

Iraq and Afghanistan Veterans of America issued a plea to lawmakers on Capitol Hill 3 MAR -- make veteran access to medical cannabis a major legislative priority in 2020. Coupled with what have become more common veteran advocacy priorities, such as suicide prevention, toxic exposure research and care, and health and education benefits, IAVA was one of the only major national veteran organizations to ask Congress to focus its efforts on clearing the way for veterans to access medical marijuana. Use of medical marijuana has growing support from the veteran community, IAVA leaders told lawmakers during the latest in a series of joint House and Senate Veterans Affairs committees hearings featuring major veteran service organizations.

In IAVA's latest member survey, more than 80 percent of veterans said they supported legalizing marijuana for medical use. "Across party lines, medicinal cannabis has been rapidly increasing in support," IAVA CEO Jeremy Butler said. "Yet our national policies are outdated, research is lacking and stigma persists." Specifically, IAVA cited the bipartisan VA Medicinal Cannabis Act, still sitting in committee. The bill would require the Department of Veterans Affairs to conduct a clinical trial of the effects of medical-grade cannabis on veterans diagnosed with chronic pain or post-traumatic stress disorder. Butler urged Congress to pass the bill, which he said would kick off research to "ensure veterans, healthcare providers and lawmakers are all aware of both the benefits and level of safety of treating PTSD, TBI, chronic pain and other illnesses with cannabis. "

Past attempts by Congress -- even those with some bipartisan support -- have been met with opposition from VA leaders. In the Senate, some of those measures have been met with opposition from Republican leadership. VA leaders say they can take no action on medical marijuana for veterans until Congress removes it from the federal controlled substances list. Both sides of the aisle in Congress, at least those that focus on veterans affairs, seem to agree -- the VA must study medical cannabis to determine if it could help veterans. They just don't seem to agree on how to go about it. But lawmakers have said repeatedly they don't want VA to wait any longer to do that research, especially in light of the worsening rate of suicide among veterans.

Previously, IAVA told Congress that 20 percent of its members report using cannabis and of those, 30 percent said they haven't talked about it with their VA doctors, fearing they could lose benefits. VA says on its website that "veterans will not be denied VA benefits because of marijuana use." Last fall saw the first-ever vote in Congress to remove marijuana from the federal controlled substances list. The House Judiciary Committee in November voted to advance the Marijuana Opportunity, Reinvestment and Expungement (MORE) Act, which, among other things, would also allow VA doctors or VA-contracted doctors to make recommendations about marijuana to veterans living in states where its use is legal. The bill has yet to make it to the House floor and remains in committee in the Senate. [Source: ConnectingVets.com | Abbie Bennett | March 03, 2020 ++]

VA Budget FY 2021

Update 03: House Democrats Call it Unrealistic and Political

House Democrats on 4 MAR blasted the Department of Veterans Affairs for requesting a large budget increase for 2021, calling the proposed boost in spending at the expense of cutting other agencies a political stunt. "It's not a good faith proposal," said Rep. Debbie Wasserman Schultz (D-FL) chairwoman of the House Committee on Appropriations subpanel on military construction, veterans affairs and related agencies. "I know it is an election year and it is a fun and easy thing to ask for the sun and moon and the stars to help a population like our nation's veterans who deserve every bit of it. And we would be right there, if possible. " Other Democrats on the committee also attacked the proposed increase, comparing it to President Donald Trump's proposal for deep cuts to other federal agencies, including a 9% cut to the Centers for Disease Control and Prevention amid a possible outbreak of coronavirus.

"This size of an increase . . . it just really looks like the presentation of an unrealistic and political budget," said Rep. Ed Case, D-Hawaii. The VA is requesting a 14% increase in its 2020 budget to \$243.3 billion for 2021 and is the only federal agency seeking a double-digit funding boost. The VA is the second-largest federal agency, second only to the Defense Department in size and budget. The proposed budget is Trump's fourth time requesting an increase for the VA, continuing a pattern set by previous administrations. The agency's budget has increased consistently since the beginning of the Iraq and Afghanistan wars.

"In a perfect world, this essentially fantasy budget is a wonderful request. We would love to provide veterans with the best care and benefits money can buy," Wasserman Schultz said during the hearing on the VA's budget. "However, the reality is we live in a world with budget caps. What is frustrating is the administration knows this, and

they are essentially using our veterans as pawns in a political game.” VA Secretary Robert Wilkie pushed back, noting the gains that the department has made in shortening wait times for medical appointments and hiring health care providers and administrative staff as well as technological innovations such as a 5G hospital in Palo Alto, Texas. “VA is no longer a place where excuses and systemic failures rule the day,” Wilkie said. “[I was] asked to provide a budget to indicate to the country that veterans are a priority.” [Source: Stars & Stripes | Steve Beynon | March 4, 2020 ++]

VA Caregiver Program

Update 62: Vietnam/Gulf War Vets One Step Closer to New Benefit



Vietnam-era and other pre-9/11 veterans are one step closer to accessing a program designed to pay their spouses or other family support for in-home care even as rules tighten for who can enroll, as part of a highly anticipated proposed rule release from the Department of Veterans Affairs. Among the changes laid out in the 231-page proposal is a shift in the level of care veterans must require to qualify; a change to monthly payment amounts and how they are calculated; a downsizing of benefits tiers; and a benefits grace period for caregivers who leave the program due to domestic or intimate partner violence. No start date was given for the proposed changes. Their rollout, however, is tied to an already delayed IT upgrade needed to handle the anticipated influx of applicants. That update is expected by late this fall, VA officials said in a release.

The VA's caregiver stipend program has long been available only to caregivers of post-9/11 veterans. The program currently pays stipends to about 18,000 caregivers, with dollar amounts based on a three-tiered system tied to Bureau of Labor Statistics (BLS) rates for in-home health aids. But the program is notoriously inconsistent, with enrollment standards varying widely by region. To curtail that problem, VA officials have repeatedly closed and reopened enrollments as they worked to tighten guidance on what injuries require such care. Meanwhile, some advocates for veterans decried the program as unfair because it did not allow pre-9/11 veteran access at all. A 2018 law, known as the VA Mission Act, laid the groundwork to open enrollment for the program to veterans of other eras. The law requires the VA to first complete an IT overhaul for administering the program, a process that is still ongoing, and issue new policy rules governing its administration.

The rules will be published to the Federal Register on 6 MAR and are subject to a 60-day public comment period. The proposed rules, released 4 MAR, are the VA's response to that policy requirement. While newly qualifying veterans will benefit from the expanded access, the changes could drastically impact those who are currently enrolled. And while the proposal includes a grandfather clause that would protect their enrollment for a year, some caregivers may find they no longer qualify under the new, tightened regulation. Currently, veterans qualify for the program by needing assistance with "activities of daily living" identified by the VA. Those include dressing and undressing; bathing; grooming; adjusting special prosthetics or orthopedic appliances; toileting; feeding; and mobility. But the current rules do not specifically dictate how often that assistance is required.

The new policy would instead require that the veteran need assistance with the identified activities each time they are completed. That change would in effect block veterans who only need periodic help from the program. Those who qualify under the old rules would be grandfathered into the program for a year, during which time they would be

reassessed for enrollment. Rather than a three-tiered system currently in place with payment amounts based on estimates of time spent providing care, the revamped program would instead include only two tiers. They would be divided into those who need assistance with at least three of those daily living activities and those who need help with no more than two. Monthly stipends would then be based purely on those tiers and tied to the government's GS-4, step 1 rate plus locality pay, instead of the BLS calculated rate for home health aids currently used. The proposal estimates that, in most cases, the change will result in a slightly increased caregiver payment.

For example, the proposal states, the 2020 GS-4 step 1 rate is about \$27,000 annually, while the BLS rate in use as of December was about \$25,000. Caregivers in tier one of the proposed scale would receive about \$2,250 monthly before locality pay, while those in tier two would receive 62.5% of the full rate, or about \$1,410. Caregivers who currently receive a higher payment than the proposed change to GS-4 gives would be grandfathered into the old payment system for one year, the proposal states.

The new proposal also expands protections for caregivers who are victims of domestic violence or intimate partner violence. Currently, those who drop from the program because of those issues are given a 30-day grace period. But how that is actually implemented depends on a wide variety of factors, including the local program administrator and whether the veteran immediately designates a different caregiver. But the new rules add specific, broad protections for domestic and partner violence victims, granting a 90-day payment grace period for caregivers who report violence or abuse. By doing so, the authors state, they hope to encourage caregivers to keep themselves safe.

"We have found that oftentimes, a caregiver may remain in a [domestic violence] . . . situation due to financial concerns," the proposal states. "They may choose to not leave such a situation because doing so would result in financial insecurity, including loss of caregiver benefits such as the stipend payment and health care benefits. We propose to extend caregiver benefits for a period of 90 days after discharge in such instances. . . . We do not want to encourage caregivers to remain in such situations." [Source: Military.com | Amy Bushatz| March 5, 2020 ++]

VA 'OTH' Policy

Thousands of Veterans "Unlawfully" Turned Away



For decades, the Department of Veterans Affairs "unlawfully" turned away thousands of veterans with other-than-honorable discharges -- leaving some of those most in need bereft of care, according to a recently released study. The **"Turned Away"** study was conducted by the Veterans Legal Clinic at the Legal Services Center of Harvard Law School, Veterans Legal Services and a law firm on behalf of OUTVETS, a veteran service organization for LGBTQ vets. The report uses government data collected through Freedom of Information Act requests, painting a stark depiction of veterans in crisis refused the care they've earned.

One of those was Marine Corps veteran Dwayne Smith, who shared his story for the report. While Smith survived an Afghanistan deployment, he almost didn't live through his transition out of service. With both signature wounds of the wars in Afghanistan and Iraq -- post-traumatic stress disorder and a traumatic brain injury -- Smith went to VA for help. But VA turned him away. When VA staff found that Smith had an other-than-honorable discharge, they shut him out again and again, the report said. Smith was discharged from the military for what he said was self-

medication to cope with his PTSD, and for leaving his post when a family member was diagnosed with cancer. Each time Smith sought care and was turned away, VA was violating the law, the report says.

The law required VA staff to help Smith apply for health care, ensure his application was properly reviewed, a written eligibility decision issued and that he knew his appeals rights. It took Smith years, with the help of a pro-bono lawyer, before he could apply and be approved for VA health care and benefits. And he's not alone. Smith is one out of a majority of veterans with so-called "bad-paper" discharges who are not enrolled in VA health care, many because they were rejected by VA, according to the report. In addition to those turned away over the years, the report estimates another 400,000 are at risk of being rejected by VA "from services they may be entitled to" because of misunderstandings or misapplication of the law by VA. "Many frontline staff at VA healthcare facilities have improperly turned away former service members seeking health care, telling them that they are ineligible due to their military discharge statuses — without even allowing them to apply," the report says. "This is not just unfair, it is unlawful. It is time for VA to stop this cycle of misinformation and stigma and to honor that every person who has served in the military has a right to apply for VA care."

More than 13,000 troops who were recently removed from the military with other-than-honorable discharges have PTSD, traumatic brain injuries or other service-connected health conditions, according to a 2017 report from the Government Accountability Office. The National Veterans Council for Legal Redress and the Yale Law School Veterans Legal Services clinic argue that as many as a third of the 2 million veterans of Afghanistan and Iraq may have service-connected mental health concerns. Veteran service organizations including Vietnam Veterans of America have reported that as many as 13 percent of post-9/11 veterans have bad-paper discharges. Those discharges are given for misconduct that can range from serious crimes adjudicated in military courts, to insubordination and other infractions that never see a courtroom -- military or otherwise.

Advocates have called on VA and the Defense Department for years to address the needs of a vulnerable population, including providing VA benefits the agency itself says are life-saving. VA has repeatedly said that veterans outside VA are more likely to die by suicide than those under VA care. A Navy and Marine veteran class-action suit could help vets with 'bad paper' discharges Veterans with bad-paper discharges have higher rates of mental health conditions, suicide, homelessness and unemployment, the report says. Many have service-connected disabilities. Some received bad-paper discharges because of military sexual trauma, sexual orientation or sexual identity. "Veterans with bad paper, therefore, are some of the veterans most in need of VA's healthcare services -- yet they are being wrongfully excluded from those services without due process," the report says.

Veteran Kris Goldsmith was discharged after surviving a suicide attempt that the Army characterized as "misconduct". He spent more than 10 years trying to get his discharge upgraded. It finally came through last year with help from a lawyer. Goldsmith is chief investigator and associate director for policy and government affairs for Vietnam Veterans of America and he's become an advocate for veterans like him. "That's what I've been fighting for all this time -- to make sure every veteran is afforded the opportunity to survive the way I did," Goldsmith told Connecting Vets. VA says suicide prevention is a top priority, "but saying isn't doing the work," he said. "Doing the work is getting people into VA health care and that is something they have utterly failed at . . . Every administration since the 1980s has allowed this problem to fester and more vets to die by suicide."

VA officials did not provide the number of benefits decisions the department has made that involved bad-paper discharges but said VA has done more to reach other-than-honorably discharged vets in the last few years "than ever before." One of those efforts was sending nearly half a million letters to those veterans with information on mental health benefits they may qualify for. To send those letters, VA used their home addresses listed in Pentagon records, which could be decades old, dating back to service during the Vietnam, Korean or Gulf wars. Some of them may even have gone to the homes of the veterans' parents.

Veterans with bad-paper discharges can lower their risk of suicide if they receive mental health care, according to a report from the American Journal of Preventative Medicine last year. But in 2018, just 2,580 veterans with bad-paper discharges got care at VA, the department said last year. "It's thanks to VA that I'm still alive today," Goldsmith

said. "PTSD left untreated is a death sentence and VA is complicit in allowing veterans to die because of their lack of dedication to really fixing this." According to VA policy, every veteran has the right to apply for benefits regardless of their discharge status. And each of those veterans has the right to receive a written decision on their benefits and information on how they can appeal that decision. Veterans with other-than-honorable discharges can be eligible for VA health care for service-connected disabilities, up to 90 days of emergency mental health treatment, bereavement counseling and more -- as long as they're not turned away first.

"It's hard to tell someone to keep fighting," Goldsmith said. "But what people should know is they've got allies in the fight." He pointed to veteran service organizations, veteran legal services such as those that helped author the report, and journalists willing to help those able to share their stories. Since 1980, more than 575,000 troops have gotten bad-paper discharges. About 81 percent of those were not discharged by court-martial. "The biggest mistake of the 20th century was allowing this many veterans to become this vulnerable because of administrative discharges," Goldsmith said. Many veterans with bad-paper discharges who appeal the decision spend years in the process, like Smith and Goldsmith. The military review board overwhelmingly denies those requests. A Vietnam veteran with a bad-paper discharge had to deal with his PTSD for 50 years alone after he was denied by VA, the report says. He would eventually receive his benefits, but only with a lawyer's help.

At least part of the problem stems from inside VA, according to internal documents obtained for the report. A training manual at the Pittsburgh VA used just thumbs-up or thumbs-down emoji's in descriptions of honorable or general discharges and other-than-honorable or dishonorable discharges, among other examples of, at best, unclear or unspecific guidance for VA staff. The report provided multiple recommendations for how VA can improve its staff training, oversight and guidance on helping veterans receive the benefits they're entitled to, including outreach to the thousands of veterans it turned away unlawfully. "What this (report) gets down to the root of is VA's lack of seriousness in addressing suicide prevention in ways that really matter," Goldsmith told Connecting Vets. "The longer they wait . . . the more men and women will die." Go to <http://www.legalservicescenter.org/wp-content/uploads/Turn-Away-Report.pdf> to read the whole Turned Away report. [Source: ConnectingVets.com | Abbie Bennett | March 05, 2020 ++]

VA EHR

Update 23: IG Report Revelations

A soon-to-be-published inspector general report found several critical IT infrastructure problems and training issues that could cause "cascading failures" in the migration of the Department of Veteran Affairs to a modernized electronic health record (EHR) system if not addressed. The two-part report's main finding is that a VA hospital in Spokane, Washington, "lacks adequate staffing" to minimize patients losing access to care as it transitions to the new EHR system, replacing the outdated Veterans Information Systems Architecture (VistA). The VA center was set to go live later this month as the first to debut new EHR systems, but that schedule was "unrealistic," according to the OIG report. On top of that, failures to prepare VA's larger IT infrastructure and adequately train for the new system has caused the VA to push the EHR's launch date back to July.

Though the IG report hasn't been published yet, VA Deputy Inspector General David Case detailed it 5 MAR before the House Veterans Affairs Technology Modernization Subcommittee. Case said "critical physical and IT infrastructure upgrades have not been completed" at the Mann-Grandstaff VA Medical Center in Spokane "in line with VA's own timelines." Despite VA Sectary Robert Wilkie saying he is spending "millions and millions" of dollars building IT closets, the IG report found many of the contracts for the critical IT infrastructure upgrades have not been awarded. Much of the work to buy and install cooling devices, cabling and new laptops for staff at the center had not been done, according to the report. Lawmakers were concerned by this. "I just feel like we are shooting ourselves in the foot," Rep. Susie Lee, D-Nev., said of the report's portrayal of the IT infrastructure upgrades.

The report also found a variety of staffing and training issues in the EHR’s rollout. The current staffing level for “mitigation personnel” — additional staff to offset and augment productivity loss during the focused effort to bring the system online — is below 50 percent. However, the VA is optimistic it will reach 90 percent of the 108 people it hopes to hire by the new launch date in July. The department will also send 24 traveling nurses to the Spokane center to assuage transition challenges this summer. On top of that, training couldn’t proceed in anticipation of the original March launch goal because the system was behind in its development. Only 19 of the 73 new interfaces clinical workers need to use had been programmed. Likewise, training for so-called “superusers” showed negative feedback on how the system worked. Now with an extra four months, the VA will be able to program more interfaces, such as online prescription refilling, telehealth and travel reimbursement portals, said Richard Stone, director of the Veterans Health Administration.

A new round of training on an updated “snapshot” of the system is set to begin in early April, John Windom, director of the Office of Electronic Health Record Modernization, told lawmakers Thursday. While the system that doctors, nurses and other providers will train on will be updated from its current state, it still won’t be the final product. That’s because end-users need a stable training system that doesn’t face the interruption of constant updates, Windom said.

The initial EHR delay — announced in February soon after the firing of then-Deputy Secretary James Byrne, the accountable official overseeing the development of the platform — caught many in Congress by surprise. Lawmakers remain wary of the VA’s transparency and its ability to meet its new July deadline. “What we do ask of the VA is to be open in your communication,” Chairman Mark Takano (D-CA) told FedScoop after the hearing. “I am not going to let (the VA) off the hook.” Takano added that he has not received any word on an acting deputy secretary to replace Byrne being named. Wilkie told FedScoop in late February that he has replaced Byrne as the one accountable for the project. Takano urged Wilkie to name a replacement soon. “By law that is who is responsible for all of this,” Takano said of the deputy secretary position Byrne vacated. “They need to have someone in that position, even if it is an acting.” [Source: FEDSCOOP | Jackson Barnett | March 5, 2020 ++]

Traumatic Brain Injury

Update 78 VA & MIBH Care Availability

VA is working with the Marcus Institute for Brain Health (MIBH) to coordinate a continuum of care for Veterans who are treated at the MIBH to receive a before and/or after care in the VA Health Care System. The primary focus of the MIBH is to care for former military personnel who have separated from active duty, with special consideration for those who were separated with “Other Than Honorable” or “Dishonorable” discharge status due to Traumatic Brain Injury (TBI) or Psychological Health (PH) conditions. It will also serve civilian adults who have sustained mild to moderate TBI and are experiencing lingering neurological problems or co-morbid PH conditions.

Since the MIBH started seeing Veterans and their family members in July 2017, over 313 Veterans and family members, from 24 different states, have been evaluated and treated. Although referrals come from multiple sources, including VA, a large number of referrals come from those who have participated in the program and have had successful experiences and outcomes. They have reached out to their “battle buddies” and encouraged them to contact the MIBH so that they can be screened to determine if they have persistent TBI symptoms that would benefit from MIBH’s interdisciplinary model of care. The MIBH has a partnership with a non-profit organization who coordinates transportation and meals for Veterans and their family members accepted into the MIBH program. In January 2020, the MIBH opened a lodging facility on campus at an historic building called Colonel’s Row. This completely remodeled duplex is located one block from the MIBH and once served as quarters for Army officers while stationed at Fitzsimons Army Hospital.

What will it cost?

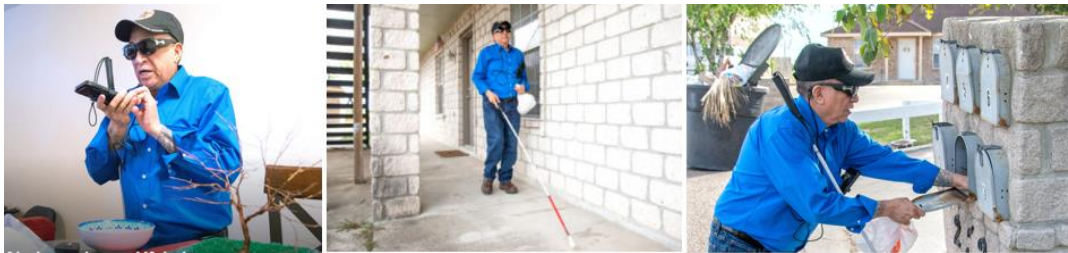
Health insurance is not a prerequisite for acceptance into the MIBH; the one and only requirement for Veterans is to have a persistent and primary mild/moderate TBI condition(s). There are no out of pocket expenses for any Veteran or family member invited to participate in the MIBH's evaluation process or intensive outpatient program (IOP). The evaluation process takes 3-4 days. MIBH clinicians then determine, based on the findings, if the Veteran would benefit from a three-week IOP. MIBH treatment plans are customized for every Veteran patient, and the interdisciplinary team compares notes daily and makes adjustments as necessary. On average, the MIBH treats up to two cohorts of 3-5 Veterans per the 3-4 days of evaluation and the IOP.

In May 2019, VA Secretary Robert Wilkie visited the MIBH and "vowed to help MIBH in providing the best care possible to our Veterans". In late 2016, Bernie Marcus, retired co-founder of Home Depot and chairman of the Marcus Foundation, provided a generous gift to start the MIBH. The gift was specifically designed to develop and open a "first ever" Veteran-centric civilian TBI institute. The institute evaluates and treats Veterans, regardless of when they served, their type of discharge, and where they reside in the United States, but they must have persistent symptoms relating to a mild/moderate TBI along with associated psychological health conditions.

MIBH's Executive Director, Dr. Jim Kelly, is a renowned behavior neurologist who was the founding director of the National Intrepid Center of Excellence at the Walter Reed National Military Medical Center (<https://www.wrnmmc.capmed.mil/NICoE/SitePages/index.aspx>). He was instrumental in developing a model of care for active duty service members that incorporates medical and integrated therapeutic modalities resulting in exceptional results. Call the Marcus Institute for Brain Health at (303) 724-4TBI if you have any questions or visit www.mibh.ucdenver.edu. [Source: Vantage Point | Michael W. Hartford | March 11, 2020 ++]

VA Blind Rehabilitation Service

Update 03: AIRA System Available to Vets



Benito Lopez can no longer see where he's going, but he knows exactly where he's going. Someone in Florida, or California, or Colorado or North Carolina is looking out for him, thanks to a camera attached to his glasses. It's called the AIRA (Artificial Intelligence Remote Assistance) system, or artificial intelligence remote assistance, and it has empowered Lopez, a Harlingen resident, to achieve more mobility after losing his eyesight to glaucoma several years ago. The Department of Veterans Affairs offers this and so many other services to veterans who have lost their eyesight.

"You're maneuvering with your cane, you've got your glasses on and you're walking," said Lopez, 68. "You log in to AIRA, push the home button. It gives you the name of the agent that is going to come on. When they come on they will greet you. They will ask you what you want to do today." And what you want to do could be, well, just about anything. The agent becomes the seeing eye through the online camera, directing the veteran where to go for whatever he or she needs at the moment. This liberation, this independence of moment, is the goal of the VA.

Finding those services can sometimes intimidate veterans with their complexities, said Tommy Benavides, visual impairment services team coordinator. That’s why he works directly with veterans like Lopez to connect them with those services. “Working with the VA can sometimes be a little scary,” Benavides said. “We’re a large agency and sometimes you don’t know which department to go to. It’s hard to navigate the system. I consider myself kind of like a bridge to all the different tools that might help them accomplish their goals. My job is to know what tools are out there and how to connect each individual vet with those tools. ”

The hub for many of those tools are at the Blind Rehabilitation Unit in Waco, one of 13 such facilities run by the VA throughout the country. The unit in Waco is part of the expansive Doris Miller Department of Veterans Affairs Medical Center. “There in Waco there are five areas of training,” Benavides said. “There are four that make up the basic program and then technology rounds it out. Everybody does the four basic and then folks that are interested in the technology will stick around a little bit longer. ” The four main basic areas are: visual skills, living skills, orientation and mobility, and manual skills. The visual skills address the needs of veterans who have lost partial eyesight. “They try to take what remaining vision a veteran has and figure out a way to maximize it either through the use of magnifiers or maybe compensatory techniques using your side vision,” Benavides said.

Skills of daily living, he explained, includes learning how to cook again, how to clean, how to manage health matters such as diabetes and other aspects of day to day life. And then ... “There’s O and M, orientation and mobility, which is the long white cane that Mr. Lopez has there,” he said. Lopez took out a stick which he expertly unfolded into an impressive cane. “O and M, it’s how to orient yourself in an unfamiliar area and then how to be mobile in that environment,” Benavides said. Manual skills addresses a particular set of challenges. “When you lose your sight you quickly learn that the world with all the doors and cabinet drawers is a cruel place for fingers sometimes,” Benavides said. “You tend to pull your hands in a little. You’re not as sure when doing manual tasks. ” Manual skills, therefore, seeks to give veterans some confidence in working with their hands. That’s how Lopez learned to make miniature trees out of copper and decorate them with beads, birds and butterflies.

The figures have become a welcome and familiar sight around the VA clinic in Harlingen, and it all started while taking classes in Waco. “They told me to go in and feel right there on the table in front of you,” he said. “There were some wires, there were six pieces about 12 inches long, and they told me you have to unravel them. Every little piece had 19 little strings, you had to straighten them up. ” He first learned to make trunks by twisting the copper wire into shape, followed by the roots. And then, he took off on his own, acquiring materials for the wooden base from Hobby Lobby. And the birds and beads and other decorations, rich in color, were his invention. So how did he get the colors right? Simple, someone on the other end of an AIRA transmission directed him.

While AIRA has blessed him with a new creative endeavor, its primary purpose of granting independence has also served him well. With an AIRA agent talking to him, he can step outside his home and wait for a cab. When it arrives, the agent will tell him so. Once he arrives at a store, perhaps Wal-Mart, the agent will direct him through what might have been an impossible task. “They’ll guide you directly to the door,” he said. “If you want some detergent, they’ll log onto the website of the particular store and they’ll take you directly to that item. I want a can of beef stew. What brand? Get me Libby’s brand. ” And so it goes for Lopez throughout his days, guides illuminating his life, liberating his movements from the bonds of impairment. For information about resources for veterans with visual impairments, call (956) 291-9000 and ask for the eye clinic. [Source: The Monitor | Travis Whitehead | March 8, 2020 ++]

VA Fraud, Waste, & Abuse

Reported 01 thru 15 MAR 2020

Denver, CO -- United States Attorney Jason R. Dunn announced that former U. S. Department of Veterans Affairs official **Dwane Nevins**, age 55, was sentenced to serve 18 months in federal prison followed by 3 years of supervised release for corruption offenses.

According to Court records, Dwane Nevins — a small business specialist at the VA’s Network Contracting Office in Colorado — agreed to take bribes offered by co-defendants Robert Revis, Anthony Bueno and an undercover FBI agent to help them manipulate the process for bidding on federal contracts with the VA. Revis and Bueno, working with Nevins, agreed to submit fraudulent bids from service-disabled-veteran-owned small businesses under contract with their consulting company so that federal contracts would be set aside for only those companies. As Bueno put it, the conspirators would then “own all the dogs on the track.” Nevins, Bueno and Revis worked to conceal the nature of the bribe payments by either kicking back to Nevins a portion of the payments made to their consulting company, or by asking their consulting company’s clients to pay Nevins for sham training classes related to federal contracting. At one of those sham trainings in Las Vegas, Nevada, Nevins accepted a \$4,500 cash bribe from the undercover FBI agent.

After complaining about not being paid by Revis and Bueno for his participation in the scheme, Nevins used his official position at the VA to extort approximately \$10,000 from an undercover FBI agent, telling the agent that “the train don’t go without me. You know what I mean? I’m the engine. I’m the caboose. I’m the engine room.” Nevins also told the undercover FBI agent “this is a business and businessmen need to get paid . . . so I can have my Christmas, you know what I’m saying?”

Anthony Bueno was previously sentenced in this case to 30 months imprisonment. He was also sentenced to 63 months imprisonment for his role in a separately indicted wire fraud scheme in which he used false representations about investment opportunities to take over a million dollars from several victims. Robert Revis pleaded guilty in April 2019 to an Information charging him with a single count of supplementing the salary of a federal official. His sentencing hearing is scheduled for March 2, 2020.

“Dwane Nevins abused his position of power as a U. S. Department of Veterans Affairs Small Business Advisor in order to personally benefit,” said FBI Denver Special Agent in Charge Dean Phillips. “This sentence should deter any government employee who hopes to unlawfully profit from their position of public trust,” said Gregg Hirstein, Special Agent in Charge, U.S. Department of Veterans Affairs, Office of Inspector General. “Individuals and companies involved in corrupting the VA’s business practices will be held accountable.” [Source: DoJ District of Colo. | U. S. Attorney’s Office | February 26, 2020 ++]

-o-o-O-o-o-

Sacramento, Calif -- Anthony Lazzarino, 69, former Chief of Podiatry for the Veterans Affairs’ (VA) Northern California Health Care System, was sentenced 3 MAR by U. S. District Judge John A. Mendez to six years and six months in prison for health care fraud and conspiracy to commit wire fraud, U. S. Attorney McGregor W. Scott announced.

According to court documents and evidence presented at trial, between March 2008 and Feb. 2015, Lazzarino and Peter Wong, 62, founder and former CEO of Sunrise Shoes and Pedorthic Service Corporation, engaged in a scheme to defraud the VA by billing for custom work and services that were prescribed but not supplied in shoes delivered to veterans. In addition, they and Wong’s former employee Jai Aing Chen agreed to make materially false statements to the VA regarding where shoes were manufactured, in the course of applying for a national contract worth over \$11 million per year. A federal jury found Wong and Lazzarino guilty of health care fraud and conspiracy to commit wire fraud on May 17, 2019. Chen separately pleaded guilty on Dec. 6, 2016. Judge Mendez sentenced Wong to five years in prison on Dec. 17, 2019. Judge Mendez sentenced Chen to one year and one day in prison on Aug. 6, 2019. [Source: DoJ Eastern Dist. of CA. | U. S. Attorney’s Office | March 3, 2020 ++]

-o-o-O-o-o-

Hibbing, MN -- The U. S. Department of Justice says an outpatient clinic operators has agreed to pay \$1. 8 million to resolve allegations that it failed to schedule military veterans' medical appointments in a timely manner. It resulted in **Sterling Medical Associates** submitting false claims to the Department of Veterans Affairs, officials said. The VA

maintains community-based outpatient clinics across the country, including locations in Hibbing and Ely. Sterling's contract with the VA required it to schedule routine appointments within 14 days of the veteran's requested date. Thursday's settlement resolves allegations that Sterling did not schedule patient appointments at its Hibbing clinic in compliance with the requirements and changed veterans' requested appointment dates to make appointment wait times appear shorter in 2013 and 2014, the department said. The Department of Justice said there has been no determination of liability. [Source: Associated Press | March 12, 2020 ++]

* Vets *



Vet Toxic Exposure Legislation

Update 10: VVA Concerns on Congressional Inaction

“Toxic exposures remain a prime concern,” said VVA National President John Rowan at a Congressional 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: VVA Press Release | Mike Porter | February 28, 2020 ++]

Vet Toxic Exposure | Palomares Spain

Update 04: U. S. Court of Appeals for Veterans Claims Notice

If you participated in U.S. military operations at Palomares, Spain, after the January 17, 1966, B-52 crash that released plutonium dust and have a potentially radiation-related disease, you may be part of the class action No. 17-2574 lawsuit.

1. What is this lawsuit about?

This case is about whether the Department of Veterans Affairs (VA) has failed to use sound scientific evidence to decide claims for service-connected disability compensation for medical conditions potentially caused by exposure to ionizing radiation at Palomares, Spain.

2. Are you a part of the lawsuit?

You may be a class member if you have a medical condition that may have been caused by exposure to ionizing radiation at Palomares, if you EITHER

- Filed a VA claim for disability compensation related to Palomares in which VA obtained a radiation dose estimate in 2001 or later, or appealed a denial of such a claim, and have not yet received a decision; OR
- Have not yet filed a VA compensation claim for your Palomares-related medical condition but will do so in the future.

3. Are you required to do anything?

You are not required to respond to this notice. Even if you are a member of the class, you must file a claim to receive compensation. If you file or have filed a claim, you should meet all applicable deadlines for submission of evidence and appeals.

4. What happens next?

The Court of Appeals for Veterans Claims approved this case as a class action on behalf of a group of veterans. Next, the Court will decide if VA acted unlawfully. If the Court decides that it has, VA will not be able to use its current dose estimate methodology to decide your claim for Palomares-related benefits. Any final judgment entered in this case will be binding on all members of the class.

5. If you are a member of the class, do you have a lawyer?

The Court has named Michael J. Wishnie of the Veterans Legal Services Clinic at Yale Law School as the lawyer for the class. If you already have a representative before VA, that person is still your representative on your individual claim. If you are in the class, Mr. Wishnie represents you too, for free, but only as to the legal challenge in this lawsuit. You may contact Mr. Wishnie and his team with questions, including to find out whether you are a member of the class, at (203) 432-4800.

[Source: Vantage Point | March 10, 2020 ++]

Vet Student Loans

Update 09: Unpaid Debt is Hindering Veterans'

With 1.6 trillion dollars in student loan debt and rising, veterans are now more than ever at risk of not being able to purchase homes, not having children of their own due to increasing costs of living, going into default with existing loans, and having their credit scores affected. This can place undue burden and hardship on their mental health and well-being. Our veterans fought for their nation by risking their lives from basic combat training to discharge. Regardless of discharge type, they served their nation out of patriotism.

Many veterans served in the armed forces to make a better life for themselves, their families, and their friends. Veterans should not have to be faced with the significant financial burden of student loan debt. To recognize their service to our nation and to assist them with any financial difficulties, Andrew Vernon (a former career employee at the U. S. Department of Veterans Affairs and a Veteran of the U. S. Army) proposes enactment of a **Veteran Health, Education, and Disabilities Act**.

Many veterans now have high-interest private loans and other interest loans to pay back. Veterans who are not granted a full percentage of the Post 9/11-GI Bill due to time in service are left to pay the remaining balances, if not granted scholarships, in full over time. If veterans wish to pursue more than four years of the Post 9/11-GI Bill, the remaining studies are at their full expense. Veterans may also need to take out loans to cover additional expenses while pursuing a degree. Veterans who are disabled at any percentage may have difficulties pursuing or continuing education because of PTSD or other mental health conditions, chronic back problems, hearing issues, sight issues, loss of limbs, and others as titled by the Department of Veterans Affairs in the rating schedule.

Veterans who are currently 100 percent permanently disabled now have their student loans discharged 100 percent. President Trump recently expedited the discharge of these loans because past problems with the Department of Education's slow processing times have caused undue hardship. As veterans' conditions worsen from 0 percent to 100 percent over time, Vernon encourages the Department of Education in cooperation with the Department of Veterans Affairs to discharge student loans at the rate of a current disability for all veterans. This forgiveness program would give veterans a better financial situation and could improve their overall health and well-being, without having to choose between paying back significant school loans, purchasing a home, covering health care costs, paying their rent, having children, or living paycheck to paycheck.

Although the financial cost of the loan forgiveness Vernon is suggesting may seem cumbersome at first glance, the financial benefit will outweigh those initial costs in the long term. The result will be healthier and more content veterans, which will, in turn, allow them to participate more fully in our communities and our nation's economy. They will be able to stimulate the economy and invest in things that would not otherwise be possible. Alleviating the student loan burden will reduce homelessness and suicide, along with improving poor nutritional habits, a few major topics VA and government are working to improve. With the increasing costs of living now and in the future, and with the questionable health of all veterans, they are deserving of more opportunities. We need to stand for those who have stood for all of us. [Source: The Hill | Andrew Vernon (opinion) | February 28, 2020 ++]

Stolen Valor

Update 119: Verification Sources

There are several websites that track Stolen Valor that can help you verify if somebody's military service claims are accurate. They include:

- <https://valor.defense.gov>: This site, run by the Department of Defense list the names of all of the persons who have won the nation's highest military awards.
- <https://www.fakewarriors.org>
- <https://militaryphony.com>
- www.stolenvalor.com

Ed Caffrey, the Eastern New Mexico University instructor who tracks Stolen Valor cases said it is important to get the first and last name of anyone suspected of being a military impostor, along with a known address and/or general age range. It is also useful to get screenshots of any claims they make on social media. One of the first things impostors will do is scrub their social media of any of their claims once they realize people are becoming skeptical. [Source: The Florida Times-Union | John Mccarthy | March 4, 2020++]

Medical Marijuana

Update 02: House Veterans Affairs Committee Advances 2 Bills

After months, lawmakers on 12 MAR voted to pass two bills that could help expand medical marijuana access to veterans out of committee to the House floor. In May last year, the House Veterans Affairs Committee pulled marijuana-related bills from the agenda shortly before a hearing, and Congressional staff said there were plans to devote time specifically to marijuana policy. Now, 10 months later, House Veterans Affairs lawmakers passed two marijuana-related bills, which will now be eligible for votes on the House floor. If approved by the whole House, the bills would move on to the Senate for consideration. The two bills approved Thursday's are:

- The VA Medicinal Cannabis Research Act (H.R. 712), introduced by Rep. Lou Correa (D-CA) which directs the VA to complete a clinical trial of the efficacy of marijuana in treating adults with chronic pain, post-traumatic stress and other service-connected health conditions.
- The Veterans Equal Access Act (H.R. 1647), introduced by Rep. Earl Blumenauer (D-OR) which would allow VA doctors to advise veterans on participating in state medical marijuana programs and complete forms for those veterans that reflect their recommendations.

Committee Ranking Member Rep. Phil Roe (R-TN) attempted to amend the Veterans Equal Access Act, delaying its implementation until marijuana is no longer a Schedule I drug, calling it "irresponsible" to move forward when the federal government still does not recognize "proven medical use" of marijuana. That amendment was quickly defeated. Members split along party lines for the vote on Roe's amendment, with Democrats voting against the proposed delay and Republicans voting for. The unamended bill passed, with all Democrats and one Republican voting for it, and all other Republican committee members voting against. Rep. Greg Steube (R-FL) voted to approve the bill.

"Our veterans put their lives on the line to defend our country, the absolute least we owe them is to ensure they are taken care of when they return to civilian life," NORML Executive Director Erik Altieri said in a statement following the meeting. "It is imperative that we approve legislation such as the Veterans Equal Access Act so that the countless vets suffering from post-traumatic stress and other debilitating disorders have access to the safe and effective option of medical marijuana treatment." VA leaders have told Congress repeatedly that the department can't -- or won't -- address medical marijuana for veterans, even in states where it's legal until lawmakers remove it from the federal controlled substances list. Lawmakers already backed down from including marijuana-related policy in the 2020 National Defense Authorization Act. Last summer, Blumenauer "reluctantly" withdrew his amendment to include the Veterans Equal Access Act in the House's annual defense spending bill.

"All of a sudden the VA has decided, well, they would be putting their doctors at risk," Blumenauer said at the time. "I hope that we'll be able to work together to fix this little quirk to ensure that VA doctors can do what doctors everywhere do in states where medical cannabis is legal, and be able to work with their patients . . . The VA ought to give their patients -- our veterans -- the same consideration to be able to have these conversations with the doctors who know them best." "This committee can make strong proposals for us to move forward with recommendations of filling out forms and such, but in the end, we need to go back to DEA and DOJ for their opinion. I've not seen anything to suggest their opinion will change," Larry Mole, chief consultant for VA population health, told lawmakers last year.

The only major point Capitol Hill lawmakers seemed able to agree on related to medical marijuana was that VA needs to do more research on how it could help veterans. In a major step last year, a House committee held the first-ever vote to remove marijuana from the controlled substances list. That bill also included a measure to allow VA to recommend marijuana use to vets. Since that vote, though, the bill has remained in committees. More recently, IAVA was one of just a few major veteran service organizations to ask Congress to make marijuana access for veterans a major 2020 legislative priority. IAVA and other VSO surveys of veterans show that they overwhelmingly -- more

than 80 percent -- support legalizing medical marijuana, and most support legalizing it for recreational use. [Source: ConnectingVets.com | Abbie Bennett | March 12, 2020 ++]

WWII VETS 221

Beatrice Arthur | Flying Tiger



On Feb. 13, 1943, the U. S. Marine Corps put out its rallying call: “Be a Marine...Free a Man to Fight.” Five days later, Marine Veteran, Beatrice Arthur, then Frankel, enlisted as one of the first members of the Women’s Reserve. Born in 1922 in Brooklyn, New York, Arthur was a first-generation American, raised by Jewish immigrants from Europe. According to her enlistment paperwork, her hobbies included hunting with a .22 caliber rifle and playing the piano. In a letter dated Feb. 23, 1943, Arthur wrote that she enjoyed working as a hospital lab technician but did not make enough money to support herself. Instead of starting a new job, she changed her mind after hearing that enlistments for women in the Marines were open. She ended her letter saying that she was eager to do whatever was needed.

As part of the enlistment process, Arthur underwent multiple interviews and personality appraisals. One male interviewer described her as “frank and open,” but also “argumentative” and “over aggressive,” without being too “cocky”. A handwritten note on the assessment sheet read: “Officious—but probably a good worker if she has her own way!” After basic training, Arthur served as a typist at Marine headquarters in Washington, D. C. In June 1943, the Marine Corps accepted her transfer request to the Motor Transport School at Camp Lejeune, North Carolina. She said she offered more value to the Marine Corps in this duty based on her past experience. Arthur then worked as a truck driver and dispatcher in Cherry Point, North Carolina, between 1944 and 1945.

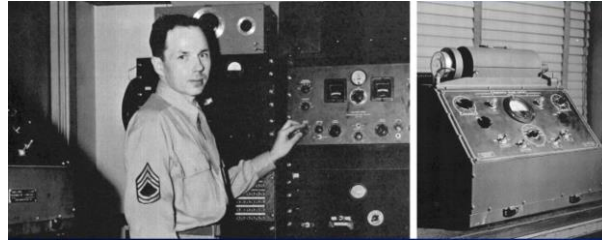
She honorably discharged at the rank of staff sergeant in September 1945. Afterward, she began a successful acting career, best known for her Emmy Award-winning portrayal of Maude Findlay on “Maude” and as Dorothy Zbornak on “The Golden Girls”. When asked in a 2001 interview, Arthur denied serving in the Marine Corps. Her official military personnel file became public in 2010, a year after she died at age 86. We honor her service. Arthur’s official military personnel file can be found on the National Archives website at <https://catalog.archives.gov/id/74860832>. [Source: Columbus Ledger-Enquirer | Mark Rice | February 13, 2020 ++]

WWII VETS 222

Arthur G. Anderson | Picture Communicator

Army Veteran, Arthur G. Anderson worked for the news agency ACME Newspictures as a photographer specializing in taking pictures with a telephoto lens before enlisting in the Army. He joined the Army in 1941 with the 121st Engineer Battalion, 29th Infantry Division. Anderson’s first assignment was at Fort Meade, Maryland, and then at the Pentagon in Arlington, Virginia. Anderson later joined the staff of the radiophoto section with the Army’s Signal

Corps, a division responsible for managing communications and information systems for the command and control of combined arms forces. He rose up the ranks to technical sergeant while working on secret imaging for the Army. He worked as a technician on the world's first-ever color transmission of a news photograph by radio signal. Having experience in telephoto equipment was essential to this military achievement. The ability to send war-action pictures from any part of the globe brought the war home to the American people.



The first test of the equipment came from North Africa. The Army flew telephoto equipment to a location where the Allies would later win their first major campaign. The Army's Signal Corps also successfully transmitted pictures of the beginning of the end of the Nazis. From Egypt, Guam, Hawaii, the Philippines, and from Australia, news pictures were transmitted to the U.S. within seven minutes. ACME telephoto machines were also a small but significant part of the logistical planning for the Normandy landings. As a result of the equipment Anderson helped design and build, it took approximately one hour for pictures of the invasion's success to reach the desk of President Franklin D. Roosevelt.

Anderson left the Army in 1945. His help in developing such a remarkable instrument of vital picture communications allowed for the military to share the story of U.S. involvement in World War II globally. Anderson died in July 2007, in Cuyahoga, Ohio, at age 90. We honor his service. [Source: Vantage Point | Rachel Heimann | March 12, 2020 ++]

Famous Vets

Chuck Norris | A1C USAF



Carlos "Chuck" Norris was born March 10, 1940, in Ryan, Oklahoma. Norris enlisted in the Air Force in 1958 after graduating high school. He joined as an air policeman and hoped to train as security police. The Air Force stationed Norris at Osan Air Base in South Korea. It was there that a fellow airman gave him the nickname "Chuck". Osan Air Base is also where Norris picked up his martial arts skills and earned a black belt in Tang Soo Do, a form of Korean karate. Norris trained with Grandmaster Jae Chul Shin, founder of the World Tang Soo Do Association, as well as Grandmaster Do Sik Mun. After his service in South Korea, Norris served at March Air Force Base, now March Air Reserve Base, in Riverside County, California. He continued to serve as an air policeman until his discharge from service in August 1962 at the rank of airman first class.

Following his military service, Norris applied to be a police officer but ended up on the waiting list. While he waited, Norris decided to open a martial arts studio in his town of Torrance, California, which led to his opening a chain of studios. He started to enter martial arts competitions. After several years, he won his first World Middleweight Karate Championship title in 1968. Norris held the title of Karate World Champion for six consecutive years and retired after his victory in 1974. It was during this time that Norris met Bruce Lee, which led to Norris' breakout role as Lee's nemesis in the 1972 film Return of the Dragon, roundhouse kicking him into stardom. Norris went on for several decades to star in action movies and television shows like Walker, Texas Ranger and The Delta Force. He also still appears in advertisements.

Norris's brother, Wieland Norris, was killed in action during the Vietnam War. Norris dedicated his Missing in Action films to his brother's memory. In 2001, Norris received the Veteran of the Year award from the Air Force. In 2007, Commandant Gen. James T. Conway made Norris an honorary United States Marine. In 2011, Governor Rick Perry named Norris an honorary Texas Ranger. Happy 80th birthday, Chuck. Do you still blow out your birthday candles with a roundhouse kick? Visit RallyPoint at <https://www.rallypoint.com/topics/chuck-norris> to join the discussion about Chuck Norris. [Source: VAntage Point | March 10, 2020 ++]

Military Retirees & Veterans Events Schedule

As of 15 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/veterans related events to the Events Schedule Manager, Milton.Bell126@gmail.com [Source: Retiree/Veterans Events Schedule Manager | Milton Bell | March 15, 2020 ++]

Vet Hiring Fairs

Scheduled As of 15 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 15, 2020 ++]

Vet Hiring Track Records

State Rankings

Approximately 200,000 veterans leave the military every year, and finding the right career after service consistently ranks as one of the top concerns for them. That's why InMyArea.com crunched data from the U.S. Bureau of Labor Statistics to identify the states with the best veteran hiring track records — as well as the worst. www.InMyArea.com used the BLS data to compare states across a half dozen different categories including government hiring practices, unemployment rates, median income, veteran business ownership, and job training investment per veteran. Which state scored highest on their scale?

New Jersey was first or second-best in three of the different categories. The state offers veterans "absolute preference" meaning they leapfrog all other applicants even if they appear less qualified. New Jersey, on average, spends \$676 for job training per veteran in the state, and its overall veteran unemployment rate is 2 percent. How does this compare with the state that came in last? Ohio's average veteran unemployment rate is 4.8 percent, significantly higher than the national average of 3.6 percent. Overall, Ohio only made it out of the bottom quarter of states in two categories — veteran-owned businesses and median income. It was among the 10 worst in every other category.

InMyArea.com's review identified several other interesting trends in veteran unemployment. Colorado and the District of Columbia have the highest veteran unemployment rates with 5.8 and 6.5 percent respectively. The median income for working veterans is highest in Virginia at \$56,140 and lowest in Arkansas at \$33,584. If you're looking to start a veteran-owned business, your odds are best in Oklahoma and South Carolina. To see the full report from InMyArea.com go to <https://www.inmyarea.com/research/best-states-veterans-hiring-2020>. To view the Connecting Vets Employer of the Week series on companies committed to hiring and supporting veterans across the country go to <https://connectingvets.radio.com/categories/employer-week>. [Source: ConnectingVets.com | Elizabeth Howe | March 11, 2020 ++]

State Veteran's Benefits

New Mexico

The state of New Mexico provides several benefits to veterans as indicated below. To obtain information on these refer to the attachment to this Bulletin titled, "**Vet State Benefits – NM**" for an overview of the below benefits. Benefits are available to veterans who are residents of the state. Refer to <http://www.dvs.state.nm.us/benefits.html> and <http://militaryandveteransdiscounts.com/location/new-mexico.html> for a more detailed explanation of each of the following:

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

[Source: <http://www.military.com/benefits/veteran-state-benefits/new-mexico-state-veterans-benefits.html> | March 2020 ++]

* Vet Legislation *



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

VA Presumptive AO Diseases

Update 32: S. ____ | Fair Care for Vietnam Veterans Act of 2020

The Department of Veterans Affairs has delayed extending benefits to veterans exposed to Agent Orange who have four illnesses scientists recently linked to the toxic herbicide. Lawmakers on Capitol Hill, veteran service organizations, and the veterans themselves say they have had enough. On 12 MAR, Sen. Jon Tester (D-MT) along with 34 other senators, introduced the **Fair Care for Vietnam Veterans Act** similar to House bill H.R. 5610. The bill would effectively force VA to provide disability benefits to veterans with hypertension, hypothyroidism, Parkinson's-like symptoms and bladder cancer connected to Agent Orange exposure during military service.

Veterans with specific health conditions VA has determined were caused by Agent Orange can receive benefits, but not all illnesses or conditions are covered. But VA leaders disagree with National Academies of Sciences, Engineering and Medicine scientists' findings that link Agent Orange exposure to those four diseases, a decision they say could cost \$15.2 billion. If all four diseases were included in VA's list of covered illnesses, tens of thousands of veterans and their families stand to gain benefits. VA disagrees with scientists' findings linking 4 more diseases to Agent Orange exposure

Lawmakers and veterans' groups have repeatedly called on VA Secretary Robert Wilkie and the White House to extend benefits and help an aging population of veterans and their families. So far, Wilkie has said he awaits the results of VA's in-house studies. The White House has been silent, lawmakers, Congressional staff and VSOs told Connecting Vets. "Justice is long overdue for the 190,000 aging veterans who are currently suffering — and dying — as a result of their exposure to Agent Orange in Vietnam," Tester, ranking member of the Senate Veterans Affairs Committee, said in a statement 12 MAR. "This bicameral bill is as straightforward as they come — since VA isn't willing to do its job, Congress is stepping in and requiring them to do it by law. We won't stop fighting until this Administration does right by thousands of veterans suffering from these illnesses, who have already waited far too long for the benefits and care they've earned."

Veteran service organizations have made toxic exposures a top priority in 2020, from Agent Orange to hazards that caused Gulf War Illness to burn pits, black ooze and other toxins from the wars in Iraq and Afghanistan. Helping troops exposed to toxins must be a top priority in 2020, veterans tell Congress

- **VFW** -- "Vietnam veterans did our part. After winning every battle they fought while they were in Vietnam, many of them have lost their fight to the horrible health conditions they received from Agent Orange exposure," said Commander-in-Chief William J. "Doc" Schmitz. "It's unacceptable that the list of conditions presumed to be associated with Agent Orange exposure does not include . . . conditions that the scientists have said are connected to military service."
- **AMVETS** -- "Veterans wrote a check with their lives, and Congress vowed to take care of them when they returned home," said National Commander Jan Brown. "VA is already treating 1,404 Vietnam-era veterans for Parkinsonism, 5,836 for bladder cancer, 15,657 for hypothyroidism and 308,329 for hypertension. It's time to expand the exposure list to include these diseases."
- **DAV** -- "There is already more than enough scientific evidence to add the four pending Agent Orange-related diseases to the VA's list of presumptive service-connected conditions," said National Commander Stephen "Butch" Whitehead. "We don't need more studies, we need justice for veterans and their families. Since VA is not taking the appropriate action, Congress must."

Last year and again in January, Wilkie said he planned to delay his decision on adding four illnesses to the list of diseases VA covers related to exposure to the toxic herbicide. The U.S. sprayed more than 20 million gallons of multiple herbicides over Vietnam from 1961 to 1971, including Agent Orange. Two years ago, then-VA Secretary David Shulkin decided to add more diseases to the VA's list of health concerns that qualify a veteran for Agent Orange disability benefits. According to documents obtained by a veteran through the Freedom of Information Act and

provided to Connecting Vets, White House officials stood in Shulkin's way expressing concern about the cost of covering additional diseases and requesting more research. Military Times first reported on the documents.

A year ago, Veterans Health Administration head Dr. Richard Stone told Congress VA "hoped" to make a decision on those illnesses "within 90 days," as previously reported by Connecting Vets. Repeated attempts by Connecting Vets to get an update from VA officials on whether the department had a forthcoming decision have been consistently met with the same statement: "VA has no announcements on Agent Orange presumptive conditions at this time." At <https://www.va.gov/disability/eligibility/hazardous-materials-exposure/agent-orange/related-diseases> can be found a list of the diseases currently linked to Agent Orange and eligible for benefits. [Source: ConnectingVets.com | Abbie Bennett | March 12, 2020 ++]

DoD/VA Concurrent Receipt

Update 02: H. R. 5995 | Major Richard Star Act

Congressman Gus Bilirakis (R-FL) introduced H. R. 5995, the Major Richard Star Act which would expand concurrent receipt eligibility to service members who were medically discharged. The Major Richard Star Act would provide total offset relief of veterans' disability compensation and retired pay or combat-related special compensation for certain veterans. [Source: VFW Action Corps Weekly | February 28, 2020 ++]

GI Bill

Update 303: S. 2957 | Protect Vets' Education & Taxpayer Spending Act of 2019

Politicians love to talk about "supporting the troops," but too often fail to follow through on promises after securing a round of positive headlines. Just look at the obstacles faced by soldiers and veterans when they try to pursue college degrees. When it comes to higher education, service members and veterans face red tape and unnecessary roadblocks, while predatory colleges are rewarded. In recent weeks, however, there is rare bipartisan momentum to close a funding loophole and stop sham schools from targeting veterans. Congress and the Trump administration should move quickly to show America's troops and veterans that our leaders are willing to put action before talk.

Since its inception in 1944, the GI Bill has helped countless service members and veterans afford a college degree. However, in recent years an unintended quirk of federal law has perversely incentivized the worst colleges to target military students. The so-called [90/10 Rule](#) at the U. S. Department of Education sets a 90% cap on the revenue for-profit schools can get from federal financial aid, a limit intended to weed out low-quality schools that can survive only on the government's dime. That limit inadvertently failed to include GI Bill and Department of Defense funds, so each additional dollar from a veteran or service member's benefits makes a school eligible for nine more dollars from the education department. The end result is that veterans and their family members — including, shockingly, widowed spouses attending grief support groups — are subject to unrelenting and deceptive [recruitment efforts](#) by [predatory schools](#) all unwittingly financed by our own government.

Now, for the first time in more than two decades, powerful lawmakers in both parties appear ready to remove the target from veterans' backs. Republican Lamar Alexander, chair of the Senate Health, Education, Labor and Pensions Committee, has backed a [bipartisan bill](#) S. 2957 to close the loophole that excludes GI Bill and defense department funds from the calculation and punish schools that break the rules. Congress should move now to pass that bill, and they should build on the momentum with additional measures to support veteran and service member students, including making it easier for service members to apply for student loan forgiveness.

Over 200,000 active duty service members have student loan debt, making them candidates for Public Service Loan Forgiveness. That's a program that grants loan forgiveness to government workers after 10 years of public service — including military service. Both the Navy and Pentagon say loan forgiveness is an important recruitment and retention tool. However, less than one percent of applicants for loan forgiveness relief have been approved, partly due to the need to fill out forms to verify employment history, which is required even of those serving in our armed forces.

It makes no sense that active duty military members have to jump through hoops to prove their service when the Department of Education already has access to an existing database of everyone currently serving in the armed forces. These men and women have a lot on their plates already, and the department should immediately match those records and ensure that every eligible service member is getting credit toward their 10 years of service. Active duty service members serving in hostile war zones are also appropriately entitled to a 0% interest rate on their federal student loans. Indeed, our armed forces are protected by several student loan rights — but all of them currently require service members to call home from Iraq, Afghanistan, or wherever they are stationed, to ask their family members to find their student loan documents and help them fill out paperwork overseas.

Our Armed Forces should focus on the military mission, not red tape to get their basic rights. The defense department or Congress could make service members' loan rights automatic, rather than asking them to fill out paperwork, as military and veterans organizations have been requesting. We ask a lot of our military. We should hold the programs that support them to the same high standards. [Source: The Baltimore Sun | Wesley K. Clark, Carrie Wofford & Aaron Ament | Feb 28, 2020 ++]

GI Bill

Update 305: H.R. 6194 | Housing Stipend amid Covid-19 Campus Shutdown

Senate and House lawmakers on 11 MAR introduced bills in both chambers that would assure housing stipends for student veterans would go uninterrupted and unchanged amid college campuses shutting down due to the coronavirus crisis. The bills were introduced as a growing number of colleges and universities throughout the country announced this week that they will hold online courses only, ushering in uncertainty on what happens to the thousands of GI Bill recipients who rely on monthly housing stipends to attend school. Rep. David Roe of Tennessee, the ranking Republican of the House Committee on Veterans' Affairs, introduced H. R. 6194, a bill that aims to guarantee the housing stipends for student veterans remain unchanged during the outbreak. Sens. Jerry Moran (R-KS), chairman of the Senate Committee on Veterans' Affairs, and Jon Tester of Montana, the committee's ranking Democrat, introduced a companion measure in the upper chamber.

The bills assure students who switch to online courses in a sudden emergency out of their control would retain the housing allowances that they received when they started the semester. The measure covers students through December. If the coronavirus outbreak continues into 2021, or if schools shut down due to another national crisis later, the bill would need to be revisited. "No student veteran, dependent, or spouse should be worried about their GI Bill benefits being reduced or cut off because of actions their school is taking in response to [coronavirus]," Roe said in a statement. "My bill would ensure that [Department of Veterans Affairs Secretary Robert Wilkie] has the flexibility to continue serving students well during times of uncertainty and I am committed to seeing it signed into law quickly."

Every student using the GI Bill gets a monthly housing stipend that is based on the zip code of the school at which they attend the most courses. This can range across the country and could amount to a large sum in urban areas with a high cost of living. Yet, there is a fixed \$894.50 monthly amount for online schooling, which could be a steep decrease for some students. "The uncertainty facing student veterans in the wake of unexpected school closures and changes in response to [coronavirus] is unprecedented," said Jared Lyon, CEO and national president of Student Veterans of America, a nonpartisan advocacy group for student veterans. "This critical, time-sensitive legislation

explicitly ensures student veterans will be able to continue to attend school and experience no changes to monthly housing allowances as more schools take [coronavirus] prevention measures.”

With some student veterans booted from campuses across the country already, there is an urgency from lawmakers to get the measure passed. “We must swiftly pass this bill to make certain that veterans still receive the benefits they’ve earned despite concerns surrounding the coronavirus,” Moran said in a statement. [Source: Stars & Stripes | Steve Beynon | March 11, 2020 ++]

Vet Toxic Exposure | Karshi-Khanabad

Update 01: H.R. 5957 | K2 Vet Toxic Exposure Accountability Act of 2020

Shortly after September 11, 2001, U.S. forces were deployed to K2—a former Soviet base—because of its close proximity to al Qaeda and Taliban targets in northern Afghanistan. According to a December 19, 2019 McClatchy report, U.S. orces at K2 were exposed to multiple chemical and radiological hazards, such as “pond water that glowed green” and “black goo oozing from the ground. ” These hazards reportedly were caused by a prior explosion at a missile storage facility; as well as fuel, solvents, and other chemicals from abandoned Soviet maintenance facilities. In a 2015 study cited by McClatchy, the U. S. Army found that veterans deployed to K2 were more than five times as likely to develop a type of cancer—malignant neoplasms of lymphatic and hematopoietic tissue—than their counterparts who deployed to South Korea. The same study found that more than 60 veterans who deployed to K2 between 2001 and 2005 “had been diagnosed with cancer or died from the disease.”

On 25 FEB, Representatives Mark Green (R-TN) and Stephen Lynch (D-MA) introduced H.R. 5957, the K2 Veterans Toxic Exposure Accountability Act of 2020. This important legislation would require DOD to conduct a study on toxic exposure at Karshi Khanabad Air Base (K2), Uzbekistan. The legislation would also establish a K2 toxic exposure registry and a framework for providing presumptive benefits for veterans who developed a health condition associated with toxic exposure at K2. The House Committee on Oversight and Reform Subcommittee on National Security held a hearing to discuss hazardous exposures at K2 and their effects on service members. Refer to https://www.youtube.com/watch?time_continue=3&v=YAHfyvEzf80&feature=emb_logo to watch the hearing on the issue. [Source: VFW Action Corps Weekly | February 28, 2020 ++]

TRICARE for Guard/Reserve

Update 02: H.R. 5169 | TRICARE Fairness for Guard & Reserves Retirees Act

Back in November 2019, U. S. Rep. Ross Spano (R-FL) introduced the “TRICARE Fairness for National Guard and Reserve Retirees Act” with U. S. Rep. Tulsi Gabbard (D-HI) as the cosponsor. “The bill aligns the eligibility age for TRICARE Standard, Extra, and Prime with the age at which National Guard and Reserve personnel begin receiving their retired pay,” Spano’s office noted. “The NDAA for Fiscal Year 2008 lowered the retirement age for Reserve Component personnel from 60 to a lower age, but not below 50, based on active duty performance. However, the age reduction for retired pay eligibility for non-regular service **did not reduce the eligibility age for health care.** Qualified retired reserve members under the age of 60 looking for TRICARE medical coverage may now purchase TRICARE Retired Reserve (TRR). Once they reach 60, they and their qualifying family members become eligible for TRICARE Standard, Extra and Prime (where available).

“As a comparison, TRR for FY19 was \$451. 51 per month for an individual plan or \$5,418. 12 annually. TRICARE Prime for servicemembers who began service prior to 2018 has an annual enrollment fee of \$297 for an individual.

TRICARE Select has no yearly enrollment fee for those same servicemembers,” Spano’s office added. Spano weighed in on why he had introduced the proposal.

“We have heavily relied upon our National Guard and Reserve personnel for the past 20 years, and they have made major contributions to our force structure for over 200 years,” Spano said when he introduced the bill. “A decade ago, Congress lowered the age they can receive their retired pay based on active duty service. It’s not right that their eligibility for traditional TRICARE was left at age 60. This has resulted in early retirees often spending the vast majority, if not all, of their pension on TRICARE premiums until they reach 60. This bill will help service members transition into retirement as intended when Congress reduced their retirement age.”

“National Guard and Reservists who are eligible for early retirement currently do not have similar eligibility as Active Duty early retirees for traditional TRICARE because of a technicality. This means they have added costs to get the healthcare they need,” said Gabbard. “This bill honors their service and sacrifice by improving their retirement transition and make sure they get the healthcare they have earned.”

The Reserve Organization of America (ROA), the National Guard Association of the United States (NGAUS) and the Enlisted Association of the National Guard of the United States (EANGUS) are all behind the proposal. The bill was sent to the U. S. House Armed Services Committee and has gained more than a dozen additional cosponsors including Florida Republican U. S. Reps. Bill Posey and Dan Webster. So far, there is no counterpart in the U. S. Senate.

Rep. Ross Spano continues to focus on TRICARE benefits for members of the National Guard and the Reserve. Spano joined U. S. Reps. Gil Cisneros (D-CA), Virginia Foxx (R-NC), Mark Green (R-TN), and Harley Rouda (D-CA) in sending a letter to U. S. Comptroller General Gene Dodaro wanting to know about lapses in TRICARE benefits for National Guard and Reserve personnel and their families. Almost 20 other members of the U. S. House also signed the letter though Spano was the only member of the Florida delegation to do so. “Lapses in coverage can have serious consequences for our soldiers and their families and can understandably detract from our soldiers’ focus on executing their mission,” the representatives wrote.

“Too often, our brave National Guard and Reserve personnel and their families experience issues accessing the health care benefits they earned serving our country — it’s unacceptable,” said Rouda. “The least we could do for our soldiers is to cut through the red tape and find out why these lapses in benefits are occurring. I look forward to reading the Comptroller General’s report and finding common-sense solutions to right these wrongs.”

“For the last two decades, our military has heavily relied on our National Guard. As our heroes go about fighting the war on terror, they shouldn’t have to worry about their TRICARE benefits lapsing while deployed—this is unacceptable on so many levels,” said Spano on Monday. “I’m proud to join my colleagues in this effort to get to the bottom of why these lapses are occurring and fix the problem in a bipartisan and swift manner.”

[Source: Florida Dailey | Kevin Derby | March 3, 2020 ++]

VA Life Insurance (S-DVI)

Update 05: H.R. 6013 | Veteran Families Financial Support Act

On 28 FEB, Representative Mike Bost (R-IL) and Representative Kathleen Rice (D-NY) introduced VFW-supported H. R. 6013, the Veteran Families Financial Support Act. This important legislation would increase the maximum payment under the Service-Disabled Veterans Insurance (S-DVI) program from \$10,000 to \$40,000 and extend eligibility beyond the current two-year period after a veteran receives notification of a new service-connected disability. “The current payment amount of \$10,000 under the Service-Disabled Veterans Insurance program does not cover the rising cost of end-of-life expenses,” said VFW National Legislative Service Associate Director Matthew

Doyle. “The VFW is proud to support this legislation, which would increase the coverage amount of Service-Disabled Veterans Insurance and expand eligibility beyond the current two-year window after a veteran receives notification of a new service-connected disability. The VFW thanks Rep. Bost and Rep. Rice for introducing this legislation and for their efforts to expand disability benefits for veterans.” Learn more at <https://bost.house.gov/media-center/press-releases/bost-introduces-disabled-veteran-life-insurance-bill>. [Source: VFW Action Corps Weekly | March 6, 2020 ++]

Vet Benefit Legislation

Update 04: H.R. 6082 | Forgotten Vietnam Veterans Act

On 4 MAR, Representative T. J. Cox (D-CA) introduced VFW-supported H. R. 6082, the Forgotten Vietnam Veterans Act. This important legislation would allow veterans who served in the Republic of Vietnam from Nov. 1, 1955, to Feb. 27, 1961, to receive wartime benefits. “More than 3,000 veterans served in Vietnam from Nov. 1, 1955, to Feb. 27, 1961, ten of whom were killed in action,” said VFW National Legislative Service Associate Director Matthew Doyle. “However, veterans who served in Vietnam prior to Feb. 28, 1961, are not considered wartime veterans and likewise are ineligible for certain VA benefits. The VFW is proud to support this legislation, which would change the statutory definition of Vietnam veteran to include those who served in the Republic of Vietnam beginning on Nov. 1, 1955. The VFW thanks Rep. Cox and all original co-sponsors for their efforts to expand benefits for veterans. Learn more at <https://cox.house.gov/media/press-releases/rep-tj-cox-introduces-forgotten-vietnam-veterans-act>. [Source: VFW Action Corps Weekly | March 6, 2020 ++]

USCG Retirement

Update 01: H. R. 6072 | Coast Guard Retirement Parity Act

On 4 MAR, U. S. Rep. Charlie Crist (D-FL) brought out a proposal to help protect retired veterans who served in the United States Coast Guard (USCG). Crist introduced the “**Coast Guard Retirement Parity Act**” with U. S. Rep. Steven Palazzo (R-MS) and the Tampa Bay congressman’s office offered some of the rationales behind why Coast Guard retirees should be included in the Military Retirement Fund.

“Under the current ‘accrual’ system, Army, Navy, Marine Corps, and Air Force retirement benefits are paid through the Military Retirement Fund, a fiscally responsible public pension fund managed by actuaries. Every year, the Department of Defense contributes to the fund in anticipation of future retiree costs, protecting retirees and taxpayers alike. Coast Guard retirement benefits, on the other hand, require an annual funding bill, which is not only less efficient but threatens retired Coast Guard servicemembers in the event of a government shutdown. The bill corrects this disparity and treats Coast Guard retirement benefits just like the other branches of the military,” Crist’s office noted. Crist weighed in on his proposal on 5 MAR.

- “The effects of the 2019 government shutdown were felt across the country, and Coast Guard servicemembers and their families were especially hit hard. Here in Pinellas County, not only did active duty Coasties go without pay, but Coast Guard retirees were days away from missed retirement payments from the government they swore an oath to protect,” said Crist.
- “Learning from the mistakes of the past, the Coast Guard Retirement Parity Act rights this wrong. If a shutdown were to happen again, Coast Guard retirees would be protected. This commonsense fix is good for the Coast Guard, good for those who served, and good for taxpayers. A grateful nation should

safeguard and protect hard-earned veterans retirement benefits, and that is exactly what this legislation will accomplish,” Crist added.

- “Veterans of our United States Coast Guard, just like all U.S. veterans, have dedicated their lives to serving our nation and they should never have to worry about interruptions in their retirement benefits,” said Palazzo. “During the 2019 government shutdown, over 50,000 Coast Guard retirees were facing the unfair reality that their retirement payments were not going to be provided because they’re currently excluded from the DOD retirement fund, and to me that’s completely unacceptable. Our bill addresses this disparity and ensures that these Coast Guard retirees and their families are taken care of and receive the benefits they earned.”

Crist’s bill was sent to the U. S. House Armed Services Committee. So far, there is no counterpart over in the U. S. Senate. [Source: Florida Daily | Kevin Derby | March 8, 2020 ++]

* Military *



Air Force Song

Tweaked to Reflect the Fact That Women Serve in the Air Force



For more than eight decades, American airmen have belted out what is now known as the U. S. Air Force Song at graduations, ceremonies, Memorial Day celebrations and bars. Its iconic opening line — “Off we go, into the wild blue yonder” — is instantly recognizable, and captures the derring-do attitude of the service at its best. But the song’s third verse, a bridge which begins, “Here’s a toast to the host/Of those who love the vastness of the sky/To a friend we send a message of his **brother men** who fly,” didn’t sit right with Air Force Chief of Staff Gen. Dave Goldfein. The verse also serves as the academy’s school song and is sung after athletic events.

At the Air Force Association’s conference in Orlando, Florida, 27 FEB, Goldfein recalled attending a women’s volleyball tournament at the Pentagon last year, when the U. S. Air Force Academy thoroughly beat the other service

academy teams. As Goldfein sang the third verse of the Air Force Song with the female cadets, it was apparent to him that the lyrics left them out, even as the U. S. Naval Academy and the U. S. Military Academy at West Point had both updated their songs more than a decade ago. So, Goldfein said, he's ordered the song to be tweaked slightly, to reflect that fact that women serve in the Air Force. "These are the women we will ask to go into combat and fight, just as women have done for a generation," Goldfein said in remarks posted on the Air Force's web site. "Yet this version of the song, their alma mater, was not about them. ... It is time for us to change."

The third line of the verse will now be sung, "To a friend we send a message of the brave who serve on high." And the final line of that verse, which originally went "A toast to the host of men we boast, the U. S. Air Force!" has been changed to "A toast to the host of those we boast, the U. S. Air Force!" Goldfein said a team of airmen and academy cadets last year updated the lyrics to reflect the Air Force's history, the accomplishments of all who have served, and "the rich diversity that makes today's Air Force indisputably the strongest and most capable in the world." Air Force Academy Superintendent Jay Silveria has been authorized to use the new version of the song, which is traditionally sung during the academy's graduations.

Goldfein acknowledged the changes will likely prove controversial and draw strong emotions and debate. He said he respects the opinions of those who disagree. But, he said, these changes "are about adding to, not subtracting from, who we are. Changing the lyrics in no way diminishes the history and accomplishments of men or dilutes our eternal gratitude for their sacrifice and bravery." "These new lyrics speak more accurately to all we do, all that we are, and all that we strive to be as a profession of arms," Goldfein said. "They add proper respect and recognition to everyone who serves and who has served. This respect and recognition is not only appropriate, it is fully earned." Goldfein cited the service of several notable female airmen, including Arizona Sen. Martha McSally, who is a retired colonel and the first woman in the Air Force to command a combat aviation squadron.

It's not the first time the song has been updated. It originally was titled "The Army Air Corps" and boasted, "Nothing'll stop the Army Air Corps!" before being updated in 1949 to reflect the Air Force's new, independent status. The Air Force will keep looking to see if the other verses of the song need further updates, Goldfein said. Right now, for example, the second verse begins "Minds of men fashioned a crate of thunder" and then references "Hands of men" and "Souls of men," and the final verse has the line "Flying men, guarding the nation's border." [Source: AirForceTimes | Stephen Losey | February 27, 2020 ++]

Marine Corps Readiness

Update 03: Commandant Wants Corps to Become Smartest Military Branch



Are days accusing Marines of eating crayons coming to an end? The Marine commandant wants the Corps to become the smartest military branch. Commandant Gen. David Berger wants to raise the minimum test score required to enlist in the Marine Corps higher than any other military branch in the Department of Defense. Berger directed the assistant

commandant of the Marine Corps Gen. Gary Thomas to “determine the opportunities, risks and costs associated with raising the minimum AFQT score for enlistment to 40 within the next 6 months.”

The Armed Forces Qualification Test score is determined by combining the test takers’ Armed Services Vocational Aptitude Battery scores in four categories — arithmetic reasoning, word knowledge, paragraph comprehension and math knowledge — then comparing each score to a population baseline. The score represents the percentage of the population that the test taker performed higher than. The score maxes out at 99, indicating the test taker did better than 99 percent of the population. Currently the minimum AFQT score for the Marine Corps is 31. In the past, prospective Marine Corps recruits with scores below 31 could still enlist as long as they met other requirements. However, the Corps has not shipped anyone to boot camp with a score below 31 since fiscal year 2016, Gunnery Sgt. Justin Kronenberg, a Marine Corps spokesman, told Marine Corps Times in an email 28 FEB.

Both the Army and the Navy have a minimum score of 31 to enlist, according to spokeswomen for both services. The Air Force currently has the highest minimum, requiring prospective recruits to get a minimum score of 36, according to an Air Force spokeswoman. If the Marine Corps officially does raise the score to 40, it officially will be enlisting the highest test takers of the four main military branches. But, bragging rights as the smartest enlisted force is not the reason Berger wants to raise the score. Instead it is part of his effort to create a more mobile Marine Corps capable of executing small unit operations while spread out across the expanse of the Pacific. It’s a move that has Sergeant Major of the Marine Corps Troy Black envisioning a future where staff noncommissioned officers will be required to get college degrees.

The memo also directs the Corps to consider raising the minimum General Technical for 0311 Marine riflemen and recommends a new policy to boost officer education by directing those selected for the Resident Command and Staff College to complete a master’s degree program. In a war against China, the Marines will operate in small units spread out on islands and atolls throughout the Pacific. The distributed nature of the fight will put more burden on small units and force lower ranked leaders to make more decisions than the Corps has previously asked of them. Maj. Eric Flanagan, a spokesman for the commandant’s office said the directives in the memo do not represent any immediate policy, but simply issues the commandant wants the Marine Corps to look into. “Any official policy decisions, changes or implementation plans will be published via appropriate orders and messages,” Flanagan said in an email Wednesday. [Source: MarineCorpsTimes | Philip Athey | February 29, 2020 ++]

Russia Weapon Modernization

Putin Says Russia Leading World in Hypersonic Weapons



Russian President Vladimir Putin, left, and Defense Minister Sergei Shoigu speaks to journalists after attending an annual meeting with top military officials in the National Defense Control Center in Moscow

President Vladimir Putin said 24 DEC that Russia has got a strong edge in designing new weapons and that it has become the only country in the world to deploy hypersonic weapons. Speaking at a meeting with top military brass, Putin said that for the first time in history Russia is now leading the world in developing an entire new class of weapons unlike in the past when it was catching up with the United States.

The Russian leader noted that during Cold War times, the Soviet Union was behind the United States in designing the atomic bomb and building strategic bombers and intercontinental ballistic missiles. “Now we have a situation that is unique in modern history when they are trying to catch up to us,” he said. “Not a single country has hypersonic weapons, let alone hypersonic weapons of intercontinental range.” The Pentagon and the U.S. military services have been working on the development of hypersonic weapons in recent years, and Defense Secretary Mark Esper said in August that he believes “it’s probably a matter of a couple of years” before the U.S. has one.

He has called it a priority as the military works to develop new long-range fire capabilities. The U.S. also has repeatedly warned Congress about hypersonic missiles being developed by Russia and China that will be harder to track and defeat. U.S. officials have talked about putting a layer of sensors in space to more quickly detect enemy missiles, particularly the more advanced hypersonic threats. The administration also plans to study the idea of basing interceptors in space, so the U.S. can strike incoming enemy missiles during the first minutes of flight when the booster engines are still burning.

Putin said that the first unit equipped with the Avangard hypersonic glide vehicle is set to go on duty this month, while the air-launched Kinzhal hypersonic missiles already have entered service. The Russian leader first mentioned the Avangard and the Kinzhal among other prospective weapons systems in his state-of-the-nation address in March 2018. Putin said then that the Avangard has an intercontinental range and can fly in the atmosphere at a speed 20 times the speed of sound. He noted that the weapon’s ability to change both its course and its altitude en route to a target makes it immune to interception by the enemy. “It’s a weapon of the future, capable of penetrating both existing and prospective missile defense systems,” Putin said Tuesday. The Kinzhal, which is carried by MiG-31 fighter jets, entered service with the Russian air force last year. Putin has said that the missile flies 10 times faster than the speed of sound, has a range of more than 1,250 miles and can carry a nuclear or a conventional warhead. The military said it’s capable of hitting both land targets and navy ships.

The United States and other countries also have worked on designing hypersonic weapons, but they haven’t entered service yet. The Kremlin has made military modernization its top priority amid tensions with the West that followed the 2014 Russia’s annexation of Ukraine’s Crimea. Putin described a buildup of NATO’s forces near Russia’s western borders and the U.S. withdrawal earlier this year from the 1987 Intermediate-Range Nuclear Forces treaty among top security threats. He argued that Russia must have the best weapons in the world. “It’s not a chess game where it’s OK to play to a draw,” he said. “Our technology must be better. We can achieve that in key areas and we will.”

Russian Defense Minister Sergei Shoigu reported that the military in 2019 has received 143 warplanes and helicopters, 624 armored vehicles, a submarine and eight surface warships. He said that the modernization of Russia’s arsenals will continue at the same rapid pace next year, with 22 intercontinental ballistic missiles, 106 new aircraft, 565 armored vehicles, three submarines and 14 surface ships to enter duty. Putin noted that the work to develop other prospective weapons, including the Sarmat heavy intercontinental ballistic missile, the Poseidon nuclear-powered underwater drone and the Burevestnik nuclear-powered cruise missile was going according to plan.

The Burevestnik has stoked particular controversy. The U.S. and the Soviet Union worked on nuclear-powered rocket engines during the Cold War, but they eventually spiked those projects considering them to be too hazardous. The Burevestnik reportedly suffered an explosion in August during tests at a Russian navy range on the White Sea, killing five nuclear engineers and two servicemen and resulting in a brief spike in radioactivity that fueled radiation fears in a nearby city. Russian officials never named the weapon involved in the incident, but the U.S. said it was the Burevestnik. [Source: The Associated Press | Vladimir Isachenkov | December 24, 2019 ++]

Russia Weapon Modernization

Update 01: Putin Boasts about New Weapons, Calls Them Defensive

President Vladimir Putin says that Russia has developed unique offense weapons without the intention of starting a war with anyone but to maintain “strategic balance” and “strategic stability” in the world. “We are not going to fight against anyone. We are going to create conditions so that nobody wants to fight against us,” Putin said in an interview with the state-run Tass news agency, a part of which was released 2 MAR. The three-hour long interview marks Putin’s 20 years in power and is being divided into 20 parts being released over a period of weeks and each dedicated to a separate issue. In episodes that have already been released, Russia’s leader talked about the recent government reshuffle, Ukraine, mass protests in Moscow this summer and the use of modern technology.

Russia has created “offensive strike systems the world has never seen,” and which are forcing the U. S. to try to catch up, Putin told Tass. As an example, the president mentioned new “hypersonic offensive systems” — a weapon that can fly 27 times the speed of sound that became operational late last year. He said that in the past 20 years the share of modern equipment in the Russian military has grown from 6% to 70%. “This is a unique situation,” Putin said. Having these systems in place allows the Kremlin to “maintain strategic stability and strategic balance” that the U.S. tried to “upset” with their missile defense systems, the president added. “It is essential not only for us, but also for global security,” Putin concluded.

The Kremlin has made military modernization its top priority as its relations with the West soured after Russia’s annexation of Ukraine’s Crimea in 2014. Putin first mentioned developing some of the new hypersonic weapons in his state of the nation address in March 2018. Last year, he described a buildup of NATO’s forces near Russia’s western borders and the U.S. withdrawal from the 1987 Intermediate-Range Nuclear Forces treaty as being among the top security threats to Russia. [Source: The Associated Press | March 3, 2020 ++]

USMC Survival Training

PETA Denounces Marines Drinking Cobra Blood

It turns out decapitated cobras are not the only ones unhappy with their blood. So, too, is People for the Ethical Treatment of Animals, or PETA, an animal rights organization that sent a letter to Marine Commandant Gen. David H. Berger denouncing “the crude killing of animals during the annual Cobra Gold 2020 military exercise.” Shalin Gala, vice president of international laboratory methods with PETA, said in a press release, “The photos showing giddy Marines swallowing scorpions and guzzling cobra blood are more reminiscent of a frat party gone wrong than a military drill. PETA is calling on the Marine Corps to take immediate action to replace this barbaric exploitation of animals with cutting-edge, technology-based survival training courses that will better prepare troops.”



Marines with Alpha Company, Battalion Landing Team, 1st Battalion, 5th Marine Regiment, drink the blood of a king cobra as part of jungle survival training during exercise Cobra Gold 2020 at Ban Chan Khrem, Chanthaburi, Kingdom of Thailand, March 2.

The letter cites a story from the Daily Mail, which included accounts of how service members “learn to de-fang tarantulas before eating them, as well as consuming lizards and other creatures indigenous to densely forested areas” during training. The Marine Corps did not immediately respond to a request for comment. Cobra Gold is an annual, multinational exercise sponsored by Thailand and the United States, which features more than 5,500 U. S. personnel alongside service members from multiple countries. The largest joint military exercise in southeast Asia, Cobra Gold is in its 39th year, and this year’s components include exercises in cybersecurity, amphibious assault, combined arms live fire, and humanitarian assistance.

Of course, jungle survival training from Thai military instructors is included, and as Stars and Stripes notes, these “sessions are among the most photographed events during the exercise.” Thai-led survival training includes drinking cobra blood, killing chickens, eating geckos and consuming live creatures native to the jungle as part of survival preparedness. Referenced in the letter from PETA to the Marine Corps is a 1993 decision from the U. S. Army’s Dugway Proving Ground and a 2011 decision from the Marine Corps Mountain Warfare Training Center to suspend its use of live animals in survival training. PETA instead recommended “more effective non-animal training options, including interactive video games with food procurement components” to replace the current training. [Source: MarineCorpsTimes | Dylan Gresik | March 6, 2020 ++]

Military Draft

Update 03: Appeals Court Hears Arguments on Male-only Constitutionality

A federal appeals court heard arguments 3 MAR in a case challenging the constitutionality of male-only registration in the Selective Service System. During oral arguments held at Tulane Law School in New Orleans, a three-judge panel of 5th U. S. Circuit Court of Appeals listened to attorneys representing the original plaintiffs in the case, including the National Coalition For Men, as well as the U. S. Justice Department, on why women should — or shouldn’t — continue being excluded from the draft. The proceedings come three weeks before a federal commission plans to release its final report on public service in the United States, including whether women should be required to register for the draft or registration should be abolished.

In a lawsuit filed in 2013 by Texas resident James Lesmeister, later joined by San Diego resident Anthony Davis and the San Diego-based National Coalition for Men, plaintiffs argued that the system discriminated against them based on sex. The plaintiffs were within the age range of 18 to 26 in which U.S. men are required to register with Selective Service. Lesmeister and the coalition said women should be included or the system, including the database that would be used in the event of a national emergency requiring a draft, should be abolished. The system dates to 1917, and while conscription was abolished in 1973 after the Vietnam War, registration remains a requirement, with 90 percent of all eligible American men enrolled.

A U.S. district court judge in February 2019, agreed with the plaintiffs, ruling that the male-only draft was unconstitutional, discriminating against men on the basis of sex in violation of the Fifth Amendment’s equal protection clause. Judge Gray Miller of the Southern District of Texas disagreed with the government’s arguments that the Military Selective Service Act, confirmed by the U. S. Supreme Court in 1981, was constitutional in excluding women because at the time of its drafting, women were restricted from combat. Miller noted that the Defense Department lifted gender-based restrictions on military service, including combat roles, in 2015. He also disagreed with the government’s position that drafting women would be an administrative burden on the system. But in crafting his decision, Miller did not order the Selective Service System to start registering women. In April, the government appealed. “It would impose a draft registration on all eligible American women by judicial fiat before Congress has considered how to address the matter,” Justice Department attorney Michael Gerardi wrote.

On 3 MAR, 5th Circuit Court of Appeals Judges Don Willett, Carl Stewart and Jacques Wiener heard the appeal. Shortly after the proceedings ended, the National Coalition of Men’s attorney, Marc Angelucci, said the arguments

“went well”. According to Angelucci, one judge voiced concern over whether the lower court can overturn the U. S. Supreme Court’s 1981 ruling. Angelucci argued that other cases have allowed lower court rulings to proceed when circumstances change. Given the changes in the past five years regarding women and combat arms roles, a lot has happened, Angelucci said. “We would be extending that precedent, not overturning it,” Angelucci said.

The federal government continues to argue that the court should wait to make a decision until the results of the National Commission on Military National and Public Service study are released, expected 25 MAR. The commission has spent nearly three years studying the Selective Service System and weighing all options for youth volunteerism and national service in America, to include the military services, AmeriCorps, the Peace Corps and other federal opportunities. [Source: MilitaryTimes | Patricia Kime | March 3, 2020 ++]

USMC Action Issues

Update 01: Top Marine Says We Have to Get Smaller to Get Better

The top Marine is building the Corps of 2030 — but today’s combat operations are siphoning forces for the future fight. Speaking at a Center for a New American Security event 10 MAR, Marine Corps Commandant Gen. David Berger touched on changes in the size of the Marine Corps, how it trains and the way it fights in the coming years. Since taking over the post in 2019, Berger issued his Commandant’s Planning Guidance and has hinted at getting rid of some legacy systems and adding new platforms and formations. While the 2021 budget does show initial investments in new weapons, such as ship-sinking missiles and a likely reduction of more than 2,000 Marines, more is in store, he said. At a recent hearing he said that it’s likely there will be further manpower cuts next year and beyond. “We have to get smaller to get better,” Berger said at CNAS.

The commandant said that the Corps’ current size is larger than it has been historically and it needs to get back to its “fighting weight”. There are more than 186,000 Marines in the ranks today as compared to slightly more than 176,000 Marines before 9/11. None of these decade-out goals are happening in a vacuum. Marines are on the ground around the world, floating in Marine Expeditionary Units on the high seas and dying in combat operations such as the one that took the lives of two Marine Raiders in Iraq on 8 MAR. While all concepts and analyses point to competition and potential conflict in the Pacific, the Middle East still continues to draw forces, Berger said. That doesn’t stop the U.S. from reaching its goals on dealing with threats from China or Russia, but it can slow down the transition, he said.

Berger said many of the changes he’s proposing and planning take a look at are where the service needs to be in a decade and working back from that point. That’s mostly an attempt to avoid a “whipsaw” approach to drastic changes in manpower or programs that’s caused problems in the past. And those changes likely would have come from his predecessors had they not been immersed in the high deployment cycle of combat in both Iraq and Afghanistan, he said. He also credited his time serving in the Pacific before becoming commandant, which included multiple, high-level, war gaming scenarios that signaled future problems. “If we don’t change it’s going to be ugly somewhere in 6-7-8-9 years,” Berger said.

While some schools of thought have looked ever more sophisticated long range weapons and standoff to prevent the Chinese military or other adversaries from striking U.S. interests, Berger said that ignores everything in between, especially allies who expect a U.S. presence. And Berger has categorized Marines, in their expeditionary role, as the “stand-in forces” that will exploit areas inside the bubble of an adversary’s weapons engagement zone. But for those tactical forces, the next fight won’t look like the counterinsurgency fight that their leaders experienced, he said. One example, Berger noted, was the over reliance on comprehensive knowledge of the battle space. “We fell in love with situational awareness, like we couldn’t do anything without it,” Berger said. But in the future, when jamming and network attacks might mean degraded communications, the commandant said he thinks “junior leaders are going to operate faster and senior leaders are going to be nervous.” And that can be seen in something as seemingly simple as striking a target.

Current methods in counterinsurgency or counterterrorism operations mean a long list of approvals that go all the way up and back down a chain of command. That's necessary in the limited strikes with civilians in danger but it's far too slow and too cautious for a large scale combat scenario. "That's not realistic in a dynamic fight at all," Berger said. "We have to change our behavior and accept that there's going to be collateral damage, there's going to be civilian casualties." Even training will have to change in light of a sensor-filled globe and an always watching adversary. "It wasn't long ago we could take the whole joint force out to Alaska or China Lake and nobody could see what you were doing," Berger said. That's no longer the case. So, a lot more training will have to be done 'out of sight'. [Source: The MarineCorpsTimes | Todd South | March 12, 2020 ++]

Military Coronavirus Impact

Attempting to Limit Human Contact as Much as Possible



Soldiers stationed on U. S. Army Garrison Casey conduct pre-screening processes on individuals awaiting entry to the base

The U.S. military services are erring on the side of caution, with some attempting to limit human contact as much as possible, while others are canceling events and overseas travel as the novel coronavirus, known as COVID-19, continues to spread. The U. S. Marine Corps is stressing the use of virtual conferences instead of in-person meetings; conferences "and other gatherings of personnel from disparate locations" need the approval of a three-star general: either a deputy commandant, a Marine force commander, or a commanding general of a Marine Expeditionary Force according to a 7 MAR administrative message to the force.

The service shall "plan and implement telework options to minimize workforce footprint and exposure as required," according to the MarAdmin released by Lt. Gen. George Smith, deputy commandant for plans, policies and operations. Additionally, all liberty travel must be reviewed prior to departure to ensure that "personnel are not traveling to locations that have declared a public health emergency," according to the message. Any Marines returning or redeploying from countries under a Centers for Disease Control travel advisory -- or who may have had contact with an infected person -- must be identified, screened and monitored for symptoms of the virus. "Be prepared to place service members under a 14-day restriction of movement," the memo states.

- The U. S. Navy said it has created a "COVID-19 virus cell" within the office of the Chief of Naval Operations to consolidate information between the component commands and any commands that report directly to the CNO. The information will then be dispersed to relevant parties, according to the update guidance signed by CNO Adm. Mike Gilday.
- Over the weekend, the Air Force canceled two events -- Spark Collider and Pitch Bowl -- which had been scheduled for March 10-12 in Austin, Texas. That move followed the cancellation of the South by Southwest (SXSW) film and tech festival, also in Austin. "Although we are saddened to cancel an event with so many incredible companies, airmen, and joint service members who were planning to attend, we ultimately made this decision for the health and safety of our staff, our guests, and the community," said Lt. Col. Matthew Scott, AFWERX Austin director. AFWERX is an Air Force innovation program that partners with small business and academia.
- The Air Force Academy has canceled any official travel and temporary-duty assignments for cadets and cadet candidates that would take them outside the U.S. for the rest of March, the school announced March

6. Leisure travel to countries currently reporting at the CDC Level II alert -- to practice enhanced precaution -- has also been banned for the rest of the month, the memo states.
- With a growing number of coronavirus cases in South Korea and Italy, the Army on 8 MAR said it has suspended travel for soldiers and their families to and from either country. "Out of an abundance of caution, Headquarters, Department of the Army has made the decision to stop movement and delay travel of Soldiers stationed in Italy and Korea, which have been identified by the Centers for Disease Control as alert level three for COVID-19," according to the order, first reported by CNN.
 - Last week, the U. S. Army, Navy, Air Force, Marine Corps and Coast Guard confirmed that all recruits are now being screened for the coronavirus before starting initial-entry training. The updated procedures follow newly reported cases within the U.S. military. A sailor based in Italy tested positive for the novel coronavirus on 6 MAR; Pentagon officials announced that a Marine from Fort Belvoir, Virginia, had tested positive for the disease 7 MAR. A soldier in South Korea was diagnosed with COVID-19 late last month, along with his wife, which marked the first confirmed case of the disease in a U.S. service member.
 - The VA, tasked with the care of 9 million veterans, has at least six coronavirus patients in its care, with five of them waiting for official confirmation, a VA official said 10 MAR.

As of 9 MAR, the virus has infected more than 110,000 people across 97 countries, according to the World Health Organization, as reported by The New York Times. [Source: Military.com | Oriana Pawlyk | March 9, 2020 ++]

Military Coronavirus Impact

Update 01: National Guard Response Option

As states grapple with the growing outbreak of COVID-19, some governors have issued emergency declarations laying the groundwork to implement state-level National Guard responses. The governors of Washington, California, New York, Florida, Massachusetts, Rhode Island and Connecticut have all declared individual emergencies. As of the afternoon of 11 MAR, New York Gov. Andrew Cuomo remains the only state executive to activate the National Guard following an earlier disaster emergency declaration thus far. Emergency declarations carry "additional powers and resources" that "vary from state to state," including the activation of emergency operations centers and response plans and the "deployment of state personnel, equipment, supplies, and emergency stockpiles," according to the Association of State and Territorial Health Officials.

On 9 MAR, Gov. Ron DeSantis of Florida signed an executive order to streamline the state's response to the virus and grant greater authorities to state officials, including the option to activate the Florida National Guard "as needed." "The Florida National Guard is not currently tasked with any active operational type missions in the field, but we are augmenting the state's planning and logistics efforts," Maj. M. Caitlin Brown, director of public affairs at the Florida National Guard, told Military Times. "It's obviously a rapidly evolving situation, and so we are leaning forward in preparation for potential future missions." The declaration also enables state officials to establish field hospitals should the health care system become overwhelmed, among other measures.

"[Gov. DeSantis] and the [Florida] Department of Health's highest priority at this time is to contain and mitigate the spread of COVID-19 and ensuring anyone who is potentially infected is appropriately identified, cared for and isolated," Ryan Ash, deputy press secretary for Gov. DeSantis, told Military Times. "The Florida National Guard, led by Maj. Gen. James O. Eifert, Adjutant General of Florida, stands ready to be deployed in order to accomplish this mission." Florida has 21 positive cases of COVID-19 with two reported deaths, as well as 155 pending test results and over 1,000 people monitored as of Wednesday afternoon, according to the Florida Department of Health.

In Massachusetts, Gov. Charlie Baker declared a state of emergency 10 MAR, instructing state agencies to cancel all conferences and large gatherings and activating the Massachusetts Emergency Management Agency (MEMA) to

coordinate “health, human services, public safety” measures. The order allows state officials wider authorities to obtain resources and deploy federal and state resources. “The Massachusetts National Guard has not been activated at this time,” Don Veitch, director of public affairs at the Guard, told Military Times. “The Massachusetts National Guard is a diverse and highly trained force capable of assisting in a number of critical roles including; medical, transportation, biological response, decontamination and logistics... [and] is always ready to assist our interagency partners in support the commonwealth when called upon.” As of 10 MAR, the Massachusetts Department of Public Health reported a single confirmed case with 91 “presumptive cases” of the new coronavirus.

A state’s governor may activate the National Guard under “State Active Duty” status “in response to natural or man-made disasters or Homeland Defense missions.” In this capacity, Guardsmen remain “command and control” of the governor and are sourced and paid for by the state, according to the National Guard Bureau. A governor may also activate the Guardsmen to support other states through assistance agreements in a multi-state response to an emergency, although the funding comes from the federal government under Title 32 U. S. C. status. “In times of emergency, the National Guard Bureau serves as a federal coordinating agency should a state require help from the National Guard of another state,” Master Sgt. W. Michael Houk, National Guard Bureau spokesman, previously told Military Times. “The National Guard Bureau’s operation center is operating with increased staffing and hours and is prepared to coordinate support between the states and our mission partners in any whole of government response.”

Currently, the National Guard Bureau is serving in an advisory and support role, providing guidance and information to local governments, the Guardsmen and their families, a defense official said. The Defense Department and the National Guard Bureau are working through the interagency process, “synchronizing” but “not actually directing traffic,” the official said. The Centers for Disease Control and Prevention is the lead federal agency tasked with combating the spread of COVID-19. Cuomo’s declaration included a “containment area” within the city of New Rochelle, New York, where public health officials have identified a “cluster” of COVID-19 cases. There, the Guardsmen were “mobilized to deliver food to homes and help with cleaning public spaces in the containment area,” Military Times previously reported.

“I want every tool at my disposal in order to be able to protect Rhode Island,” Gov. Gina Raimondo said at a 8 MAR press conference, as reported by NBC 10 Boston. Authorities there have confirmed five cases. Lawmakers in Connecticut signed off 11 MAR on Gov. Ned Lamont’s emergency declaration, which could have been vetoed by a special legislative committee. The state has confirmed two patients as of 10 MAR. Just as Massachusetts and Florida have not activated the National Guard, there are currently no plans for Washington, California, Rhode Island and Connecticut to activate their Guard troops.

The defense secretary retains the authority to order National Guard forces to active duty under Title 10 U. S. C. when “necessary to maintain the national health, safety, or interest,” according to the Department of Homeland Security’s National Response Framework. As of 12 MAR there were over 1,000 confirmed cases in the United States with 31 confirmed deaths, according to CDC Director Robert Redfield. The World Health Organization declared the global coronavirus outbreak to be a “pandemic” as confirmed cases worldwide topped 113,000 Wednesday with over 4,000 deaths. [Source: MilitaryTimes | Dylan Gresik | March 12, 2020 ++]

Military Coronavirus Treatment

Update 01: Investigational Drug to be Given to U.S. Troops

U. S. Army Medical Research and Development Command has signed an arrangement with Gilead Sciences to provide the company’s investigational coronavirus drug to U.S. troops confirmed to have the COVID-19 virus. Gilead’s medication, **remdesivir**, was approved for clinical research in February by the Food and Drug Administration. The medication, which initially was developed by the Foster City, California-based company to treat Ebola, has had some demonstrated success targeting coronaviruses, including Middle East Respiratory Syndrome, or MERS, and Severe

Acute Respiratory Syndrome, SARS. The medicine, given intravenously, is currently being tested for safety and effectiveness in two separate clinical trials in China and one by the National Institute of Allergy and Infection Diseases.

In the U.S. study, the first volunteer was an evacuee from the Diamond Princess cruise ship hospitalized with the illness at the University of Nebraska Medical Center in Omaha. Under the agreement between Gilead and U. S. Army Medical Materiel Development Activity, remdesivir will be provided to the Defense Department at no cost. "Together with our government and industry partners, we are progressing at almost revolutionary rates to deliver effective treatment and prevention products that will protect the citizens of the world and preserve the readiness and lethality of our service members," Army Brig. Gen. Michael Talley, commanding general of USAMRDC and Fort Detrick, Maryland, said in a statement 10 MAR.

Gilead Science Chief Medical Officer Dr. Merdad Parsey said last month the speed of remdesivir's development "reflects the pressing need for treatment options and the shared commitment" of industry, government and health services "to respond to this public health threat with the highest urgency." Other companies besides Gilead are developing treatments for the virus, but none are in clinical trials. The COVID-19 coronavirus has infected nearly 650 people in the United States and killed 25, while worldwide, the number of cases has passed 100,000, including 3,281 deaths as of this writing. Private companies and federal researchers also are working to develop a vaccine against the coronavirus. Walter Reed Army Institute of Research and U. S. Army Medical Research and Development Command personnel are conducting animal studies for a vaccine they began developing in January shortly after the outbreak began in Wuhan, China.

Officials expect a vaccine could be ready by next winter, should COVID-19 become a seasonal illness similar to the influenza virus. "We are trying a variety of medications and testing them in different scenarios so we hope that we will have some medical countermeasures available sooner" than a vaccine, Air Force Brig. Gen. Paul A. Friedrichs told reporters during a press conference 10 MAR at the Pentagon. The Department of Defense has at least 10 cases of COVID-19: an active-duty service member and spouse who are quarantined in their off-base home near Joint Base Lewis McChord, Washington; a Marine assigned to Quantico Marine Corps Base in Virginia; an active-duty soldier in South Korea, a sailor in Italy, four additional family members and a contractor assigned to the Navy Bureau of Medicine in Falls Church, Virginia. [Source: MilitaryTimes | Patricia Kime | March 10, 2020 ++]

Base Housing

Update 19: Tenant Bill of Rights SITREP 3

Two lawmakers are "extremely disappointed" with "glaring holes" in the new military housing tenant bill of rights, according to a statement issued 26 FEB. "The department's proposed bill of rights does not go far enough to protect our military families," said Sens. Jim Inhofe (R-OK) and Jack Reed (D-RI), the chairman and ranking member of the Senate Armed Services Committee. In the tenant bill of rights signed by Secretary of Defense Mark Esper and the service secretaries and made public late Tuesday, DoD provides [15 rights](#) to military tenants by 1 MAY. . But as the bill of rights document notes, three key items — access to maintenance history, process for dispute resolution, and withholding of rent until disputes are resolved — won't be available by May.

Information was not immediately available from DoD officials about when these remaining three rights will be provided to tenants. The bill of rights notes that many of the rights set by Congress in the fiscal 2020 defense authorization bill "pertain to legal matters that do not lend themselves to unilateral action by the department. "We have a pathway on some of these to move forward to find a mutually agreeable way to meet the intent and the spirit if not the letter of the law," said Esper, at a defense budget hearing 26 FEB, in response to a question about the three rights by Rep. Kendra Horn (D-OK). He said he doesn't want to promise something right now that he can't deliver on, and DoD officials will have to come back and work with members of Congress, because of legal contracts between the service branches and the privatized housing companies.

It's been a year since military spouses first testified before lawmakers about black mold growing out of the walls, rodents, and water leaks in their family housing, and their frustration dealing with landlords and the military to get it fixed. A few weeks after that hearing, the service secretaries announced they were drafting a tenant bill of rights, which would, among other things, allow for the tenant's rent to be withheld from the landlord while the resident's dispute is being heard by a neutral decision maker. That rent is generally the service member's Basic Allowance for Housing. DoD will continue to work with the housing privatization companies, and, as necessary, Congress, to ensure the benefits of those rights are fully available, according to the tenant bill of rights document, which was made public late 25 FEB.

DoD and service officials have been working with executives of privatized housing companies to address the root problems and set up processes to improve housing for military families. The senators noted they are glad to see DoD has taken steps in the right direction to make sure families have basic tenant rights and fair treatment by housing companies. The 15 rights range from the right to live in a house that meets health and environmental standards; to have a military tenant advocate; to have prompt repairs and maintenance; to the ability to report problems without fear of retaliation. But those three missing rights are basic to address the needs of military families, the senators wrote, noting that the committee has made it clear — as did the fiscal 2020 defense authorization act — that the bill of rights should include those items. “Additionally, [DoD] led our military families to believe these protections were in the bill of rights when they circulated a draft for comment as early as May 2019 with those items included. “This goes directly against the promises made by [DoD] and the housing companies that they would work to regain the trust of our military families,” they wrote.

The senators will continue to work with DoD to make sure those three protections are included in the bill of rights, and if necessary to take additional steps in the fiscal 2021 defense authorization bill, they wrote. And they put DoD on notice. “There is clearly still a lot of work to be done — not just on this bill of rights but through the entire privatized military housing system. But getting this done right is essential – and it needs to be completed quickly. “We are watching and waiting.”

A defense official told lawmakers 3 MAR that those three key protections for military families that were left out of the tenant bill of rights will be available soon, and executives of five of the largest privatized housing companies said they agree to those protections. DoD does intend to provide these rights, and officials are working with the privatized housing companies to develop procedures. DoD wasn't able to provide these three protections unilaterally and immediately because of the individual legal agreements signed years ago, and officials are working out details with the companies.

[Source: MilitaryTimes | Karen Jowers | February 27, 2020 ++]

Navy Terminology, Jargon & Slang

'GQ' thru 'Guard

GQ - General Quarters. The call for all hands to man battle stations. Often used prepare the crew to react to a potential emergency. For example, a ship will call away general quarters for a major fuel or oil leak in the engineering spaces (to prepare in case a fire results). RN form is Action Stations.

Grand Slam – Radio call for the successful SPLASH (destruction) of an air contact. "Grand Slam with birds" signifies a kill with missiles.

Grannie – (UK) Slow, old, or tentative.

Grape - (1) Easy pickings, esp. in ACM, or a PQS signature obtained from a friend. (2) Member of the flight deck fuels crew, who wear purple jerseys.

Grape Sig - An easy signature on your qual card, generally given in return for a favor. The signature is traditionally in purple ink, and the practice is frowned upon.

Gray Funnel Line - (RN) The Royal Navy surface fleet.

Grease the Skids – Refers to the practice of lubricating the ways (or skids) upon which a ship was built, just prior to her launching. Now used to refer to facilitating something.

Green Board – An obsolete term used in submarines to indicate status of various hull openings, and therefore the ability of the boat to submerge safely. A properly closed hull opening was indicated by a green light. An open, or unsafe, closure was indicated by a red light. The more modern, safer "STRAIGHT BOARD" report came into use because when a sub was "RIGGED FOR RED", red unsafe indications were not readily visible on the monitor panel.

Greenie - (RN) (1) Electrician. (2) Weapons Electrical Branch. (3) A signboard used to track and display landing scores of the pilots of a squadron, the 'greenie board.' (4) A fiber-type scrubbing or scouring pad. (5) Green (solid, not just spray) water coming aboard.

Green Maggot - (RCN) Sleeping bag.

Green Slime – (RN) Member of British Army Intelligence.

Green Water – Solid water (a swell or wave) coming aboard.

Grinder – (1) Obstacle course. (2) Marching ground.

Gripe – (1) (Aviation) A discrepancy noted (on a 'gripe sheet') for maintenance action. (2) Tiedowns.

Grog – (UK) Pusser's rum mixed with two parts water. So called from the name of the officer that regularized the issue of watered rum aboard British ships. Admiral Vernon was referred to as "Old Grog" for his habit of wearing overcoats made of a material called grogan.

Gronk - (RN) Ugly or unattractive, especially a member of the opposite sex.

Grunion – Yard worker. Literally, a species of fish.

Grunt – A Marine. Aka Leatherneck.

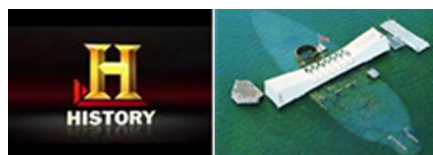
G-suit - A piece of gear worn by flight crews in tactical aircraft. Uses compressed air to squeeze the calves, thighs, and stomach to reduce the blood-pooling effects of hard maneuvering. aka 'speed jeans.'

Guard – (1) International distress radio frequencies, including 243.0 MHz and 121.5 kHz. (2) To maintain a specific type of listening watch on a radio net or circuit.

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 16, 2020 ++]

* Military History *



Auschwitz Extermination Factory

Update 01: Crematoriums

The extermination plant with the most advanced design anywhere in the world consisted of two large crematoria/gas chambers and two smaller ones. Crematoria Four and Five were built on the surface of the ground. Crematoria Two and Three had subterranean gas chambers and reception areas. They were about 102 meters long by 51 meters across. The basement consisted of two main rooms – the undressing area, which also served as a mortuary, and a gas chamber. Victims climbed down the steps into the basement. Those who could not walk were pushed down a concrete slide. The gas chamber, about 225 square meters, looked like a large communal bathroom with shower heads:

The Zyklon B gas crystals were inserted through openings into the hollow pillars made of sheet metal. They were perforated at regular intervals and inside them a spiral ran from top to bottom in order to ensure as even a distribution of the granular crystals as possible. Mounted on the ceiling was a large number of dummy showers made of metal. The largest room in the factory, the changing chambers, accommodated 1,000 people. Notices throughout the room contributed to a “cunning . . . and clumsy deception” – telling victims they were in disinfection rooms, urging cleanliness, reminding them to remember their clothing hook number.

The extermination plant contained a hair-drying loft run by fifteen Orthodox Jews. Spread over the floor was women’s hair of every color: Washing lines were strung across the room. Pegged on these lines like wet washing were further batches of hair which had first been washed in a solution of ammonium chloride. When the hair was nearly dry, it was spread on the warm floor to finish off. Finally it was combed out by prisoners and put into paper bags. The SS set up a gold-melting room in the plant. There two dental technicians soaked the teeth for hours in acid to remove bone and flesh, and used a blowtorch to melt the gold into molds. They produced as much as 5 to 10 kilos a day.

As in Treblinka, the stoking gangs sorted out the bodies into combustibility categories: strong men, women, children, and Musselmans. The SS staff had performed earlier experiments to find ways to economize on fuel – with the help of Topf and Sons, civilian experts, In the course of these experiments corpses were selected according to different criteria and the cremated. Thus the corpses of two musclemen were cremated together with those of two children or the bodies of two well-nourished men together with that of an emaciated woman, each load consisting of three, or sometimes, four bodies. Members of these groups were especially interested in the amount of coke required to burn corpses of any particular category, and in the time it took to cremate them. During these macabre experiments different kinds of coke were used and the results carefully recorded.

Afterwards, all corpses were divided into the above-mentioned categories, the criterion being the amount of coke required to reduce them to ashes. Thus it was decreed that the most economical and fuel-saving procedure would be to burn the bodies of a well-nourished man and an emaciated woman, or vice versa, together with that of a child, because, as the experiments had established, in this combination, once they had caught fire, the dead would continue to burn without any further coke being required.

As early as June 13, 1943, all was not well with the new installation. The Central SS Construction Management of Auschwitz sent a letter to a German equipment firm urging the completion of carpentry work in the new crematoria. The chief requested the delivery without delay of the doors for the crematoria, “which [are] urgently needed for the execution of the special measures; otherwise, the progress of the construction will be jeopardized.” In addition, he demanded the completion of the windows for the reception building. If the carpentry work could not be done, building operations would have to be suspended for the winter. Eventually the ovens seemed to fall apart. Crematorium Four failed completely after a short time and Crematoria Five had to be shut down repeatedly.

The plans for the crematoria have been preserved by an architect who stole them from the Birkenau plant. The one-story buildings looked like large bakeries with steep roofs and dormer windows. The underground gas chambers rose 51 centimeters above the ground to form a grassy terrace. No one would know at first glance what they were. Crematoria Two and Three were close to the camp and visible. Pine trees and birches hid crematoria Four and Five. Around the crematoria lay large piles of wood for burning the corpses in the nearby pits. All chambers had doors with

thick observation windows. In 1942 and 1943 alone those chambers used 27 tons of Cyclone B. The gas chambers and the crematoria of Auschwitz were called “special installations,” “bath houses,” and “corpse cellars.”

Each day the trains rolled into the camp through the passageway constructed in the far gate, down one of three tracks to the selection platform. As they fell out of the trains, the victims were sent one way or another, with tearful parting scenes. The procession moved to the crematoria yard where the SS told the Jews they were going to take disinfection baths. An orchestra of attractive women played gay tunes from operas and light marches. Then to the dressing room or reception center with numbered clothing pegs driven into the walls. The SS ordered the victims to undress and to remember their numbers. Sometimes they gave them towels. Then the SS drove the victims through the corridor to the heated gas chamber.

The heating was provided not for the comfort of the prisoners but to create a better setting for the evaporation of gas. The gas squads packed the 2,000 victims into the room. From the ceiling hung imitation shower heads. The doors were closed, the air was pumped out, and the gas poured in. Cyclone B, or hydrogen cyanide, is a very poisonous gas that causes death by internal suffocation. In sufficient concentrations, it causes death almost immediately. But the SS did not bother to calculate the proper quantities, so death took anywhere from three to twenty minutes. While the victims were dying, the SS watched through the peepholes.

When they opened the doors, they found the victims in half-sitting positions in a towerlike pile. Most were pink, others were covered with green spots. Some had foam on their lips, while others bleeding from the nose. Many had their eyes open. The majority were packed near the doors. The squads in special clothing moved in with hooks to pull the bodies off of each other. The SS physicians and scientists monitored the selection and the gassing, watching the procedure through the special airtight door. The doors could not be opened until the doctor gave the sign that all victims were dead. The doctors assumed their monitoring of the killings on a rotating basis.

Two German firms, Tesch/Stabenow and Degesch, produced Cyclone B gas after they acquired the patent from Farben. Tesch supplied two tons a month, and Degesch three quarters of a ton. The firms that produced the gas already had extensive experience in fumigation. “In short, this industry used very powerful gases to exterminate rodents and insects in enclosed spaces; that it should now have become involved in an operation to kill off Jews by the hundreds of thousands is not mere accident.” After the war the directors of the firms insisted that they had sold their products for fumigation purposes and did not know they were being used on humans. But the prosecutors found letters from Tesch not only offering to supply the gas crystals but also advising how to use the ventilating and heating equipment. Hoess testified that the Tesch directors could not help but know of the use for their product because they sold him enough to annihilate two million people. Two Tesch partners were sentenced to death in 1946 and hanged. The director of Degesch received five years in prison.

The scientifically planned crematoria should have been able to handle the total project, but they could not. The whole complex had forty-six retorts, each with the capacity for three to five persons. The burning in a retort lasted about half an hour. It took an hour a day to clean them out. Thus it was theoretically possible to cremate about 12,000 corpses in twenty four hours or 4,380,000 a year. But the well-constructed crematoria fell far behind at a number of camps, and especially at Auschwitz in 1944. In August the total cremation reached a peak one day of 24,000, but still a bottleneck occurred. Camp authorities needed an economic and fast method of corpse disposal, so they again dug six huge pits beside Crematorium Five and reopened old pits in the wood.

Thus, late in 1944, pit burning became the chief method of corpse disposal. The pits had indentations at one end from which human fat drained off. To keep the pits burning, the stokers poured oil, alcohol, and large quantities of boiling human fat over the bodies: The sizzling fat was scooped out with buckets on a long curved rod and poured all over the pit causing flames to leap up amid much crackling and hissing. . . . The air reeked of oil, fat, benzole and burnt flesh. [Source: <https://remember.org/fact-fin-ausc.html> | January 24, 2020 ++]

Bridge on the River Kwai

Building the Trans Burma Railway a Lot Different Than the Movie

The Bridge on the River Kwai was released in 1957 by Columbia Pictures. The movie was based on the novel *Le Pont de la Rivière Kwai* (1952), written by French author Pierre Boulle and based on the construction of the Burma Railway in 1942–1943. It was a wildly successful movie, winning seven academy awards including Best Picture. It was the top money maker of 1958, beating out *Peyton Place*. The film has demonstrated considered staying power over the years. In 1997, it was selected for preservation in the National Film Registry by the United States Library of Congress. It is included on the American Film Institute's list of best American films ever made. The British Film Institute voted *The Bridge on the River Kwai* the 11th greatest British film of the 20th Century.

One thing the movie got dead right was that the project was built with slave labor including impressed locals and massive numbers of British and U. S. POWs. An estimated 180,000 and 250,000 Southeast Asian civilian laborers and about 61,000 Allied prisoners of war were subjected to forced labor during construction. Truly accurate figures will never be known. About 90,000 civilian laborers and more than 12,000 Allied prisoners died. This according to Wikipedia reports. In the attachment to this Bulletin titled, “**Building the Trans Burma Railway**” the realities of the construction are revealed. [Source: <http://www.axpow.org> | Article | March 17, 2019 ++]

WWI Sub D3 Sinking

French Airship Mistakenly Sinks British Sub

On 12th March 1918 at 14:20 a French AT-0 airship commanded by Lieutenant Saint-Remy on coastal patrol to the NW of Dieppe spotted an unidentified vessel to the N. E. As they headed towards the vessel it was recognised as a submarine running at speed to the west on the surface. As they neared, rockets began to appear, fired from the rear of the submarine and steadily getting closer to their airship. Lieutenant Remy took this as a direct attack on his airship and crew, with this his radio operator opened up with machine gun fire and the submarine began to dive. Lieutenant Remy positioned his aircraft for attack and dropped two F bombs which landed 20 meters wide of the submarine and exploded, the sub had disappeared.

The airship regained position and dropped four more F bombs just forward of where the submarine had submerged. Minutes later the conning tower was seen to break the surface. At this time Lieutenant Remy pulled away and attempted to radio in his attack on the submarine. Through field glasses the crew of the airship could see four men in the water and no submarine. Lieutenant Remy immediately descended to within 20 meters of the surface and stopped his motors. He then thought he heard one man shout “you have got us” in English. Attempts were made to rescue the men but to no avail, live preservers were dropped into the water from the airship. Lieutenant Remy then went in search of ships to help in a rescue attempt, eventually finding the Typhon towing a schooner.

Lieutenant Remy called out to her and she immediately cast of her tow and with the AT-0 directing her, headed off to the area of the submarine loss. At 7:25pm after a flight of 7 hours 48 minutes and a fruitless search for survivors Lieutenant Remy and his crew only just made it back to Le Harve after night fall. A court of enquiry was held at Le Harve into the sinking of D3 on March 16, 1918. No blame was attributed to Lieutenant Saint-Remy for her loss. Unfortunately, the grenade recognition signals used by British submariners to British aircraft were not known to the French at the time. D3’s commanding officer Lieutenant Maitland-Dougall would have been under the impression his submarine was under attack and therefore had no option to dive to escape. The loss of HMS D3 and 29 men became just another accident of war and were forgotten. [Source: <https://www.wrecksite.eu/wreck.aspx?16055> | Michael Christy | November 22, 2014 ++]

Battle of Lima 85

Update 01: Secret U. S. Base Overrun by Elite Vietnamese Commandos



Fifty years ago on March 12, 1968, a top-secret U.S. base on a mountain top in Laos was overrun by an elite force of Vietnamese commandos. Only six of the eighteen CIA and Air Force personnel manning the remote outpost escaped with their lives in an incident that would remain veiled in secrecy for three decades. This was because the U.S. military was legally prohibited from operating in Laos. The southeast Asian nation had been wracked by a civil war pitting right-wing royalists against Pathet Lao communists—the latter backed by North Vietnam, which used Laotian territory to clandestinely funnel troops into South Vietnam via the Ho Chi Minh trail. However, in 1962 Washington, Hanoi and Laotian factions all signed a peace treaty in which the foreign powers agreed to withdraw their forces from the country.

However, North Vietnam only withdrew a minority of its forces, and the United States continued transferring extensive military aid to the royalist and instead began a secret but large-scale aerial bombing campaign in the kingdom known as Operation Barrel Roll. Though warplanes based in Vietnam and Thailand flew missions into Laos, CIA-run mercenary contractors and ‘airlines’ such as Air America flew transport and observation aircraft from Laotian bases. CIA personnel also recruited local Hmong, an ethnic minority present in several southeast Asian states, to fight a guerilla war against the Pathet Lao. It was with this purpose in mind that CIA personnel first established a base atop the steep cliff of Phou Pha Thi mountain, a sacred place in the Hmong’s animist faith which happened to be strategically located near the border with North Vietnam.

This base was one of many ‘Lima Sites’ in Laos intended to facilitate aerial supply of U. S. -allied forces. The main facility was at the peak of the 5,600-foot high mountain surrounded by steep cliffs; you can see the base’s layout in the photo above. A path wound downslope to a short 700-meter long airstrip at the base of the mountain was used for resupply and staff rotations, delivered in covert weekly flights by CH-3 helicopters of the 20th U. S. Air Force helicopter squadron.

In the summer of 1966, the U. S. Air Force decided to adapt the base with a new purpose—to serve as radar-navigation system, or TACAN, by installing a power generator and first a transponder. In the era predating GPS, TACAN sites helped warplanes find their targets, especially, while flying under low visibility conditions or at night. (The first radio navigation system, known as Knickebein, was developed by Nazi Germany, to enable more precise night bombing of England.) In 1967, this was further upgraded to a TSQ-81 antenna and remote bombing system that allowed the base to remotely control U.S. bombers. Hanoi was only 135 miles northeast of Lima 85, so the clandestine base was able to direct very precise coordinates for U.S. aircraft bombarding the North Vietnamese capital. Because those strikes could involve anything from F-105 fighter bombers to dozens of huge B-52 bombers, this made the base a deadly force multiplier. In just six months, Lima 85 directed between 25 and 55 percent of the air strikes pounding North Vietnamese and Laotian targets.

Because Laotian Prince Souvanna refused to accept U.S. military personnel in Laos, U.S. Air Force personnel deployed to Lima 85 had to sign papers temporarily discharging them from the U.S. military before deploying to Lima, a farcical process known as ‘sheep dipping.’ These technicians were supposed to go unarmed, though they did eventually end up acquiring a handful of small arms. Instead, the base’s security was supposed to be assured by a

battalion each of Hmong militia—advised by CIA agents—and Thai Border Patrol policemen deployed around the base of the mountain.

However, Lima 85 may have been concealed from the U.S. public, but its presence and purpose were not a secret to the Pathet Lao and North Vietnamese Army (NVA). Scouts probed the base's defenses in December 1967, and on January 12, 1968 a flight of four An-2 biplane transports attacked Lima 85 using underwing 57mm rockets, and 120mm mortar shells dropped out the side doors, killing four Hmong. An Air America UH-1 helicopter was scrambled to intercept the slow transports and shot down one of the transports using AK-47 fired out the side—one of very few helicopter-on-airplane kills on record. Another An-2 crashed, either due to ground fire or a failed evasive maneuver. The base was subsequently hit by a mortar barrage on 30 JAN, then on 18 FEB Hmong militia ambushed and killed a team of NVA artillery observers near the mountain and recovered plans for a coordinated bombardment of the facility.

American military leaders knew the isolated base was surrounded by stronger enemy forces and likely to come under attack, but the base's TACAN support was considered so valuable that Amb. William Sullivan resisted evacuating the site. Unable to deploy significant defenses, the base's technicians instead began dispatching hundreds of airstrikes against nearby communist forces to secure their position. Elite North Vietnamese commandos from the 41st Special Forces battalion had already scaled the seemingly impassible cliffs on Phou Pha Thi's northside without being detected on 22 JAN and reconnoitered the most feasible infiltration routes. Early that March, a thirty-three man platoon under the command of Lt. Truong Muoc assembled near the mountain, where they were reinforced by a nine-man sapper squad. The commandos were equipped with AK-47s, SKS carbines, explosives, hand grenades and three rocket-propelled grenade launchers.

At 6PM on 11 MAR an artillery bombardment gave cover for Truong's pathfinders to clear out mines and secure the infiltration paths to Lima 85. A few hours later, regular troops of the 766th Regiment of the NVA and a Pathet Lao battalions launched an attack that pinned down the Hmong troops in the valley around the mountain. Finally around 9 PM, Truong's men began scaling up the cliff, the operators splitting into five "cells" to launch a multiprong attack. Cells One and two would concentrate on the command post, cells three and four would seize the TACAN equipment and airstrip respectively, and the fifth cell would remain in reserve. The base personnel reported the artillery bombardment, but Ambassador Sullivan decided not to order an evacuation unless the attack proved to be overwhelming. Only by 8 AM the following morning did he dispatch helicopters and air support to cover the personnel's escape.

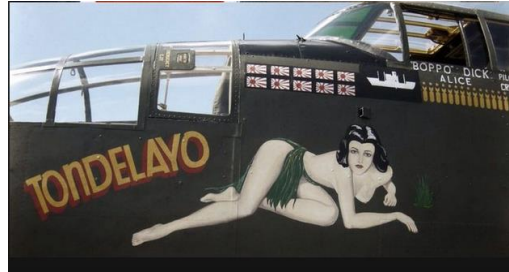
This was far too late. The Truong's infiltrators were in position by 3 AM that morning and knocked out Hmong guard posts and the base's TSQ-81 radar and power generator using rocket propelled grenades. When base commander Maj. Clarence Barton and several Air Force technicians rushed out to assess the situation, they were gunned down by the commandos. By 4 AM, the first three cells had captured all of their objectives. Some were captured and then flung over the cliff on Truong's orders. Only cell 4 was forced to disengage from its objective, unable to dislodge a superior Hmong force of two infantry platoons and a mortar squad deployed around the airstrip.

Surviving U.S. personnel had fled to a ledge on the side of the cliff, where they were trapped as grenades and small arms fire rained down upon them. Firing back with their assault rifles, they attempted to call down an airstrike nearly on top of their position. Finally at dawn, Air America helicopters covered by A-1 Skyraider attack planes swooped down upon the mountain. Hmong troops, led by two CIA agents and supported by Skyraiders, engaged in a fierce firefight as they attempted to dislodge the NVA commandos from the TACAN site. Though North Vietnamese platoon held its ground, the fracas provided a distraction for five surviving Air Force technicians and two CIA agents to be extracted.

Chief Master Sergeant Richard Etchberger, one of the airmen trapped on the cliff, refused to board a rescue chopper until he had loaded three of his injured comrades on the Huey's rescue sling. As he was being lifted away, the Pennsylvanian was mortally wounded by a parting burst of assault rifle fire. Communist forces would retain control of Phou Pha Thai Mountain and later repel a Hmong offensive to seize it back. Muoc's assault on Lima 85 had significantly weakened the U.S. air campaign over North Vietnam and Laos. According to Vietnamese accounts, he

lost only one commando and killed at least forty-two Thai and Hmong troops as well as a dozen U.S. airmen. However, Truong would return home to a court martial rather than a hero's welcome; his superiors were outraged that he had destroyed the valuable TACAN equipment and killed the technicians instead of capturing them. [Source: The National Interest | Sebastien Roblin | August 5, 2018 ++]

WWII Bomber Nose Art [50] "Tondelayo"



Military History Anniversaries 16 thru 31 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 16 thru 31 MAR**". [Source: This Day in History www.history.com/this-day-in-history | March 2020 ++]

Medal of Honor Citations Ed W. Freeman



The President of the United States takes pride in presenting the

MEDAL OF HONOR

To

ED W. FREEMAN

Rank and organization: Captain, U. S. Army, Company A, 229th Assault Helicopter 1st Cavalry Division

Place and date: Ia Drang Valley, Republic of Vietnam 14 November 1965

Entered service: Hattiesburg, MS

Born: 20 November 1926, Hattiesburg, MS

Citation

Captain Ed W. Freeman, United States Army, distinguished himself by numerous acts of conspicuous gallantry and extraordinary intrepidity on 14 November 1965 while serving with Company A, 229th Assault Helicopter Battalion, 1st Cavalry Division (Airmobile). As a flight leader and second in command of a 16-helicopter lift unit, he supported a heavily engaged American infantry battalion at Landing Zone X-Ray in the Ia Drang Valley, Republic of Vietnam. The unit was almost out of ammunition after taking some of the heaviest casualties of the war, fighting off a relentless attack from a highly motivated, heavily armed enemy force. When the infantry commander closed the helicopter landing zone due to intense direct enemy fire, Captain Freeman risked his own life by flying his unarmed helicopter through a gauntlet of enemy fire time after time, delivering critically needed ammunition, water and medical supplies to the besieged battalion. His flights had a direct impact on the battle's outcome by providing the engaged units with timely supplies of ammunition critical to their survival, without which they would almost surely have gone down, with much greater loss of life. After medical evacuation helicopters refused to fly into the area due to intense enemy fire, Captain Freeman flew 14 separate rescue missions, providing life-saving evacuation of an estimated 30 seriously wounded soldiers -- some of whom would not have survived had he not acted. All flights were made into a small emergency landing zone within 100 to 200 meters of the defensive perimeter where heavily committed units were perilously holding off the attacking elements. Captain Freeman's selfless acts of great valor, extraordinary perseverance and intrepidity were far above and beyond the call of duty or mission and set a superb example of leadership and courage for all of his peers. Captain Freeman's extraordinary heroism and devotion to duty are in keeping with the highest traditions of military service and reflect great credit upon himself, his unit and the United States Army.



During World War II, Freeman served for two years in the Navy on the USS Cacapon (AO-52). By the time of the Korean War, Freeman reached the Army rank of first sergeant. Although he was in the Corps of Engineers, his company fought as infantry soldiers in Korea. He participated in the Battle of Pork Chop Hill and earned a battlefield commission as one of only 14 survivors out of 257 men who made it through the opening stages of the battle. His second lieutenant bars were pinned on by General James Van Fleet personally. He then assumed command of B Company and led them back up Pork Chop Hill.

The commission made him eligible to become a pilot, a childhood dream of his. However, when he applied for pilot training he was told that, at six feet four inches, he was "too tall" for pilot duty. The phrase stuck, and he was known by the nickname of "Too Tall" for the rest of his career. In 1955, the height limit for pilots was raised and Freeman was accepted into flying school. He first flew fixed-wing Army airplanes before switching to helicopters. After the Korean War, he flew the world on mapping missions.

By the time he was sent to Vietnam in 1965, he was an experienced helicopter pilot and was placed second-in-command of his sixteen-aircraft unit. He served as a captain in Company A, 229th Assault Helicopter Battalion, 1st Cavalry Division (Airmobile). On November 14, 1965, Freeman and his unit transported a battalion of American soldiers to the Ia Drang Valley. Later, after arriving back at base, they learned that the soldiers had come under intense fire and had taken heavy casualties. Enemy fire around the landing zones was so heavy that the landing zone was closed to medical evacuation helicopters. Freeman and his commander, Major Bruce Crandall, volunteered to fly their

unarmed, lightly armored UH-1 Huey in support of the embattled troops. Freeman made a total of fourteen trips to the battlefield, bringing in water and ammunition and taking out wounded soldiers under heavy enemy fire in what was later named the Battle of Ia Drang.

Freeman was subsequently promoted to the rank of major, designated as a Master Army Aviator, and was sent home from Vietnam in 1966. Freeman's commanding officer nominated him for the Medal of Honor for his actions at Ia Drang, but not in time to meet a two-year deadline then in place. He was instead awarded the Distinguished Flying Cross. He retired from the military in 1967. Freeman and his family settled in the Treasure Valley area of Idaho, his wife Barbara's home state. He continued to work as a pilot. He flew helicopters for another 20 years, fighting wildfires, conducting animal censuses, and herding wild horses for the Department of the Interior until his second retirement in 1991. By then, he had 17,000 flight hours in helicopters, 22,000 overall.

The Medal of Honor nomination was disregarded until 1995, when the two-year deadline was removed. He was formally presented with the medal on July 16, 2001, in the East Room of the White House by President George W. Bush. Freeman died on August 20, 2008 due to complications from Parkinson's disease. He was buried with full military honors at the Idaho State Veterans Cemetery in Boise. In the 2002 film *We Were Soldiers*, which depicted the Battle of Ia Drang, Freeman was portrayed by Mark McCracken. The post office in Freeman's hometown of McLain, Mississippi, was renamed the "Major Ed W. Freeman Post Office" in March 2009.

[Source: <http://www.cmohs.org/recipient-detail/3286/freeman-ed-w.php> | March 2020 ++]

* Health Care *



Marijuana

Update 04: Analysis Shows No Effective Treatment Medications for CUD

Of the medications that have been studied to treat problem marijuana use, none have proved effective, a new analysis shows. The review, of 26 trials, found that no tested drugs -- including antidepressants, anxiety medication and synthetic cannabinoids -- showed clear benefits for people with cannabis use disorder (CUD). CUD may be diagnosed when a marijuana habit becomes a consuming part of life, where people let work or personal responsibilities slide, ignore problems that their drug use is causing, or find themselves needing more and more marijuana to get high.

In 2015, about 4 million Americans had CUD, according to the U. S. National Institute on Drug Abuse (NIDA). Research suggests it affects around 30% of marijuana users at some point. And while people often see marijuana as a nonaddictive drug, regular users can develop withdrawal symptoms if they try to stop, including nervousness and irritability, insomnia, depressed mood, and physical symptoms like abdominal pain, tremors and headache. "There is a misperception that marijuana is benign," said Dr. Frances Levin, chief of the division on substance use disorders at the New York State Psychiatric Institute/Columbia University, in New York City. What doctors see tells a different story.

People with milder CUD symptoms are less likely to seek treatment, noted Levin, who was not involved in the study. So, those who do seek help typically have a more serious dependence on the drug that is disrupting their lives. "We need to look at [CUD] as we would any other substance use disorder," Levin said. That includes studying whether

medication can help people deal with withdrawal and reduce their marijuana use. The new review, published online 2 MAR in the Annals of Internal Medicine, found that a few drug classes have failed to help patients abstain from marijuana, or cut down on consumption. Those include antidepressants, the anti-anxiety drug buspirone, and prescription-grade cannabinoids.

Some other medications have been studied, such as mood stabilizers, antiseizure medications and the dietary supplement N-acetylcysteine. And the evidence on them was deemed "insufficient". However, Levin said, the individual studies in the review were small, and not of the size that can be definitive. They also varied in the duration of treatment, the use of behavioral therapy, and the groups of patients they studied: In some, people had a co-existing psychiatric condition, like depression; some focused on teenagers, while others on long-time marijuana users. So it's difficult to draw conclusions, according to Levin. "I don't think things are as pessimistic as this [review] might suggest," she said. "There are some promising signals based on human laboratory and treatment studies that are worth pursuing."

Karli Kondo, a researcher with the VA Portland Health Care System, led the review. She agreed it's too soon to reach a verdict. The bottom line, Kondo said, is that larger studies are needed. She pointed to the example of cannabinoids, saying there was some "promising data" that they might ease withdrawal symptoms. Beyond that, she added, studies of different combinations of medication and behavioral therapy are needed. Dr. Timothy Brennan is director of the Addiction Institute at Mount Sinai West and Mount Sinai St. Luke's Hospitals, in New York City. He said that, in general, behavioral therapies for marijuana use disorder are "quite effective." One is cognitive behavioral therapy, which helps people reshape the negative thought patterns that drive their behavior, and develop healthier ways of coping.

Some people use marijuana to "essentially self-medicate" for disorders like anxiety or depression, Brennan noted. (That's, in part, the rationale behind testing antidepressants and anxiety medication for CUD, he explained.) But, Kondo said, behavioral therapy alone may not be the "right fit" for everyone. It's also time-consuming, she noted, and may be costly or simply unavailable in a patient's local area. Brennan agreed on the need for more research, partly because Americans increasingly see marijuana as "safe" and use of the drug is rising. Between 2002 and 2014, the number of daily marijuana users in the United States almost doubled, according to the NIDA. One concern is that the marijuana in circulation today can be about 10 times as potent as what was available decades ago, Brennan added. And while other drugs -- like opioids -- certainly cause more severe problems, that doesn't mean marijuana is harmless, Brennan said. [Source: U. S. News & World Report | Amy Norton | March 2, 2020 ++]

Traumatic Brain Injury

Update 77: BlackBox Biometrics Blast Gauge Blast Sensor

Troops may someday deploy wearing small devices to help determine their risk of developing a traumatic brain injury (TBI). A blast sensor called the BlackBox Biometrics Blast Gauge, placed on a service member's chest, shoulder and helmet, can document the pounds per square inch (PSI) of force they are exposed to over time, a Defense Department official said Wednesday. The device is the size of a small pager, 2 inches by 1.5 inches. Overall data can be viewed later by computer, but users can quickly see the approximate PSI they have experienced by looking at what color light the device is displaying: The green light is triggered by 1 to 4 PSI; amber at 4 to 16 PSI; and red at greater than 16 PSI.



The B3G7 blast sensor

"They're going to give us environmental exposure data in a quantifiable way that we can document and have and continue to learn about how those thresholds impact an individual," former Defense and Veterans Brain Injury Center director Kathy Lee said during a roundtable 4 MAR. "I'm sure you've probably heard many times in this world of concussion care that there really is no 'silver bullet' -- one thing." While the DoD touted the "success" of its diagnostic testing after 110 service members sustained TBIs in the Iranian airstrike on Al Asad Base, Iraq, in January, it's still trying to find the most objective way to diagnose a mild TBI.

The current DoD definition of TBI requires an exposure event, in addition to the patient displaying some kind of altered consciousness, such as memory loss or feeling dazed. Researchers are looking into biomarkers and chemical imbalances to show the presence of a TBI, but how should the DoD determine which exposure cases warrant a TBI test? Nearly 60 military units, each consisting of 12 to 360 troops, are currently wearing these blast sensors during training exercises, and the pilot program will follow them into deployment. Officials did not specify which military services were included in the program but said a total of 4,408 sensor sets are currently in use. The DoD will release the results of the test sometime between mid-2021 and 2022, Lee said.

The first couple attempts tested by the DoD were static, battlefield sensors to measure whether a service member was exposed to a concussive blast, but these new body-worn sensors promise an individualized look at how exposure events affect people. The DoD has already created an automatic TBI check if, among other scenarios, a service member is within 50 meters of a blast. "We need to explore all these facets to try to understand the relationship, cause and effect relationship or simply relationships or linkages between environmental exposures such as blast overpressure to health and performance indices," Lee said. To view the testing go to <https://youtu.be/N0jDzO67s2A>. [Source: Military.com | Dorothy Mills-Gregg | March 5, 2020 ++]

Prescription Drug Costs

Update 48: Most Expensive Pharmacy Drugs in the U. S.

Drug pricing remains a hot topic, and a new report offers some reasons: The most expensive drugs sold at pharmacies in 2020 so far can cost as much as a luxury car—every month. And GoodRx's latest ranking of the country's costliest drugs include brands new and old. According to the GoodRx tally, the most expensive pharmacy meds in the U. S. this year range from \$71,306 per month for Amryt's Myalept to \$27,421 for Agios' Tibsovo. Several drugs that appeared on 2019's list make a repeat appearance with higher price tags. Two brands entered the ranks for the first time. All of the prices are before rebates and discounts, and the list excludes medicines administered in a doctor's office or hospital, so many of the industry's costliest drugs are excluded. For instance, pharma's gene therapies—including Novartis' \$2.125 million Zolgensma—aren't listed.

Myalept remains the most expensive pharmacy drug in the U. S. The drug, which treats complications caused by leptin deficiency in people who have lipodystrophy, has had numerous owners over the years, and its latest, Amryt, raised its price by 9.9% in January. Aegerion had marketed the med until September, when Amryt bought that

drugmaker out of bankruptcy. Horizon Therapeutics' Ravicti, a staple on expensive drug rankings, takes No. 2 at \$55,341 per month. The med treats urea cycle disorders and was among the drugs that got a higher price in January. Another of those? Horizon's own Actimmune, which captured the No. 4 spot on GoodRx's list at a sticker price of \$52,777 per month. The company increased the prices on Ravicti and Actimmune by 4.9% in January, Jefferies analyst David Steinberg wrote in a note at the time.

Meanwhile, the first newcomer on the list is Merck KGaA's multiple sclerosis med Mavenclad. The drug scored an FDA nod in March 2019, and its sales are helping the drugmaker offset the decline of its older Rebif. Mavenclad costs \$53,730 per month, making it the third most expensive drug sold at U.S. pharmacies. A representative for the company said Mavenclad is taken orally for two weeks at the start of treatment, and then for two weeks one year later. Mavenclad isn't a monthly treatment, she added, so the GoodRx monthly price doesn't reflect its dosing schedule. Blueprint Medicines' stomach cancer med Ayvakit, which costs \$32,000 per month, is the other newcomer in the ranking, taking the No. 15 spot.

Rounding out the top 5 is Dompé's Oxervate, which won FDA approval to treat rare eye disease neurotrophic keratitis. The med carries a list price of \$48,498 per month. A Dompé spokeswoman said Oxervate isn't taken as a monthly therapy, so its inclusion in the rankings doesn't reflect its dosing schedule. Out of the entire group, seven meds are more expensive than they were last year, GoodRx says. Perhaps the most commercially successful of the medicines was Gilead's Sovaldi, the first of a new generation of hepatitis C drugs that raked in megablockbuster revenue before competition started eroding sales. View the chart below for the current top 20 entire rankings:

Drug name, seller, and monthly use price in dollars					
1. Myalept	Amryt Pharma	71306	11. Gattex	Takeda	40450
2. Ravicti	Horizon Therapeutics	55341	12. H.P. Acthar	Mallinckrodt	39864
3. Mavenclad	EMD Sorono	53730	13. Tegsedi	Akcea Therapeutics	34600
4. Actimmune	Horizon Therapeutics	52777	14. Vitrakvi	Bayer	32800
5. Oxervate	Dompé	48498	15. Ayvakit	Blueprint Medicines	32000
6. Takhzyro	Takeda	45464	16. Kynamro	Kastle Therapeutics	30444
7. Daraprim	Vyera Pharmaceuticals	45000	17. Sovaldi	Gilead Sciences	28000
8. Juxtapid	Amyrt Pharma	44714	18. Viekira Pak	AbbVie	27773
9. Cinryze	Takeda	44141	19. Viekira XR	AbbVie	27773
10. Chenodal	Retrophin	42570	20. Tibsovo	Agios Pharmaceuticals	27421

[Source: FiercePharma | Eric Sagonowsky | February 14, 2020++]

Prescription Drug Costs

Update 49: Political Roundup

The FiercePharma political roundup, where weekly developments in Washington, D.C., and elsewhere are highlighted that could affect drug pricing and how drugmakers operate.

- Many Democrats have gotten behind Medicare price negotiations—with the House of Representatives endorsing the measure as part of an aggressive drug pricing bill—but Republicans have largely pushed back and said the strategy would represent price controls. Now, one Senate Republican, Martha McSally, is rolling out a Medicare pricing negotiation bill. It's less ambitious than the bill Democrats previously passed, because McSally's would only apply to drugs that have lost patent protections and exclusivity but still hold a monopoly, Politico reports. That wouldn't apply to most medicines, an expert told the publication. McSally's legislation also supports importation, according to The Hill.

- Sen. Chuck Grassley, who's leading an effort in the Senate to get pricing measures passed, said the bill won't be included in his legislation, Inside Health Policy [reports](#).
- Meanwhile, during the Democratic primaries, pharma companies have been a popular target. At a debate last week, candidates compared pharma companies—which develop lifesaving and life-changing products—to tobacco and gun companies, CNBC's Meg Tirrell reports.
- The industry continues spending amid the important election year. In tracking pharma spending, MediaRadar [found](#) that Pfizer's spending for Sunday morning talk shows has jumped by 150%; GlaxoSmithKline's is up 100%. Companies have also placed ads in The Economist, The New Yorker, Politico and CQ Roll Call. The ads are intended to reach people who shape the debate around drug pricing.
- Amid back and forth in Washington, Minnesota is the latest state to look for its own drug pricing solutions. Calling the pharma industry "opaque and dysfunctional," Minnesota's attorney general Keith Ellison has [introduced](#) a task force to tackle pricing.
- There's more evidence the pricing issue isn't going anywhere and will remain an important topic for voters. In a new poll of 1,000 adults, 44% reported skipping the purchase of at least one medically necessary product sometime in the last year due to price, CNBC [reports](#).

[Source: FiercePharma | Eric Sagonowsky | Mar 2, 2020 ++]

Senior Surgery

Update 02: When Is Surgery Not Safe

Poor physical function, dementia and depression all raise seniors' risk of death after a major operation and should be factored into their pre-surgery assessments, researchers say. In a new study, investigators analyzed data on more than 1,300 U. S. patients, aged 66 and older, who had one of three types of major surgery (abdominal aortic aneurysm repair, coronary artery bypass graft or colectomy) between 1992 and 2014. Overall, 17% of the patients died within a year after their surgery, the findings showed.

- Before their surgery, at least 90% of the patients were independent or did not need help with activities of daily living or instrumental activities of daily living, 6% had dementia, 23% had thinking ("cognitive") impairment without dementia, and 25% had depression.
- Activities of daily living include bathing, dressing, eating, using the bathroom, getting in and out of bed, and walking across the room. Instrumental activities of daily living include preparing meals, handling finances, using the phone, shopping and taking medication.
- Rates of death were 29% among those who needed support for at least two activities of daily living versus 13% among those who were independent.
- The risk of death rose as the number of risk factors increased: 10% for no factors, 16% for one factor and nearly 28% for two factors, according to the study published March 11 in JAMA Surgery.

These findings show the need for research into how to incorporate these risk factors into pre-surgery assessments of seniors, said study lead author Dr. Victoria Tang. She is an assistant professor of geriatrics and of hospital medicine at the University of California, San Francisco, and the affiliated San Francisco VA Health Care System. "Improving our understanding of functional, cognitive and psychological risk factors in this population, particularly in predicting risk beyond typical medical factors, is essential to providing patient-centered care," Tang concluded in a university news release. [Source: US News & World Report | Robert Preidt | March 12, 2020 ++]

Health Saving Account

Update 03: HDHP Users Qualify for COVID-19 Testing/Treatment

Wondering if your high-deductible health plan will cover any care related to the new coronavirus. The IRS has some reassuring news. Health insurance that qualifies as a high-deductible health plan (HDHP) can pay for testing and treatment related to COVID-19 without jeopardizing a plan's status as an HDHP, the federal agency announced Wednesday. This is especially good news for anyone who contributes to a health savings account, or HSA. You must have an HDHP to be eligible to contribute to an HSA. So, if the status of your HDHP had changed, it theoretically could have jeopardized your ability to save money in an HSA.

The IRS also reiterated 11 MAR that vaccination costs of any kind still count as preventive care — and, as a result, an HDHP can pay for them without jeopardizing its status. This is not a change from the past. The IRS was careful to point out, though, that the clarification the agency issued Wednesday only applies to very specific types of health plans: *“Today’s notice applies only to HSA-eligible HDHPs. Employees and other taxpayers in any other type of health plan with specific questions about their own plan and what it covers should contact their plan.”*

As has been noted several times, COVID-19 is scary — and dangerous. But the risk is not the same for everyone. In general, the younger you are, the less likely you are to become seriously ill if you contract the new coronavirus. Experts repeatedly have said that people over the age of 60 — and those with specific pre-existing conditions — are in the greatest danger of serious, or even fatal, complications related to COVID-19. If you fall into that age group, it's wise to take precautions. As outlined in “Over 60? Experts Urge These Lifestyle Changes to Avoid the Coronavirus.” <https://www.msn.com/en-us/health/medical/over-60-experts-urge-these-lifestyle-changes-to-avoid-coronavirus/ar-BB10X7bP>:

- Stock up on supplies like necessary medications in case they need to stay home for an extended period due to a local outbreak.
- Keep extra space between themselves and others.
- Keep away from people who are sick and wash hands often.
- Avoid crowds whenever possible.
- Stay inside as much as possible if there is an outbreak in the local community.

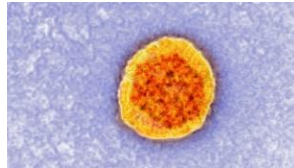
However, there is no reason to panic. We've been here before — and probably not as long ago as you think. During the 2017-2018 flu season, an estimated 61,000 Americans died as a result of influenza. Overall that season, 45 million people were infected with the flu, and more than 800,000 were hospitalized. In February 2018, Bloomberg reported that up to 4,000 Americans a week were dying from the flu: “The amount of influenza ravaging the U. S. this year rivals levels normally seen when an altogether new virus emerges, decimating a vulnerable population that hasn't had a chance to develop any defenses.” So, the danger we face now — while certainly greater than that posed by a typical flu bug — might not be quite as novel as you think.

By most measures, COVID-19 is more dangerous than the flu, so taking extra precautions is prudent. The Centers for Disease Control and Prevention (CDC) says the coronavirus is thought to be spread mainly person-to-person, between those in close contact (within about 6 feet) via the respiratory droplets sprayed when an infected person coughs or sneezes. The CDC says the best ways to remain healthy and to protect those around you are to:

- Wash your hands often and thoroughly with soap and water. Hand sanitizer with more than 60% alcohol can be used if no soap is available.
- Avoid close contact with sick people, and put distance between yourself and others if the coronavirus is spreading in your community.
- If you are sick, wear a facemask, stay at home and cover coughs and sneezes. If you are not sick, you do not need to wear a face mask, unless you are caring for someone sick.
- Clean and disinfect frequently touched surfaces daily.

Hepatitis C

Update 05: Screening Recommendation Change



The US Preventive Services Task Force now recommends screening for hepatitis C infection in all adults ages 18 to 79 without known liver disease, regardless of their risk. This updated recommendation, published in the medical journal JAMA on 2 MAR, expands the task force's previous 2013 recommendation, which was to screen only adults born between 1945 and 1965 and others at high risk for infection. "People with hepatitis C do not always feel sick and may not know they have it," Task Force chair Dr. Douglas K. Owens, an author of the recommendation and a general internist, said in a news release on Monday. "Screening is key to finding this infection early, when it's easier to treat and cure, helping reduce illnesses and deaths," said Owens, who is also an investigator at the Center for Innovation to Implementation at the Veterans Affairs Palo Alto Health Care System.

The USPSTF commissioned a systematic review of current research and evidence on the hepatitis C virus, or HCV, in order to update its prior recommendation. Based on that review, the task force found that screening more adults and teens has "substantial net benefit" since detecting infection early can lead to the early use of effective treatments and interventions. "Although all adults aged 18 to 79 years should be screened, a number of risk factors increase risk. The most important risk factor for HCV infection is past or current injection drug use. In the US, recent increases in HCV incidence have predominantly been among young persons who inject drugs," the task force wrote in its new recommendation statement.

"The treatment of HCV continues to evolve, resulting in greater benefits and fewer harms than when the USPSTF last considered the evidence," the recommendation statement said. "As a result, the USPSTF concluded that broadening the age for HCV screening beyond its previous recommendation will identify infected patients at earlier stages of disease who could greatly benefit from effective treatment before developing complications." The change comes at a critical time -- over the last decade, the most rapid increase in the incidence of acute hepatitis C cases has been in young adults ages 20 to 39 who have injected drugs, Dr. Camilla Graham, an infectious disease physician at the Beth Israel Deaconess Medical Center and Harvard Medical School, and Dr. Stacey Trooskin, an infectious disease physician at Penn Medicine, wrote in an editorial that published alongside the recommendation statement in JAMA on Monday.

"It is time to revisit the effective but now outdated baby boomer screening recommendations, and the updated recommendations from the USPSTF are welcome," they wrote. They also wrote how screening has been shown to be cost-effective when considering the efficacy of available treatments and decreases in drug prices. With the new recommendation, insurance companies will provide reimbursement for screening in line with the new recommendations.

In 2016, the World Health Organization set the goal of eliminating viral hepatitis B and C as a major public threat by 2030. Elimination in this case is defined as a 90% reduction in new chronic infections and 65% reduction in deaths compared with a scenario in which interventions would continue at the level they were in 2015. "Meeting the WHO 2030 targets for reducing new HCV infections and increasing treatment will be more likely to succeed if more primary care clinicians and addiction specialists join in the important efforts to screen, treat, and achieve virologic cure,"

Graham and Trooskin wrote. The United States currently is not on track to achieve those WHO goals, Drs. Jennifer Price and Danielle Brandman, both of the University of California, San Francisco School of Medicine, wrote in a separate editorial published in JAMA Internal Medicine on 2 MAR.

"One estimate is that at present rates of HCV screening, treatment, and new infections, 62% of people with HCV in the US will be aware of their infection by 2030 and 49% will have been cured," Price and Brandman wrote. "Clearly, reducing incident infections will require programs to reduce transmission during intravenous drug use, such as needle-exchange or other programs," they wrote. "Although the USPSTF HCV screening recommendation is a step forward for controlling HCV infection in the US, it will take a coordinated and funded effort to ensure that the anticipated benefits are realized." [Source: CNN Health | Jacqueline Howard | March 2, 2020 ++]

Diabetic Retinopathy

Leading Cause of Blindness among Working-Age Americans

Anyone who has diabetes can develop diabetic retinopathy, which is caused by damage to the nerve cells and blood vessels of the light-sensitive tissue in the back of the eye—the retina. A potentially devastating eye disease, diabetic retinopathy is a leading cause of blindness among working-age Americans. “This means vision loss is disrupted when these people are at the peak of their wage-earning potential,” says Dr. Mabelle Pardue, associate director of the Center for Visual and Neurocognitive Rehabilitation at the Atlanta VA Medical Center.

Pardue thus set out to learn more about how diabetic retinopathy develops and to determine the first signs of retinal problems, with an eye on spotting early defects in the retina and treating them right away. She led a pilot study that involved the use of a hand-held portable electroretinogram (ERG) device to detect pre-clinical, or early stage, diabetic retinopathy and a neuroprotective drug to treat patients who are showing signs of the condition. An ERG records the electrical activity of light-sensitive cells in the eyes in response to a flash of light. The response, known as the oscillatory potential, is a characteristic waveform that can be measured to determine changes in size or timing.

The drug, levodopa (commercial name Sinemet), isn’t approved by the U. S. Food and Drug Administration for diabetic retinopathy but it is considered the most potent medication for treating Parkinson’s disease. Levodopa in the brain leads to the formation of [dopamine](#), a chemical that transmits information between nerve cells and helps regulate movement, attention, learning, and emotional responses. Animal studies have suggested that a lack of dopamine may be behind early functional deficits in patients with diabetic retinopathy. The researchers determined that treatment with levodopa can restore inner retinal function to normal levels within two weeks and can continue to provide benefit for at least two weeks after the treatment is stopped. The [results](#) appeared online in February 2020 in the journal Diabetes, published by the American Diabetes Association.

In her study, Pardue and her team also found that the portable device, called the [RETeval](#), has the sensitivity to detect early retinal dysfunction in diabetic patients prior to “clinically recognized [vascular changes](#),” which are retina damage caused by abnormal blood flow. “These data demonstrate the potential to use this approach as a new screening method for diabetic retinopathy that would detect retinal defects much earlier than the currently used [fundus photography](#),” the researchers write. That procedure calls for photographing the rear of the eye, which is also known as the fundus, and recording activity in the retina.

Pardue says this is the first time the RETeval has been tested in combination with levodopa for patients with pre-clinical diabetic retinopathy. It’s critical to detect the condition in its early stages, which is in the first five years after a patient is diagnosed with diabetes, and then to treat it right away, she notes. The “rule of thumb,” she says, is most people don’t get vascular changes until they’ve had diabetes for about 15 years.

“Let’s say we’re able to detect diabetic changes in the eye within the first five years,” says Pardue. “That’s still around 10 years before it’s clinically diagnosed. That’s a big difference. When you’re at that late stage of the disease,

a lot of drugs, no matter how good they are, just aren't going to be able to treat it effectively because the disease has progressed too far. So there are sweet spots where diseases are reversible and treatable. In situations where you pass that line, it's really hard to bring things back or even stop the disease because a cascade of events are going to lead to it progressing. To put the brakes on at that stage is really difficult."

Diabetic retinopathy, which usually affects both eyes, is the most common diabetic eye disease. At first, the disease may cause no symptoms or only mild vision problems. But it can worsen and lead to vision loss over time. The longer one has diabetes, the greater the risk of developing diabetic retinopathy. In some people with the disease, blood vessels may swell and leak fluid. In others, normal new blood vessels grow on the surface of the retina.

The RETeval, made by Maryland-based LKC Technologies, is the first completely portable, handheld, full-field flash ERG that measures the electrical response of the entire retina, the company says. The device is easy to transport and store. It includes a pupil tracker, eliminating the need for dilating drops, and can adjust the strength of the flash based on the pupil size. The RETeval is also used with a cheek electrode, which is a sticker that's placed on the skin just under the eye. Other small hand-held ERG devices are available, but they don't include the pupil tracker. "The fact that this one is really small and portable, as well as having the pupil tracker, makes it very unique," Pardue says, noting that she has no financial ties to LKC Technologies. "Thus, this device enables an ERG to be recorded anywhere without eye drops or an electrode touching the eye."

The RETeval, she adds, has been used by clinicians at the clinical stage of diabetic retinopathy. "What's new about our study is that we're not trying to detect diabetic retinopathy at that stage, which I argue is late stage," she says. "We're trying to detect it much earlier, when we can use drugs that are actually going to prevent the progression of the disease."

Hand-held device makes for convenient screening tool

The electroretinogram can be thought of an electrocardiogram, or an EKG for the eye. After electrodes are placed on or near the eye, electrical activity of the retina is recorded in response to a flash of light. Over the years, ERGs have been carried out in ophthalmology clinics to measure retinal function for clinical diagnostics and monitoring. But the systems are large and cumbersome and require an expert to conduct the test and analyze the data, Pardue says. The typical ERG, she explains, requires dilation drops to enlarge the pupils, dark-adaptation of up to 30 minutes to make the retina very sensitive to light, and an electrode placed on the cornea after numbing drops are applied. All of these characteristics make current ERG systems not conducive to a screening test for the disease.

"When I think of a screening test, I think of something that's going to be very easy to perform and that will produce a result in a very short amount of time," she says. "Instantaneously would be great. For example, blood pressure cups are a successful screening tool—the ones you see in the pharmacy where you sit down and put your arm in, and a few seconds later you have your blood pressure numbers. The ERG as it's now performed is not conducive to that. However, with the adoption of the RETeval, we may be close. "Also, ERGs aren't accessible everywhere," she adds. "They're really only found in large university-based ophthalmology clinics because those sites have people with expertise to analyze that information. A good screening tool could be in a pharmacy or in a primary care clinic, where a technician could run it quickly and easily and have a simple output that will tell you this patient is normal or an issue needs to be looked at more closely."

Pardue's study included 43 Veterans at the Atlanta VA ages 37 to 71. Fifteen of the Veterans were non-diabetics who didn't take levodopa in a control group. Pardue and her team used the RETeval with those patients to record a normal electrical activity range in the retina that was based on the oscillatory potential (OP). The other 28 Veterans had diabetes and retinal deficits spotted by the RETeval, based on readings that were outside of the control group's normal range. They were randomized to receive low- or high-dose levodopa, which was given orally, for the first two weeks of the study. In a two-week "washout" period that ensued, the researchers checked via ERGs for any sustained effects from the drug. Those patients had four ERGs over the four-week period: at baseline, day one, week two, and week four.

The ERG consisted of sitting in the dark for 10 minutes, with an adhesive sensor strip placed on the skin near the eye. The researchers positioned the RETeval in front of the right eye and left eye separately, applying a series of flashes and flickering lights. Both eyes were evaluated in less than five minutes for most patients. The research team found both doses of levodopa to be equally effective. But to avoid potential side effects, Pardue favors the lowest dose possible because patients with diabetic retinopathy could be taking the drug for many years. The possible side effects of levodopa are many, ranging from anxiety and agitation to numbness and dizziness.

“These exciting data suggest that OP delays are very sensitive to diabetic changes and that reduced dopamine may be partially responsible for the early inner retinal dysfunction,” the researchers write. “After two weeks of treatment, OP delays were restored to control values that persisted even after a two-week washout period. In conclusion, ... OP delays could serve as an earlier detection strategy for diabetic retinopathy that could be treated with levodopa, potentially limiting later-stage vision loss.”

Army Veteran Michael Brooks, who was diagnosed with diabetes about five years ago, participated in the treatment group. He says his vision was a little stronger after he took the levodopa but notes the improvement may have been due to the corrective laser eye surgery he had a few years ago. That procedure changes the shape of the cornea, the clear covering in front of the eye, to improve vision and reduce a patient’s need for glasses or contact lenses. “What I gather from this study is that it was an experiment to prevent diabetic retinopathy and to identify any existing problems in the eye,” he said. “I was all on board with that. I’m a fire paramedic, so tests and research interest me. Anything that would potentially tell me I’m a candidate for having serious eye problems down the road, I’m on board.”

Pardue isn’t surprised that Brooks didn’t recognize major visual changes after taking levodopa. “The visual system is extremely good at compensating for small defects, which is the reason it’s hard for a patient to detect early changes,” she says. “The electrical defect we can detect with the ERG is identifying a change before the patient is aware of an issue. We are thus preserving vision hopefully so the patient never has any visual loss associated with diabetic retinopathy.” Pardue and her team plan to do a larger clinical trial to see if they can get the same benefits from levodopa when diabetic patients are treated for at least six months. She estimates up to 200 Veterans may be involved in the multi-site trial. Brooks says he’ll participate in the trial if it doesn’t interfere with an ongoing diabetes study he’s involved in with Kaiser Permanente.

“We want to know if timing is important,” she says. “Can the patients be treated later in the progression of the disease and still get benefit? We also want to move forward with developing the ERG test for screening by determining more parameters about the patients who seem to have ERG delays. Do ERG delays correlate with such factors as blood glucose levels, body mass index, and duration of diabetes? Our ultimate goal is to move this to primary care clinics, where diabetic retinopathy could be detected much earlier, followed by levodopa treatments, to prevent vision loss from occurring in later stages of the disease.” [Source: VA Research Currents | Mike Richman | March 2, 2020 ++]

Coronavirus

Update 05: More on What Heart Patients Should Know About Covid-19

COVID-19 ALERT

If you have a fever, cough or other cold symptoms, be prepared to talk about recent travel and/or contact with others with these symptoms.

- 1 ASK FOR A MASK**
Make sure the mask covers your mouth and nose.
- 2 KEEP HANDS CLEAN**
Use hand sanitizer or soap and water.
- 3 TELL US ABOUT IT**
Report any recent travel and your symptoms.

Talk of the new coronavirus (COVID-19) is everywhere. Here's what you should know and do to keep yourself and your loved ones healthy.

Know the symptoms -- COVID-19 is a new virus that causes respiratory illness in humans, usually 2–14 days after exposure. Illnesses have ranged from mild symptoms to severe illness, including fever, cough, and shortness of breath. The virus is thought to spread mainly from close contact with an affected person. It spreads in the air, like flu, through droplets from sneezes and coughs. The droplets can stay suspended in the air for some time and can land on surfaces that are touched by others.

Understand your risk -- The Centers for Disease Control and Prevention (CDC) considers COVID-19 to be a serious public health threat, but individual risk is dependent on exposure. For the general American public, who are unlikely to be exposed to this virus at this time, the immediate health risk of COVID-19 is low.

Keep an eye on coronavirus, but remember the flu -- Symptoms of fever, cough and shortness of breath also happen to be symptoms of the common cold and flu. This year, at least 29 million flu cases have been reported with 280,000 hospitalizations and 16,000 deaths from flu. Flu activity most commonly peaks between December and February and can last until May. What's important to remember is that anyone can get the flu. But you are more likely to become infected if you:

- Have a weakened immune system
- Have frequent, close contact with young children
- Work in a health care setting where you may be exposed to flu germs
- Live or work with someone who has the flu
- Haven't received an annual flu shot

Take precautions to guard against infection

- Get a flu shot
- Keep your hands clean by washing with soap and water for at least 20 seconds or using a hand sanitizer with at least 60% alcohol
- Avoid touching your eyes, nose, and mouth & avoid people who are sick
- Stay home and away from others when sick
- Cover your coughs and sneezes with tissues or your arm/sleeve. Dispose of tissues in the trash.
- Keep surfaces clean using disinfecting wipes
- Check the [CDC advisories](#) prior to planning travel

Stay home and phone -- If you have symptoms of fever, cough, and shortness of breath, please call your local VA medical center and select the option to speak to a nurse before visiting the facility. Tell them about your symptoms and any recent travel. In addition to calling first, consider using VA's telehealth and virtual care options at <https://telehealth.va.gov/type/home>. VA's telehealth providers can evaluate your symptoms and provide a diagnosis and comprehensive care, so you do not have to leave your home or office. Get VA's latest updates on COVID-19: <https://www.publichealth.va.gov/n-coronavirus/index.asp>.

[Source: [MILRETVET-INFO] Coronavirus Information from VA | February 28, 2020 ++]

Coronavirus

Update 06: Know What the Terms Mean

With cases of the novel coronavirus, COVID-19, emerging across the globe, governments, organizations, and individuals are taking appropriate steps to protect themselves and others from spreading the respiratory disease that

has already infected thousands. Along with increased and enhanced force health protection measures, many people are also learning a new vocabulary that goes along with protecting communities from communicable diseases. For example, terms frequently used to describe community and self-protection measures include quarantine, isolation, and social distancing. But, what is the difference? According to the Centers for Disease Control and Prevention:

- **Quarantine** -- In general means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.
- **Isolation** -- Means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.
- **Social distancing** -- Means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.
- **Congregate settings** -- Crowded public places where close contact with others may occur, such as shopping centers, movie theaters, stadiums.
- **Close contact** -- Defined as:
 - Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case, or
 - Having direct contact with infectious secretions of a COVID-19 case (e. g., being coughed on).
- **Self-observation** -- Means people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a health care provider or their local health department to determine whether medical evaluation is needed.
- **Stay at home** -- This action is further defined as to how an individual will be monitored:
 - a) **Self-monitoring** -- Means people should monitor themselves for fever by taking their temperature twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a health care provider or their local health department to determine whether medical evaluation is needed.
 - b) **Self-monitoring with delegated supervision** -- means, for certain occupational groups (e. g. , some health care or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health or infection control program in coordination with the health department of jurisdiction. The occupational health or infection control personnel for the employing organization should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments with jurisdiction for the location where personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of personnel who develop fever, cough, or difficulty breathing during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if fever, cough, or difficulty breathing occur. The supervising organization should remain in contact with personnel through the self-monitoring period to oversee self-monitoring activities.
 - c) **Self-monitoring with public health supervision** -- means public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people. The ability of jurisdictions to initiate or provide continued oversight will depend on other competing priorities (e.g., contact tracing, implementation of community mitigation strategies). Depending on local priorities, CDC recommends that health departments consider establishing initial communication with these people, provide a plan for self-monitoring and clear instructions for notifying the health

department before the person seeks health care if they develop fever, cough, or difficulty breathing. As resources allow, health authorities may also check in intermittently with these people over the course of the self-monitoring period. If travelers for whom public health supervision is recommended are identified at a U. S. port of entry, CDC will notify state and territorial health departments with jurisdiction for the travelers' final destinations.

- **Active monitoring** -- Means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For people with high-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

As a health practitioner or a beneficiary, it's important to take appropriate steps to protect yourself, your family, and your co-workers. Knowing the difference between isolation, quarantine, and different forms of monitoring can help to stem the spread of any form of infectious disease. The most up-to-date information regarding COVID-19 can be found on the CDC website <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. [Source: Health. mil | March 10, 2020 ++]

Coronavirus

Update 07: What CDC/DoD Says You Need to Know

As COVID-19 spreads, so does information about the disease. If one surfs the Internet, everything from scientifically-proven medical information about the virus to debunked conspiracy theories can be found. Among the information circulating online are lists of items people "should buy" -- surgical masks, exam gloves, gallons of disinfectant -- but epidemiologists and preventive medicine practitioners say that's not exactly the case. While there is currently no vaccine to protect against COVID-19 and no specific antiviral treatment for the disease, Lt. Gen. Ronald J. Place, director of the Defense Health Agency, stated in a 5 MAR email to the force that "Each of you can take actions to help respond to this emerging public health threat."

Place's email also stated, "The Centers for Disease Control and Prevention (CDC) has produced more than 23 guidance documents on infection control, hospital preparedness assessments, personal protective equipment supply planning, and clinical evaluation and management." According to the CDC, symptoms of COVID-19 can include fever, cough, and shortness of breath. The CDC believes that symptoms of the disease may appear in as little as two days or up to 14 days after someone has been exposed. The CDC based this estimate on previous incubation periods for Middle East Respiratory Syndrome, another type of coronavirus, first reported in 2012. The CDC said there are simple actions people can take to prevent contracting or spreading COVID-19. The best way to keep from getting sick, according to the CDC, is to avoid being exposed to the virus that causes COVID-19.

The Department of Defense issued guidance in January, mirroring that of the CDC. The DoD guidance recommended that people should also avoid close contact with those who are sick; avoid touching your eyes, nose and mouth with unwashed hands; and washing your hands often with soap and water. The CDC recommends washing hands for at least 20 seconds, especially after going to the bathroom, before eating, after blowing one's nose, coughing or sneezing. Although news stories and images contain many reports of people wearing surgical masks to ward off the virus, that's not recommended, according to top officials of the U. S. Public Health Service. The U. S. Surgeon General, Dr. Jerome Adams, even went so far as to post a message on Twitter last weekend. "Seriously people- STOP BUYING MASKS!" Jerome tweeted. "They are NOT effective in preventing general public from catching #Coronavirus, but if healthcare providers can't get them to care for sick patients, it puts them and our communities at risk!"

The CDC and DoD also recommend using an alcohol-based hand sanitizer that is at least 60 percent alcohol if soap and water aren't available. The spread of coronavirus has led to a shortage of hand sanitizers and disinfectants in stores, and Army and Air Force Exchange Service locations haven't been spared. But what if someone contracts COVID-19? What should they do? Above all, said the CDC, anyone sick with COVID-19, or if one suspects they are infected, should follow these steps:

- *Stay home, except to get medical care:* Restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.
- *Separate yourself from other people and animals in your home:* As much as possible, stay in a specific room and away from other people in the home. Also, use a separate bathroom, if available.
- *Call ahead before visiting your doctor:* Call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.
- *Cover your coughs and sneezes:* Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can. Immediately wash your hands with soap and water for at least 20 seconds.
- *Clean your hands often:* Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- *Avoid sharing personal household items:* Don't share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.
- *Clean all "high-touch" surfaces every day:* High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions.
- *Monitor your symptoms:* Seek prompt medical attention if your illness is worsening, such as if you have difficulty breathing). Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19.

The CDC also said that those patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments. For the most up-to-date information on COVID-19, visit the CDC's website. Specific Military Health System information about COVID-19 can be found at www.health.mil/News/In-the-Spotlight/Coronavirus. [Source: Health.mil | Christopher Larsen | March 6, 2020 ++]

Medicare Coverage

Update 05: Coronavirus Testing



Here is a rare bit of good news for older Americans worried about contracting COVID-19 — the official name for what is more commonly referred to as “the coronavirus.” If you have Medicare Part B, it will cover the cost of testing for the disease so long as a few conditions are met.

- Your health care provider orders the test.
- You got it on or after Feb. 4.
- Your health care provider waits until after April 1 to submit an insurance claim for it.

Patients usually pay nothing for covered diagnostic lab tests, the Medicare program said in an announcement 4 MAR. The Medicare program also has created a standardized insurance billing code specifically for the coronavirus testing, for health care providers to use when submitting insurance claims for the test. Medicare explains:

“This code will allow those labs conducting the tests to bill for the specific test instead of using an unspecified code, which means better tracking of the public health response for this particular strain of the coronavirus to help protect people from the spread of this infectious disease.”

In recent days, anger has risen with the Trump administration and the wider federal government over what appears to be a lack of available testing kits in the U. S. The government now says it is working hard to address those concerns, the Associated Press reports. Dr. Stephen Hahn, head of the U. S. Food and Drug Administration, says the FDA has teamed up with a private company to get up to 2,500 test kits to labs this week. Each kit can be used for 500 tests, so the total would provide about 1.25 million tests.

In addition, many experts and others have criticized the U. S. Centers for Disease Control and Prevention (CDC) for initially restricting coronavirus testing mostly to people who had been hospitalized. On 3 MAR, Vice President Mike Pence, whom President Donald Trump named to lead the U. S. coronavirus response, said any American can be tested for the virus so long as his or her doctor orders such a test. As of that morning, there were 80 cases of coronavirus in the U.S., according to the CDC. Nine people have died as a result, and cases of the virus have been reported in 13 states. Worldwide, there have been more than 90,000 COVID-19 infections and more than 3,100 deaths, according to the World Health Organization. For most people, coronavirus infection is likely to produce mild symptoms. They can include:

- Fever
- Cough
- Shortness of breath

Matthew Frieman, a virologist at the University of Maryland School of Medicine, said in a Washington Post report last month: *“This looks to be a bad, heightened cold — I think that’s a rational way of thinking about it. Not to diminish its importance — it’s in the middle between SARS and the common cold.”* Symptoms typically begin two days to two weeks after you have been infected. COVID-19 primarily is spread from person to person, usually when someone with the virus coughs or sneezes and you breathe in the respiratory droplets. Folks with minor symptoms are urged to stay home while sick to avoid exposing anyone else, whose infection might be much more severe. In a minority of patients — particularly the elderly and those with compromised immune systems — coronavirus infection can be deadly. To date, there is no vaccine to fight off the illness. [Source: MoneyTalksNews| Chris Kissell | March 4, 2020 ++]

Colon Cancer

Update 08: When you Need a Colonoscopy & When you Don’t

According to the American Cancer Society, colorectal cancer is the third most common cancer diagnosed in the United States. Luckily, it is highly preventable with proper screening. The colonoscopy is the most accurate screening test to detect and prevent cancer of the colon and rectum. It can find cancerous and precancerous polyps so they can be

removed before they become cancer. But even a very good exam can be done too often. Screenings should begin at age 50, or earlier if your health history includes factors that might increase your risk of getting colorectal cancer. Different types of screening methods are available, so talk with your doctor about your options and how often you should be screened.

The test uses a flexible, lighted tube to view the colon and rectum. During the exam, doctors can spot and remove small growths, called polyps. They are common and usually harmless. But some polyps, called adenomas, may turn into cancer. Removing these polyps can prevent cancer from developing. People who are not at high risk need the exam every 10 years. The exam is very accurate, and colorectal cancer grows slowly.

- If your exam doesn't find adenomas or cancer and you don't have a high risk for colon cancer, you probably won't need another exam for 10 years.
- If you have one or two low-risk adenomas removed, you probably won't need another exam for five years.
- If you have more serious adenomas, you may need another exam sooner than five years. Very high-risk patients may need the test in just one to three years.

The test is safe, but risks can occur. It can sometimes lead to:

- Bleeding where a polyp was removed.
- Reactions to the sedative.
- Abdominal pain.
- Small holes in the colon, called perforations.

People with heart and respiratory problems should be evaluated before getting a colonoscopy. For people with these conditions, the procedure should be done in the right facility, with careful monitoring, because there can be serious complications. The benefits of the test are usually worth the risk. Discuss both the benefits and risks with your doctor.

The exam preparation is worth the effort. Before your colonoscopy, you have to limit some medicines and foods. For one day, you drink clear liquids only and take laxatives, which may cause discomfort. It's very important to follow the preparation instructions carefully so the test is as accurate as possible. During the exam, you'll be given a sedative drug to make you sleep. This means someone will have to help you home. You will also be told not to drive, work, or make important decisions the day of your exam. You can usually return to your routine the next day. The exam may increase your costs. It is covered as preventive care by Medicare and most health plans. This means there is no co-pay if you have it every 10 years as a screening test. But under Medicare, you may have to pay for related costs, such as anesthesia. And if a polyp is found, you may be responsible for a co-pay or deductible regardless of your insurance. Talk to your insurance provider to find out what's covered and what's not. If you don't have insurance, check if your community has programs to help you get an exam

Most people should get screened for colon cancer no later than age 50. If your colonoscopy doesn't find any signs of cancer, you should have the exam again every 10 years. However, if you're between 76 and 85, talk to your doctor about how often you should be screened. Other people might need the exam more often, including those who have:

- Inflammatory bowel disease.
- Ulcerative colitis and Crohn's disease.
- A history of multiple, large, or high-risk adenomas.
- A parent, sibling, or child who had colorectal cancer or adenomas.

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[Source: Health Net Federal Svcs | March 5, 2020 ++]

TRICARE Podcast 543

Dental Care Tips for Kids - Online Costs Tools - DEERS

Dental Care Tips for Kids -- From babies to teenagers, practicing good dental hygiene is important for children of all ages. And parents play a critical role in developing these positive, healthy behaviors at a young age. As National Children's Dental Health Month comes to a close, here's a reminder of things you can do to help keep your child's teeth healthy and strong through the years. From zero to 11 months, you should gently wipe your baby's gums with a soft, clean cloth twice a day. According to the Centers for Disease Control and Prevention, this helps remove the bacteria that can cause tooth decay. Once your child's first teeth start to grow, you can brush teeth twice a day with a soft, small-bristled toothbrush and a smear of toothpaste.

When children turn 1 year old, they should see a dentist to spot signs of problems early. If you already have a family plan with the TRICARE Dental Program, your child will be automatically enrolled in the program at no additional charge, upon turning age 1. If you don't have a family plan, the child will be added at age 1 and your single plan will be changed to a family plan. From ages 1 to 6, help your child brush his or her own teeth with a pea-sized amount of fluoride toothpaste. If two teeth touch, you can also start helping your child floss daily.

The TRICARE Dental Program covers two routine cleanings and two fluoride treatments during a consecutive 12-month period for children age 1 and older. For more tips or information about the TRICARE Dental Program, check out the article, "Dental Care Tips for Kids Using TRICARE Dental Program," at www.TRICARE.mil.

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Online Costs Tools -- Do you have questions about your TRICARE costs? Your health care costs are different based on who you are and your health plan options. In some cases, you may have to pay a portion of the cost for a health service or prescription as a cost-share or copayment. Active duty service members pay nothing out of pocket for any type of authorized care. Also, there are no costs for services received at a military hospital or clinic, except for a per-day fee when using inpatient care. Costs change annually based on a number of factors. Understanding your costs will help you make informed health care decisions. You may view and compare costs between TRICARE plans using the TRICARE Compare Cost Tool at www.TRICARE.mil/costs/compare. You can also view the 2020 costs at www.TRICARE.mil/costs.

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Defense Enrollment Eligibility Reporting System -- The Defense Enrollment Eligibility Reporting System, also known as DEERS, is a database of active duty and retired service members, their family members, and others who are eligible for TRICARE. Maintaining your DEERS record is key to getting your TRICARE benefits. So, is your information current in DEERS? You should update DEERS anytime you experience a TRICARE Qualifying Life Event, or QLE. A QLE is a certain change in your life, such as moving, marriage, birth of a child, or retiring from active duty. A QLE may mean new TRICARE health plan options for you and your family.

While in DEERS, make sure to check that your address, duty status, phone numbers, and email addresses are correct. Your Social Security number and the Social Security number of each of your covered family members must be included in DEERS for your TRICARE coverage to be accurate. If you need to make changes, you can update your DEERS information online, in person, by phone, or by mail. Learn more about these options at www.TRICARE.mil/deers.

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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 27, 2020 ++]



Tax Burden | IRS

Surprising Incomes that are Taxable

Everyone knows that wages are taxed by the federal government, but Uncle Sam has a far-reaching definition of “taxable income.” It covers numerous types of earnings that many people don’t realize are subject to federal income taxes. What follows are several examples of taxable income that may come as a surprise.

1. Social Security retirement benefits -- Generally, people pay federal income taxes on their benefits if they have other substantial income — such as wages, interest or dividends. Some ways to avoid doing this can be found at <https://www.moneytalksnews.com/5-ways-to-avoid-paying-taxes-on-your-social-security-benefits>. If Social Security benefits are your sole source of retirement income, or you have little income in addition to your benefits, your benefits likely would not be subject to federal income taxes.

2. Alaska Permanent Fund dividends -- It may be cold, and, yes, it may be expensive. But once you’ve been a resident for a year, you may be entitled to receive the annual dividend from the oil-revenue-supported Alaska Permanent Fund. In 2018, the fund paid \$1,600 per person. But dividends for adults, and sometimes dividends for children, are subject to federal income taxes, notes the Alaska Department of Revenue. Fail to report Alaska Permanent Fund dividends on your federal tax return, and you may be hit with a negligence penalty or other sanctions, the state agency warns.

3. Alimony -- For divorce and separation agreements executed before 2019, alimony is generally deductible by the payer, and the recipient generally must report it as (taxable) income. That changed for agreements made or modified after Dec. 31, 2018, though. Per the federal tax reform law of 2017, such alimony payers cannot deduct payments — meaning they now effectively pay taxes on that money — and alimony recipients do not count payments as income.

4. Bribes -- The IRS expects people to report income from bribes on their tax returns. “If you receive a bribe, include it in your income,” the federal agency plainly states in Publication 17.

5. Canceled debts -- If you were fortunate enough to convince someone to cancel a debt in 2019, you probably felt a sense of relief. The problem is that you may not be entirely off the hook. Generally, if a debt is forgiven, unless it’s intended as a gift, the IRS expects you to count the canceled amount as income when you file your federal taxes. One exception is for canceled mortgage debt which has been extended through 2019 with no terminal date given so far.

6. Illegal activities -- Even criminals are expected to report their income — including income from illegal activities, such as earnings from selling illegal drugs. Don’t scoff at the thought. Remember, notorious Chicago gangster Al Capone finally got significant prison time for tax evasion.

7. Gambling winnings -- The euphoria you feel when you win at gambling may quickly fade once you realize that the IRS expects you to pay taxes on your windfall. And this isn’t only about what happens in casinos. Winnings from lotteries and raffles also must be reported to the IRS as income. You can, however, use gambling losses that occurred during the same year as your winnings to offset your tax burden.

8. Bartering -- You cannot avoid paying taxes by accepting goods or services instead of cash for your work. Generally, you must include the fair market value of those goods or services in your income. An example from the IRS:

“You’re a self-employed attorney who performs legal services for a client, a small corporation. The corporation gives you shares of its stock as payment for your services. You must include the fair market value of the shares in your income on Schedule C (Form 1040 or 1040-SR) in the year you receive them. ”

[Source: MoneyTalksNews | Emmet Pierce | February 28, 2020 ++]

Federal Reserve

Update 02: Rate Slashed Over Coronavirus Risks



In an unscheduled move attributed to the economic impacts of the coronavirus COVID-19, the Federal Reserve slashed its benchmark federal funds rate by 50 basis points 3 MAR, putting it in a range of 1% to 1.25%. In its statement, the Fed said: “The fundamentals of the U. S. economy remain strong. However, the coronavirus poses evolving risks to economic activity. ” This rate cut was not entirely unexpected — Money Talks News founder Stacy Johnson is among the experts who recently warned of imminent Fed action. Still, the rate cut marks the first time since October 2008 that the nation’s central bank has taken emergency action. It also marks the first time since the Great Recession that the Fed has lowered the federal funds rate by more than 25 basis points at one time.

No one can predict what will happen next with this coronavirus or the economy, so not even the Fed knows the chances of another rate cut in the near future. At the same time, the Fed hasn’t exactly ruled out another cut, so it’s fair to say another cut is possible. The central bank even said in its statement that it’s “closely monitoring developments and their implications for the economic outlook and will use its tools and act as appropriate to support the economy.” USA Today reports that in a note to clients, Paul Ashworth, chief U. S. economist at Capital Economics, wrote that this could indicate that the Fed may be “leaning toward an additional rate cut” at its meeting on 17-18 MAR.

When the Federal Reserve cuts the federal funds rate, the interest rates that banks pay tend to follow. And when interest rates are falling or expected to fall further, consumers generally would be wise to lock in an interest rate ASAP. Putting some of your cash savings in a certificate of deposit (CD) allows you to do just that: Lock in a specified interest rate for a specified length of time. Now, it would have been better to put money in a CD before the 3 MAR Fed rate cut because banks most likely have already started lowering their own interest rates in response to the Fed rate cut. But if you didn’t act then, acting now is still better than waiting for another rate cut — although, of course, another rate cut is not a sure thing.

Start by finding out what interest rates multiple banks are offering on CDs right now. Using a free online resource like Money Talks News’ [CD search tool](#) enables you to view multiple rates from multiple banks in one place. Then, decide for how long you are comfortable locking up your cash savings. CDs tend to pay higher interest rates than savings accounts, but it’s in exchange for you agreeing not to touch the money that you put in a CD for the length of the CD term. Remove money from a CD before then, and you stand to get hit with a penalty.

CDs are not the only way to earn a higher return on cash savings in the short term, but they are among few risk-free ways to fight inflation in the short term. That’s because money in a CD is insured. The Federal Deposit Insurance Corp. , an independent federal agency, insures such deposits for at least \$250,000. (To verify whether a bank is FDIC-

insured, use the agency's [BankFind](#) tool.) If you're uncomfortable locking up any savings in a CD right now, at least make sure your money is with a competitive bank. Even the most competitive banks are likely to lower their interest rates in light of the latest and possible future Fed action, but competitive banks still tend to pay significantly higher rates than noncompetitive banks. For example, the current national average among savings accounts was a paltry 0.09% as of 1 MAR. [Source: MoneyTalksNews | Karla Bowsher | March 3, 2020++]

Car Insurance

Update 23: Age Impact

Adult drivers generally see their car insurance rates drift lower for decades — until they hit their 60s. At that point, rates climb — and continue to do so for the rest of your life, according to the 2020 The State of Auto Insurance report from The Zebra. Rates are highest when you are young. In fact, drivers who are 16 years old and have their own policies pay a jaw-dropping \$6,600 a year for car insurance, on average. That is more than three times the average for all drivers between the ages of 23 and 85. Things get better for drivers in their remaining teen years, but not by much. The Zebra found that people pay per year on average in their:

- Teens: \$5,023
- 20s: \$1,989
- 30s: \$1,532
- 40s: \$1,474
- 50s: \$1,365
- 60s: \$1,384
- 70s: \$1,611
- 80s: \$1,880

It's no secret why rates are higher at the beginning and end of your driving years: That's when accidents are most likely to occur. As Insurance.com has pointed out about senior drivers: *“Senior drivers as a group are more accident-prone than their middle-aged counterparts. The reasons for this include age-related changes in hearing or vision, slower reflexes, health conditions and medications.* In addition, regardless of accident severity, older drivers suffer graver injuries and more fatalities than younger people. This makes seniors more expensive to treat following an injury. These factors can increase insurers' claim costs, and those costs are passed on.” Regardless of your age, you can almost always get a better deal on car insurance if you look around and comparison shop. [Source: MoneyTalksNews | Chris Kissell | March 5, 2020 ++]

Social Security Fund Depletion

Update 15: Short-Term Payroll Tax Cut Proposal

The Senior citizen League (TSCL) is troubled to learn that earlier this week the President tweeted that a short-term payroll tax cut should be considered, fueling a conversation around the potential for a temporary stimulus package. What that means, in plain language, is the President is suggesting that for an unspecified “short term,” taxes paid by workers into the Social Security system be suspended, further weakening the Social Security system. In January the President had said he would “take a look” at cutting entitlement spending, which is Washington talk for cutting Social Security, Medicare and Medicaid. However, the next day after the interview he backed off his statement and tweeted that he would save Social Security.

Conservatives and budget hawks have long sought to roll back large government programs like Medicare and Medicaid to rein in the debt. There were reports recently that Republicans in the House of Representatives are insisting

that stemming the growth of Social Security, Medicare and Medicaid costs is necessary. Bloomberg news reported on a House Budget Committee hearing about a new Congressional Budget Office (CBO) report that projects trillion-dollar deficits for the next decade. At the hearing the top Republican on the committee, Steve Womack of Arkansas and other Republican lawmakers said that Congress will need to limit the growth of Social Security, Medicare and Medicaid, which they referred to as “major mandatory programs”.

According to the CBO report, the fiscal shortfall is largely due to the growth of Social Security, Medicare, Medicaid and interest payments as a share of the country’s gross domestic product, while tax revenue stays relatively steady and spending for other programs drops. However, what the CBO report apparently does not point out is that major corporations in this country pay no taxes at all. That is happening because of the way the laws are written. The coronavirus emergency spending bill that Congress just passed was not “paid for,” in Washington's language. It was added to the deficit, which means the government will borrow the money to pay for it. [Source: TSCL Weekly Update | March 6, 2020 ++]

SSA Windfall Elimination Provision

Update 02: Does it Penalize You for Having a Pension?

Q.) “I have a government pension, and I am also supposed to receive Social Security. I have learned that I may not get all my benefits from Social Security because I have a pension. I’m wondering how I can get all the money plus interest that I put into Social Security because I did not have a choice to put into Social Security. I am very angry about the fact that I may not get the money that I put into the system. How can I request that the money I put in be given back to me with interest?”

A.) The question raises some interesting points. Let’s take up the last point first. Simply put, you cannot get your money back by requesting a refund. Once it is paid into the Social Security system, the only way to recover your contribution is by qualifying for Social Security benefits and living long enough so that your lifetime benefits at least equal your contributions to the system. You want your money back from Social Security because you have learned that your government pension may reduce your Social Security benefits. Your concern may be unfounded. The government pension must come from employment where no Social Security taxes were paid. Many governments provide a pension and also pay into the Social Security system (along with their employees). In this instance, your Social Security benefits would not be reduced.

Let’s assume that your eligibility for Social Security benefits arises from other employment where you did pay into Social Security taxes. In this case, you are likely to be affected by the Windfall Elimination Provision (WEP). The size of the WEP penalty depends on several factors. The maximum WEP penalty applies to those with 20 or fewer years of employment covered by Social Security. Here is how the penalty works. Your Social Security benefit is reduced by about 56%, up to a maximum reduction of \$463 a month in 2019. (2020 figures have not yet been posted.) An additional proviso is that the penalty cannot reduce your government pension by more than half. To illustrate, suppose your government pension is \$800 a month. Your tentative Social Security benefit is \$1,000 a month, based on fewer than 20 years of covered employment. The 56% penalty would reduce your benefit by \$560. That amount would be reduced to \$463, the penalty cap mentioned above. Finally, the penalty would again be reduced, since one-half the government pension is \$400. So, the final penalty in this instance would be \$400 a month.

Many people who are affected by the WEP feel that the penalty is unfair. However, the WEP was designed to improve fairness in the Social Security benefit structure. That structure is relatively more generous to lower-benefit persons than to higher-income, higher-benefit persons. Accordingly, without the WEP, a person with a handsome government pension (from noncovered employment) and more than 40 quarters of covered employment could mimic a true lower-benefit person and enjoy a “windfall” gain from Social Security. WEP helps to correct for this potential source of unfairness. [Source: MoneyTalksNews | Russell Settle | January 26, 2020 ++]

Secret Shopper Jobs Scam

Fake Offers

Did you get an offer to be a secret shopper for a well-known company? It might come as text, email, or letter inviting you to work on a 'research project starting soon in your area.' Several people who got offers to be secret shoppers for grocery stores, like Whole Foods, thought they were scams, and wrote to the FTC to warn others. They were right — the offers are scams — and now we're extending the warning. People spotted signs of a fake check scam in the bogus Whole Foods secret shopper offer (which was from a scammer, not really Whole Foods). That's when someone sends you a check and convinces you to deposit it and quickly send them money. In this scam, the recruiter would send shoppers a check for more than \$2,000 and they would:

- Cash or deposit the check immediately
- Buy gift cards with most of the money
- Keep about \$450 as their pay
- Scratch the coating off the gift cards to show the PIN codes
- Send pictures of the cards' front and back (with the codes) to the recruiter

If anyone ever tells you to deposit a check, withdraw money, and send it to someone, that's a scam. When the check later turns out to be fake, the bank will want the money back. And if anyone tells you to go buy gift cards and share the PIN numbers, that's a scam, too. Once the scammer has the PIN, they also have all the money from the cards. So, if you get an offer like this, don't respond. Tell the FTC at www.ftccomplaintassistant.gov. If you already cashed a fake check and sent money to a scammer, find out how to report to gift card, wire transfer and money order businesses. Read more in How to Spot, Avoid and Report Fake Check Scams at <https://www.consumer.ftc.gov/articles/how-spot-avoid-and-report-fake-check-scams>. [Source: Federal Trade Commission | Bridget Small | March 3, 2020 ++]

Coronavirus Scam

Update 01: Afraid of Getting Sick? Don't Fall for a Con

It's not a matter of if the strand of coronavirus that causes the disease COVID-19 will spread into North America, it's a 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, 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 Coronavirus Con:

Spot a fraudulent health product by watching out for these red flags:

- 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. [Source: BBB Scam Alerts | February 27, 2020 ++]

Coronavirus Scam

Update 02: Online Face Masks

As the coronavirus outbreak worsens, BBB.org/ScamTracker has received numerous reports about scam websites claiming to sell face masks online. As you strive to keep yourself and loved ones healthy, be sure to watch out for phony ecommerce sites and other scams. Even better, save masks for the medical professionals who really need them, says Centers for Disease Control and Prevention (CDC).

How the Scam Works:

- You want to buy a face mask to help protect yourself – or family – from coronavirus. Masks are sold out in your local stores and many major online sellers. So instead, you turn to purchasing masks from an online shop you don't know.
- Unfortunately, phony online stores abound – especially when an item is in high demand. According to Scam Tracker reports, these phony sellers take victims' money and never deliver anything all. One person reported ordering nearly \$200 in masks and received no product or response from the seller: “I checked back a few times over the past week to see if there was updated information on a shipping date, but never got more information than that ‘the order was being processed.’” These sites use tricks like limited time deals to entice you into ordering more.
- In the worst cases, these sites are actually a way to steal your personal and credit card information, opening you up to identity theft.

How to Avoid Coronavirus Scams:

- *Be savvy about product claims.* While wearing a face mask may seem like an easy way to stop coronavirus from spreading, the CDC does not actually recommend it for the general public. Be sure to evaluate claims of

any medical product before buying. Especially watch out for products claiming to offer a “miracle cure” for a range of ailments.

- *Only buy from reputable stores and websites.* The best way to avoid getting scammed is to buy directly from a seller you know and trust. Check BBB.org to see what other consumers’ experiences have been.
- *Be sure the online store has working contact info.* If a company seems legitimate but you aren’t familiar with it, be extra careful with your personal information. Before offering up your name, address, and credit card information, make sure the company is legitimate. A real street address, a working customer service number, a positive BBB Business Profile... these are just a few of the things to be looking out for to determine if a company is legitimate.
- *As the disease spreads, be wary of other coronavirus cons.* Look out for fake cures, phony prevention measures, and other scams. Read [BBB’s alert about fake coronavirus cures](#).

For More Information

For the latest BBB information on COVID-19 (coronavirus), go to BBB.org/Coronavirus. The FDA offers these tips to recognize fraudulent health products, and CDC has this FAQ about coronavirus. See BBB.org/ShoppingOnline for more online shopping tips. If you’ve spotted a scam (whether or not you’ve lost money), report it to BBB.org/ScamTracker. Your report can help others avoid falling victim to scams. [Source: BBB Scam Alert | March 13, 2020 ++]

Coronavirus Financial Planning

Steps to Take Now to Prepare

It’s official: The World Health Organization has officially declared the current coronavirus outbreak a global pandemic. That doesn’t mean it’s time to panic. That’s neither necessary nor advisable. But a little planning now will really pay off if things take a turn for the worse later. There’s plenty of information circulating about how to protect yourself and your loved ones from the virus itself. This article is about protecting your financial life, including general preparations, dealing with your investments, avoiding virus-related scams and what to do about upcoming travel plans. It is hoped a lot of this cautionary advice proves unnecessary. But even if this turns out to be a drill, lessons learned now will come in handy the next time financial uncertainty rears its ugly head.

Step 1: Prepare for tough times

There’s no question COVID-19, the official name for “coronavirus disease 2019,” has already done major damage to the world economy. Many experts think we’re heading for a recession, which is defined as a period of negative economic growth, marked by things like rising unemployment and tight credit. It’s now been more than a decade since this nation’s last recession, which means there are American workers too young to remember its effects, as well as others who may have forgotten them. So, here’s your wake-up call. When tough economic times are ahead, an ounce of preparation is worth a pound of cure. The basics are:

- *Avoid major expenses:* Until things settle down and the future becomes clear, it’s best to postpone buying things like cars, houses, expensive vacations or other major purchases.
- *Spend less:* Pay attention to where your money is going and do the best you can to eliminate unnecessary spending.
- *Increase your savings:* There’s nothing more stress-reducing than a nice, fat cash cushion. Build your savings and put it in places it will earn the most interest. If your bank is paying next to nothing, it’s time to try a different one.
- *Pare down debt:* If there was ever a time to destroy your debt, it’s now.

- *Create new income:* Options range from traditional part-time jobs to entrepreneurial side jobs. Online gigs are especially good right now if you want to avoid unnecessary exposure to the public. For ideas and inspiration, see <https://www.moneytalksnews.com/slideshows/107-ways-to-make-extra-money>.

In short, lean and mean is the way to approach an economic downturn. The more cash you have, the more options you have.

Step 2: Protect your savings

Here's some advice for stock investors:

- 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 the suddenly volatile stock market has you in a panic, you 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. At <https://www.moneytalksnews.com/beginning-stock-investor-heres-all-you-need-to-know> is some advice on how much to have in stocks.

For those who have their savings in the bank instead of stocks, keep in mind that, should a recession occur, already-low interest rates are likely to go even lower. That's what governments do when recessions threaten: They prime the economic pump with lower interest rates. So, for a portion of your savings, you may want to lock in rates now with a certificate of deposit (CD).

Step 3: Beware of scams

Anytime there's a crisis, there's a thief trying to capitalize on it. The Federal Trade Commission has issued the following warnings:

- Don't click on links from sources you don't know. Doing so could download malicious software onto your computer or device.
- Be wary of emails claiming to be from the Centers for Disease Control and Prevention (CDC) or experts with information about the coronavirus. For the most up-to-date information about the coronavirus, visit the websites of the [CDC](https://www.cdc.gov) and the [World Health Organization](https://www.who.int) (WHO).
- Ignore offers for vaccinations. Currently, nothing can treat or cure the coronavirus disease 2019 (COVID-19).
- Do your homework when it comes to donations, whether through charities or crowdfunding sites. Don't let anyone rush you into making a donation. If someone wants donations in cash, by gift card or by wiring money, don't do it.

In addition, the FTC is going after companies and individuals claiming they can treat or prevent the virus. Companies the FTC has warned include: Vital Silver, Aromatherapy Ltd., N-ergetics, GuruNanda LLC, Vivify Holistic Clinic, Herbal Amy LLC, and The Jim Bakker Show. There's nothing lower than trying to take advantage of people at their most vulnerable. Don't give a scam artist the time of day.

Step 4: Travel prep

Travel is one of the more stress-inducing parts of the coronavirus outbreak. Here's what you need to know if you've already booked travel, as well as some advice for those who are thinking about booking travel in the near future:

If you've already booked

- If the airline cancels your flight, you're obviously eligible for a full refund. But if you're simply feeling a bit queasy about getting on an airplane and want to postpone your trip, you're likely in luck.
- You may be able to postpone your trip without cost. Most airlines are offering flexible re-booking policies, although not universally or consistently. Also the rules and applicable dates are changing rapidly. So if you

want to postpone your travel, your best bet is to reach out to the airline and explore the options that apply to your specific ticket.

- Here are the customer service numbers to four major airlines, along with links to their change policies.
 - ✓ American Airlines: 1-800-433-7300
 - ✓ Delta Air Lines: 1-800-221-1212
 - ✓ United Airlines: 1-800-864-8331
 - ✓ Southwest Airlines: 1-800-435-9792

What about cruises?

Same basic routine. Now that the CDC has recommended that “travelers, particularly those with underlying health issues, defer all cruise ship travel worldwide,” cruise lines have become very flexible regarding changing your plans. That being said, policies and procedures differ. Some are allowing you to cancel within 48 hours of your disembarkation date and get a credit you can use within a year. Here are the customer service numbers to four major cruise lines, along with links to their change policies.

- ✓ Carnival: 1-800-764-7419
- ✓ Royal Caribbean: 1-866-562-7625
- ✓ Norwegian: 1-800-357-4159
- ✓ Princess: 1-800-774-6237

If you haven't booked

If you're thinking about a cruise, hold that thought. There's simply too much uncertainty around the cruise industry at present. Wait for the coronavirus to be contained and the world to become more normal. If you're thinking of planning any other kind of trip, however, you're likely to find a ton of bargains as airlines and hotels compete for the vastly reduced number of travelers. The downside, of course, is the uncertainty you'll face as the pandemic unfolds. Before booking, use the information above to contact the airlines and check their change policies. Same with whatever hotel you're considering. If your desired hotel won't offer concessions, your only remedy is to get a refundable reservation.

Tip: Since these policies are fluid, take a screenshot or print out the change policies when you book, so you can provide proof of the policy in place when you reserved your travel.

Travel insurance

There are travel insurance policies that allow you to cancel for any reason, but they're expensive and getting harder to find. Traditional policies won't reimburse you for known travel issues, which include the coronavirus.

[Source: MoneyTalksNews | Stacy Johnson | March 11, 2020 ++]

Insulin

Update 04: Government Plan to Limit Out-Of-Pocket Cost

During the week of 2 MAR the government announced its plan to limit the out-of-pocket cost of insulin for those enrolled in Medicare to \$35. The Center for Medicare and Medicaid Services (CMS), part of the U.S. Department of Health and Human Services, is lining up drug makers and the private insurers who manage Medicare drug benefits to volunteer to test out the new pricing in 2021. The program would create a flat monthly co-payment rate of \$35 for most types of insulin rather than all or a percentage of the cost of their medicines currently paid by patients until they pass a maximum spending amount and become fully covered.

On average, people enrolled in the federal healthcare program pay about \$675 per year for insulin. This program could lower that to \$229 per year, CMS said. The model would apply to a portion of Medicare plans that fall into the category of “enhanced” plans, which represents the majority of the plans. The government program would increase the

amount of money that the drug industry puts into the Medicare program during a coverage gap period, which is often referred to as the “doughnut hole.” As beneficiaries spend less money out-of-pocket, it will delay them reaching the catastrophic coverage point when the government picks up all drug costs, CMS said. CMS said that could save the federal government \$250 million over 5 years as drug companies pay more. Premiums for the Medicare Advantage and Medicare Part D prescription plans that offer the set price for insulin could rise about \$1 per month, according to CMS Administrator Seema Verma. [Source: Senior Citizens League Weekly Update | March 6, 2020 ++]

Tax Burden for Alaska Retired Vets

As of March 2020

Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. States raise revenue in many ways including sales taxes, excise taxes, license taxes, income taxes, intangible taxes, property taxes, estate taxes and inheritance taxes. Depending on where you live, you may end up paying all of them or just a few. Following are the taxes you can expect to pay if you retire in **Alaska**.

General Taxes

State Sales Tax: While there is no state sales tax in Alaska, boroughs and municipalities are allowed to collect local sales taxes within their jurisdictions. While Anchorage and Fairbanks (the two largest cities in Alaska) do not charge sales tax, Juneau, for example, charges a local sales tax rate of 5%. As of 2009, 108 Alaskan localities collected a local sales tax. These range between 2 and 6%. Alaska does not exempt any types of purchase from the sales tax. In most states, necessities such as groceries, clothes, and drugs are exempted from the sales tax or charged at a lower sales tax rate.

Use Tax: none.

Gasoline Tax*: 30.65 cents/gallon. Anchorage – add \$0.10/gallon

Diesel Fuel Tax*: 37.15 cents/gallon.

Cigarette Tax: \$2.00 cents/pack of 20

Alcohol Tax: Beer \$1.07, Wine \$2.50, and Liquor \$12.80 per gallon

Cell Phone: \$6.69 per phone service plan on average

Excise Tax: \$34.50 per voyage on passengers traveling on commercial vessels that provide overnight accommodations while in Alaska waters

Vehicle Rental Tax: 10% on passenger vehicles; 3% on RVs

**Note: Includes the Alaska excise tax of \$0.08 cents/gallon and the 2020 U. S. federal excise tax on gasoline of 18.4 cents per gallon and 24.4 cents per gallon for diesel fuel*

Personal Income Taxes

None. Alaska is one of seven states that do not collect a personal income tax. However, revenue lost to Alaska by not having a personal income tax may be made up through other state-level taxes, such as the Alaska sales tax and the Alaska property tax.

Property Taxes

Property taxes are collected on a county level, and each county in Alaska has its own method of assessing and collecting taxes. As a result, it's not possible to provide a single property tax rate that applies uniformly to all properties in Alaska. The median property tax in Alaska is \$2,422.00 per year for a home worth the median value of \$232,900.00. Counties in Alaska collect an average of 1.04% of a property's assessed fair market value as property tax per year. Alaska has one of the highest average property tax rates in the country, with only twelve states levying higher property taxes. Alaska's median income is \$82,126 per year, so the median yearly property tax paid by Alaska residents amounts to

approximately 2. 9% of their yearly income. Alaska is ranked 22nd of the 50 states for property taxes as a percentage of median income.

The exact property tax levied depends on the county in Alaska the property is located in. Anchorage Municipality collects the highest property tax in Alaska, levying an average of \$3,563. 00 (1. 32% of median home value) yearly in property taxes, while Hoonah-Angoon Census Area has the lowest property tax in the state, collecting an average tax of \$678. 00 (0. 37% of median home value) per year. For more localized property tax rates, find your county on the property tax map of Alaska to the left or in the county list at <http://www.tax-rates.org/alaska/property-tax#Counties>. For more information, [click here](#).

Inheritance and Estate Taxes

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

Other State Tax Rates

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

- Sales Tax: <http://www.tax-rates.org/taxtables/sales-tax-by-state>.
- Personal Income Tax: <http://www.tax-rates.org/taxtables/income-tax-by-state>.
- Property Tax: <http://www.tax-rates.org/taxtables/property-tax-by-state>.
- Excise Taxes (i. e. gasoline, cigarettes, cellphones, automobiles, beer, wine, and liquor: <http://www.tax-rates.org/taxtables/excise-tax-by-state>.

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For further information, visit the [Alaska Department of Revenue](http://www.alaska.gov/AR) site or call 907-465-2300. Check out <https://www.topretirements.com/state/alaska.html> if you are thinking about retiring to Alaska. [Source: <http://www.tax-rates.org> & <http://www.retirementliving.com/taxes-alabama-iowa> | March 2020 ++]

*** General Interest ***



Notes of Interest

March 01 thru 15, 2020

- **Coronavirus.** U. S. Central Command said 28 FEB it was suspending leave and liberty for troops and Defense Department civilian workers to and within its area of responsibility over fears related to the spread of the coronavirus.
- **Coronavirus.** U. S. Pacific Fleet commander Adm. John C. “Lung” Aquilino has directed all vessels visiting nations in the 7th Fleet area of operations “to remain at sea for at least 14 days before pulling into another port in order to monitor sailors for any symptoms” of COVID-19, a new and deadly strain of the coronavirus.
- **Coronavirus.** New York Gov. Andrew Cuomo has deployed the National Guard to help set up a containment zone around the Westchester County city of New Rochelle, where 108 cases of COVID-19 have been confirmed. Other states, including Rhode Island, have declared states of emergency, giving them authority to call in their National Guards in a similar capacity.

- **Coronavirus.** The President has directed the SBA to provide small businesses impacted by coronavirus (covid-19) up to \$2 million in disaster assistance loans. For additional information, please contact the SBA disaster assistance customer service center. Call 1-800-659-2955 (TTY: 1-800-877-8339) or e-mail disastercustomerservice@sba.gov.
- **Dover AFB.** Two more wells near a military base in Delaware have elevated levels of chemical contaminants, according to state environmental officials. The notifications come after high levels of PFOS and PFOA were found in four other wells near the base last summer. The Air Force is continuing to provide alternative water supply to those properties.
- **Palo Alto, CA VAMC.** VA told lawmakers on 4 and 5 MAR it is treating its first two COVID-19 patients at VA facilities in Alto CA and Nevada. VA spokeswoman, said the agency cannot provide any details on specifics regarding the age of the veterans or how they contracted the virus due to privacy concerns.
- **Elder Fraud Hotline.** The Department of Justice announced that they have created an Elder Fraud Hotline. This hotline will be staffed by case managers who will provide personalized support for callers. The case managers will assist callers with reporting fraud cases to the correct agencies. The hotline is a toll-free number at 1-833-372-8311. People can also report fraud cases online at <https://www.justice.gov/elderjustice/find-support-elder-abuse>.
- **Vet Employment.** The veterans unemployment rate rose to its highest level in a year in FEB and posted above the national unemployment rate for the first time since 2016, according to figures released by the Bureau of Labor Statistics on 6 MAR.
- **WWII.** At <https://www.youtube.com/watch?v=wwqDrj3i8eg> can be seen a 44 minute film on Hitler's Last Deadly Secret - U 864.
- **Dementia.** VA provides short films to assist families deal with members who have the disease. To view all videos in the Dementia Caregivers Video Series visit the VHA Office of Rural Health's website at <https://www.ruralhealth.va.gov/vets/resources.asp#dem>.

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

Trump Border Wall

Update 05: Naval Base Kitsap Military Funds can't go to Build Wall

President Donald Trump may not divert \$89 million intended for a military construction project in Washington state to build his border wall, a U. S. judge in Seattle ruled 27 FEB. The U. S. Supreme Court and some other courts have said the administration can begin diverting billions of dollars in military spending to the wall, and work has been done on some sections. But U. S. District Judge Barbara Rothstein ruled Thursday that a case brought by Washington Attorney General Bob Ferguson contains different issues which are not covered by those decisions.

Rothstein found that diverting the money is unlawful because Congress — which has the power of the purse under the Constitution — specifically barred Trump from spending additional money on the wall. The decision was also unlawful because it would take money that Congress appropriated for military construction and use it for domestic law enforcement, she said. “Congress repeatedly and deliberately declined to appropriate the full funds the President requested for a border wall along the southern border of the United States,” Rothstein wrote.

While Trump long insisted that Mexico would pay for the wall, that hasn't been the case. Congress in late 2018 and early 2019 refused to give Trump all of the money he wanted for a border wall, leading to a 35-day partial government shutdown. Lawmakers eventually gave him \$1. 4 billion. In reaction, Trump declared a national emergency. The administration claimed that allowed him to shift almost three times that much money — \$3. 6 billion — from military accounts to build a combined 175 miles of fencing in California, Arizona, Texas and New Mexico.

The U. S. Supreme Court last summer lifted a court order that prevented the government from spending \$2. 5 billion from the Defense Department’s money for military pensions and anti-drug efforts. But legal challenges continue with regard to that money as well as the \$3. 6 billion the Pentagon is diverting from military construction projects. The \$89 million was intended for a pier at Naval Base Kitsap, the base west of Seattle where the Pacific fleet of nuclear submarines is based.

The Washington attorney general said losing that construction money would cost the state \$2. 6 million in tax revenue over the next two years, and that was enough to give Washington standing to challenge the administration’s plans in court. The judge agreed. “This judgment is an important victory for the rule of law, and the system of checks and balances our founders enshrined in our Constitution,” Ferguson said in a written statement. “We’re looking forward to this \$89 million being used the way Congress intended — to support a military construction project in Washington state.” [Source: The Associated Press| Gene Johnson | February 28, 2020 ++]

Syria

Update 07: Turkey Launches Operation Spring



A soldier holds a portrait of Halil Cankaya, 24, one of 36 Turkish soldiers killed last week in a Syrian attack in the Idlib area of Syria

Turkey shot down two warplanes and inflicted heavy losses on ground forces in northwestern Syria on 1 MAR as the two countries edged closer to an all-out war. The operation came in retaliation for an airstrike blamed on the Syrian government that killed 36 Turkish soldiers on 27 FEB, Turkey’s Defense Ministry said. It followed weeks of Turkish threats to attack Syrian forces if they continued to advance toward the Turkish border, risking a new wave of refugees. Armed Turkish drones struck military airports and loyalist bases deep in Syrian government-held territory as Turkish troops and allied rebels pushed forward to drive Syrian troops out of towns and villages they had recaptured from opposition forces in recent weeks.

Russia, Syria’s most important ally, refrained from intervening on its behalf for the first time since the Idlib fighting first erupted last year, suggesting an unwillingness by Moscow to allow the spiraling confrontation between Turkey and Syria to jeopardize its relationship with Ankara or to escalate into a wider conflict with an important NATO member. The situation on the ground was fluid, and the progress of the Turkish-backed offensive was difficult to assess. But it appeared the Turkish intervention had succeeded in halting, and in some places reversing, weeks of Syrian government advances into the last enclave of rebel-held territory that have sent nearly a million people fleeing toward Turkey for safety.

The United Nations has called the exodus the largest single displacement and one of the biggest humanitarian catastrophes of the nine-year Syrian war. It also underscored the potential for the battle over this last sliver of rebel-held territory to spill beyond Syria. The United States, an important Turkish ally that maintains troops in eastern Syria, and Iran, which has contributed militias to the Syrian government’s war effort, are both invested in the outcome.

An Iranian news outlet reported that 21 Iranians had been killed in Turkish attacks, and the Iranian-allied Lebanese militia Hezbollah buried five fighters in Beirut on 1 MAR, among eight killed in the battles. Turkey’s Defense Ministry said warplanes had shot down two Syrian Su-24 fighter jets because they posed a threat to Turkey’s forces in the area. The Syrian pilots ejected and parachuted to safety behind government lines, the official Syrian news agency said. Syria said it had downed three Turkish drones and warned that any aircraft flying over the area would be treated as hostile and shot down. “Turkish hostile acts will not succeed in saving terrorists from the strikes of the Syrian Arab Army,” SANA, the state news agency, quoted an unnamed military official as saying.

But Turkey appeared to have gained the upper hand in a battle that had seemed to be going Syria’s way. Turkish Defense Minister Hulusi Akar said Turkey has killed 2,200 Syrian troops and destroyed large amounts of heavy weaponry, including 103 tanks, six air defense systems and 72 Howitzers and rocket launchers, since the fighting ticked up in recent days. Turkey said it had killed three senior Syrian generals in drone strikes. Turkey has been escalating military operations against Syria since the 36 troops were killed on 27 FEB. Officials formally announced the launch of Operation Spring Shield on 1 MAR.

The Turkish figures could not be independently verified. Danny Makki, a Syrian analyst who works in London and Damascus, said the operation appeared to have taken a heavy toll on the Syrian army, which relied on Russian air support and Iranian-backed militias for the progress it had made in recent weeks. He estimated that hundreds of Syrian troops have been killed in recent days. “You’ve got Turkish troops pounding Syrian forces, inflicting mass casualties and taking out huge chunks of armor,” he said. “This is going to limit Syrian capabilities in Idlib and paralyze Syrian forces along the front lines.”

Loyalist Syrians are growing resentful over Russia’s failure to come to the army’s rescue as its losses mount, Makki said. Almost no Russian warplanes have been seen over the area since the 36 Turkish troops were killed Thursday. “Over the past few days, Russia has done nothing in the face of an offensive that is rapidly destroying the capabilities of the Syrian army,” Makki said. Although it is not in Russia’s interest to see the Syrian army it has supported for years eroded by Turkey’s superior military, he said, “Russia’s central interests in Syria have been secured, whether political or economic, so Russia has nothing to gain by entering into an awkward and bloody confrontation with Turkey, which is a member of NATO.”

The sharp escalation followed weeks of building tension, during which Turkish President Recep Tayyip Erdogan threatened repeatedly to launch a military operation if the Syrian government did not pull all of its troops back from the territory they had taken by the end of February. The airstrike Thursday seemed to have hardened his resolve. Turkey acted over the weekend to fulfill another recent threat, opening its borders for refugees and migrants who want to travel to Europe and triggering a flood of thousands toward its border with Greece. Greece closed all border crossings with Turkey on Sunday, trapping many hundreds in a no man’s land between the two countries. [Source: The Washington Post | Liz Sly | March 1, 2020 ++]

Afghan Peace Talks

Update 09: Joint Agreement Signed



The United States and its foreign allies will withdraw all forces within 14 months and end the war in Afghanistan if the Taliban renounces terror groups and abides by a joint agreement signed in Doha on 29 FEB. The agreement mandates a phased drawdown of American, NATO and foreign partner troops from Afghanistan and a disavowal of al-Qaida and other terror groups by the Taliban. It also calls for intra-Afghan talks to include the Taliban and the government in Kabul beginning 10 MAR, as well as security cooperation by all sides in fighting the Islamic State. Zalmay Khalilzad, America's special envoy for Afghan reconciliation, signed the deal along with Mullah Abdul Ghani Baradar, the Taliban's top political leader. Secretary of State Mike Pompeo was the highest-ranking U. S. official to attend.

President Donald Trump called the agreement a "powerful path forward to end the war" and bring the troops home, if the deal's commitments are honored. "I thank the hundreds of thousands of American warriors who have proudly served in Afghanistan," Trump said in a statement 28 FEB. The U. S. is expected to reduce its troop strength in Afghanistan from about 12,000 to 8,600 within 135 days, the agreement states. All U. S. troops and their allies would also completely withdraw from five unspecified bases. Remaining troops would leave within 14 months of Saturday's accord. A reduction in troops to 8,600, about the number in Afghanistan when President Donald Trump took office in 2017, would not harm a counterterrorism mission that combats ISIS and other groups, U. S. military officials have said since last fall. The about 8,500 non-U. S. NATO and foreign partner troops in Afghanistan, who along with the U. S. support an Afghan training and advising mission, would also drawdown proportionally by mid-July under the agreement.

The U. S. reserves the right to halt its withdrawal if the Taliban don't meet the conditions of the agreement. "We will closely watch the Taliban's compliance with their commitments and calibrate the pace of our withdrawal to their actions," Pompeo said Saturday. "This is how we will ensure that Afghanistan never again serves as a base for international terrorists." The U. S. will continue to fund the Afghan security forces, the agreement states. Up to 5,000 Taliban prisoners and 1,000 Afghan government-aligned prisoners will be released by the first day of the planned intra-Afghan talks, under the terms of the agreement. These intra-Afghan negotiations would tackle issues such as a long-term cease-fire, the country's constitution, the rights of women and minorities, and the integration of Taliban leaders and fighters into the government and military.

The talks will require time and patience, said Faiz Zaland, a delegate representing the Afghan government in Doha. "To be successful we will need international cooperation and pressure, especially from the U. S. and the United Nations, to bring all Afghans to the table and make sure there is a peace," Zaland said. The deal also requires the Afghan government to begin talks with the U. N. that would remove Taliban members from international sanctions lists within three months. The U. S. will remove its own Taliban sanctions by 27 AUG if the group abides by the agreement. "The world community is here to witness," Abdul Salam Zaeef, an Afghan ambassador under the Taliban regime who had been detained in the U. S. prison at Guantanamo Bay, told reporters prior to the signing.

Calling the agreement good for both Afghanistan and the international community, the Taliban's Baradar said through a translator that he hopes the world will help rebuild Afghanistan. "The world community is here to witness," Abdul Salam Zaeef, a Taliban ambassador once detained in the U. S. prison at Guantanamo Bay, told reporters prior to the signing. The agreement is good for both Afghanistan and the international community, Baradar said through a translator, adding he hopes the world will help rebuild Afghanistan. "With the withdrawal of all foreign forces in Afghanistan, the Afghan nation under the Islamic regime will take its relief and embark on a new prosperous life," Baradar said.

Peace with the Taliban comes with mixed reactions from many in Afghanistan, which has seen nearly continuous fighting ever since the Soviet Union's invasion in 1979. Some fear that basic rights and freedoms may be lost, as a group that in the 1990s banned most popular entertainment and education for women regains influence. The Doha agreement follows 10 rounds of negotiations, much of which occurred in 2019, a year which saw the U. S. carry out a record-setting number of airstrikes on the Taliban and the Islamic State. The talks seemed near a deal in September, only to be abruptly called off after a suicide bombing claimed the life of a U. S. soldier in Kabul. Saturday's signing

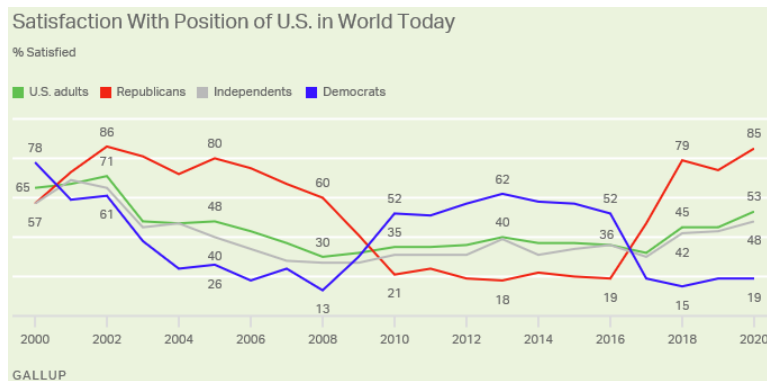
came after a seven-day partial truce that halted most offensive operations in Afghanistan, meant to test the Taliban’s commitment to stopping its fighters.

Despite scattered attacks, levels of violence reached their lowest in four years, Pompeo said in his speech. “It was not perfect, but the Taliban demonstrated, even if only for a week, that when they have the will to be peaceful, they can be,” Pompeo said during the ceremony. After the signing, Pompeo told reporters that the U. S. would not hesitate to “do what we need to protect American lives” if the Taliban diverge from the new agreement. “Today, we're realists,” Pompeo said. “We are seizing the best opportunity for peace in a generation, built on the hard work of our soldiers, diplomats, businessmen, aid workers, friends and the Afghans themselves.” Defense Secretary Mark Esper, who appeared Saturday with Afghan President Ashraf Ghani and NATO head Jens Stoltenberg in Kabul, called on the militants to continue the reduction in violence and said the U. S. will closely watch their actions “to judge whether their efforts towards peace are in good faith.” [Source: Stars & Stripes | J. P. Lawrence | February 29, 2020 ++]

U. S. World Position

Satisfaction With it is Highest Since 2003

Americans are more satisfied with the position of the U. S. in the world today than they have been since February 2003. The eight-percentage-point increase in this measure since last year is owed mostly to Republicans, among whom 85% are satisfied, up from 74%. Independents' satisfaction edged up to 48% since 2019, and Democrats' satisfaction plateaued at 19%. Partisans have been consistently divided in their assessments of the United States' position in the world over the last 20 years, with Republicans and Democrats expressing high levels of satisfaction when their party occupies the White House. However, the current 66-point gap in Republicans' and Democrats' satisfaction levels is the largest recorded by Gallup.



This measure, from a 3-16 FEB Gallup poll, has been tracked each year since 2000. During that time, Americans' satisfaction with the position of the U. S. in the world has been as high as 71% in 2002, several months after the 9/11 terrorist attacks, and as low as 30% in 2008, in President George W. Bush's final year in office when the U. S. remained mired in wars in Iraq and Afghanistan. In the past year, the U. S. economy has been strong and President Donald Trump has made some strides in his dealings with other nations, most recently signing the United States-Mexico-Canada Agreement. At the same time, he has also come under criticism for his dealings with China, Iran and Russia.

Gallup has simultaneously tracked a similar measure gauging Americans' view of how the U. S. rates in the eyes of the world. The latest 60% of the public who think the U. S. rates "very" (16%) or "somewhat" (44%) favorably on the global stage is the highest measured since a 61% reading in April 2003 but well below a post-9/11 favorability high of 79%. Favorability has been rising since the beginning of Trump's second year in office -- largely as a result

of Republicans' heightened favorable views. Although the current overall favorability is similar to last year's 58%, the gap between Democrats and Republicans, at 50 points, is the highest recorded by Gallup.

While majorities of Americans now have positive views of the United States' global image, that positivity does not extend to their impression of how the U. S. president is viewed by other world leaders. Currently, 37% say leaders of other countries around the world have respect for Trump and 61% say they do not. This year's reading is up six points from a year ago. Republicans (74%) are much more likely than independents (27%) and Democrats (6%) to think Trump is respected. The 68-point gap between Republicans and Democrats on this measure is not uncommon over the past two decades, though it is at the higher end. While the current overall 37% reading is a high for Trump, it is far from the highs recorded for his two most recent predecessors -- George W. Bush (75% in 2002) and Barack Obama (67% in 2009). Yet, it is quite similar to Americans' views of Bush at the same point in his presidency. A slim 51% of Americans, however, said Obama was respected by world leaders at a comparable point in his presidency.

Bottom Line: As Trump fights to stay in the White House and remain the leader of the free world, Americans are feeling more positive about the United States' global image than they have since 2003. The readings about global perceptions of the U. S. among all Americans are roughly in line with those in 2004 when Bush won a second term in office. Yet, Trump is also faced with the fact that 37% of Americans think he is respected by leaders from other countries. This data is similar to recent Gallup World Poll findings which showed that median approval of U. S. leadership among residents of 133 countries and areas was 31%.

[Source: Gallup | Megan Brennan | February 27, 2020 ++]

War Crime Allegations

Update 01: Taliban, Afghan Forces and US Military

Appeals judges at the International Criminal Court gave the green light 5 MAR for prosecutors to open an investigation targeting the Taliban, Afghan forces and U. S. military and CIA personnel for war crimes and crimes against humanity. The decision marked the first time the court's prosecutor has been authorized to investigate U. S. forces. Washington has long rejected the court's jurisdiction and refuses to cooperate with it. Secretary of State Mike Pompeo characterized ICC's move to open the investigation as a "truly breathtaking action by an unaccountable political institution, masquerading as a legal body."

"It is all the more reckless for this ruling to come just days after the United States signed a historic peace deal on Afghanistan – the best chance for peace in a generation. Indeed, the Afghan government, itself, pleaded with the ICC to not take this course. But the ICC politicians had other goals," Pompeo said in a statement Thursday. "The United States is not a party to the ICC, and we will take all necessary measures to protect our citizens from this renegade, so-called court," he added.

In 2018, then U. S. national security adviser John Bolton said the court established in 2002 to prosecute atrocities throughout the world "unacceptably threatens American sovereignty and U. S. national security interests." The global court set itself on a collision course with Washington with Thursday's decision to uphold an appeal by prosecutors against a pretrial chamber's rejection in April last year of Prosecutor Fatou Bensouda's request to open a probe in Afghanistan. Pretrial judges last year acknowledged that widespread crimes have been committed in Afghanistan, but rejected the investigation saying it wouldn't be in the interests of justice because the expected lack of cooperation meant convictions would ultimately be unlikely. That decision drew fierce criticism from human rights organizations who said it neglected the desire of victims to see justice in Afghanistan and effectively rewarded states that refused to cooperate with the Hague-based court.

Even though an investigation has now been authorized, it remains to be seen if any suspects eventually indicted by prosecutors will appear in court in The Hague — both Afghanistan and the United States have strongly opposed the

investigation and the U. S. government refuses to cooperate with the global court. Rights groups, however, applauded the decision. “The ICC Appeals Chamber’s decision to green light an investigation of brutal crimes in Afghanistan despite extreme pressure on the court’s independence reaffirms the court’s essential role for victims when all other doors to justice are closed,” said Param-Preet Singh, associate international justice director at Human Rights Watch. She added that the decision “also sends a much-needed signal to current and would-be perpetrators of atrocities that justice may one day catch up to them.”

At a hearing in December, prosecutors argued that pretrial judges at the global court overstepped their powers in April last year when they refused to authorize an investigation. The appeals judges agreed. “The Appeals Chamber considers it appropriate to amend the appealed decision to the effect that the prosecutor is authorized to commence an investigation into alleged crimes committed on the territory of Afghanistan since May 1, 2003, as well as other alleged crimes that have a nexus to the armed conflict in Afghanistan,” Presiding Judge Piotr Hofmanski said.

After a preliminary probe in Afghanistan that lasted more than a decade, Bensouda asked judges in November 2017 to authorize a far-reaching investigation. She said there is information that members of the U. S. military and intelligence agencies “committed acts of torture, cruel treatment, outrages upon personal dignity, rape and sexual violence against conflict-related detainees in Afghanistan and other locations, principally in the 2003-2004 period.” Katherine Gallagher, Senior Staff Attorney at the Center for Constitutional Rights, who represents a group of victims of U. S. detention program, said the decision “breathed new life into the mantra that ‘no one is above the law’ and restored some hope that justice can be available—and applied — to all.” Gallagher represented two men still being held in U. S. detention at Guantanamo Bay, Sharqawi Al-Hajj and Guled Duran, and the wife of a third man who has died. Bensouda also said in her request to open an investigation that the Taliban and other insurgent groups have killed more than 17,000 Afghan civilians since 2009, including some 7,000 targeted killings, and that Afghan security forces are suspected of torturing prisoners at government detention centers.

Thursday’s ruling comes days after an ambitious peace deal was signed by the U. S. and the Taliban. At a December hearing, the government of Afghanistan said it objected to the investigation and has set up a special unit to investigate war crimes. The ICC is a court of last resort that only takes on cases if domestic jurisdictions are unable or unwilling to prosecute. There was no official U. S. delegation at December’s appeal hearing, but President Donald Trump’s personal lawyer, Jay Sekulow, appeared on behalf of the European branch of the American Center for Law and Justice and told judges that the U. S. position wouldn’t change. He told appeals judges that “it is not in the interests of justice to waste the court’s resources while ignoring the reality of principled non-cooperation.”

In a speech in 2018 on the eve of the anniversary of the 9/11 attacks, Bolton said the U. S. would use “any means necessary” to protect Americans and citizens of allied countries, like Israel, “from unjust prosecution by this illegitimate court.” The White House said that to the extent permitted by U. S. law, the Trump administration would ban ICC judges and prosecutors from entering the United States, sanction their funds in the U. S. financial system and prosecute them in the U. S. criminal system. “We will not cooperate with the ICC,” Bolton said, adding that “for all intents and purposes, the ICC is already dead to us.” [Source: The Associated Press | Mike Corder | March 5, 2020++]

Survivor Bias

Listen Carefully for It as You Hear Coronavirus Advice

Most of us don't appreciate the role of luck in our lives. If we did, we'd make better decisions — about money, work and viral outbreaks. A plane crashes and all but one of the 137 passengers die. What does the one survivor do? He writes a best-selling book called “How to Survive a Plane Crash.” The one word you don’t see in the manuscript? Luck. That’s survivor bias, also called survivorship bias. You’re about to learn a lot more about it. It’s going to be absolutely essential as we try to understand what we should do in light of the coronavirus.

Human beings have a lot of charming flaws, many associated with predictable mistakes in how we perceive our world — generally known as cognitive biases. This has become a ripe area of study in recent years for social scientists. They come up with cutesy terms for it, like “anchoring” or “framing” or “the Ikea effect.” It particularly impacts Wall Street investors. A similar phenomenon sometimes called accidental reinforcement exists. Drop a rat in a maze designed to reward the rat for reaching the end. If the rat trips and bangs into a wall, causing the treat machine to accidentally dispense food, what happens? The rat bangs into the wall repeatedly, expecting another treat. People do this all the time. They succeed once, and they are convinced they know a secret trick to solving a maze or surviving a plane crash or building a start-up. We all know people like this. They were lucky once, but are convinced skill was the reason. Their overconfidence is grating. In New Jersey, they say these people “stepped in shit”.

You see this every time there’s a bull market. Young investors think they can do no wrong, until ... a market crash. Un-learning accidental reinforcement is really tricky for most people, as the rat experiment shows. That’s why it’s bad to win your first hand at poker, or to get a payout after the first quarter you drop into a slot machine. Survivor bias also has a bit of selection bias in it. After all, if you survey only plane crash survivors about how they did it, you’re going to get different results than if you surveyed everyone on the plane. That’s why this will be important in the coming days and weeks with coronavirus. Let’s hope this is true: Plenty of people will go about their lives and not change anything and feel just fine. They’ll laugh at people who canceled trips or stayed home from school or avoided restaurants. They might even book a cruise! And, at least at the moment, the odds are with them. The infection rate in the U. S. is still (as this is written) quite literally one in a million.

Don’t buy what they are selling. The world is full of people who are blissfully unaware of their survivor bias. Such as someone who drove for years with a suspended license, knowing that there was a low probability they would get pulled over. It was a good bet ... until it wasn’t. There’s plenty of people who never see the doctor or dentist. You probably even know some of them. They beat the odds! You know who you don’t hear from? Those who lose. They ... don’t survive. Life is all about odds. We all make risk decisions every day. Everyone’s risk tolerance is different. Improve your odds. Do simple, reasonable things. Wash your hands. Keep your distance. Care for elderly family but be careful around them. Avoid unnecessary crowds.

What that means for you might be different from what that means for others. But don’t let anyone else persuade you with their survivor bias. As you hear them speak, always remember the 136 people who didn’t survive that plane crash. Most of us do a terrible job appreciating the role of luck in our lives. If we did, we’d do a much better job of being sympathetic to people who are unlucky. We’d also make better, more realistic decisions, about money, and work, and (critically) dealing with viral outbreaks. [Source: MoneyTalksNews | Bob Sullivan | March 12, 2020 ++]

Have You Heard?

Laughter is Good | Corny Jokes (1) | Jewish Humor 2

Laughter is Good

- *Housework:* Don't wear headphones while vacuuming. I've just finished the whole house without realizing the vacuum was not plugged in.
- *Future:* Fortune teller -- Your husband will meet a violent end. Wife -- Will I be convicted?
- *Prediction:* Never walk a mile in my shoes. You will just end up drunk, lost, and looking for your shoes.
- *Cuisine:* You have most likely experienced that moment when your steak is on the grill and you can already feel your mouth watering. Can you vegans feel the same when mowing the lawn?
- *How's your day:* Good -- You need wine to celebrate. Bad - You need wine to feel better.

- *Attitude:* Sometimes getting out of bed ruins the whole day.
- *Flies:* A woman walked into the kitchen to find her husband stalking around with a fly swatter. "What are you doing?" she asked. "Hunting flies" he responded. "Oh. Killing any?" she asked. "Yep. 2 males and 3 females" he responded. Intrigued she asked, "How can you tell the difference?" He responded. "2 were on the beer can and 3 were on the phone."
- *Planes vs. Subs:* Did you know that there are more airplanes on the bottom of the ocean than submarines in the sky.
- *Eyesight:* Yes officer, I did see the 'speed limit' sign, I just didn't see you.
- *Comfort.* During labor, the pain is so great that a woman . . . can almost imagine what a man feels like it is like when he has a cold.
- *Laws of Thermodynamics:* How the heck can eating a 2 pound box of chocolates make me gain 5 pounds?
- *Front Door Sign:* Please Note this house charges \$50 per minute to listen to sales pitches, religious messages, & fund raising stories. This charge is payable in advance. By knocking on this door or ringing the doorbell, you signal your agreement with the terms outlined above.
- *Growing Old in Colorado:* Husband -- My joints are stiff. Wife – It's because you're rolling them too tight.
- *Toilet Paper:* Why does it need a commercial? Who is not buying it?

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Corny Jokes (1)

1. What do you call a pig that does karate? A pork chop.
2. Why did the bike fall over? It was two tired.
3. Why did the golfer bring two pairs of pants? In case he got a hole in one.
4. Why did the Clydesdale give the pony a glass of water? Because he was a little horse.
5. What did the policeman say to his belly button? You're under a vest.
6. Why did the man get hit by a bike every day? He was stuck in a vicious cycle.
7. What did the bartender say to the turkey sandwich when it tried to order a beer? "Sorry, we don't serve food here."
8. Why do seagulls fly over the sea? If they flew over the bay, they would be bagels.
9. What's the difference between the bird flu and the swine flu? One requires tweetment and the other an oinkment.
10. Why do people say "break a leg" when you go on stage? Because every play has a cast.
11. What do you call an alligator detective? An investi-gator.
12. What kind of ghost has the best hearing? The eeriest.
13. How did the dead brother and his dead brother resemble each other? They were dead ringers.
14. Why are there gates around cemeteries? Because people are dying to get in.
15. Why shouldn't you write with a broken pen? Because it's pointless.
16. Why did the scarecrow win an award? Because he was outstanding in his field.
17. Where can you buy soup in bulk? The stock market.
18. If athletes get athlete's foot, what do elves get? Mistle-toes.
19. What's brown and sticky? A stick.

20. What did the yoga instructor say when her landlord tried to evict her? Namaste.

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Jewish Humor 2

A drunk was in front of a judge.

The judge says, "You've been brought here for drinking."

The drunk says "Okay, let's get started."

Why do Jewish divorces cost so much?

They're worth it.

There is a big controversy on the Jewish view of when life begins.

In Jewish tradition, the fetus is not considered viable until it graduates from medical school.

Q: Why don't Jewish mothers drink?

A: Alcohol interferes with their suffering.

A man called his mother in Florida,

"Mom, how are you?"

"Not too good," said the mother. "I've been very weak."

The son said, "Why are you so weak?"

She said, "Because I haven't eaten in 38 days."

The son said, "That's terrible. Why haven't you eaten in 38 days?"

The mother answered, "Because I didn't want my mouth to be filled with food if you should call."

A Jewish boy comes home from school and tells his mother he has a part in the play.

She asks, "What part is it?"

The boy says, "I play the part of the Jewish husband."

The mother scowls and says, "Go back and tell the teacher you want a speaking part."

Short summary of every Jewish holiday:

They tried to kill us. We won. Let's eat.

Did you hear about the bum who walked up to a Jewish mother on the street and said, "Lady, I haven't eaten in three days."

"Force yourself," she replied.

Q: What's the difference between a Rottweiler and a Jewish mother?

A: Eventually, the Rottweiler lets go.



Thought of the Week

“Being challenged in life is inevitable, being defeated is optional” — Roger Crawford

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RAO Bulletin Editor/Publisher:

Lt. James (EMO) Tichacek, USN (Ret) Tel: (858) 842-1111 Email: raoemo@sbcglobal.net
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RAO Baguio Director:

SSgt Terrance (Terry) Parker, USAF (Ret), PSC 517 Box 4107, FPO AP 96517-1000, Tel: Smart 0921824728 or Globe 09454073380, Email: rao.dir.baguio@gmail.com

RAO Baguio Office: Mountain Lodge, 27 Leonard Wood Road, Baguio City, 2600 Philippines
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