

RAO

BULLETIN

1 April 2020

PDF Edition



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NOTE

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

*** ATTACHMENTS ***

Attachment - Alaska Vet State Benefits

Attachment - Military History Anniversaries 01 thru 15 APR (Updated)

*** DoD ***



DOD FYDP

Congress Asked for Okay to Classify It

The Pentagon has asked Congress to allow it to classify its **Future Year Defense Program** spending projections, new documents have revealed. The FYDP numbers, which project five years into the future, are considered essential information for the public to see where the Department of Defense expects to invest in the future, and to hold the department accountable when those spending plans change. Information on the request was published 30 MAR by Steven Aftergood of the Federation of American Scientists. Aftergood wrote that the proposal would “make it even harder for Congress and the public to refocus and reconstruct the defense budget.”

In its request to Congress, the Pentagon wrote that an unclassified FYDP “might inadvertently reveal sensitive information,” despite the fact the numbers have been unclassified since 1989. “With the ready availability of data mining tools and techniques, and the large volume of data on the Department’s operations and resources already available in the public domain, additional unclassified FYDP data, if it were released, potentially allows adversaries to derive sensitive information by compilation about the Department’s weapons development, force structure, and strategic plans,” the DoD wrote.

It added that there is a commercial concern with the FYDP providing too much information to industry. “The Department is also concerned about the potential harm to its interactions with commercial interests by release of FYDP information prior to the budget year. Exposing resources allocated to future acquisition plans may encourage bids and other development activities not beneficial to the Government,” the proposal read. Seamus Daniels, a budget analyst with the Center for Strategic and International Studies, said in a tweet that “DoD’s proposal to eliminate the unclassified FYDP severely limits the public’s ability to track how strategy aligns with budgets and how program plans change over time. Serious step backwards in transparency from the department.” Earlier this year, the No. 2

uniformed officer in the Pentagon railed against the department's tendency toward over-classification, calling it "unbelievably ridiculous."

The Pentagon has requested a number of legislative changes this year, in addition to the FYDP classification attempt. Among the notable requests are one that would remove the requirement for the defense secretary to "notify the Senate and House Armed Services Committees whenever the Secretary establishes or modifies an end-of-quarter strength level;" a request for the ability to add an additional 15 general officer billets in the combatant commands and three general officer billets on the Joint Staff, to be filled exclusively by reserve component officers; and a request to rename the assistant secretary of defense for special operations and low-intensity conflict as the assistant secretary of defense for "Special Operations and Irregular Warfare." [Source: Defense News | Aaron Mehta | March 30, 2020 ++]

PCS Moves

Update 07: Cash Help Available for Military Member COVID-19 Delays

Service members and families whose military moves have been put on hold thanks to the novel coronavirus, or COVID-19, pandemic could receive financial help from the Defense Department, according to guidance updated 18 MAR. A 60-day global stop-movement order issued 13 MAR and put in place the following Monday delayed all permanent change-of-station moves worldwide, leaving many troops and families in the process of moving homeless, thanks to terminated leases or sold homes. Those individuals may be able to receive payments for housing and food while they wait, the Pentagon said 18 MAR in updated guidance.

According to the guidance, service members can be put on temporary duty (TDY) orders for their old duty station or an alternate location, and dependents can be authorized per diem. That payment is not authorized, however, if those troops and families are given in-kind lodging or food by the services. Dependents will also be blocked from receiving the extra per diem payment if they do not remain at their previous duty station, according to the guidance. "If dependents do not remain in place awaiting transportation, then per diem is not authorized," it states.

The new guidance also clarifies that the travel ban officially blocks only service members -- not their families -- from traveling on leave outside their local area. However, officials urged families to stay home and follow the advice of officials at the Centers for Disease Control (CDC). "Government-funded leave is leave by a military member or DoD civilian employee whose leave involves Government-funded travel," it states. "The leave restriction applies only to service members. However, we encourage family members to follow the local authorities and CDC guidance, which may advise limitations on travel." [Source: Military.com | Amy Bushatz | March 18, 2020 ++]

PCS Moves

Update 08: DOD PCS Movers want \$186.6 Million Bailout

Moving companies will not survive a two-month freeze on permanent change of station moves amid the coronavirus pandemic without Congress providing a \$186.6 million bailout, two moving trade associations said in a 17 MAR letter to lawmakers. The Pentagon put most PCS orders on hold beginning Monday until May 11. But as these moves make up one-fifth of U.S. public and private moves globally, the International Association of Movers and American Moving & Storage Association said pausing moves under the Defense Personal Property Program would be catastrophic. "It is likely and estimated that entities will go out of business or enact severe layoffs," IAM and AMSA said in a joint letter to House and Senate leaders. "Once DOD has lifted the travel ban there will be no companies to service the shipment and service members will be left on the curb, unable to move."

The two associations said this bailout package would let moving companies request up to 60% of their revenue from last year's DP3 moves. They decided that percentage "in recognition that Congress will be asked to financially support numerous individuals, companies and businesses during this unprecedented time." "Simply put," the organizations wrote, "many of the companies that support the movement of household goods will not survive this two-month shutdown, without financial support as they have reserved their capacity in anticipation of serving the DOD and it's military service members and families."

The letter further noted the PCS freeze will end around the beginning of summer, which is "peak moving" season and when nearly 80% of all household goods moves happen. Meanwhile, TRANSCOM is exploring ways to stop using multiple moving companies and instead have just one under a \$2 billion contract. [Source: Military.com | Dorothy Mills-Gregg | March 18, 2020 ++]

Navy Drug Interdiction

SOUTHCOM Area to Have Enhanced Presence of Ships

Chronically underfunded and under-resourced U.S. Southern Command will finally be getting more ships and other assets on a rotational basis to counter high-seas drug trafficking and the growing influence of Russia and China in Latin America, the head of the command said 11 MAR. There will be an "enhanced presence of ships" and an overall increase in forces in the SOUTHCOM area of responsibility, which covers the Caribbean to Antarctica, Adm. Craig Faller said. At a Pentagon news conference, Faller gave no timeframe for when the additional assets would begin arriving but said, "we're going to be moving out smartly." As a result of recent discussions between senior leadership and the combatant commanders, "We will see an increase in U.S. military presence in the hemisphere," he said. "This will include an enhanced presence of ships, aircraft and security forces" to reassure allies and to counter a "range of threats, to include narcoterrorism."

Faller declined to say how many more ships would be assigned to the region, and whether they would be Navy or Coast Guard. "We've been working six to eight ships" to cover the Caribbean and Pacific approaches to the U.S. to counter the drug trade, he said, but the number needed "to cover that zone is much larger." "You'll see additional forces in the air, on land, on sea, and some maneuver forces ashore" that could include a Security Force Assistance Brigade training unit to work with allies, Faller added. The decision to bolster SOUTHCOM forces grew out of the combatant commanders' review directed by Defense Secretary Mark Esper to bring forces into better alignment with the National Defense Strategy, which is focused on countering Russia and China.

For years, SOUTHCOM commanders have come to Washington to complain at budget hearings that they were being shortchanged, as opposed to the other combatant commanders. Faller, who became head of SOUTHCOM in November 2018, has followed suit. At a Senate Armed Services Committee hearing in January, he said, "Over the last five years, we absorbed 25% cuts to our personnel, a 10% reduction to our [military] exercise program, and a steady decline in available assets and forces needed to support our mission." [Source: Military.com | Richard Sisk | March 12, 2020 ++]

PFAS Toxic Exposure

Update 15: As of Last OCT 651 Sites Contaminated

The military now has at least 651 sites that may have been contaminated with cancer-linked "forever chemicals," a more than 50 percent jump from its last tally. The information was released 13 MAR in a report from the Department of Defense (DOD), part of a task force designed to help the military remove a class of chemicals known as PFAS from

the water supply near numerous military bases. PFAS, used in a variety of household products as well as an “AFFF” firefighting foam relied on by the military, has been deemed a forever chemical due to its persistence in both the environment and the human body.

The military has been under increasing pressure to clean up contaminated sites, previously estimated to be as many as 401 locations. Each of those sites where PFAS may have been used must still be evaluated to determine whether it's been contaminated, as well as the extent of the exposure. “This report also makes it clear that we are still learning the full extent of the impact on our communities. The identification of over 250 new sites where PFAS was potentially released is astonishing,” House Armed Services Committee Chairman Adam Smith (D-Wash.) said in a statement. “It is critical that the department provide communities with timely assessment of these sites, communicate transparently with impacted households, and quickly act to protect civilians and service members alike from these forever chemicals.”

Defense Secretary Mark Esper started the PFAS task force on his first day in office in July. “We must approach the problem in an aggressive and holistic way, ensuring a coordinated DOD-wide approach to the issue,” Esper wrote in a memo establishing the task force. The 651 figure is current as of October and includes only sites where DOD is known to be the source of PFAS contamination. The military has provided bottled water and filters to the affected areas and is prepared to ramp up blood testing for DOD firefighters that regularly apply firefighting foam. “No one — on or off base — is drinking water above EPA’s [health advisory] level of 70 parts per trillion [ppt] where DoD is the known source of PFOS and PFOA,” the agency wrote in the report, referring to guidelines set by the Environmental Protection Agency.

However, those voluntary EPA standards are in the process of being replaced with a mandatory drinking water regulation — something that may fall below the 70 ppt currently being used by DOD. Many critics have argued that the 70 ppt figure is too high to protect health and have advocated for setting the standard at a lower number, following the move of many states who have more aggressive PFAS regulations than the federal government. [Source: The Hill | y Rebecca Beitsch | March 16, 2020 ++]

DFAS 1099-R

Update 09: Tax Year 2019 Availability

DFAS has easy, convenient options to get your 1099-R without having to call and wait on hold to speak to someone! If you have lost or misplaced your 1099-R, they offer a variety of convenient options to request a replacement. DFAS recommends you take advantage of myPay. A myPay account is your one-stop source for all of your most important retired or annuitant pay information, including your 1099-R. Note that current IRS guidelines state that IRS Forms 1095-B or 1095-C are NOT REQUIRED to file your tax return. See <https://www.dfas.mil/taxes/aca> for more information. The list of options to obtain your 1099-R follows:

Get your 1099-R and pay information 24/7 in myPay

The fastest and most secure way to obtain a copy of your 1099R is through myPay. Retirees and annuitants can log into myPay, and print a 1099R from the comfort of their home. Instructions are at: <https://myPay.dfas.mil>. If you’re not using myPay, now is a great time to get started. With the refresh this spring, myPay is now simpler, streamlined and more mobile-friendly. That means it’s easier to manage your pay account using the web browser on your computer or with a connected device, like your smartphone or tablet. Another advantage of using myPay is that you can download or print your current year tax statement, as well as prior year 1099-Rs (up to four prior years for retirees and up to two prior years for annuitants). While you’re in myPay, you can also easily check to make sure we have your correct mailing address and email address.

Telephone Self-Service

For retirees, if your mailing address on file with DFAS is current, you can get a copy of your 1099-R through the telephone self-service option within 7-10 business days. To use telephone self-service:

- Call 800-321-1080
- Select option “1” for self-serve
- Select option “1” for retiree
- Select option “1”
- Enter your Social Security Number when prompted

AskDFAS

If the address you have on file with DFAS is out of date and you are not a myPay user, you (both retirees and annuitants) can get your 1099-R sent to a one-time, temporary mailing address, or to your mailing address on record by submitting your request online. Plus, you can request prior year 1099-Rs. You will receive your 1099-R in the mail in seven to ten business days. Find instructions at: <https://go.usa.gov/xPh7H>.

Written Request

If you prefer traditional mail, you can send us a written request by fax or mail, but please make sure you leave time for processing. Find instructions at: <https://go.usa.gov/xPh7M>. It can take up to 30 days to process requests received by fax or mail. Thus, it is recommended you do this in time to file your tax return on 15 APR or whatever date the filing date is extended to because of the current COVID-19 crisis.

Customer Care Center

Members with unique situations can speak directly DFAS customer care representatives. Depending on call volume, you may have to wait on hold while they assist other customers. Check out <http://go.usa.gov/xPh7f> for more information,

Correction of tax information on a 1099-R

Retirees or annuitants who need to correct the tax information on a 1099-R should submit a “request to audit a 1099-R” via mail or fax. Make sure to note what tax year you are requesting to audit, and ensure you include your full name, daytime phone number, social security number and signature on your request. Allow 30-60 days for a corrected 1099-R to be issued.

[Source: DFAS Newsletter | March 18, 2020 ++]

SBP/DIC Offset Phase-Out

FAQs | Premiums & Annuities - 3

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 ‘*Premiums & Annuities*’ are answered below.

-o-o-O-o-o-

Q3.1: How much will the average survivor get?

A3.1: Survivor Benefit Plan (SBP) annuity payments can vary for each beneficiary because they are based on a number of factors such as retirement date, length of service, pay grade, and disability rating of the sponsor. There is no set amount, so each surviving spouse's current and future SBP payments could be quite different. We recommend reaching out to a financial counselor or retirement services office on your local installation to discuss individual amounts.

Q3.2: I am currently subject to the SBP-DIC offset. Will I definitely get an increase?

A3.2: Yes, eventually, although not all survivors will see an increase in the first year. It is possible that if your Survivor Benefit Plan (SBP) payments are currently less than two-thirds of the amount of Dependency Indemnity Compensation (DIC), you may not see an increase in 2021. For example, if you currently receive \$1,500 from VA for DIC, but your gross SBP before offset is only \$800, you would not see an increase in 2021 other than the normal annual cost of living adjustment (COLA). This is because your SBP amount, \$800, is still less than the amount of DIC that would be subject to offset, which in this example would be \$1,000 (i.e., \$1,000 is two-thirds of the \$1,500 DIC). Eventually, though, you will see an increase as the SBP-DIC offset is further reduced in 2022 and then completely eliminated in 2023.

Q3.3: Now that the offset is being eliminated, will there be any back pay for the years we didn't get Survivor Benefit Plan (SBP) payments we paid for?

A3.3: No, Section 622 of the National Defense Authorization Act for Fiscal Year 2020 does not authorize back payments. Surviving spouses of retirees who were subject to the SBP-DIC offset received either a partial or full refund of premiums to account for the reduced SBP payments.

Q3.4: I received a Survivor Benefit Plan (SBP) premium refund once I started getting both SBP and Dependency and Indemnity Compensation (DIC), will I have to pay it back?

A3.4: No, if you previously received a refund of SBP premiums due to the SBP-DIC offset, you will not have to pay back that refund because of this change in the law.

Q3.5: What is the Special Survivor Indemnity Allowance (SSIA)?

A3.5: The Special Survivor Indemnity Allowance (SSIA) is a payment made to surviving spouses subject to the SBP-DIC offset that partially restores some of the Survivor Benefit Plan (SBP) amount that is offset. SSIA is a set amount established by Congress and adjusted each year by a cost-of-living adjustment (COLA), if applicable. The SSIA rate for 2020 is \$323 per month. Surviving spouses subject to the SBP-DIC offset will continue to receive SSIA, up to the amount that is reduced from their SBP payment (i.e., until the offset is fully-repealed in 2023).

Q3.6: Will the Special Survivor Indemnity Allowance (SSIA) be phased out?

A3.6: Eligible survivors will continue to receive SSIA, up to the prescribed maximum amount (\$323 per month for 2020) or the amount of SBP that is offset due to DIC, whichever is less. SSIA will no longer be paid once the SBP-DIC offset is fully eliminated in 2023 and surviving spouses receive the full amount of SBP and DIC concurrently, without offset

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 16 thru 31 March 2020 | Fifteen

“Keeping the Promise“, “Fulfill their Trust” and “No one left behind” are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number

of Americans who remain missing from conflicts in this century as of FEB 2019 are: World War II 73,025 of which over 41,000 are presumed to be lost at sea, Korean War 7665, Vietnam War 1589 (i. e. VN-1,246, Laos-288, Cambodia-48, & Peoples Republic of China territorial waters-7), Cold War 111, Iraq and other conflicts 5. Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home.

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

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

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

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



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

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

LOOK FOR

-- **Army Air Forces 2nd Lt. Earl F. Ferguson**, 26, of Philip, South Dakota, was a pilot assigned to the 329th Bombardment Squadron, 93rd Bombardment Group (Heavy), 8th Air Force. On Aug. 1, 1943, the B-24 aircraft on which Ferguson was the co-pilot crashed as a result of enemy anti-aircraft fire during Operation Tidal Wave, the largest bombing mission against the oil fields and refineries at Ploiesti, north of Bucharest, Romania. His remains were not identified following the war. The remains that could not be identified were buried as Unknowns in the Hero Section of the Civilian and Military Cemetery of Bolovan, Ploiesti, Prahova, Romania. Ferguson will be buried in his hometown. The date has yet to be decided. [Read about Ferguson.](#)

-- **Army Air Forces 2nd Lt. Earl W. Smith**, 22, was a pilot assigned to the 80th Fighter Squadron, 8th Fighter Group, 5th Air Force. On Aug. 20, 1943, Smith was piloting a P-38 Lightning fighter on a test flight near Port Moresby, Australian Territory of Papua (current day Papua New Guinea), when he crashed into the harbor off of Paga Point. Smith did not eject and his body was not recovered. Interment services are pending. [Read about Smith.](#)

-- **Army Air Forces 2nd Lt. George M. Johnson**, 23, of Seaford, Delaware, was a member of the 38th Bombardment Squadron, 30th Bombardment Group, stationed at Hawkins Field, Betio Island, Tarawa Atoll, Gilbert Islands, when

the B-24J bomber he was co-piloting crashed into Tarawa lagoon shortly after takeoff. Johnson and the nine other servicemen aboard the aircraft were killed. Johnson will be buried May 8, 2020, in his hometown. [Read about Johnson.](#)

-- **Army Cpl. Ralph L. Cale**, 19, of Covington, Virginia, was a member of Company B, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 2, 1950, when his unit was attacked by enemy forces in the vicinity of the Chosin Reservoir, North Korea. His remains could not be recovered following the attack and he was not reported as a prisoner of war. Cale will be buried Aug. 14, 2020, at Arlington National Cemetery in Arlington, Virginia. [Read about Cale.](#)

-- **Army Maj. Harvey H. Storms**, 34, of McAllen, Texas, was a member of Headquarters Company, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division, which was part of the 31st Regimental Combat Team. He was reported missing in action on Dec. 1, 1950, when his unit was attacked by enemy forces near the Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Storms will be buried June 12, 2020, at Arlington National Cemetery in Arlington, Virginia. [Read about Storms.](#)

-- **Army Pvt. Ballard McCurley**, 34, of Pauls Valley, Oklahoma, was a member of Company M, 3rd Battalion, 12th Infantry Regiment, 4th Infantry Division, during the Battle of the Hürtgen Forest in Germany. On Nov. 29, 1944, his battalion went to a reserve position in the woods west of the town of Hürtgen. He and other Soldiers in his unit were ordered to clear a field of tree stumps so vehicles could drop off rations and supplies. According to witnesses, while clearing out a tree stump, McCurley inadvertently set off an enemy anti-personnel mine and was killed instantly. McCurley will be buried April 25, 2020, in his hometown. [Read about McCurley.](#)

-- **Army Sgt. Kenneth E. Walker**, 19, of Madill, Oklahoma, was a member of Charlie Company, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division. He was reported missing in action Dec. 2, 1950, in the vicinity of the Chosin Reservoir, North Korea, after his unit was attacked by enemy forces. His remains could not be recovered following the battle. Walker will be buried April 18, 2020, in his hometown. [Read about Walker.](#)

-- **Marine Corps Sgt. Jerome B. Morris**, 22, of East St. Louis, Illinois, was a member of Company B, 1st Battalion, 6th Marine Regiment, 2nd Marine Division, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands in an attempt to secure the island. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded, while the Japanese were virtually annihilated. Morris was killed on the third day of the battle, Nov. 22, 1943. Morris will be buried in Jefferson Barracks, Missouri. The date has yet to be determined. [Read about Morris.](#)

-- **Navy Electrician's Mate 3rd Class Alton W. Whitson**, 22, 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 Whitson. Interment services are pending. [Read about Whitson.](#)

-- **Navy Fireman 3rd Class Clarence A. Blaylock**, 20, 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 Blaylock. Interment services are pending. [Read about Blaylock.](#)

-- **Navy Fireman 3rd Class Herbert B. Jacobson**, 21, of Grayslake, Illinois, 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 Jacobson. Jacobson will be buried May 15, 2020, at Arlington National Cemetery in Arlington, Virginia. [Read about Jacobson.](#)

-- **Navy Seaman 1st Class Orval A. Tranbarger**, 20, of Mountain View, 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 Tranbarger. He will be buried in his hometown. The date has yet to be decided. [Read about Tranbarger.](#)

-- **Navy Seaman 1st Class Russell C. Roach**, 22, 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 Roach. Interment services are pending. [Read about Roach.](#)

-- **Navy Shipfitter 3rd Class Patrick L. Chess**, 24, 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 Chess. Interment services are pending. [Read about Chess.](#)

-- **U.S. Army Air Forces 2nd Lt. George M. Johnson**, 23, of Seaford, Delaware, was a member of the 38th Bombardment Squadron, 30th Bombardment Group, stationed at Hawkins Field, Betio Island, Tarawa Atoll, Gilbert Islands, when the B-24J bomber he was co-piloting crashed into Tarawa lagoon shortly after takeoff. Johnson and the nine other servicemen aboard the aircraft were killed. Johnson will be buried May 8, 2020, in his hometown. [Read about Johnson.](#)

[Source: <http://www.dpaa.mil> | March 31, 2020 ++]

* VA *



VA Regional Offices

Availability During Pandemic

In response to the COVID-19 pandemic, VA made the decision to close its regional offices (VAROs) to the public, postponing hearings for the duration of the national emergency. The VFW similarly made the difficult decision to close its Pre-Discharge locations to the public. However, Veterans Benefits Administration is still working, processing benefit claims for veterans. Veterans and advocates must also note that all VA filing deadlines still apply. The VFW is pushing VA to extend these deadlines and has started working with Congress, in case such an extension requires an emergency legislative fix. For location, telephone number, and services available of your nearest VARO go to <https://benefits.va.gov/benefits/offices.asp#C> during the pandemic

VFW National Veterans Service (NVS) continues to send guidance to the VFW's global network of accredited service officers, many of whom continue to work from safe locations. Veterans should still be able to reach their VFW Service Officers and Pre-Discharge reps via email. Go to <https://www.vfw.org/NVS> to find your VFW representative. If you do not hear from your VFW representative within two business days, please contact NVS via email to vfw@vfw.org. [Source: VFW Action Corps Weekly | March 20, 2020 ++]

VA Funding Needs

Update 03: \$16.6B to Cover Anticipated COVID-19 Patients

The Department of Veterans Affairs plans to ask Congress for more emergency cash after telling lawmakers as many as one in five of its veteran patients could need additional care because of COVID-19. Congressional staff told Connecting Vets that on 16 MAR, VA leaders disclosed to lawmakers that VA planned to request an additional \$16.6 billion in the next emergency supplemental bill. The additional funds are based on an assumption that 20 percent of its current patients may eventually need additional care because of the coronavirus outbreak.

VA leaders told lawmakers that could be a worst-case scenario. VA also told lawmakers they may ask for more money for IT-related needs, but didn't provide further details. As of 27 MAR \$19.6B has been allocated for the VA in the Coronavirus Aid, Relief and Economic Security (CARES) Act H.R. 748 in one way or another which was signed by the President on 27 MAR. For a breakdown of how the funds were allocated refer to https://republicans-veterans.house.gov/uploadedfiles/3rd_covid19_relief_package_va_summary.pdf.

VA recently announced 9 deaths of veterans connected to the virus and since the first one VA began limiting visitors to its hospitals and clinics nationwide. It previously locked down visitation at its 134 nursing homes and 24 spinal-cord injury/disorder centers, which care for a total of 65,000 veterans vulnerable to the virus nationwide. About half of VA's patients are older than 65, a population at increased risk for infection, according to the Centers for Disease Control. VA reported tracking at least 30 cases of veterans in 13 states as of 16 MAR and officials said VA had administered more than 100 tests. VA Press Secretary Christina Mandreucci previously told Connecting Vets VA had 3,000 tests on hand. [Source: VAntage Point | March 6, 2020 ++]

VA Mission Act

Update 14: VA Making Adjustments during Pandemic

VA is not pausing the MISSION Act. The department is ensuring the best medical interests of veterans are met by adhering to the law in a manner that takes into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak. VA is taking the following steps in order to ensure the safety of veterans as they access care:

- VA community care referrals for emergent or urgent clinical needs will continue as necessary.
- Veterans with care currently scheduled in the community should continue with this care as clinically appropriate and if available.
- Referral requests for non-emergent care with community providers will be reviewed on a case-by-case basis for immediate clinical need and with regard to the safety of the veteran when being seen in-person, regardless of wait time or drive time eligibility.
- VA is expanding the use of telehealth and telephone sessions to address many of veterans routine medical needs.

"We understand the need for community providers to halt in-person, non-emergent care to veterans, and all patients for that matter, in order to lessen the curve of this virus sweeping our nation," said VFW Washington Office Executive Director B.J. Lawrence. "Many private health care providers around the country are being forced to make similar difficult decisions, but ultimately decisions that keep the overall safety of all patients in mind. Vigilance is required in slowing this coronavirus pandemic. The Department of Veterans Affairs is taking the correct approach in handling this matter but it remains vital that many of our veterans are able to still receive the care they require. Telehealth and telephonic medical sessions are good adjustments to current conditions but VA must make accommodations for veterans who are unable to access these means of care." [Source: VFW Action Corps Weekly | March 27, 2020 ++]

VA Hospitals

Update 14: Bracing for Possible 1M COVID-19 Patient Surge

The Department of Veterans Affairs is bracing for a potential surge of 1 million veterans infected by coronavirus and at the same time is preparing for the possibility it may have to absorb overflow civilian patients if private hospitals are overrun by the pandemic. Based on a "worst case" scenario that up to 1 in 5 of its mostly elderly population of veterans

will need coronavirus care, the government-run hospital system is seeking \$16.6 billion in emergency money, according to a VA document submitted to Congress and obtained by The Associated Press. The Department is preparing to deploy 3,000 doctors, nurses and other emergency personnel — along with mobile hospitals and pharmacies — to bolster the nationwide effort to combat the coronavirus,

The money would be used over six months to ramp up COVID-19 testing, cover hospital care and protective masks for 4,500 more veterans, add medical ventilators, boost online telehealth options as Americans continue to hunker at home and pay for 40,000 more urgent care visits. About \$170.74 would be allocated per VA employee in certain divisions for hand sanitizer, disinfecting wipes and antiviral face tissue for the rest of the budget year that ends 30 SEP. “All that gives is an added safety boost,” Dr. Richard Stone, the agency's top health official, said in an AP interview.

During national emergencies such as the one declared by President Donald Trump last week, the VA not only serves 9 million veterans but also acts as a backup health care system to the broader public. If called upon by states and the Health and Human Services Department, the VA network of 170 hospitals, 1,074 outpatient sites and more than 350,000 employees could provide care to first responders and civilians in hard-hit communities. It could be an unprecedented task for the VA, which has faced past criticism for staff shortages, management disarray and long patient wait times.

Since January, the department has run drills and checked stockpiles of medical equipment. As coronavirus spread in the U.S., the VA locked down visitation at its 134 nursing homes and 24 spinal cord injury centers to protect elderly and vulnerable patients and screened patients for symptoms of the virus before they entered facilities. To increase capacity, the VA has cut back on routine appointments, limiting dental work and canceling elective surgeries, according to Secretary Robert Wilkie, who was belatedly added to the White House coronavirus task force this month. For most people, the coronavirus causes only mild or moderate symptoms, such as fever and cough. For some, especially older adults and people with existing health problems, it can cause more severe illness, including pneumonia. The vast majority of people recover from the new virus.

A group of Democratic senators and the House Veterans' Affairs Committee have pressed the VA to provide regular updates on its preparedness and available resources to address the pandemic. “VA must be properly prepared to respond to the unique needs of our nation’s veterans, and ready to activate its critical Fourth Mission to support all Americans if it becomes necessary,” said Montana Sen. Jon Tester, the top Democrat on the Senate Veterans' Affairs Committee. He urged the agency, which currently has more than 44,000 vacancies, to work aggressively “to determine both immediate and projected needs for health care workers and first responders on the frontlines — including beds and personal protective equipment.”

Joe Chenelly, executive director of American Veterans, or AMVETS, said veterans were anxious and uncertain about their health care amid the outbreak, with information from the VA often slow in coming. “We understand that the VA has a crucial role in a public health crisis, and we're ready for whatever that means,” he said. At the same time, Chenelly said, more than half of veterans are older and face a higher risk from the virus and younger veterans have chronic health conditions related to their military work. “There is perhaps no segment of the American population more at risk of being decimated,” he said.

Asked this week at what point VA hospitals or Defense Department medical facilities might be tapped by federal health officials to help relieve an overburdened private health care system, Trump pointed to pockets of the U.S. where medical personnel are showing strain. “Some areas — like New York, California, State of Washington — they're going to have some difficulty. And when we see that coming, we're going to be in there,” Trump said. The VA has played a role in national emergencies before, such as the 2017 hurricane in Puerto Rico. The VA system currently has 13,000 acute care beds, including 1,800 intensive care beds and 1,100 negative air flow rooms, which control the air flow around patients with airborne contagious diseases to protect other patients and medical personnel.

Over the past two weeks, the VA has expanded hospital capacity, dropping occupancy in acute care beds from about 80% to over 60% to make room for possible civilian patients, Stone said. He added that VA also is working to add negative air flow beds should they be needed to help treat the civilian population. “We are the buttress force in case”

HHS or the Federal Emergency Management Agency "calls upon us to deploy medical professionals across the country to meet crises," Wilkie said this week at a White House briefing of the coronavirus task force. "We are gaming out emergency preparedness scenarios. And we stand ready, when the president needs us, to expand our mission." [Source: Associated Press | Hope Yen | March 19, 2020 ++]

VA Community Care

Update 08: Planned 90-Day Program Pause



The Department of Veterans Affairs plans to pause its community care program in order to free space across private health care systems for coronavirus patients and to prevent veterans' exposure. The department will stop sending veterans outside of the VA for non-urgent and routine appointments. In an email to members of Congress on Tuesday night, officials said the VA will review appointment requests on a case-by-case basis and determine whether to refer veterans to private doctors in non-emergency situations. The VA will continue to refer veterans to the community for urgent medical needs "when necessary."

The VA's community care program sends veterans to private-sector doctors in certain cases, including when veterans must wait longer than 20 days for an appointment or drive more than 30 minutes to reach their VA health care provider. Those standards were put into effect last year under the VA Mission Act, a measure President Donald Trump touted as recently as 23 MAR. "Completing non-urgent and routine health care appointments to meet access standards put veterans at risk of contracting COVID-19," the agency wrote to lawmakers. "This is true for both VA and community health care providers. [The Veterans Health Administration] thus proposes a temporary, strategic pause."

The VA first told lawmakers it intended to ignore those standards for the next 90 days or until routine care can safely resume. On 25 MAR, VA Press Secretary Christina Mandreucci said the measures would be reassessed every 30 days. "VA's actions are in line with current CDC recommendations and are required to help protect veterans from unnecessary COVID-19 exposure," Mandreucci said. "Similarly, many community health care systems are taking the same approach, and we anticipate less capacity in the community for routine care in an effort to limit foot traffic in their facilities and help stop the spread of COVID-19."

The VA is enhancing its telehealth capabilities to care for veterans who have non-urgent medical needs, officials told lawmakers. They promised that veterans "will still receive necessary and appropriate health care." Veterans who already scheduled medical appointments with a community provider can keep those appointments if the private provider is still available, officials said. In some areas of the United States, hospitals were nearing capacity because of the surge of coronavirus patients.

Rep. Phil Roe (R-PA), the ranking Republican on the House Committee on Veterans' Affairs, said he understood the effort to prevent veterans from being exposed to the coronavirus but was concerned the VA's decision could lead

to veterans not getting the care they need. “There is no doubt that we must prevent veterans from being unnecessarily exposed and ensure that every available resource is directed toward mitigating the deadly impact of this virus,” Roe said. “However, we must also make sure that veterans continue to receive the care that they need, and community care is a necessary tool to accomplishing that goal.”

Roe wanted to know 25 MAR what led VA Secretary Robert Wilkie to make the decision and how veterans would continue to be cared for throughout the pandemic. Lawmakers also wanted to know how the VA would communicate the change and how the department would prevent veterans from falling through the cracks. Sen. Jerry Moran the chairman of the Senate Veterans’ Affairs Committee, said he had serious concerns about the changes. “When it is in the veteran’s best interest, the VA is required under the Mission Act to send them to the community,” Moran tweeted. The VA said Wednesday that the language it used to describe the changes to lawmakers on Tuesday night “required refinement to accurately reflect the VA’s intended approach.” “VA is working to provide updated guidance to both employees and congressional staff,” Mandreucci said.

Concerned Veterans of America, a conservative veterans’ group backed by the Koch family, urged the VA not to move forward with pausing its community care program. Nate Anderson, executive director for Concerned Veterans of America, argued the decision was a blanket approach that created new barriers for veterans needing health care. “President Trump has been a consistent champion of expanding health care choice for veterans, and we are hopeful he will not let this proposed policy change proceed,” Anderson said.

It was uncertain 25 MAR when the VA planned to initiate the changes. The VA already canceled elective surgeries for veterans at its medical facilities in order to free beds for coronavirus patients. The department is encouraging veterans with flu-like symptoms to call their VA facility before showing up, and anyone entering a VA facility is being screened. As of Wednesday afternoon, VA facilities across the country were treating 365 veterans who tested positive. New Orleans accounted for almost one-third of those cases, with 106. Four veterans have died — two in New York, one in Oregon and one in Vermont. [Source: Stars & Stripes | Nikki Wentling | March 25, 2020++]

VA Coronavirus Preparations

Update 01: VA Insists it Can Handle the Pandemic

As the number of coronavirus cases in the Veterans Affairs medical system continues to rise, lawmakers are asking whether officials are fully prepared for the numerous challenges ahead. VA leadership has already insisted they are, and in a message to veterans said they coordinating their efforts with other federal agencies to “protect the health of everyone who visits or works at one of our facilities.” As of 13 MAY:

- At least 16 patients connected to 10 different VA medical centers nationwide have tested positive for the coronavirus or are awaiting confirmation but presumed to be infected.
- Nationwide, more than 1,200 individuals in 42 states have been infected, and at least 36 have died.
- Numerous public school systems and universities have closed down for the next few weeks, and large conferences, professional sports and entertainment events have been cancelled.

Earlier this month, VA officials responded to congressional inquiries about the coronavirus response saying they did not need any additional funding or authorities to bolster their medical response. Nationwide the system has about 900 isolation beds that could be used to quarantine patients with the illness, although two-thirds of those are in use by patients with other health problems. On 10 MAR, department officials announced that all VA nursing homes and spinal cord injury and disorder centers will have a “no visitor” rule in an effort to limit the virus spread. All other VA medical centers have been screening visitors for the last few weeks for signs of illness, and barring some individuals from medical campuses.

Now, with the number of coronavirus cases increasing, a group of 12 senators is asking VA leadership to offer more public detail on their response planning, including weekly updates on medical supply levels, testing protocols and staff health updates. “We recognize that the COVID-19 outbreak is an evolving situation, with a growing impact on the U.S. and global community, and want to ensure that the VA has all of the resources needed to keep veterans, staff and communities safe,” the letter states. In particular, the group of lawmakers questioned whether the department can handle increased staff and testing demands without extra money, since “VA did not request or receive additional funding in the coronavirus supplemental funding package.”

In a statement 13 MAR, VA Press Secretary Christina Mandreucci said that VA facilities “are equipped with essential items and supplies to handle an influx of coronavirus cases.” “VA has proactively implemented appropriate measures to ensure the safest health care environment for each veteran, visitor and employee,” she said. “These measures include multi-channel outreach to veterans and staff, clinical screening at VA health care facilities, as well as protective procedures for patients admitted to community living centers and spinal cord injury units.” Meanwhile, officials on the House Veterans’ Affairs Committee are pushing colleagues on a series of legislative priorities to help deal with the crisis, including plans to eliminate co-payments for certain medical appointments related to the illness and extend GI Bill housing stipends for students whose colleges are shifting to online-only classes.

“As the Department of Veterans Affairs considers its own preventive measures, it is important that Congress and this committee actively work to ensure VA has the required resources to carry out these tasks,” chairman Mark Takano, D-Calif., said in a statement. VA officials are posting their latest system information on the virus — as well as advice for patients planning on accessing department medical facilities in coming weeks — on their web site. https://www.va.gov/VHAEMERGENCYMANAGEMENT/OEM_About.asp. [Source: MilitaryTimes | Leo Shane III | March 13, 2020 ++]

VA Fraud, Waste, & Abuse

Reported 16 thru 31 MAR 2020

Washington, DC -- The Justice Department announced on 12 MAR that **Sterling Medical Associates Inc.** (Sterling) will pay \$1.85 million to resolve allegations under the False Claims Act that it *failed to schedule veterans’ medical appointments timely* at two outpatient clinics in Minnesota, resulting in the submission of false claims to the Department of Veterans Affairs (VA). Sterling is a Cincinnati-based company that provides various services in the healthcare industry, including staffing, departmental operation, and outpatient clinic operation. “We expect companies doing business with the government to comply with their contractual obligations, particularly when they relate to the health of our veterans,” said Assistant Attorney General Jody Hunt of the Department of Justice’s Civil Division. “The Department is committed to ensuring that our veterans receive the timely medical care that they need and deserve.”

VA maintains community-based outpatient clinics across the country, including clinics in Minnesota. VA awarded Sterling a contract to operate its clinics in Hibbing and Ely, Minnesota, in March 2013. The contract incorporated VA requirements that routine appointments be scheduled within 14 calendar days of the veteran’s requested appointment date. Today’s settlement resolves allegations that, between July 2013 and April 2014, Sterling did not schedule patient appointments at the Hibbing clinic in compliance with these requirements and changed veterans’ requested appointment dates to make appointment wait times appear shorter.

- “Today’s settlement exhibits the importance we place on the health and welfare of our veterans,” said United States Attorney Erica H. MacDonald. “The women and men who have bravely served our country deserve to receive timely care without exception.”

- “We are pleased with the settlement and the willingness of the company to recognize the importance of timely scheduling medical appointments when veterans seek the healthcare treatment they earned,” said Gregg Hirstein, Special Agent in Charge, VA Office of Inspector General.

This matter was investigated by the U.S. Attorney’s Office for the District of Minnesota, the Civil Division’s Commercial Litigation Branch, and the Office of Inspector General of the Department of Veterans Affairs. The claims resolved by the settlement are allegations only, and there has been no determination of liability. [Source: DoJ Dist. of Minn. | U. S. Attorney’s Office | March 12, 2020 ++]

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Aurora, CO -- United States Attorney Jason R. Dunn announced that on 12 MAR a jury sitting in U.S. District Court in Denver found former Veterans Affairs (VA) employee **Joseph Prince**, age 60, of Aurora, Colorado guilty of felony health care fraud, conspiracy, payment of illegal kickbacks and gratuities, money laundering charges and conflict of interest. The verdict is the result of an eight-day jury trial before U.S. District Court Judge Raymond P. Moore. Prince’s bond was continued and he was ordered to home incarceration pending his sentencing.

According to the indictment and evidence presented at trial, Prince was a Beneficiary Provider Relationships Specialist with the VA’s Spina Bifida (SB) Health Care Benefits Program, which covers medical needs of children of certain veterans of the Korea and Vietnam wars suffering from SB. Prince worked for a VA call center in Denver, and spoke with health care providers and SB beneficiaries or their families regarding their health care needs and care reimbursement.

Prince defrauded the VA’s Spina Bifida Health Care Benefits Program by signing up the family members of the program’s beneficiaries as home health “contractors” with sham home health entities run by Prince’s associates. Prince knew that the sham home health entities were not authorized providers by the VA. He nonetheless encouraged the family members to submit bills despite the fact that they were not approved providers and to include the bills for services that either were not provided or were not allowed by the VA. He then accepted payments from the associated home health entities for referrals he himself made to those agencies. Prince’s referrals led to payments totaling approximately \$20 million from the VA to the Prince-related home health agencies, which were run by associates including his wife, his brother-in-law, his half-sister, and friends.

Ultimately Prince referred approximately 45 SB beneficiaries to the sham home health entities. The total amount of fraudulent claims paid by the SB Health Care Benefits Program to the five Home Health Entities totaled approximately \$19 million. Of that amount, Prince received approximately \$1.5 million in kickbacks from two home health entities between December 2017 and June 2018.

- “To steal from a program that is intended to help our veterans and their children who suffer from serious medical conditions is reprehensible,” said U.S. Attorney Jason Dunn. “Mr. Prince was also harming the American taxpayers and will now pay a significant price for his actions.”
- “The crimes perpetrated by Joseph Prince and his associates were especially troubling since Prince was a VA official,” said Gregg Hirstein, Special Agent in Charge, VA Office of Inspector General. “The Department of Veterans Affairs Office of Inspector General is committed to holding accountable those who illegally enrich themselves using VA programs intended to help our nation’s veterans and their dependents, who deserve to be served by a workforce of the highest integrity. I am thankful for the close coordination of the investigative agencies and the United States Attorney’s Office to quickly end this massive fraud.”
- “The sizeable amount of false claims Joseph Prince submitted and subsequent kickbacks he received are an affront to government programs intended to help the public,” said Andy Tsui, IRS Criminal Investigation Special Agent in Charge, Denver Field Office. “It is unacceptable to abuse a position of trust for personal financial gain and for those that do, IRS-Criminal Investigation will seek justice on behalf of the true beneficiaries of government benefits programs.”

- “The recent conviction of Joseph Prince is significant and highlights the FBI’s collaboration with the United States Attorney’s Office as we hold this defendant accountable for abusing his position as an official at the Department of Veteran’s Affairs to manipulate government contracts for personal gain,” said FBI Denver Special Agent in Charge Dean Phillips. “The FBI will continue to use all available tools to detect illegal conflicts of interest and bribery schemes in government entities.”

Long-time friend of Prince and co-conspirator Roland Vaughn pled guilty to paying an illegal gratuity to a public official on August 1, 2019, and is scheduled to be sentenced by Judge Moore on April 9, 2020. Glenn and Catherine Beach, who were also friends of Mr. Prince, pleaded guilty to paying an illegal gratuity to Prince. The Beaches will be sentenced on April 1, 2020. Prince will be sentenced on June 11, 2020.

- Felony Conflict of Interest carries a penalty of not more than five years in prison and a fine of not more than \$250,000 or two times the gain or loss from the offense per count.
- Health care fraud carries a penalty of not more than 10 years in prison and a fine of not more than \$250,000 or two times the gain or loss from the offense per count.
- Conspiracy to Commit an Offense against the United States carries a penalty of not more than five years in prison and a fine of not more than \$250,000 or two times the gain or loss from the offense.
- Soliciting/Receiving an Illegal Gratuity carries a penalty of not more than two years in prison and a fine of not more than \$250,000 or two times the gain or loss from the offense per count.
- Unlawful Monetary Transactions carries a penalty of not more than 10 years in prison and a fine the greater of \$250,000 or two times the value of the property involved in the transaction per count.
- Money Laundering carries a penalty of not more than 20 years in prison and a fine the greater of \$500,000 or twice the value of property involved in the transaction per count.

The government will seek forfeiture of specific assets and restitution to the Veterans Health Administration in the amount of approximately \$19 million. [Source: DoJ Dist. of Colo. | U. S. Attorney’s Office | March 13, 2020 ++]

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Tampa, FL -- Norman Nicholson (56, Largo) on 24 MAR pleaded guilty to one count of depriving an individual of his Fourth Amendment right to a reasonable search and seizure under the color of law and one count of knowingly making false entries in a report with the intent to obstruct an investigation within the jurisdiction of a federal agency. Nicholson faces a maximum penalty of 20 years’ imprisonment. A sentencing hearing is scheduled for June 24, 2020.

According to the plea agreement, while employed as a police officer with Veterans Affairs in Bay Pines, Florida, Nicholson instructed an Army veteran to leave the premises and the veteran complied. Nicholson then followed the veteran outside and arrested him. In doing so, Nicholson swung the veteran around, and placed both of the veteran’s hands behind his back. The veteran did not resist the arrest and moved his left arm behind his back on his own. After the veteran was already handcuffed and in custody, Nicholson used his left hand to shove the veteran’s head against the fence. He then used his right hand to pull the veteran’s legs apart, causing him to fall face first into the fence and then to the ground. Nicholson then forcefully grabbed the veteran from the ground, and lifted him up. While lifting him up, Nicholson used his right hand to grab the veteran by his face and nose.

Nicholson then authored two arrest affidavits and a police report in which he made numerous false statements regarding the incident. Specifically, Nicholson stated that the veteran “refused to leave the property...became resistant...pulled away...raised his hand in an aggressive posture...did not obey commands to stop resisting...resisted on the ground...and buckled his knees in an attempt to make himself dead weight.” Those statements were false, and were made with the intent to impede, obstruct, or influence a matter that was within the jurisdiction of the United States Department of Veterans Affairs. As a result of this arrest, the veteran spent several days in custody at the Pinellas County jail. [Source: DoJ Middle Dist of Florida | U.S. Attorney’s Office | March 24, 2020 ++]



Coronavirus SITREP 2

COVID-19 Resources for Veterans

Information regarding the Department of Veterans Affairs

In light of the ongoing 2019 Novel Coronavirus (COVID-19) pandemic, many veterans have been asking questions about what the Department of Veterans Affairs (VA) and its medical facilities are doing to protect and care for veterans during the outbreak. The House Committee on Veterans' Affairs is in daily communication with VA leadership and would like to share the following information: Since this situation is evolving rapidly, we encourage veterans and their families to consult VA's [Website](#) for the most current information. Guidance from local VA medical facilities about their current operating status is available on each facility's website, which can be found through VA's Facility Locator Tool at <https://www.votervoice.net/BroadcastLinks/LCYs9Zv9PNcTcCwNXzJKDg>.

What should veterans do if they think they have COVID-19?

Before visiting local VA medical facilities, community providers, urgent care centers, or emergency departments in their communities, veterans experiencing COVID-19 symptoms — such as fever, cough, and shortness of breath — are encouraged to call their VA medical facility or call MyVA311 (844-698-2311, press #3 to be connected). Veterans can also send secure messages to their health care providers via MyhealtheVet at <https://www.myhealth.va.gov/mhv-portal-web/home>. VA's online patient portal. VA clinicians will evaluate veterans' symptoms and direct them to the most appropriate providers for further evaluation and treatment. This may include referral to state or local health departments for COVID-19 testing.

What about routine appointments and previously scheduled procedures?

VA is encouraging all veterans to call their VA facility before seeking any care — even previously scheduled medical visits, mental health appointments, or surgical procedures. Veterans can also send secure messages to their health care providers via MyhealtheVet and find out whether they should still come in for their scheduled appointments. VA providers may arrange to convert appointments to [Video Visits](#), where possible and veterans should feel free to request telehealth appointments from their VA providers.

Can visitors still access VA medical facilities?

Many VA medical facilities have cancelled public events for the time being, and VA is urging all visitors who do not feel well to postpone their visits to local VA medical facilities. Facilities have also been directed to limit the number of entrances through which visitors can enter. Upon arrival, all patients, visitors, and employees will be screened for COVID-19 symptoms and possible exposure.

What about VA nursing homes and spinal cord injury units?

On March 10, 2020, VA [Announced](#) that its 134 nursing homes (also called VA community living centers) and 24 spinal cord injury and disorder centers would be closed to all outside visitors. All clinical staff will be screened for COVID-19 daily before entering the nursing home or spinal cord injury units, and staff will work only within those units to limit possible transmission of the virus. Exceptions to the visitor policy will only be made for cases when veterans are in their last stages of life on hospice units or inpatient spinal cord injury units.

What Congress has been doing?

- How are student veterans impacted? On 19 MAR, the House passed Senator Moran's legislation ensuring student veterans will receive waivers for classes changing to completely online instruction because of COVID-19 – mirroring the fix detailed in Chairman Takano's HR 6212 that was introduced last week. Even though students may be forced to switch to online classes, which under normal circumstances would lower the amount they receive for their monthly housing allowance, student veterans will now be able to maintain their current monthly housing allowance rate under this legislation.
- Pressing VA for answers -- On 18 MAR, Chairman Takano, Ranking Member Roe, and 25 members of the Committee sent a letter to Department of Veterans Affairs Secretary Robert Wilkie asking for frequent answers and updates on the Department's response to the COVID-19 pandemic. The Members asked for daily updates on:
 - Number of COVID-19 test kits available to VHA
 - Number of veterans tested, both internally and outside VA
 - Number of employees tested
 - Status of all test results including the number of positive and presumptive positive results and the location and status of those patients
 - Data on testing time: time required to complete testing, both initial testing to establish a presumptive positive and time it takes to receive CDC confirmation
 - Criteria for testing veterans and employees
- And weekly updates on:
 - Number of acute care or ICU beds, current use statistics, and number used to treat COVID-19 patients
 - Number of ventilators and percentage in current use
 - Personal Protective Equipment (PPE) supply levels
 - Number of negative pressure beds and current use statistics
 - Pharmaceutical supply levels
 - Current staffing levels, including the number of employees out of work due to illness and/or not at work due to a positive test for COVID-19 or exposure to an individual positive for COVID-19
 - Current guidance given to VA employees and contractors who feel they may have been exposed, have symptoms, or are responsible for a child or family member who must remain home as a result of COVID-19
- Read their full letter [Here](#).

Taking action to protect veterans

The COVID-19 pandemic has prompted governments, companies, and the general public to take action to help mitigate the spread of the disease. The Committee has taken the following actions to ensure VA has the required resources to carry out these tasks and protect veterans:

- Worked to eliminate copayments for testing and medical appointments for veterans
- Received continuous updates on VA's COVID-19 response and emergency preparedness
- Continued Committee oversight of VA's mission to respond to a national emergency
- Protected student veterans
- Ensured VA's ability to maintain continuity of operations

A full description of the Committee's actions can be found [Here](#).

How can the Committee on Veterans' Affairs help?

If there is any way the Committee on Veterans' Affairs can be of assistance to you or a veteran you know, please email Hvac.Majority@Mail.House.Gov. The Committee is also interested in hearing about veterans' experiences accessing

care in their communities. Please feel free to e-mail any stories that could help inform the Committee's oversight of VA's response to COVID-19.

How you can help prevent the spread of COVID-19?

The CDC released [Guidelines](#) individuals can follow to protect themselves and their communities from COVID-19. These precautions include washing your hands for 20 seconds with warm water and practicing social distancing so the virus does not unintentionally spread to other people. Since many veterans care for family members at high risk of contracting COVID-19, it is important to contact state and local health authorities for next steps and treatment.

Supporting others

The significant impact COVID-19 has on daily routines may cause unanticipated stress on some veterans in crisis. Help is available for veterans in crisis by calling the Veteran Crisis Line at 1 (800) 273-8255 and pressing 1, at [VeteransCrisisLine.Net/Chat](#), or by texting 838255.

[Source: <https://veterans.house.gov/covid-19> |March 24, 2020 ++]

AFRH

Update 16: Now Accepting Applications for 2020 Residency

The Armed Forces Retirement Home (AFRH), which offers affordable independent living to eligible veterans in its Washington, D.C., and Gulfport, Miss. locations, is now accepting applications for residency in 2020! To qualify, veterans must be 60 or older and served at least 20 years on active duty, with the majority of that time spent in the enlisted ranks. For those with less than 20 years on active duty, applications are welcome from those who have at least a 50% service-connected disability, or from those who served in a war theater (such as in Vietnam, Kuwait, Iraq and Afghanistan) and now have an injury, disease or disability. Veterans who have been convicted of a felony or are not free of drug, alcohol, or psychiatric problems are ineligible to become a resident.

Rooms are currently available at both locations with no waiting period, down payment or contract required! For eligible veterans moving into AFRH in 2020, the rate for independent living is 46.7% of the resident's gross monthly income or \$2,050.00, whichever is less. All applicants must be able to live independently upon moving to the AFRH. This means being able to care for personal needs, attend a dining facility for meals, and keep all medical appointments. AFRH is fully accredited by The Joint Commission and the Commission on Continuing Care Retirement Communities and provides advanced levels of care to our residents after they have been accepted into independent living. This includes assisted living, long-term care, and memory support – assuring life-long supportive care that will always remain within your budget.

Of the current residents 85% spent a career in the military, retiring honorably in the enlisted ranks following 20 or more years of active duty service to our Nation. Military veterans from each service branch live at the Home. The largest group represented served during the Korea and Vietnam eras.

- In Washington, D.C., AFRH offers residents a scenic, wooded campus just minutes from downtown - home to museums, monuments, and a host of local entertainment, sports and other cultural options. Residents will enjoy all the advantages of city life in a safe gated community with quiet beautiful grounds. Campus amenities include a nine-hole golf course and driving range, walking paths, stocked fishing ponds, and modern recreation facilities.
- In Gulfport, Miss. AFRH offers residents a beautiful view of the Gulf of Mexico, with an outdoor swimming pool, walking path to the beach, reflecting pool, art studio and modern media room.

Many veterans choose to live at AFRH for the superior medical, dental and vision care offered, with amenities that include: private rooms with a shower, three delicious daily meals prepared by licensed nutritionists in our modern

dining facility, a wellness program and deluxe fitness center, movie theater, bowling center, numerous hobby shops, clubs, and social activities.

Services include recreational activities and resident day trips, a full-service library, barber shop, beauty salon, 24/7 security, computer center, mailboxes, ATM, campus PX/NEX and convenient transportation available to local hospitals and appointments. Residents also have access to additional services such as on-site physical and occupational therapy, in-room internet and cable TV, podiatry, and counseling. Married couples are welcome to apply for residency at AFRH:

- If both individuals meet all military and other eligibility requirements in their own right, or
- If the eligible veteran completed at least 20 years of active service and married current spouse prior to military retirement.

Call for details regarding [married couples' fees](#) – discounts are available. For further information or to request an application, visit <https://www.afrh.gov/apply> or contact the Office of Public Affairs at: admissions@afrh.gov or 1-800-422-9988. [Source: DFAS Newsletter | March 18, 2020 ++]

Vet Cemeteries

Update 03: Cemetery Operations Adjusted in Response to COVID-19

All U.S. Department of Veterans Affairs (VA) national cemeteries are open and will continue to provide interments for Veterans and eligible individuals. However, effective March 23 — as part of the agency's response to the coronavirus (COVID-19) — committal services and the rendering of military funeral honors will discontinue until further notice. Immediate family members (limited to no more than 10 individuals) of the deceased may witness the interment if requested. "We are committed to the safety of our Veterans, their families and employees, and have implemented an aggressive public health response to COVID-19," said VA Secretary Robert Wilkie. "At the same time, we continue to take steps to provide flexibility to Veterans and their loved ones, where possible."

Families choosing to continue with interment may schedule a committal service for a later date. Families wishing to postpone an already scheduled interment to a later date should contact the cemetery as soon as possible to convey their wishes. Although VA national cemeteries remain open to visitors, guests are strongly urged to obey local travel restrictions and avoid unnecessary travel. Certain portions of a cemetery typically open to the public, such as public information centers or chapels, may be closed to the public. Contact your local cemetery for updates regarding closures. For more information, contact NCA at 202-891-9987. Veterans can call the National Cemetery Scheduling Office at 800-535-1117 or schedule a burial arrangement [online](#). The VA conducts burial services for over 130,000 veterans and eligible family members each year, [Source: VA News Release | March 20, 2020 ++]

Vet Internet Availability

Comcast Internet Essentials Program

Internet connectivity is more vital today than ever before. The economic strain presented by the novel coronavirus has jeopardized the ability of many low income households to remain connected to friends, family, and resources that can prove vital to alleviating uncertainty. Comcast, the cable and internet behemoth, is responding by initiating a program designed specifically to benefit low-income veterans. "We recognize that our company plays an important role in helping the military community stay connected to their families, the VA and other health services, and the latest information about the virus — through the Internet," Charlie Douglas, vice president of corporate communications, wrote in a company release.

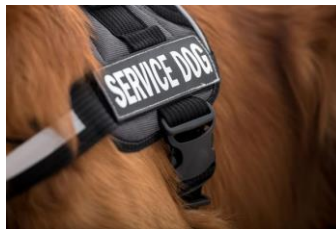
Thousands of veterans are expected to qualify for the company's Internet Essentials program, which, effective 16 MAR, will provide two free months of internet service. Installation is free and no contracts are necessary, meaning the service can be canceled for no charge at the end of the second month. Beyond month two, users can opt to "remain in the program as paying customers at the heavily discounted Internet Essentials rate of \$9.95 a month," the release said. Internet speed for Internet Essentials users is also being increased — to 25 Mbps downstream and 3 Mbps upstream — for no additional charge. The speed update will automatically go into effect without any action required on the part of the customer, the release said.

More than one million former military personnel qualified for eligibility when Comcast first extended the Internet Essentials program to low-income veterans in 2018. "The poverty rate for vets between 18 and 34 years old is higher than all other age groups, with veterans of the Gulf War and Afghanistan having higher poverty rates than other veterans," Douglas said. "Many low-income veterans returning from service face significant challenges in finding work and making ends meet. This is simply unacceptable."

Veterans can check whether they qualify and sign up for the Internet Essentials program's offer of two free months of internet by visiting the program's website (www.internetessentials.com), which also offers desktop computers and laptops that start at \$149.99. "You may qualify if you are eligible for public assistance programs such as the National School Lunch Program, Housing Assistance, Medicaid, SNAP, SSI, and others," the company's page states. The company has also announced it will be creating Xfinity Wifi hot spots, which will be free to use and located across the country. Those interested can see a list of hot spot locations on the Xfinity page at <https://wifi.xfinity.com>. [Source: MilitaryTimes | J.D. Simkins | March 19, 2020 ++]

Vet Service Dogs

Update 27: DOT Proposed Emotional Support Animal Plane Rule



Some veterans and disability advocates are divided over a rule proposed by the Department of Transportation (DoT) that would let airlines treat emotional support animals as pets. Until April 6, the DoT is soliciting comments from the public on whether it should let airlines stop recognizing emotional support animals as service animals, and instead only accept trained psychiatric service dogs under that definition. The current policy has been heavily criticized by the public as too lax.

In recent years, passengers have brought miniature horses onboard, and one woman tried to bring a peacock onto a plane. College Humor latched onto the issue two years ago with an "emotional support pterodactyl." "We're not far away from a legitimate service animal getting into a fight with an iguana, [while a plane is] up in the air," said K9s for Warriors CEO Rory Diamond. "Let people understand the distinction that there's service dogs and there's pets." Diamond's organization trains shelter dogs to work as service animals for veterans with post-traumatic stress disorder, traumatic brain injury and military sexual trauma. He sees the proposed change as an "all-around knock-out win," as does American Humane, which does similar work.

"Everybody loves their dogs," Diamond said, "[But] there is a victim when you take that animal on that plane, and it is the service animal." His concerns over safety were also raised by the DoT in its proposal, but groups such as the

National Disability Rights Network (NDRN) and Paralyzed Veterans of America (PVA) think DoT's current rules provide enough of a deterrent for abuse and worry the proposed changes would be too limiting. "The proposed rule would mean big changes for all service animal users," Heather Ansley, PVA associate executive director of government relations, said in a statement when the proposal was announced in January. "If implemented, these measures would create a new burden for catastrophically disabled veterans who already have to deal with damaged wheelchairs, lack of accessible lavatories, and bodily harm caused from being transferred on and off the aircraft."

Ken Shiotani, NDRN senior staff attorney, said the proposed policy would create a paperwork burden, such as requiring someone who's blind to provide paperwork showing they need the service animal. Shiotani said veterans might find it hard to accommodate the proposed size requirements for service animals, which call for them to fit in the passenger's foot space or be placed on the passenger's lap. The DoT said this shouldn't be a problem as "these animals are often trained to fit into small spaces." So far, at least 3,000 people have commented on the proposed policy change. Comments can continue to be made at <https://www.regulations.gov/comment?D=DOT-OST-2018-0068-12959> until 18 APR. [Source: Military.com | Dorothy Mills-Gregg | March 19, 2020++]

Vet Jobs

Update 261: Earn Money Making Deliveries in Your Car

In recent years, it's become easier than ever to make money through a side hustle. You've probably heard stories of people making money by driving others with ride-share services like Uber and Lyft. But what if you could make money delivering items in your car — instead of driving people around? Today, delivery services abound, and you can make money by signing up to deliver a variety of items using your vehicle. Following are four services you can use to make money delivering all sorts of different things.

1. Uber Eats

Uber Eats (<https://www.moneytalksnews.com/Uber-Eats>) is a service available in hundreds of cities worldwide. (www.ubereats.com/location). Depending on where you're located, you might even be able to make deliveries on a bike or scooter, in addition to using a car. You'll use your smartphone to receive orders and manage your trips to restaurants to pick up orders before delivering them. Delivery fares are [calculated](#) based on multiple factors, including a flat pickup fee and flat dropoff fee. In general, though, Uber Eats drivers earn around \$8 to \$12 per hour after accounting for vehicle expenses, according to the website Ridesharing Driver. Uber pays drivers weekly. It's also possible to use Uber's [Instant Pay](#) feature to get your money up to five times a day, although in some cases it will cost you 50 cents per payment.

2. Postmates

Join the Postmates Fleet (<https://fleet.postmates.com>) to get started making all sorts of deliveries, including food, drinks, retail purchases and anything else people might need. Postmates operates in dozens of cities (<https://postmates.com/delivery-near-me>). You receive a delivery bag, as well as a prepaid card to get started. You can make deliveries using a car or by other means, including bicycling and walking. You receive [payment](#) weekly, with the ability to instantly withdraw your earnings via a feature called instant deposit. Earnings are [calculated](#) based on a formula that varies by city. View the Postmates webpage for your particular market to learn more. On average, though, Postmates delivery drivers earn \$11 an hour, according to Glassdoor.

3. Shipt

To [shop](#) for Shipt, delivering fresh groceries and everyday essentials to customers, you need a smartphone to manage your orders. Shipt also requires a reliable vehicle that is from model year 1997 or later and the ability to lift 40 pounds. Unlike some other delivery services, Shipt also requires you to have knowledge of produce selection. Shipt pays contractors on a per-order basis and says orders can pay up to \$22 apiece. Shipt makes payments weekly via direct

deposit. Shipt operates in cities (www.shipt.com/cities) nationwide, so the chances are good that you can find work doing the grocery shopping for others.

4. Instacart

Another service that lets you do the grocery shopping for others is Instacart (<https://shoppers.instacart.com>) It's available in hundreds of U.S. [cities](#) as well as in Canada. You'll need consistent access to a vehicle and to be able to lift 50 pounds. With Instacart, you can pick your own hours and receive weekly [payment](#). You use a smartphone app to receive instructions and manage your grocery deliveries. As of early 2019, Instacart was offering a minimum payment of \$5 to \$10 per job, not counting tips or compensation for mileage, Fast Company reports.

5. Other delivery service options

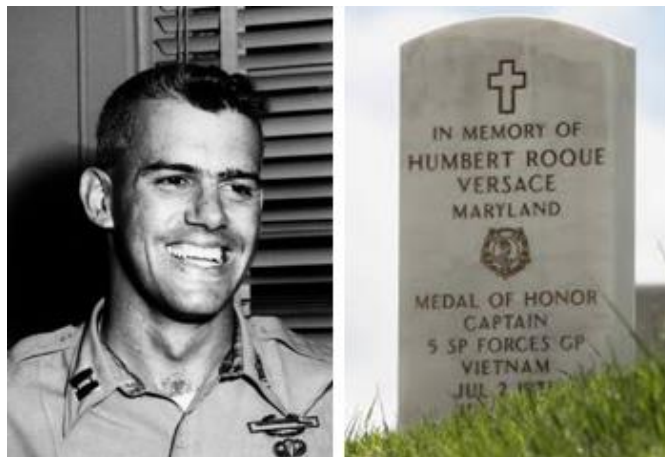
In addition to the options listed above, there are plenty of other ways to make deliveries in your car. Other delivery services include:

- [DoorDash](#): Restaurant food delivery
- [WeGoShop](#): Grocery delivery
- [Amazon Flex](#): Package delivery
- [Grubhub](#): Restaurant food delivery
- [Saucey](#): Alcoholic beverage and snack delivery

You can also check with local services that might provide delivery options. In many local areas, there are companies that focus on just their city for deliveries. So, even if some other options aren't available in your town yet, you might still be able to make money with deliveries. [Source: MoneyTalksNews | Miranda Marquit | March 24, 2020 ++]

Vietnam Vets [37]

Humbert Roque Versace | POW Awarded MOH



Captain Humbert Roque Versace, affectionately called "Rocky," was an officer of the United States Army. He went on to receive the Medal of Honor-the greatest military decoration of the United States-for the heroic actions he undertook as a prisoner of war in the Vietnam War. Puerto Rican-Italian by descent, he was the first member of the U.S. Army to have ever received such a distinction.

Born on July 2, 1937, in Honolulu, Hawaii, Versace was the eldest of five children. Versace's father was Colonel Humbert Joseph Versace (1911–1972), and his mother was Marie Teresa Ríos (1917–1999) who authored three books, which includes the popular work 'Fifteenth Pelican,' on which the 1960s starred Sally Field as 'The Flying Nun' was based. Having grown up in Alexandria, Virginia, Versace attended Gonzaga College High School in Washington, D.C.

during his freshman and sophomore years, Frankfurt American High School in his junior year, and after graduating from Norfolk Catholic High School in his senior year, enrolled in the Armed Forces from Norfolk in Virginia. Following in the footsteps of his father, Versace graduated from the West Point U.S. Military Academy in 1959 and entered the United States Army as a Second Lieutenant of Armor.

During his time in Ranger School, Versace was a member of Ranger Class 4-60. On December 18, 1959, he received the Ranger Tab. Once he graduated from Ranger School, Versace—who was now promoted to Captain, attended Airborne School where he was awarded the parachutist badge. Thereafter, he went on to serve with the 3rd Battalion, 40th Armor, 1st Cavalry Division in the Republic of Korea as an M-48 tank platoon leader—a post that he continued from March 1960 to April 1961. Versace started his first tour of duty in war-torn Vietnam in the capacity of an intelligence advisor starting May 12, 1962. Just a year later, in May 1963, Versace put in a request for an extension of his tour by six months. He wanted to attend seminary at the conclusion of his service and join the Catholic priesthood, in hopes that he could thereafter return to Vietnam to work with the orphans as a missionary.

At just about two weeks before his tour was to end on October 29, 1963, on a friendly visit to a classmate from the Military Academy in Detachment A-23 of 5th Special Forces Group in the Mekong Delta, Versace accompanied numerous South Vietnamese Civilian Irregular Defense (CIDG) troop companies. They had attacked a command post located in the U-Minh Forest, which was a stronghold area of the Viet Cong. Versace's unit was ambushed and overrun by a Main Force battalion of the Viet Cong, and Versace himself got gravely wounded. However, even in his critical state, he could provide enough firepower to allow the CIDG forces to retreat from the killing zone. Although a 200-strong second government force that operated from a few thousand yards from the site of the ambush learned of the mishap, they were far too late to be of any help. According to U.S. authorities, there were communist radio jammers that had blocked the main channel as well as the alternate channel on all local military radios—which contributed to the delay.

A captured Versace was locked up in a prison that existed in the deeper areas of the jungle. With him were two other American prisoners of war - Sergeant Dan Pitzer and Lieutenant Nick Rowe. Even in his state, a valiant Versace tried to escape four times, however, he got caught every time. Versace, however, continued to resist the torture of Viet Cong by insulting them during indoctrination sessions and repeatedly quoting the Geneva Convention treaty. Due to his persistent behavior, Versace was separated from the other prisoners by the Viet Cong. The prisoners reportedly last heard his voice singing "God Bless America," loudly and proudly, which they believe were indeed his last words.

On September 26, 1965, the "Liberation Radio" of North Vietnam announced Captain Humbert Roque Versace's execution. Versace's remains were never recovered, and his headstone, which can easily be located in the Memorial section MG-108, stands on an empty grave at Arlington National Cemetery. Once Versace's parents gained knowledge of the fate of their son, Marie and her husband, Colonel Versace, decided to find out everything they could the circumstances in which the tragedy had happened. Marie went to Paris in the late 1960s to see the North Vietnamese delegation that had come to Paris to negotiate a peace deal. However, she was unsuccessful in her attempts and expressed her frustration and anguish through poems.

Although Versace was nominated for the Medal of Honor in 1969, the attempt failed, and Versace received a posthumous Silver Star instead. It was only when the "Friends of Rocky Versace" reinitiated the cause of getting Versace a much-deserved Medal of Honor did the matter come back into the limelight. Finally, in 2002, the Defense Authorization Act ended the standoff by awarding the Medal of Honor – the most prestigious military decoration for combat valor to Versace. On July 8, 2002, in a ceremony in the East Room of the White House, then-President George W. Bush awarded Versace a posthumous Medal of Honor for his heroic actions. This was the first time in history that an Army POW had ever been awarded the very highest military distinction for showing immense courage in the face of captivity. The surviving siblings of Rocky Versace—Dr. Stephen Versace, Richard, Michael, and Trilby Versace were present at the ceremony. [Source: Together We Served | March 2020 ++]

Vietnam Vets [38]

Bennie Adkins | MOH Holder Hospitalized w/COVID-19



the Bennie Adkins Foundation announced 26 MAR that Medal of Honor recipient Bennie Adkins, one of 258 service members awarded the Medal of Honor during the Vietnam War, has been hospitalized due to COVID-19. Adkins, 86, is critically ill, the foundation reports. “The COVID-19 pandemic has hit home,” the Foundation said in a Facebook post. “Bennie has been hospitalized and is critically ill with COVID-19 respiratory failure. We ask for your thoughts and prayers.”

Adkins, a retired command sergeant major, earned the Medal of Honor in September 2014 for his service during the Vietnam War. He was first drafted into the Army in 1956 and went on to serve with the Special Forces for 13 years and complete three tours in Vietnam. While he was assigned to the Army’s Detachment A-102, 5th Special Forces, 1st Special Forces during his second tour in Vietnam, then-Sgt. 1st Class Adkins was involved in 38 hours of close-combat fighting near Camp “A Shau” on March 9, 1966. “When the camp was attacked by a large North Vietnamese and Viet Cong force in the early morning hours, Sergeant First Class Adkins rushed through intense enemy fire and manned a mortar position continually adjusting fire for the camp, despite incurring wounds as the mortar pit received several direct hits from enemy mortars,” Adkins’ Medal of Honor Citation says.

Even while coming under enemy fire, he continued to rescue fellow wounded soldiers and was responsible for leading the team through the jungles of Vietnam until a helicopter came to evacuate them on March 12. During the course of the battle, Adkins suffered 18 separate injuries and killed between 135 to 175 enemy forces, according to the Army. “Sergeant First Class Adkins’ extraordinary heroism and selflessness above and beyond the call of duty are in keeping with the highest traditions of the military service and reflect great credit upon himself, Detachment A-102, 5th Special Forces Group, 1st Special Forces and the United States Army,” Adkins’ Medal of Honor citation reads.

After retiring from the Army in 1978, Adkins earned a bachelor’s degree from Troy State University, along with two masters degrees in education and marketing also from Troy State University. Additionally, he launched Adkins Accounting Service, Inc., in Auburn, Alabama as he pursued his degrees. Adkins has also earned the Distinguished Service Cross, Silver Star, Bronze Star Medal, among other awards, per the Army. [Source: MilitaryTimes | Diana Stancy Correll | March 27, 2020 ++]

Vet Fraud & Abuse

Reported 16 thru 31 MAR 2020



Aurora, CO -- A jury on 12 MAR found Joseph Prince, 60, of Aurora, guilty of felony health care fraud, conspiracy, money laundering, and payment of illegal kickbacks — crimes that were committed during his employment at a call center. Prince's tactics misdirected funds that were intended for veterans with children suffering from birth defects, according to the court documents. The jury reached its verdict in Denver federal court after an eight-day trial. "To steal from a program that is intended to help our veterans and their children who suffer from serious medical conditions is reprehensible," said U.S. Attorney Jason Dunn. "Mr. Prince was also harming the American taxpayers and will now pay a significant price for his actions."

Prince's strategy netted nearly \$19 million in payments from the Veterans Administration in little more than a year, according to prosecutors. In the federal indictment, investigators described how Prince, a VA call center employee in Denver, set up fake home health agencies, then convinced unknowing beneficiaries to submit invoices for services to those unapproved agencies. Those fake agencies were run by Prince's wife, brother-in-law, half-sister and friends. Prince worked as a Relationship Specialist for the VA call center, specifically connecting health care providers with Korean and Vietnam war veterans with children needing special care for treatment of spina bifida.

Ultimately, Prince referred 45 program beneficiaries to the sham home health agencies, and directly received approximately \$1.5 million in kickbacks from two of those entities between December 2017 and June 2018. "The sizeable amount of false claims Joseph Prince submitted and subsequent kickbacks he received are an affront to government programs intended to help the public," said Andy Tsui, IRS Criminal Investigation Special Agent in Charge, Denver Field Office. "It is unacceptable to abuse a position of trust for personal financial gain and for those that do, IRS-Criminal Investigation will seek justice on behalf of the true beneficiaries of government benefits programs."

Prince is scheduled for sentencing on 11 JUN. Though Prince faces considerable prison time, prosecutors intend to seek forfeiture of assets and full restitution of the VA's funds. Long-time friend of Prince and co-conspirator Roland Vaughn, and friends Glenn and Catherine Beach, all pleaded guilty to related federal charges late last year. They are scheduled for sentencing in April. [Source: CBS-4 Denver | March 15, 2020 ++]

-o-o-O-o-o-

Kansas City, KS -- A Marine veteran was indicted 12 MAR on charges she committed fraud to obtain government contracts for a business in Overland Park that sold commercial flooring and furniture, U.S. Attorney Stephen McAllister said. **Valerie Gonzalez**, 51, Tucson, Ariz., is charged with seven counts of wire fraud and one count of making a false statement on a Veterans Administration vendor verification form. The indictment alleges Gonzalez falsely claimed to own more than 99 percent of The Primus Group, 6980 W.153rd, Suite B, Overland Park, Kan. The indictment cites payments by the government totaling more than \$2 million. If convicted, she could face up to 20 years in federal prison and a fine up to \$250,000 on each fraud count, and up to five years and a fine up to \$250,000 on the false statement count. The Veterans Affairs, Office of Inspector General (VA-OIG), the Government Services Administration – Office

of Inspector General and the Department of Labor – Office of Inspector General investigated. Assistant U.S. Attorney Jabari Wamble is prosecuting. [Source: DoJ Dist. of Kansas | U.S. Attorney’s Office | March 12, 2020 ++]

Military Retirees & Veterans Events Schedule

As of 01 APR 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\vetans 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\vetans related events to the Events Schedule Manager, Milton.Bell126@gmail.com [Source: Retiree\Veterans Events Schedule Manager | Milton Bell | March 31, 2020 ++]

Vet Hiring Fairs

Scheduled As of 01 APR 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. Note that may of the scheduled events for the next 2 to 6 weeks have been postponed and are awaiting reschedule dates due to the current COVID-19 outbreak. 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 31, 2020 ++]

State Veteran's Benefits

Alaska 2020

The state of Alaska provides several benefits to veterans as indicated below. To obtain information on these refer to the attachment to this Bulletin titled, “Vet State Benefits – AK” for an overview of the ones listed. Benefits are available to veterans who are residents of the state. Refer to <http://veterans.alaska.gov> for a more detailed explanation of each of the following:

- Housing
- Real Estate
- Employment
- Education
- Recreation
- Other State Veteran Benefits

[Source: <https://www.military.com/benefits/veteran-state-benefits> | 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>.

Coronavirus Financial Planning

Update 01: H.R. 6201 - Coronavirus Response Act



An emergency relief package introduced 11 MAR by Rep. Nita M. Lowey (D-NY-17) was passed 363 to 40 on 14 MAR to address the sweeping effects of the coronavirus and cushion the economic blow to the most vulnerable Americans. The legislation includes a series of measures intended to bolster the safety net for families and workers whose livelihoods and health are affected by the virus. With President Trump weighing in late to voice his approval, the Senate is expected to take up the package and could pass it as early as next week. It is unclear how much the package will cost, because the Congressional Budget Office, the independent federal agency that assesses the revenue effects of legislation, did not have time to calculate a price tag. Here's what's in the package.

1. There is paid sick leave for workers — but millions aren't covered.

The measure gives some workers two weeks of paid sick leave and up to three months of paid family and medical leave, equal to no less than two-thirds of their pay. The provision is aimed at encouraging people to follow the advice of public health officials who have said the best way to contain the spread of the virus is to have anyone experiencing symptoms stay at home. But those benefits only apply to employees of businesses with fewer than 500 employees, or the government, who are infected by the virus, quarantined, have a sick family member or are affected by school closings. Large employers are excluded, and the Labor Department will have the option of exempting workers at any company with fewer than 50 employees, if it determines that providing paid leave “would jeopardize the viability of the business as a going concern.”

Those exemptions could potentially exclude nearly 20 million workers. About 59 million Americans work for companies with 500 or more employees, according to the Bureau of Labor Statistics, and about 6.5 million of them do not have any paid sick days. Another 12 million work for companies with fewer than 50 employees and do not have paid sick days. (Some large companies have announced since the outbreak began that they will provide paid leave for workers who get the virus. Walmart said it would give up to two weeks of pay; Target said it would give 14 days.)

The bill also limits benefits to workers who are sick, subject to a quarantine or caring for a family member; it stops short of what some public health experts have called for — effectively paying any worker to stay home, in order to reduce the spread of the virus. It also excludes “certain health care providers and emergency responders” from the benefit. Companies covered by the policy will not foot the bill for paid leave. The government is providing new tax credits to both help offset the costs of accommodating the new mandate and the economic impact of the outbreak. The paid leave provisions were among the most contentious elements of the legislation. Republicans objected to a proposal by Democrats to establish a permanent paid sick leave entitlement for all families, according to a Democratic aide familiar with the negotiations, who spoke on condition of anonymity to describe the private negotiations. The provision would expire in a year, at the insistence of Republicans, and exemptions are available for small businesses.

2. It allows for free coronavirus testing for all, including the uninsured.

As the White House moved on 13 MAR to catch up with the surging demand for coronavirus testing, Ms. Pelosi emphasized that “testing, testing, testing” would be the centerpiece of the legislation. The final package includes a number of waivers to allow the costs of tests to be covered by insurance and federal government programs. It also includes a 6.2-percentage point increase in federal payments to Medicaid for states. There is also \$64 million for the Indian Health Service to cover the costs of coronavirus diagnostic testing for members of federally recognized Native American tribes. The Department of Veterans Affairs would receive \$60 million to provide testing for veterans, while the National Disaster Medical System would receive \$1 billion to reimburse the costs of testing and services to people without health insurance.

3. The package increases funding food assistance programs.

The bill includes about \$1 billion for food security programs aimed at helping those who may struggle to get access to meals during the pandemic, including those who rely on the Supplemental Nutrition Assistance Program, food banks, and the 22 million children who receive free or reduced-price lunch at school. Those new funds include \$500 million to help provide nutritious food to low-income pregnant women or mothers with young children who lose their jobs as a result of the coronavirus outbreak, and \$400 million to help local food banks purchase, store and distribute food. There is also \$100 million to provide nutrition assistance grants to Puerto Rico, American Samoa, and the Northern Mariana Islands and \$250 million to provide additional home-delivered and prepackaged meals to low-income seniors who rely on federal programs.

The legislation allows for emergency food assistance to households with children who would receive free or reduced-price meals in school if they close for five days or longer. Democrats also included language that bars the administration from pushing ahead with tougher work requirements for food stamps beginning on April 1. Under the package, the work and work training requirements for SNAP would be suspended during the coronavirus pandemic.

4. It strengthens unemployment insurance benefits.

The legislation provides \$1 billion in 2020 for emergency grants to states to assist with processing and paying unemployment insurance. Half of those funds would be used to provide immediate additional funding to all states for staffing, technology and other administrative costs. The other half would be used for emergency grants to states that experienced at least a 10-percent increase in unemployment.

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The bill was then forwarded to the Senate who is expected to pass it within the week. [Source: The New York Times | Emily Cochrane & Jim Tankersley | March 14, 2020 ++]

VA Cemeteries

Update 21: S.3492/H.R.6228 | Allow Federal Property Transfer to VA Nevada

U.S. Sen. Catherine Cortez Masto (D-NV) has introduced a bill that would clear the way for a veterans’ cemetery in Elko, with authorization for a land transfer from the U.S. Bureau of Land Management to the U.S. Department of Veterans Affairs. “Elko’s veterans and community leaders have been working for over seven years to get approval for a much-needed veterans’ cemetery in eastern Nevada,” Cortez Masto said in a 12 MAR announcement. “Let’s just get it done,” the senator said in a phone interview from Washington. She said she will be working to get a hearing for the bill and get it to the Senate floor “by itself or as part of another vehicle.”

U.S. Sen. Jacky Rosen (D-NV) jointly introduced the bill with Cortez Masto, and Rosen said that “Nevada’s veteran community in Elko has worked tirelessly for years to have a national veterans cemetery nearby.” U.S. Rep. Mark

Amodei (R-NV) introduced H.R.6228 in the House which would allow the BLM to transfer land to the VA for the planned Elko cemetery, according to Logan Ramsey Tucker, communications director for the congressman.

The BLM land transfer would allow the VA to construct a cemetery on land in Elko County outside city limits but use city water. “I have not seen the map, but it appears they are including the BLM property located in the county west of Adobe Middle School. Assuming that is the case, the city is still prepared to facilitate an extension of water infrastructure to that location, at the VA’s cost,” Elko City Manager Curtis Calder said. Elko City Council voted in January 2019 to provide water for the proposed VA cemetery outside city limits, but at that time rejected the VA’s request for a city water rate and a waiver for connection fees, because of city codes and concerns about setting precedent. The city would need to put in a water line and a pump station to provide 200 gallons per minute, and the city would require the VA to reimburse the city for the line and station construction. The VA’s water rate would be 1.5 times the rate for those inside city limits.

The VA is looking at roughly 15 acres of BLM-managed land in the county, and Cortez Masto said in the telephone interview that it is her understanding that will be the site, but “it is up to the VA” to work with Elko to start the cemetery process. She said she is looking forward to the day there is a VA cemetery in Elko. The VA approved construction of a cemetery in Elko back in 2013, and former U.S. Sen. Dean Heller (R-NV) had proposed a bill in 2018 for the BLM land for the cemetery, but that bill died, Tucker said. She said Amodei is introducing the Northern Nevada Economic Development and Conservation Act of 2020 that includes “individual bills requested by their respective counties or municipalities, as well as other provisions relevant to northern Nevada.” The bill also is a nationwide authorization for the BLM to transfer land to the VA for national cemeteries, Tucker said. [Source: Elko Daily | Adella Harding | March 12, 2020 ++]

GI Bill

Update 306: S.3503 | Allow Online & On Campus Courses be Treated Same

The Senate approved a measure 16 MAR that would ensure student veterans continue to receive full GI Bill benefits, even as colleges go online-only in response to the coronavirus pandemic. GI Bill recipients rely on monthly stipends from the Department of Veterans Affairs to pay for housing, food and other bills. Those payments are higher for students who attend physical classes as opposed to online coursework. As classes began to move online last week to help prevent the spread of coronavirus, tens of thousands of student veterans faced the possibility of losing their benefits or seeing drastic cuts to their monthly checks.

The Senate approved an emergency fix by voice vote that would allow students to retain the amount of benefits they received when they started the semester. It gives the VA Secretary broad authority to ensure GI Bill benefits are distributed without interruption during national emergencies. The vote came just three days after Sen. Jerry Moran (R-KS) and Sen. Jon Tester (D-MT) introduced the bill. Moran and Tester — leaders of the Senate Veterans’ Affairs Committee — urged the House to follow suit quickly and to approve the measure. “This is a great first step, and I urge my colleagues in the House to also act quickly to pass this legislation and send it to President Trump to sign,” Moran said in a statement. We must make certain veterans can still receive the benefits they’ve earned despite concerns surrounding coronavirus and have the opportunity to earn a college degree and achieve success after service.”

Student Veterans of America, which has hundreds of chapters at colleges nationwide, also was pushing the House to act quickly. The group, along with others, sent a letter to Congress last week warning that student veterans were at risk of losing their homes if their benefits stop or substantially decrease. If veterans’ courses originally were not approved for online instruction, all of their benefits will stop as soon as they begin online classes, Student Veterans of America warned. The group described the legislation as critical. “The uncertainty facing student veterans in the wake of unexpected school closures and changes in response to [coronavirus] is unprecedented,” said Jared Lyon, CEO of

Student Veterans of America. Fortunately, S.3503 passed the House on 20 MAR and was forwarded to the President for approval who signed it on 21 MAR. [Source: Stars & Stripes | Nikki Wentling | March 17, 2020 ++]

IRS Tax Filing

Update 01: S. 3535 | Tax Filing Relief for America Act

The new Internal Revenue Service (IRS) guidance postponed the April 15 tax payment deadline and waived interest and penalties for individuals who owe \$1 million or less and corporations that owe \$10 million or less. This means that taxpayers still have to file their taxes by the regular April 15 deadline, but if they have a balance due to the IRS (below the amounts outlined above), they have an extra 90 days before having to make their payment. Delaying payments will be helpful for both individuals and businesses that may be experiencing economic hardship due to the public health emergency.

U.S. Sens. John Thune (R-SD), Steve Daines (R-MT), and Angus King (I-ME) on 19 MAR introduced the Tax Filing Relief for America Act (S. 3535), a bill to extend the tax *filing deadline* from April 15, 2020, to July 15, 2020, which would coincide with the Treasury Department's previous announcement that it would extend the tax payment deadline for filers who owe the IRS for the 2019 tax year. The legislation would provide greater clarity to taxpayers and allow those who need to travel to a secondary location to acquire documents or meet with an accountant to follow CDC's ongoing guidelines with respect to the coronavirus outbreak. It would also preserve the right of taxpayers who are owed refunds to file their tax returns and get their hard-earned money back today.

"Treasury's decision to extend the tax payment deadline from April 15 to July 15 was an important first step, but it only makes sense to also extend the tax filing deadline itself," said Thune. "There's enough confusion amid this outbreak as it is, so I believe it's incumbent upon Congress to provide as much clarity and relief as possible to American families. While I'm working with my colleagues on additional swift and bold action to respond to the ongoing coronavirus outbreak, this is the least we can do, and I hope my colleagues will support this effort." [Source: Press Release | Sens. John Thune | March 19, 2020 ++]

VA Disability Pay

Update 02: H.R.5995/S. 3393 | Major Richard Star Act

On 19 MAR, the VFW joined its Military Coalition partners, a consortium of uniformed services and veterans' associations representing more than 5.5 million current and former service members, their families, and survivors, in writing a letter to express support for H.R. 5995 and S. 3393, the Major Richard Star Act. More than 42,000 veterans have been discharged from military service because they sustained injuries while serving our country in combat. These veterans were denied the ability to accomplish their military career goals, by no fault of their own. To make matters worse, the benefits they receive as a Chapter 61 medical retiree are reduced if they receive earned VA benefits. This demeaning offset, created by Congress to save money, forces those who have shed blood, sweat, and tears for our country in combat to do without benefits they need to provide for their families.

The bill would enable veterans who have been medically discharged due to combat-related injuries, and less than 20 years of service be rightfully entitled to DOD longevity pay and DVA disability compensation payment without offset. Readers who would like to encourage their Congressman to support this issue can do so with a VFW formatted editable message at <https://votervoice.net/VFW/register>. [Source: VFW Action Corps Weekly | March 20, 2020 ++]

Board of Veterans' Appeals

Update 10: H.R.4771 | VA Tele-Hearing Modernization Act

On 25 MAR, the Senate passed VFW-supported H.R. 4771, the VA Tele-Hearing Modernization Act. This important legislation would permit appellants in disability compensation cases before the Board of Veterans' Appeals (BVA) to appear remotely by picture and voice transmissions, also known as "tele-hearings," from locations other than VA facilities. Currently, veterans may appear via tele-hearing from one of roughly 65 locations in BVA cases. This legislation would undoubtedly improve access for veteran appellants in disability compensation cases and would permit a greater number of veterans to attend their own hearings. The bill passed the House in November and now heads to the president. The VFW urges the president to swiftly sign this important legislation. [Source: VFW Action Corps Weekly | March 27, 2020 ++]

American Legion Legislative Agenda

116th Congress, Second Session

American Legion National Commander James "Bill" Oxford presented the organization's legislative priorities before members of Congress as part of the 60th annual Washington Conference in the nation's capital. For the second session of the 116th Congress, the following are The American Legion's priorities.

Toxic exposures and burn pits -- Millions of veterans have been deployed in the Global War on Terror, and a disturbingly high percentage of them have been exposed to airborne toxic hazards during their service as a result of burn pits. The American Legion has for decades fought for service-connected disability benefits for adverse health conditions linked to toxic exposures. The American Legion supports measures to establish a presumption of exposure as well as continued studies on the effects of burn pits. (S. 2950)

Health care for women veterans -- VA must continue to develop and expand health-care services for the fast-growing population of female veterans. All veterans, regardless of gender, must receive fair and equal VA health-care services. (S. 514, H.R. 3224)

Support VA's suicide-prevention efforts -- An estimated 20 veterans die by suicide every day. Most were not receiving care or support through VA that may have saved them. The American Legion supports expanding and promoting mental health treatment for veterans and urges Congress to provide VA necessary funds to hire mental health professionals and proper staffing for its Integrative Health and Wellness Program. (S. 785)

Reaffirm commitment to our allies -- The American Legion supports bills that would provide the State Department necessary resources to maintain and expand our alliance system, ensure aid programs to allies remain properly funded, and promote our national interests abroad. (H.Res 220)

Fully fund a superior national defense -- The American Legion supports a defense budget that complies with the Pentagon's 2018 National Defense Strategy in order to reverse the damaging effects of sequestration, provide fair compensation of military personnel and modernize the U.S. military to protect against any aggression, especially in a time of growing great power competition. (Resolution 35, 2018)

Pay the Coast Guard -- The American Legion supports bills and provisions that will ensure the Coast Guard is paid during government shutdowns. (S. 21, H.R. 367)

Implement, oversee recent laws -- The 115th Congress passed multiple American Legion-supported bills that help veterans and their families, from the backlog-aimed VA Appeals Modernization Act to the omnibus VA MISSION

Act. The Legion continues to call on the 116th Congress to ensure these measures are accurately and quickly implemented, as intended.

Protect the GI Bill -- The American Legion believes that legislation and federal agency action should be taken to ensure better quality and student outcomes for servicemembers and veterans, by excluding DoD and VA funds from the 90-10 calculation for federal student aid. Also, Congress should create common-sense oversight of schools and give military-connected students the same rights as non-veterans when their schools close, when they face an overpayment, and when a school loses its eligibility to operate. (H.R. 4625, S. 2857)

Help end veteran homelessness -- To fully implement VA's pledge to eradicate veteran homelessness, Congress must continue making investments in affordable housing and programs such as Supportive Services for Veteran Families that move veterans and their families off the streets and into stable housing with supportive services. (Resolution 340, 2016)

Support for Gold Star families -- The American Legion is dedicated to ensuring Gold Star families receive the absolute best care and services from the Department of Defense and the Department of Veterans Affairs. (Resolution 14, 2018)

Protecting the American flag -- The American Legion strongly believes the U.S. flag is a symbol of our nation's freedom and all that we hold in common as Americans, secured by military men and women who sacrificed so much for all citizens. That is why The American Legion continues to urge Congress to propose and approve an amendment to the U.S. Constitution that would allow the Congress to prohibit the physical desecration of the flag of the United States. (Resolution No. 303, August 2016)

[Source: American Legion dispatch | March 16, 2020 ++]

State Income Tax Rates

Update 03: 1071 | Exempt CA Military Retirement Pay

On 18 FEB, state Senator Scott Wilk, representing California's 21st senate district, announced the introduction of Senate Bill 1071, bipartisan legislation that would exempt military retirement pay from the state income tax. Senators Bob Archuleta (D-Pico Rivera), Chair of the Senate Veterans Affairs Committee and Patricia Bates (R-Laguna Niguel) are Joint Authors of the measure. "The 21st Senate District is blessed to have many veterans. Their skill sets, education and earning potential make them a great asset to not only the 21st Senate District, but to all of California. We want to keep this talent here as well as show our respect for their service to our nation," said Wilk. "Without some kind of incentive, California's infamously high taxes and cost of living will continue to push the veteran community right out of state."

Forty-three states provide partial or full exemptions for military retirees who establish residency in their state. California is one of seven states that fully taxes military retirement pay and the impact of this shows when looking at retirement rates. The nation's military retirement rate has increased a full 17 percent between the years 2000 and 2016, yet California's military retirement population has declined by 17 percent during that same period. California should be competing to keep this highly skilled work force in state. The vast majority of military retirees are in their mid-forties and assume new careers post retirement in fields such as engineering, computer science, management, health care, communications, and education.

Senator Patricia Bates (R-Laguna Niguel) said, "California's military veterans deserve better from Sacramento than having their retirement pay that they worked so hard for to be taxed. That is why I am proud to jointly co-author Senator Wilk's common sense measure to provide tax relief to our veterans. It will help keep more veterans in California by giving them an incentive to pursue a second career here, instead of in other states." "For a state that

boasts about leading the nation, California is decades behind the rest of the country in encouraging our nation's heroes to remain in California and continue contributing to our economic success," concluded Wilk. "Making things a bit more retirement friendly is a step in the right direction." [Source: Association of Defense Communities| Senator Scott Wilk | March 16, 2020 ++]

HVAC

Update 28: Newly Passed Vet Bills for Floor Vote



On 12 MAR, the House Committee on Veterans' Affairs held a Full Committee Markup passing all 17 bills on the agenda to strengthen family leave, assist homeless veterans and their dependent children through reintegration programs, expand access to contraception, streamline GI Bill processing, and improve the lives of millions of veterans. The Committee also unanimously voted to reauthorize the Women Veterans Task Force. Under Chairwoman Julia Brownley's leadership, the Task Force has worked to increase the visibility of the two million women who have served in the U.S. military and promote inclusivity and equitable access to comprehensive healthcare, benefits, education and economic opportunity, and other federal resources, particularly at the Department of Veterans Affairs. A full list of bills passed can be found below:

- H.R. 712 – VA Medical Cannabis Research Act, as amended (Rep. Correa)
- H.R. 1647 – Veterans Equal Access Act (Rep. Blumenauer)
- H.R. 2224 – Homeless Veterans with Children Reintegration Act, as amended (Rep. Brownley)
- H.R. 3798 -- Equal Access to Contraception for Veterans Act, as amended (Rep. Brownley)
- H.R. 5781 Offered by Rep. Bost -- a bill to improve liability for GI Bill debts, as amended (Rep. Bost)
- H.R. 6036 -- VA Family Leave Act of 2020, as amended (Rep. Roe)
- H.R. 5766 Offered by Rep. Levin – VET TEC Expansion Act, as amended (Rep. McCarthy)
- H.R. 6140 – Veterans in STEM Act (Rep. Underwood)
- H.R. 6018 – to authorize the Secretary of Veterans Affairs to collect overpayments of specially adapted housing assistance (Rep. Correa)
- H.R. 6157 – Transparency for Student Veterans Act (Rep. Luria)
- H.R. 6168 – Veterans' Compensation COLA Act (Rep. Luria)
- H.R. 5284 – Vet OUTREACH Act (Rep. Khanna)
- H.R. 2816 – Vietnam Era Veterans Hepatitis- C Testing Enhancement Act (Rep. Stefanik)
- H.R. 2628 – VET CARE Act (Rep. Bilirakis)
- H.R. 1527 – Long Term Care Veterans Choice Act (Rep. Higgins)
- H.R. 5750 – Streamlining GI Bill Processing Act of 2020 (Rep. Bilirakis)
- S. 3084 – A bill to amend title 38, United States Code, to modify the limitation on pay for certain high-level employees and officers of the Department of Veterans Affairs

On the Committee Repository at <https://docs.house.gov/Committee/Calendar/ByEvent.aspx?EventID=110727> can be found all bill language. [Source: HVAC Press Release | March 25, 2020 ++]



Army Recruiting

Update 15: Recruits Offered Student Loan Payoffs

The U.S. Army is offering to pay off student loans of up to \$65,000 or to give \$15,000 bonuses to recruits willing to sign up for the infantry. The Army has been offering increased financial incentives to attract recruits to take on one of its most physically challenging jobs since it missed its recruiting goal in fiscal 2018 by 6,500 soldiers. "There's a very unique bond between infantry soldiers not found in any other [career] in the Army," Staff. Sgt. Leonard Markley, a recruiter in Toledo, Ohio, whose primary career field is infantry, said in a recent service news release. "It's us against the world, and we as infantrymen all know about the hardships that come with this [career]: walking countless miles, sleep deprivation and rationed meals. "Even when I see another infantryman walking by, I have respect for him and have his back, because we are brothers through all our hardships," he added.

"The Infantry has instilled a work ethic in me that is noticeably different than my peers," Markley said. "This work ethic and discipline will set me apart wherever I go after the military. It is the premier career for leadership and management development skills. I can go anywhere and be a successful manager in any civilian field." To qualify for the infantry, applicants must score a minimum of 87 on the combat line score of the Armed Forces Qualification Test and pass the Occupational Physical Assessment Test at the heavy level, according to the release. Recruits attend a 22-week Infantry One Station Unit Training at Fort Benning, Georgia. During training, they will list their specific infantry job preferences, although assignments are determined by the needs of the Army. Upon graduation, soldiers are assigned as either an infantryman (11B) or an indirect fire infantryman (11C), the release states.

Until recently, Army recruiters were offering bonuses of up to \$40,000 for a six-year enlistment in the infantry. The Army began paying out hefty bonuses for infantry recruits in May 2019 to meet a shortfall of about 3,300 infantry training seats by the end of fiscal 2019. It was part of a sweeping new recruiting strategy launched at the beginning of fiscal 2019, after the service missed its fiscal 2018 goal. [Source: Military.com | Matthew Cox | March12, 2020 ++]

USMC Confederate Paraphernalia Policy

On Base Ban on All Rebel Items

The Marine Corps is a combat organization that can't afford breakdowns in trust or unit cohesion, which is why the service's top general says he's banning all Confederate items on base. Commandant Gen. David Berger acknowledged on 5 MAR that his recent directive to remove Confederate paraphernalia has been met with mixed reactions. But the general stood by the move in his first public comments about the controversial decision in an exclusive interview with

Military.com. "Things that divide us are not good," Berger said. "Whatever [Marines] have in their homes is fine. When on government property, we have to think as a unit and how to build a team, a cohesive team."

Berger, who spoke from the historic Army and Navy Club in Washington, D.C., said his decision to ban Confederate items wasn't based on a specific event. A week before his memo was issued, members of Congress held a hearing on extremism in the military ranks, including the rising threat of white supremacy. "It's about focusing on how we can get better, how we can get better as an organization," the commandant said.

At least one other military leader has been asked why his service isn't following the Marine Corps' lead and banning the items on base. A Coast Guard Academy cadet asked Commandant Adm. Karl Schultz this week if he would consider a similar decision for that service. "If the use of such a derogatory object does not offend someone ... shouldn't we be worried about their ability to effectively lead and understand people of all different backgrounds?" the cadet asked, according to The Day in Connecticut. Army officials were also asked if the Marine Corps' new policy would lead to 10 bases named for Confederate leaders being renamed. As of last week, service officials said there were no plans to rename any street or installation, including those named for Confederate generals, Task & Purpose reported.

Berger said no other military leaders have consulted him about his decision to forbid Confederate items on Marine Corps bases. "They may, but not so far," he said. The commandant said he expected mixed opinions on the policy. Some have applauded the decision, calling it long overdue. Others have accused Berger of attempting to strip the military of a part of its heritage. Having grown up near the Mason-Dixon Line that separated the North and South and who studied at Tulane University, the New Orleans college that shut its doors during the Civil War, Berger said he's aware of what the flag means to many. "But our focus as leaders is doing what's right for the institution," he said. "We're not being politically correct -- nobody told me to do this. The sergeant major and I are just trying to do what's right for the institution. "We're trying to make it better." [Source: Military.com | Gina Harkins | March 6, 2020 ++]

USMC End Strength

Update 04: Ten Year Decision on Force Reductions

The Marine Corps has decided it must eliminate its tank battalions and reduce its infantry and artillery units in 10 years as it converts its force to one more aligned with taking on potential adversaries such as China, the service announced 23 MAR. Gen. David Berger, the Marine commandant, said in October that the Marine Corps is "not optimized for great competition. It is not optimized to support a naval campaign." The reality of the world has forced them to "throw out old assumptions and start fresh," he said at the time. Since summer, the Marine Corps has undergone a review of its personnel, units, and equipment to determine what type of forces the service will need to fight future battles.

The Pentagon's 2018 National Defense Strategy puts China and Russia as the major world powers that the United States must be prepared to challenge as America's military advantages decline. The economic policies of China and its militarization of the South China Sea and Russia's efforts to undermine NATO and its nuclear arsenal are major concerns for the U.S. military, according to the National Defense Strategy. "The Marine Corps is redesigning the 2030 force for naval expeditionary warfare in actively contested spaces, fully aligning the service with the direction of the [National Defense Strategy]," the service Combat Development Command said in a statement, adding it will continue to evaluate and adjust the force design. The Marine unit categories that will see reductions in 10 years are:

- Infantry battalions will go down to 21 from 24
- Artillery batteries will go to five down from 21
- Amphibious vehicle companies will go down to four from six
- F-35B and F-35C Lightning II fighter squadrons will have less aircraft per unit, from 16 aircraft down to 10.

Tilt-rotor, attack, and heavy-lift squadrons will also have reductions and deactivations. The Marine Corps will eliminate its law enforcement battalions, units that build bridges and reduce the service personnel by 12,000 in 10 years,

a less than 7% reduction in the service's total force, according to the statement. The reduction in units, equipment, and personnel is geared toward the Marine Corps' refocused efforts to work more closely with the Navy, especially in the Pacific region to compete against China.

The III Marine Expeditionary Force, based out of Camp Courtney in Okinawa, Japan, is the main focus of Marine efforts in the region, according to the statement. The III MEF will be modernized to have three Marine littoral regiments that are trained and equipped to operate within contested maritime areas, according to the statement. The region will also have three Marine expeditionary units that are globally deployable. The other two Marine expeditionary force units will provide forces to the III MEF, according to the Marine Corps.

The Marine Corps is also planning to increase its long-range rocket artillery abilities by 300%, reduce the size of infantry battalions to allow for a more distributed force, and invest in unmanned air and ground systems, according to the statement. [Source: Stars & Stripes | Caitlin M. Kenney | March 23, 2020++]

Military Draft

Update 04: Commission Recommends Women Be Eligible

A congressionally mandated commission recommended 25 MAR that women should be eligible for the draft and required to sign up at 18. Congress created the National Commission on Military, National and Public Service in 2017 to develop recommendations about the need for a military draft and how to foster an interest in all types of national service among young Americans. In their final report, which was shared with the Pentagon, White House and Congress this week, commissioners recommend extending selective service registration to women. "Women are as likely as men to be qualified for military service," said Debra Wada, vice chair of the commission and the former assistant secretary of the Army. "Ensuring they are part of the registration pool will only make sure we're more prepared. It signals that all Americans may be expected to serve in a national emergency."

Conscription into the military hasn't been used in more than 45 years, but adult men are still required by law to sign up for selective service at 18. The commission proposed that Congress introduce legislation to amend the Military Selective Service Act to eliminate male-only registration. The policy change would expand draft eligibility to all Americans ages 18 to 26.

Over a period of nearly three years, commissioners held public meetings and hearings, spoke to people in 42 cities, consulted more than 530 organizations and collected 4,300 public comments. The topic of extending the draft to women "evoked a range of passionate and heartfelt views," the commissioners wrote. In the end, they decided the male-only military draft excludes women from a fundamental civic obligation, reinforces gender stereotypes about women's roles and omits a skilled population from being called into military service during emergencies.

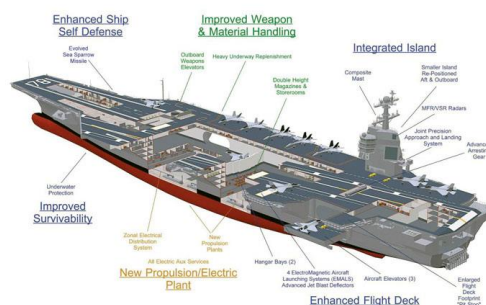
The commission found that 29% of men and slightly more women, at 29.3%, are qualified to meet the initial physical and educational standards to serve in the U.S. military, Wada said. "Ultimately it comes down to making sure that at a time of critical need, we have access to highly qualified individuals," she said. More than 224,000 women serve in the U.S. military. Former Secretary of Defense Ash Carter ordered the opening of all combat roles to women five years ago, and at least 30 women have successfully completed Army Ranger School, according to the report. The policy change is long overdue, commissioners said.

The report, titled "Inspired to Serve," listed dozens of recommendations to increase Americans' participation in military, national and public service. It aims to make a "service year" a rite of passage for young Americans and boost standards for civic education from kindergarten through high school. U.S. Sen. Jack Reed (D-RI) said 25 MAR the report came at a "pivotal moment," as the country grapples with the coronavirus pandemic. "Our national service infrastructure, from the military, to public and community service, has been called into action to fight the COVID-19 virus," Reed said. "This is not a report that should sit on the shelf, this is a call to action. These recommendations can serve as a guidepost for what the future of national service looks like."

Rep. Michael Waltz (R-FL), a combat veteran, said he would work with other lawmakers to turn language in the report into legislation. “Whether it be in the National Defense Authorization Act or stand alone, we are going to make this happen,” he said. [Source: Stars & Stripes | Nikki Wentling | March 25, 2020++]

USS Gerald R. Ford

Update 17: Sewage Problem Costs \$400K per System Flush



The Navy’s prized new super carrier was meant to be a symbol of American military might over the world’s oceans, but it is the ship’s toilets and plumbing system that are proving to be obstacles the service has yet to master. According to a Government Accountability Office watchdog report published 24 MAR, the sewage system pipes onboard the super carrier Gerald R. Ford are too narrow to accommodate the amount of daily waste being flushed by crew of more than 4,000.

“Frequent clogging of the system,” which is similar to those used on a commercial airliner, has necessitated unique fixes that include flushing the entire “sewage system on a regular basis” with an acidic substance capable of unclogging the obstructed monstrosity, the report found. The cost per flush? A mere \$400,000. What’s worse, the carrier George H. W. Bush, commissioned in 2009, features the same sewage system and is experiencing similar issues. High demand of sailors using heads throughout the mammoth ships, coupled with soaring costs and extensive hours devoted to unexpected maintenance, has raised doubts about whether the oft-congested plumbing is even sustainable.

“The Navy is kind of in this little conundrum right now with regard to trying to do everything it needs to do to get the amount of ships that it thinks it needs, but also maintain and sustain the ships that it already has,” Shelby Oakley, director of the GAO’s Contracting and National Security Acquisitions department, said 24 OCT on the GAO’s Watchdog Report podcast.

The toilets on the Ford and Bush were just one of 150 ongoing maintenance issues identified in the report that “required more sustainment effort than planned for during acquisition.” Bloomberg was first to report the sewage issue. “What struck us in our audit work in talking with the sailors and the engineers, and the spare parts logisticians, and various other members of the fleet maintenance operations community is just how frustrated they are with the condition of some of the new ships that they’re asked to operate,” Laurier Fish, GAO senior analyst, said on the podcast.

Since 2012 the service has estimated deferring 5,300 planned maintenance days on ships built during the last 10 years due to the emergence of unexpected issues, contributing “to the fleet’s inability to maintain ships at planned cost and schedule, which we have previously found is a significant Navy-wide issue,” the report stated. “That frustration was very palpable to us and something that struck us as key through this review,” Fish said. The service responded favorably to most of the GAO’s recommendations, according to a response letter from Assistant Secretary of the Navy James F. Geurts. “The Navy generally agrees with the GAO recommendations proposed in the subject report,” Geurts wrote. “And in many cases has already begun implementing those recommendations as best practices.” [Source: NavyTimes | J.D. Simkins | March 25, 2020 ++]

Army Notice

Retirees Asked to Volunteer in COVID-19 Response Effort

The U.S. Army is reaching out to gauge the interest of our retired officers, Non-commissioned officers and Soldiers who would be willing to assist with the COVID-19 coronavirus pandemic response effort should their skills and expertise be required.

These extraordinary challenges require equally extraordinary solutions and that's why we're turning to you -- trusted professionals capable of operating under constantly changing conditions. When the Nation called -- you answered, and now, that call may come again.

If interested and you remain qualified to serve in any of the following health care specialties: 60F: Critical Care Officer; 60N: Anesthesiologist; 66F: Nurse Anesthetist; 66S: Critical Care Nurse; 66P: Nurse Practitioner; 66T: ER Nurse; 68V: Respiratory Specialist; 68W: Medic - we need to hear from you STAT!

If you are working in a civilian hospital or medical facility, please let us know. We do not want to detract from the current care and treatment you are providing to the Nation.

While this is targeted at medical specialties, if you are interested in re-joining the team and were in a different specialty, let us know your interest.

If interested please contact Human Resources Command, Reserve Personnel Management Directorate, at usarmy.knox.hrc.mbx.g3-retiree-recall@mail.mil or call 502-613-4911, and provide your phone number, address, email, and MOS/Branch.

LTG Thomas C. Seamands
Deputy Chief of Staff, G-1

[Source: NCOA Advocate | March 26, 2020 ++]

Military Pay & Benefits

Update 08: Hardship Pay for Troops in COVID-19 Quarantine

New guidance from the Pentagon lays out a series of special pays and allowances for military members who are dealing with coronavirus response, quarantined after contracting the virus or separated from their families due to permanent change-of-station changes. The guidance, issued 26 MAR, includes a new cash allowance for troops ordered to quarantine after exposure to the virus. The new pay, known as Hardship Duty Pay-Restriction of Movement (HDP-ROM), helps troops who are ordered to self-isolate, but are unable to do so at home or in government-provided quarters, to cover the cost of lodging, according to the guidance. Service members can receive \$100 a day for up to 15 days each month if they meet the requirements, the guidance states.

"HDP-ROM is a newly-authorized pay that compensates service members for the hardship associated with being ordered to self-monitor in isolation," a fact sheet issued with the guidance states. "HDP-ROM may only be paid in the case where your commander (in conjunction with military or civilian health care providers) determines that you are required to self-monitor and orders you to do so away from your existing residence at a location not provided by or funded by the government." For example, if a single service member who otherwise lives in the barracks is ordered to

self-isolate, but no other on-base housing is available, he or she could get a hotel room instead, and use the allowance to cover the cost, the policy says.

Service members will not be required to turn in receipts to receive the allowance, it adds, and commanders will be required to authorize it. The payment is given instead of per diem, according to the fact sheet. The guidance also clarifies housing and separation allowances for families who are impacted by self-isolation rules or whose military move was halted by the stop-movement order issued early this month. Service members who receive Basic Allowance for Housing (BAH) but who are ordered into self-isolation in government-provided quarters will continue to receive BAH or overseas housing allowances (OHA) at their normal rates, it states.

Additionally, a Family Separation Housing Allowance (FSH) may be available for families whose military move was split by the stop-movement order, the guidance states. That payment allows the family to receive two BAH allotments -- one at the "with dependents" rate and one at the "without dependents rate" -- to cover the cost of multiple housing locations. Service members may also qualify for a \$250 per-month family separation allowance if blocked from returning to the same duty station as their family due to self-isolation orders or the stop-movement, it states.

The guidance also instructs commanders to "apply leave and liberty policies liberally," allowing non-chargeable convalescent leave for virus-related exposure, self-isolation or even caring for a sick family member, the guidance states. It also directs them to allow telework whenever possible. "Commanders have broad authority to exercise sound judgment in all cases, and this guidance describes available authority and flexibility that can be applied to promote, rather than to restrict, possible solutions," the policy states. A separate policy issued 18 MAR allows extended per diem payments to service members or families in the process of moving who are without housing due to lease terminations or home sales. [Source: Military.com | Amy Bushatz | March 26, 2020 ++]

Navy Terminology, Jargon & Slang

‘Gulch’ thru ‘Hat Locker’

Gulch – (RN/RCN/RAN) A collection of PITs. Berthing space.

Gun Boss - WEPS.

Gun Busters - (RCN) Naval weapons ratings.

Gundeck - To mark a maintenance or PMS check as complete without doing the work. Aka 'Pencil-whipping,' especially when intentionally falsifying logs or records, filling in the blanks just before an inspection. Aka 'Radioing in' a report. 'Radioing' is also used to refer to work that is logged before it is performed.

Gunner - (1) Aviation: the CAG Weapons Officer. Responsible for the air-launched weapons. (2) Surface: Term of address for a Warrant Officer gunnery or weapons specialist.

Gunny - Marine Corps Gunnery Sergeant (E-7).

Gyrene – (US) Marine

Hack - (1) Informal confinement to quarters or to squadron spaces. (2) Time check, though this usage is more common to USAF than USN.

Hail and Farewell – A party at which a soon-to-be-detached officer (the farewell) and his replacement (the hail) are feted.

H and I - A military mission emphasizing Harassment and Interdiction of enemy forces and supply routes.

Halfway Party – A party celebrating the midpoint of a submarine cruise.

Handsomely – Executed carefully or deliberately. Does not necessarily mean ‘slowly.’

Hangar Queen – (Aviation) An aircraft that never seems to be in flyable condition, it often sits in a corner and provides spare parts for serviceable aircraft instead.

Hanging Garden – Berths suspended from the overhead in a torpedo room in diesel-electric and older nuke subs.

Hanging Out - (RM) Similar to CHINSTRAP (q.v.), but worse, i.e. 'Hanging out of their arses.'

Hard Deck – (Aviation) A safety altitude (expressed as AGL). If an aircraft breaks the hard deck, it is considered a safety-of-flight violation (a serious transgression). Commonly 5000 feet AGL. See also SOFT DECK.

Hardpoint – Location or locations on an aircraft’s wings and fuselage where weapons or other stores can be hung

Hashmarks – (1) Chevrons or stripes worn on the sleeve to signify years of service. (2) Poop stains on one’s underwear.

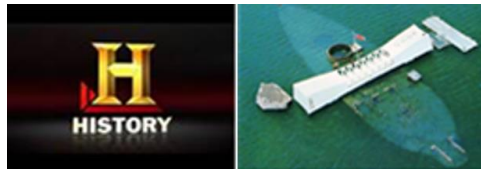
Hatch - An opening in the deck, and its closure. Sometimes (incorrectly) used to mean a watertight door, which is mounted vertically in a bulkhead.

Hat Locker – Head.

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

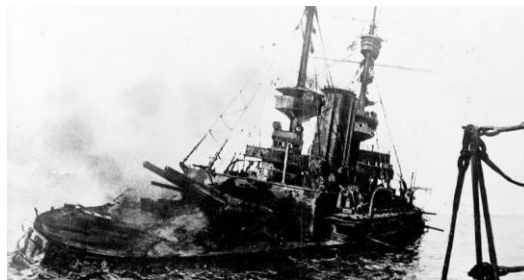
[Source: <http://hazegray.org/faq/slang1.htm> | March 31, 2020 ++]

* Military History *



WWI Gallipoli Naval Action

So Little Achieved at So Much Cost



Irresistible listing and sinking in the Dardanelles, 18 March 1915

The Gallipoli Campaign is remembered mostly for the disastrous failure of the infantry landings. Huge numbers of British and colonial troops were lost in a failed attempt to gain a foothold in Turkey. That disaster was preceded by another example of military futility – the naval attack at Gallipoli. When Turkey entered the First World War in November 1914, it was a setback for the Allies. The British had hoped to keep the Turks from siding with the Germans. Their diplomacy had failed. With the Western Front becoming increasingly intense and bloody, soldiers could not be

spared for an undertaking against Turkey. Instead, an alternative plan was developed; to send a naval expedition. Acting as floating gun platforms, aging ships would enter the Dardanelles and bombard the Turkish shore forts there. In this way, a naval expedition could take the Gallipoli Peninsula before moving on to seize Constantinople.

It was an ambitious plan for what politicians regarded as a backwater of the war. Small bombardments started on November 3, 1914. By 19 FEB, enough British and French ships had arrived for Vice-Admiral Sackville Carden to begin the attack in earnest. Carden's plan was for three stages of bombardment – first at long range, then at medium range, finally closing for close-range fire once the Turkish forts had been suitably softened up. The first attack began at 0951, striking the Gallipoli Peninsula and the Asian Turkish mainland, the two coasts flanking the narrow waters of the Dardanelles. The second stage began at 1400 and the third at 1700. By then, the light was starting to fade, and at close quarters the Turks were able to fire back. The attack was abandoned for the day and storms prevented another being launched until 25 FEB.

Meanwhile, attempts were made to remove Turkish mines from the sea. It too went poorly. The minesweeping trawlers were manned by civilian recruits who were unhappy with being shot at. They worked at night but were still unable to avoid Turkish fire as searchlights probed the waters all around. Many mines were not located, and the ships fled at the first sign of trouble. Already exhausted, on 15 MAR, Carden stepped down and was replaced by Vice Admiral John de Robeck. The mines needed to be cleared. To do this, de Robeck ordered an attack on 18 MAR to clear out the shore batteries and make life safe for the minesweepers.

At first, this attack was a success. Starting at 1030, two lines of ships pounded the shore guns and forts around the narrows. By 1345, they had been mostly subdued. Now came the time to withdraw. First to leave were the French. As they headed for the mouth of the Dardanelles, their battleship Bouvet hit a mine close to the Asian shore. It was wracked by a massive explosion, sinking almost immediately. The British brought their minesweepers forward, but the crews once again fled as the Turks opened fire. Now British battleships fell foul of the mines, with the Inflexible and the Irresistible both being struck. Not wanting to lose so much firepower, de Robeck sent the destroyer Wear and the battleships Ocean and Swiftsure to retrieve the stricken Irresistible. Ordered to take the damaged ship in tow, the Ocean found the surrounding water was too shallow, and she could not rescue the other ship. The Ocean and Swiftsure sailed up and down firing at the coast, as the ships had been doing throughout the day. They seemed to be having little effect, so were ordered to withdraw. The Ocean now became the fourth casualty, hitting a mine and taking a shell in the steering gear. She too had to be abandoned.

Back in London, the Minister of War was rushing to adapt the plans for the Dardanelles. A report on 5 MAR from Lieutenant-General Sir William Birdwood indicated the Navy could not achieve its objectives alone. The Army needed to step in. On 12 MAR, the Minister called upon General Sir Ian Hamilton to command the force. Hamilton asked to be provided with modern aircraft and the experienced crews to operate them, but his request was dismissed; such valuable resources were required on the Western Front. Instead, the Navy would continue their bombardment until the army were ready. The army would then invade the Gallipoli Peninsula, not the Asian shore. At 1700 on March 13, Hamilton left London. The new expedition had been put together in less than two days, with rushed planning.

On 22 MAR, Hamilton and de Robeck met on the island of Lemnos, where forces were gathering for the Gallipoli mission. Accounts of what exactly was said varied, as the Navy were trying to save face while the Army sought to assert control. The outcome was the same regardless. Attempts by the Navy alone to take the Dardanelles were at an end. The Navy was held back for a month while the army prepared to attack. It was an embarrassing moment for de Robeck and his colleagues. The delay in attacking cost the Allies what little they had gained. Given time to recover, the Turks invited a German field marshal to take control of their forces. Troops were moved in and defenses repaired.

The Naval action at Gallipoli was a costly waste. Four battleships were lost. Although casualties were light in most of the action, with only 70 British servicemen killed, 640 French sailors went down with the Bouvet. The bombardment had brought the Allies nowhere near Constantinople. As the failure of the follow-up campaign showed, it had also done next to nothing to prepare the ground. [Source: War History On-Line |Andrew Knighton | December 24, 2017 ++]

Würzburg Germany Bombing

British Bombers Destroy 90% in Only 20 Minutes!

On March 16, 1945, less than a month before Allied armies captured the city, British Lancaster bombers dropped 1207 tons of high explosive and incendiary bombs on the German city of Würzburg, killing 5000 people and destroying about 90% of the buildings, including many historic Medieval buildings. Despite the city being home to 40 hospitals and lacking war industries or military targets, the British bombing commanders decided to bomb the city for its strategic importance as a road and rail hub, and to destroy the morale of the German people. Despite its name, the German anti-aircraft aiming “Würzburg Radar” was not built in the city of Würzburg. Prior to the war, the city had a population of just over 100,000, but at the time of the attack about 80,000 residents remained. On April 6, 1945, the American Army occupied the city, finding less than 39,000 residents still there.

During the bombing campaign against Germany, American bombers conducted daylight raids and British bombers bombed at night. The Würzburg raid saw the Lancasters start dropping bombs at 21:25 hours and the raid lasted only 20 minutes. Luckily for the residents, ample warning was given prior to the bombing, allowing most citizens to survive the tremendous fires generated by the bombing. The elderly buildings were constructed largely of wood and burned readily. Along with the 5000 killed, over 21,000 homes were destroyed, as was the Würzburg Cathedral (first built in 1040) and the Würzburg Residence, a palace completed in 1744, including its famous Hall of Mirrors. American Army soldiers immediately upon occupying the city went about conserving what buildings and treasures could be saved.

Why would the British destroy an historical city of so little military value that late in the war, when only 3 weeks later it would be in Allied hands? Like the more famous Dresden bombing raid, there was little sentiment or empathy for the German people after the savage bombing of British, Dutch, Polish, and other cities by the Luftwaffe when the German Air Force had the upper hand. The Germans had made no distinction between military and civilian targets, and the use of area weapons such as the V-1 and V-2 (cruise missile and ballistic rocket respectively) against Allied cities and their civilian populations left little room for pity. Still, there were those that spoke against such murderous waste, considered by critics as vengeance rather than military necessity. After the war, the Allied bombing campaign against Germany and Japan received much scrutiny and debate, with some alleging those campaigns constituted war crimes by the Allies. [Source: www.historyandheadlines.com | Major Dan | March 16, 2017 ++]

WWII Medical Improvement's

Saved Lives During and After the War



From the bombing of Pearl Harbor, Hawaii, to the day Japan's emperor signed the surrender, more than 400,000 U.S. service members were killed during World War II. About 70% of those were combat-related, and the rest were accidents or illnesses. More than 670,000 were wounded. Only the Civil War resulted in more total deaths: 750,000 for both

North and South. Providing first aid to sailors and Marines on the front line were Navy corpsmen. Medics did the same for soldiers. Army and Navy doctors and nurses were also forward stationed as well as at U.S. installations worldwide.

Battlefield medicine improved throughout the course of the war. At the beginning, only plasma was available as a substitute for the loss of blood. By 1945, serum albumin had been developed, which is whole blood that is rich in the red blood cells that carry oxygen and is considerably more effective than plasma alone. Also, this was the first major war in which air evacuation of the wounded became available. During the war, surgery techniques such as removing dead tissue resulted in fewer amputations than at any time. To treat bacterial infections, penicillin or streptomycin were administered for the first time in large-scale combat.

Service members with combat fatigue, which later became known as post-traumatic stress disorder, were given a safe place to stay away from battle zones with plenty of food and rest. This resulted in about 90% of patients recovering enough to return to the fight. In the tropical islands of the Pacific, malaria was a serious threat. Service members received atabrine — a group of medications used to protect against malaria — before going into affected areas. Service members were also inoculated with vaccinations for smallpox, typhoid, tetanus, cholera, typhus, yellow fever and bubonic plague, depending where they were sent. Other improvements during World War II included improved crash helmets, safety belts, flak jackets and other preventive measures.

Because of improvements like these and others, the survival rate for the wounded and ill climbed to 50% during World War II from only 4% during World War I, according to Dr. Daniel P. Murphy, who published a paper on "Battlefield Injuries and Medicine." Battlefield medical advances continued after the war. By 2016, a service member wounded in Iraq or Afghanistan had about a 92% chance of making it home alive, according to retired Army Lt. Gen. Nadja Y. West, former Army surgeon general and commanding general of the Army Medical Command. Some of the reasons West cited for the improvement are better lifesaving techniques and training and rapid response and care. [Source: DOD News | Dave Vergun , March 17, 2020 ++]

St. Patrick's Battalion

American Irish Battalion that Defected to Mexico



Called traitors by some and heroes by others, a group of about 265 Irish immigrants who joined the U.S. Army in the 1840s made an interesting decision as war broke out between the United States and Mexico. Shortly after the United States annexed Texas in 1845, the two nations sent troops to their shared border. Some of those troops included immigrants from Ireland, England, Germany, France, Canada, Poland and Spain, many of these immigrants hailed from Catholic countries. Historians have mixed theories on a single cause, but widespread abuse, mistreatment and disrespect from native-born soldiers and officers of their immigrant comrades didn't help morale. Many in the United States disagreed with the expansionist war on its merits, including one future president, Abraham Lincoln. The Army saw its share of desertions at the time for a host of reasons.

But Mexican military leaders saw an opportunity. Successive Mexican Army generals sent propaganda and spread messages across the Rio Grande river to U.S. troops that they should leave and join with their Catholic brothers-in-arms. Proclamations offered Mexican citizenship and land grants starting at 320 acres for privates, rising in size with the rank of any potential deserter, according to a 1950 article published in Military Affairs titled "The Battalion of Saint

Patrick in the Mexican War,” by Edward S. Wallace. “Can you fight by the side of those who put fire to your temples in Boston and Philadelphia? Come over to us! . . . May Mexicans and Irishmen, united by the sacred tie of religion and benevolence, form only one people!” one message read, according to Wallace’s article.

One of those immigrant Catholics was Sgt. John Riley with Company K of the 5th U.S. Infantry, a native Irishman, possibly British Army veteran who’d resettled in the United States and later joined the Army, serving as a drill sergeant at West Point before deploying to the border. On a Sunday morning, under the pretense of going to Mass, Riley skirted across the border and joined the ranks of the Mexican Army. As the weeks and months progressed, a trickle of deserters also left the U.S. side. Accounts range from 175 to 265 or more soldiers who deserted and joined the other side, more than half of which were Irish immigrants, a third German and the rest primarily Catholics immigrants from other nations.

Throughout the course of the war, more than 5,000 U.S. soldiers would desert from a force of more than 40,000, though most simply disappeared into Mexico, according to sister publication Historynet.com. The Irish defectors called themselves the St. Patrick’s Battalion, or Batallón de San Patricio in Spanish. Their Mexican comrades called them ‘San Patricios’ or sometimes “The Red Company” as many of them had red hair or a “ruddy” complexion. The battalion’s flag was a green background with a winged angle harp, three-leaf clovers and the term “Erin Go Bragh,” or “Irish till the end of time,” in Gaelic. One of the flags was captured and on display for a time in the chapel at West Point until it was either lost or stolen, according to the 2011 book “Irish Soldiers of Mexico,” by Michael Hogan.

A Mexican commander was officially in charge of the battalion, but Riley, who’d been promoted to lieutenant, actually ran the unit. The battalion fought alongside the Mexican Army in a kind of rolling rearguard, defending key areas as the U.S. Army penetrated deeper into Mexico during the nearly two-year campaign that eventually led to the occupation of Mexico City. They served primarily as either artillery or a mix of infantry with reinforced artillery. Some accounts, Wallace wrote, note that in battle the San Patricios focused on killing Army officers rather than their former enlisted comrades.

With mounting losses, Mexican military leaders continued to try and pull in U.S. Army deserters, even late in the war at Puebla, in central Mexico, offering an added 200 acres to the original proclamation and cash rewards from bringing more recruits to their side. But then, momentum was on the U.S. side and few continued to leave the ranks. Those who had deserted faced little option but to fight on. And, apparently, they did, Wallace wrote: “It was at Churubusco that the San Patricios made their mark in history. They, and two battalions of Mexicans, defended the strongly fortified convent of San Pablo and put up the most desperate and stubborn resistance that the Americans encountered during the entire war. Even when their ammunition was exhausted, the San Patricios three times pulled down a white flag which General Rincon, the Mexican commander, had hoisted to stop a useless massacre.”

An estimated 65 deserters were captured following that final battle for the battalion. The rest either died in earlier fighting, in that battle or escaped. The punishment for desertion during wartime was death by firing squad. Fifty prisoners were executed just days apart, 16 on Sept. 10, 1847, four on Sept. 11, 1847 and soldiers hanged 30 men on Sept. 13, 1847, according to the 1994 book “Army of Manifest Destiny,” by James M. McCaffrey. Though Mexican comrades pleaded for mercy for their San Patricios, only a handful who’d either been forced into service or deserted before war officially began, such as Lt. John Riley, were pardoned.

But before being freed, the men had to endure 50 lashes on their backs while tied to trees in the plaza at Churubusco and have their faces branded with a ‘D’ for deserter. A few months later, a death record in the major port city of Vera Cruz, Mexico notes that Riley passed due to drink. But despite their travails and the war’s loss, the San Patricios are still honored every year in September in festivals in Mexico and in Ireland. The town of Clifden, Ireland, birthplace of John Riley, flies the Mexican flag every September 12 in his honor. Bronze plaques adorn battle sites in Mexico with the names of the executed San Patricios near cannonball pockmarked building walls. [Source: ArmyTimes | Todd South Roblin | March 17, 2020 ++]

Battle of Chickamauga

Battlefield Chronicles



Chickamauga, a bloody Civil War battle, fought near the Chickamauga Creek in Georgia. The battle ended in a victory for Confederate forces and resulted in 34,000 casualties. It marked the end of a Union offensive in southeastern Tennessee and northwestern Georgia, known as the Chickamauga Campaign. It is widely considered to be the second deadliest battle of the Civil War, following the Battle of Gettysburg.

In the summer of 1863, Maj. Gen. William Rosecrans led his Union Army of the Cumberland from Murfreesboro, Tennessee, towards Chattanooga, 140 miles to the south. Chattanooga was an important rail junction for the South. The goal was to use the Federal army of about 60,000 to surround the city and cut off escape for Gen. Braxton Bragg and his Army of the Tennessee numbering about 40,000. As the Union Army approached Chattanooga in early September, Bragg and his army abandoned the city and retreated to Chickamauga Creek, just 12 miles away. There they awaited reinforcements. More than 30,000 Confederate troops poured in, boosting morale. Now on the offensive, the Confederates set out on the morning of 18 SEP to cross two bridges on the Chickamauga Creek. They encountered Union infantry and cavalrymen armed with Spencer repeating rifles blocking the way. Skirmishes ensued, but Bragg's army eventually made it across the creek.

As evening approached, the Confederates encountered Union troops north of Lee and Gordon's Mills. Rosecrans huddled with George Thomas, a Union general, to strategize and hold open a path of retreat back to Chattanooga for Union forces. Thomas gathered troops and marched through the night to extend Union lines northward and guarantee safe passage. After marching all night, the weary and thirsty soldiers stopped to prepare breakfast near a farm owned by Elijah Kelly. Thomas soon learned that an isolated enemy force was nearby in the woods. He sent a division of his men eastward to contend with them. Fighting broke out in earnest and intensified as it spread across an area covering four miles.

The battle raged throughout 19 SEP. Confederate forces pounded away at the Union line but were not able to break it, leaving both sides exhausted. As night fell, temperatures dropped, and soldiers endured a night of freezing temperatures. The dead and wounded littered the fields, including Merritt J. Simonds of the 42nd Illinois, Company K. He lay wounded on the battlefield for nearly a week before being attended to. On October 8th, he wrote his father a letter saying he had been severely wounded but was optimistic for recovery. He wrote a second letter on October 27th, saying, "My leg is now mortifying above the knee, and doctors say I cannot live more than two days at the longest. You must not take this to heart but look to a higher source for God's comfort, for it is God's will and I feel resigned to my fate, I would like to have my body taken home and buried beside my mother." Simonds died shortly after, and his remains lie in Chattanooga National Cemetery.

On the morning of September 20th, Bragg planned a dawn attack against Union forces, but a breakdown in communication delayed the first engagement until 9:30 a.m. This allowed Federal soldiers time to organize and set up a defense. In the late morning, incorrect information was transmitted to Rosecrans, stating that a gap had developed in the Union line. While attempting to shore up the gap, he inadvertently moved units and created an actual gap.

Confederates quickly exploited the weakness and surged through and pushed 1/3 of the Union army, including Rosecrans, off the field. Union soldiers began to retreat. Some of them, however, created a defensive line on Horseshoe Ridge near the farm of George Snodgrass. They held the ridge until evening allowing more Union soldiers to retreat, but the Confederates earned the victory. [Source: Together We Served | March 2020 ++]

WWII Bomber Nose Art

[51] "Hell's Belle"



Military History Anniversaries

01 thru 15 APR

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

Medal of Honor Citations

Jesse N. Funk



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

To

Jesse N. Funk

Rank and organization: Corporal, 354th Infantry Regiment, 89th Division, U.S. Army

Place and date: Meuse-Argonne Offensive, Battle of Saint-Mihiel, 1918

Entered service: 1915

Born: August 20, 1888, New Hampton MO

Citation

Learning that 2 daylight patrols had been caught out in No Man's Land and were unable to return, Pfc. Funk and another stretcher bearer, upon their own initiative, made 2 trips 500 yards beyond our lines, under constant machinegun fire, and rescued 2 wounded officers.



Born in New Hampton, Missouri, Funk later moved to Calhan, Colorado, where he worked as a rancher. He married and had one son before entering the Army in 1915. After training at Camp Funston in Kansas, Funk was sent to Europe with the 354th Infantry Regiment, 89th Division. He saw action in the Battle of Saint-Mihiel and, by October 31, 1918, was a private first class serving as a stretcher bearer in the 354th Regiment's Company L. On that day, near Bois-de-Bantheville, France, Funk's division sent several patrols into no man's land to reconnoiter German positions in preparation for an advance as part of the Meuse-Argonne Offensive (<https://youtu.be/z95dzb4mKvQ>).

Unusually, the patrols had been sent out during daylight, rather than waiting for the cover of darkness. Two patrols from Funk's regiment became pinned down by heavy rifle and machine gun fire. Second Lieutenant John M. Millis was seriously wounded in the legs and ordered his men to leave without him. One man managed to crawl to the safety of the Allied lines and brought news that Millis and another wounded officer were trapped in no man's land. Upon hearing this, Funk and another stretcher bearer, Private First Class Charles D. Barger, voluntarily ran 500 yards through heavy machine gun fire with their stretcher and rescued Millis. They then returned to no man's land and rescued the other officer, First Lieutenant Ernest G. Rowell. For these actions, both Funk and Barger were awarded the Medal of Honor the next year on February 9, 1919, at Chaumont, France with General John J. Pershing presiding. These were the only Medals of Honor received by Army medical personnel in World War I.

Funk reached the rank of corporal before leaving the Army in 1920. He died on at age 44 and was buried at Calhan Cemetery in Calhan, Colorado.

[Source: <http://www.cmohs.org/recipient-detail/2526/funk-jesse-n.php> | March 2020 ++]



Military Health System

Update 03: COVID-19 Non-Military Service Access Limitations



In response to the current COVID-19 outbreak, military treatment facilities and pharmacies under the Military Health System may need to change or limit access or services available to non-active duty service members, their families, or retired beneficiaries. Military commanders of MTFs will make local determination of which services may be limited, but those decisions will be based on ensuring the health, safety, and security of patients, staff, and beneficiaries.

“The health and protection of our patients, health care teammates, and the community is essential as we preserve the fighting force,” said Col Markus Gmehlin, Defense Health Agency Pharmacy Operations Division (POD) acting chief. “We are taking necessary steps to ensure that our teams who are caring for patients and delivering critical medications do so in a safe environment. This may mean temporary limitations to military pharmacy services. We are committed to ensuring that you have access to your prescriptions via home delivery and/or retail network pharmacies in the event that military pharmacy services are temporarily disrupted.”

Careful local assessments will determine the status of each individual military pharmacy and may result in temporary measures to adapt to this changing situation. In extreme cases, there may be temporary, partial, or full limitations of military MTF pharmacy services. These will be temporary solutions that will be assessed daily. In the case of a local outbreak or a confirmed case of COVID-19 at military MTF pharmacy, MTF commanders are authorized to limit pharmacy services as necessary. This may include:

- Alternative pickup options (staggered pickup times, curbside pickup, etc.).
- The temporary transfer of non-enrolled, non-active duty service members (ADSMs) and/or non-active duty family members to home delivery or retail.
- The temporary closure of a military pharmacy.

MTF commanders will make a case-by-case determination based on the severity of the spread of COVID-19 at a specific location. If pharmacy services are limited, they will be assessed and reopened as soon as it is safe for personnel and beneficiaries.

TRICARE beneficiaries have several options available to ensure continued access to needed medications. TRICARE pharmacy home delivery allows beneficiaries to order up to a 90-day supply of most medications safely and conveniently, with delivery to their home addresses in the U.S. or an APO/FPO address. (Please note that quantity limits apply; laws for mailing certain medications such as controlled substances vary state-by-state; home delivery is not available in Germany; and co-pays apply for non-active duty beneficiaries). To switch to home delivery, the easiest way to transfer your prescription is via the Express Scripts mobile app or online at the TRICARE website. <https://militaryrx.express-scripts.com/home-delivery> . Also:

- Beneficiaries who need prescriptions urgently can access up to three, 30-day supplies of medications at retail network pharmacies. Copays will apply. [Copayments](#) are directed by statute and DoD cannot waive them.
- Beneficiaries with an active prescription on file at a military pharmacy can ask their retail pharmacist to contact the military pharmacy to make a transfer. In the event the transfer cannot be coordinated, beneficiaries may need to call their prescriber to obtain a prescription that they can take to their pharmacy of choice.
- For beneficiaries needing to refill their prescriptions, patrons are reminded that standard refill policies apply. Please wait until only 25% of the prescription remains before submitting a request to refill a prescription.
- Beneficiaries with questions or concerns should contact ExpressScripts, where pharmacists are available 24/7 to answer questions, offer counseling and support, and assist with prescription orders. Call ExpressScripts at 877-363-1303.
- TRICARE beneficiaries can also call their local MTF pharmacy. Visit the TRICARE website <https://www.tricare.mil/mtf> to find a pharmacy's phone number.
- To find a retail network pharmacy, visit the ExpressScripts website <https://militaryrx.express-scripts.com/find-pharmacy>

[Source: Military Health System Communications Office | March 31, 2020 ++]

ICU Bed Availability

Millions of Older Americans Live In Counties without Any

More than half the counties in America have no intensive care beds, posing a particular danger for more than 7 million people who are age 60 and up — older patients who face the highest risk of serious illness or death from the rapid spread of COVID-19, a Kaiser Health News data analysis shows. Intensive care units have sophisticated equipment, such as bedside machines to monitor a patient's heart rate and ventilators to help them breathe. Even in communities with ICU beds, the numbers vary wildly — with some having just one bed available for thousands of senior residents, according to the analysis based on a review of data hospitals report each year to the federal government.

Consider the homes of two midsize cities: The Louisville area of Jefferson County, Kentucky, for instance, has one ICU bed for every 442 people age 60 or older, while in Santa Cruz, California, that number stands at one bed for every 2,601 residents. Differences are vast within each state as well: San Francisco, with one bed for every 532 older residents, and Los Angeles, with 847 residents per bed, both have greater bed availability than does Santa Cruz. Even counties that rank in the top 10% for ICU bed count still have as many as 450 older people potentially competing for each bed. The KHN findings put in stark relief a wrenching challenge hospitals in many communities — both urban and rural — could face during the coronavirus pandemic: deciding how to ration scarce resources.

“This is just another example of geography determining access to health care,” Arthur Caplan, a bioethics professor at NYU Langone Medical Center, said when told of KHN's findings. Overall, 18 million people live in counties that have hospitals but no ICU, about a quarter of them 60 or older, the analysis shows. Nearly 11 million more Americans

reside in counties with no hospital, some 2.7 million of them seniors. Dr. Karen Joynt Maddox, a professor at Washington University School of Medicine in St. Louis, said that hospitals with larger numbers of ICU beds tend to cluster in higher-income areas where many patients have private health insurance. “Hospital beds and ICU beds have cropped up where the economics can support them,” she said. “We lack capacity everywhere, but there are pretty big differences in terms of per capita resources.”

Doctors in rural counties are bracing for the possibility they may run out of critical care beds. Northern Light Sebecook Valley Hospital, in central Maine, has one ventilator and 25 beds. Two of those are “special care” beds that don’t meet full requirements for intensive care but are reserved for the sickest people. Such patients are often transferred elsewhere, perhaps to the city of Bangor, by ambulance or helicopter. But that may not be possible if COVID-19 surges across the state “because they’re going to be hit just as hard if not harder than we will be,” said Dr. Robert Schlager, chief medical officer at the hospital in rural Pittsfield. “Just like the nation, we probably don’t have enough, but we’re doing the best we can.”

Hospitals also say they can quickly devise plans to transfer cases they can’t handle to other facilities, though some patients may be too ill to risk the move. Certainly, being in a county with few or no ICU beds may not be as dire as it seems if that county abuts another county with a more robust supply of such beds. In Michigan, health planners have determined that rural counties with few ICU beds, such as Livingston and Ionia, in the central part of the state, would be served by major facilities in nearby Lansing or Detroit in a major crisis.

Dr. Peter Graham, executive medical director for Physicians Health Plan in Michigan, is affiliated with Sparrow Health System in Lansing. He is making no assumptions. It’s possible central Michigan could take overflow COVID-19 patients from Detroit if that’s where the disease clusters, he said. Or patients might have to be transferred hundreds of miles away. “It’s just obvious people are going to need to move” if local facilities are overwhelmed, he said. “If we’re able to find a ventilator bed in Indianapolis, in Chicago or Minneapolis or wherever, it is go, get them there!” Yet experts warn that even areas comparatively rich in ICU beds could be overwhelmed with patients struggling to breathe, a common symptom of seriously ill COVID-19 patients.

“No matter how you look at it, the numbers [of ICU beds] are too small,” said Dr. Atul Grover, executive vice president of the Association of American Medical Colleges. “It’s scary.” Lenard Kaye, director of the University of Maine Center on Aging, a state with a large older population and relatively few ICU beds, agreed. “The implications are tremendous and very troubling,” he said. “Individuals are going to reach out for help in an emergency, and those beds may well not be available.” Health workers might need to resort to “triaging and tough decisions,” Kaye said, “on who beds are allocated to.” That concern isn’t lost on Linnea Olsen, 60, who has lung cancer and knows she is especially vulnerable to any respiratory virus.

Olsen worries about a potential shortage of ventilators and ICU beds, which could lead doctors to ration critical care. Given her fragile health, she fears she wouldn’t make the cut. “I’m worried that cancer patients will be a low priority,” said Olsen, a mother of three adult children, who lives in Amesbury, Massachusetts. Olsen, who was diagnosed with lung cancer almost 15 years ago, has survived far longer than most people with the disease. She is now being treated with an experimental medication — which has never been tested before in humans — in an early-stage clinical trial. It’s her fourth early clinical trial. “I’m no longer young, but I still would argue that my life is worthwhile, and my three kids certainly want to keep me around,” she said. She said she has “fought like hell to stay alive” and worries she won’t be given a fighting chance to survive COVID-19. “Those of us with lung cancer are among the most vulnerable,” Olsen said, “but instead of being viewed as someone to be protected, we will be viewed as expendable. A lost cause.”

The total number of ICU beds nationally varies, depending on which source is consulted and which beds are counted. Hospitals reported 75,000 ICU beds in their most recent annual financial reports to the government, but that excludes Veterans Affairs’ facilities. The United States has about three times as many ICU beds per capita as Italy and 10 times as many as China, two countries ravaged by COVID-19, according to a new report from the Society of Critical Care Medicine. The supply of ventilators also exceeds other developed countries, another study found. But as with ICU beds,

“there is wide variation [in ventilators available] across states,” the study found. Many experts predict that demand may soon exceed the supply. Over a period of months, the country may need 1.9 million ICU beds — 20 times the current supply — to treat COVID-19 patients, according to the American Hospital Association.

Dr. Tia Powell, who co-chaired a 2007 New York State Department of Health group that set guidelines for rationing scarce ventilators, said preventing wildfire-like spread of disease is critical to keeping sick patients from overcrowding hospitals. “If it spreads slowly, you’re much less likely to run short of critical supplies,” she said. “If you need all of your ventilators right now, this week, that’s what makes trouble.” Even slowing the pandemic does not guarantee hospitals can cope. While some hospitals are planning to treat patients with less serious illness in tents, it’s far more difficult to create intensive care units or even expand existing ones, said Dr. Greg Martin, president-elect of the Society of Critical Care Medicine, which represents intensive care doctors.

Martin said ventilators need to be hooked up to oxygen and gas lines to supply the appropriate mix of air patients need. To convert a standard hospital unit to an ICU, “you would literally need to tear down the wall and run the piping in,” he said. Few areas — such as operating rooms, emergency department and units used for post-anesthesia care — have the hookups needed, according to Martin. Intensive care units also require specially trained doctors, nurses and respiratory therapists. While nurses in other areas of the hospital may care for six patients, ICU nurses typically focus on one or two, Martin said. “Mechanical ventilation of a fragile patient is rather dangerous if provided by someone other than these trained ICU professionals, which is why mechanical ventilation is not typically done outside of the ICU,” the group said.

Bob Atlas, president and CEO of the Maryland Hospital Association, noted that hospitals and government officials have been discussing ways to boost staffing levels, such as calling on doctors with expired medical licenses, or those licensed to practice in other states, to treat patients in viral hot spots. Also up for discussion: loosening rules for “scope of practice,” regulations that spell out the duties medical professionals are permitted based on their training. Atlas and others said they hope steps hospitals have taken to free up beds, such as deferring nonessential surgery, will keep the system from collapsing. “It’s not as if every Medicare beneficiary will need an ICU bed,” he said. He also said hospitals could wind up treating only the sickest patients. Greg Burel, the former director of the Strategic National Stockpile, said he hoped that hospitals lacking ICU beds could quickly iron out transfer agreements to move critically ill patients. “Let’s hope we don’t get there,” he said.

Novant Health Brunswick Medical Center, on North Carolina’s coast, ordered additional ventilators two months ago in case COVID-19 went global. It has six and expects four more, said Shelbourn Stevens, its president. But it has only five intensive care beds among its 74-bed total. Drawing on decades of experience with emergency care after hurricanes, the hospital’s staff is decreasing elective-surgery cases and preparing to rapidly increase screening for the new coronavirus. “I’m very comfortable with our plans right now,” Stevens said. “Disaster planning is in our bones, so to speak. Our team knows how to react.”

But the hospital’s critical-care capacity is limited. North Carolina’s Brunswick County, where it is located, has one bed for every 2,436 residents 60 and older. Such a population could overwhelm the facility in a COVID-19 surge. If necessary, patients could be transferred to the larger New Hanover Regional Medical Center, a short helicopter ride away, in Wilmington, North Carolina, Stevens said. But with 57 intensive care beds, New Hanover County, which includes Wilmington, still ranks in the lower two-thirds of counties for ICU beds per senior residents. If the pandemic becomes severe, no amount of critical-care beds will be enough, experts say. “I liken it to sitting on a Gulf shore when a hurricane is offshore,” said Dr. Graham, from Michigan. “It’s a question of how soon and how hard.”

Note: To ascertain the number of ICU beds located in your state and county refer to the 158 page listing at <https://khn.org/news/as-coronavirus-spreads-widely-millions-of-older-americans-live-in-counties-with-no-icu-beds>.

[Source: Kailser Health News | Fred Schulte, Elizabeth Lucas, Jordan Rau, Liz Szabo & Jay Hancock | March 20, 2020
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Fall Prevention

Update 03: Ways to Avoid Potentially Devastating Falls

As we age, our sense of balance sometimes can betray us. The best way to avoid potentially devastating falls is to prioritize staying balanced, and to avoid other tasks that steal our focus from where it needs to be. In fact, “dual-tasking” — standing or walking while also performing a separate mental or physical task — is the No. 1 source of falls for older adults, according to Brad Manor, an associate scientist at the Hinda and Arthur Marcus Institute for Aging Research and an assistant professor of medicine at Harvard Medical School. Writing in the Harvard Health Blog, Manor says older adults are much more vulnerable to falls if they are moving when they try to perform a separate cognitive or motor task. Examples might include reading while walking, or talking and carrying a cup of coffee as you stroll.

Manor says simply standing upright or walking down a well-lit hallway are surprisingly complex physical tasks. Such activities involve continuously stabilizing our body’s center of mass (which is just behind the sternum, or breastbone) over the relatively small base of support that we create by how we position our feet on the ground. Manor writes: *“This control requires quick reflexes, as well as strong muscles of the trunk, hips, legs, ankles, and toes. However, to avoid falling we also need to pay attention to our body and environment, predict and perceive unsafe movements of our body, and adjust accordingly.”*

As we grow older, simple tasks such as standing and walking require greater levels of cognitive effort as our senses and muscle strength begin to fade. As we spend more cognitive effort on those tasks, it steals away resources from controlling our body’s center of mass over our feet. Falls are often the result. To prevent falling, Manor suggests increasing awareness of your surroundings. Minimize distractions when in a crowded room, walking on uneven sidewalks, or hurrying to get somewhere, he says. Also, minimize or avoid talking while moving.

Keeping your mind sharp can help. Manor writes that older adults with cognitive impairment are more than twice as likely to fall as their peers who do not have such cognitive issues. For help with that, check out <https://www.moneytalksnews.com/5-ways-to-keep-your-aging-brain-sharp>. Engaging in mind-body exercises such as tai chi, yoga or dance can help. These activities all help to improve your balance. Finally, Manor emphasizes that falls are rarely the result of one factor. Poor muscle strength, fatigue and failing vision can all contribute to falls. So, the best way to prevent falls is to combine multiple preventive measures. [Source: MoneyTalksNews | Chris Kissell | March 17, 2020 ++]

Hand Washing

Update 01: Beware These 7 Mistakes



Washing your hands is one of the best ways to stop the spread of germs, including the new coronavirus. But are you doing it correctly? Stopping the spread of germs is an important step each of us can take toward keeping our

communities and our families safe. So, it's important to learn the correct technique for getting your hands squeaky clean. If you're committing one of the following mistakes, your hands may not be as clean as you think. Here are hand-washing mistakes you may be making and how to correct them.

1. Using hand sanitizer when soap and water are available

Hand sanitizer is a very convenient way to keep your hands clean. However, it should be just a backup if soap and water are available. While hand sanitizer can reduce how many germs you have on your hands, the Centers for Disease Control and Prevention (CDC) says it doesn't get rid of all types of germs. If your hands are visibly greasy or dirty, hand sanitizer may not be very effective. Also, if you have harmful chemicals on your hands such as heavy metals and pesticides, hand sanitizer may not remove them. When using a hand sanitizer, check the product label to ensure it contains at least 60% alcohol.

2. Just rinsing

Make sure you are washing your hands with soap and water frequently throughout the day. Always wash them with soap and water after using the restroom and before eating. Don't get lazy and skip the soap. According to the CDC, soap is more effective at removing germs, dirt and harmful chemicals from your skin. Plain water is better than nothing. Without access to soap and water — unless your hands are visibly dirty — you can use a hand sanitizer that contains at least 60% alcohol. Air drying is fine, and if you use a towel, make sure it's clean.

3. Using antibacterial soap

The CDC and U.S. Food and Drug Administration (FDA) recommend washing with regular soap and water to kill germs and prevent the spread of disease. There's no need to use antibacterial soap to wash your hands. There are no proven benefits of using antibacterial hand soap. The FDA says there is not enough evidence that antibacterial soaps you find at the store are better at preventing the spread of illness than regular soap. In addition, one ingredient, triclosan, is being examined for its possible effect on human health.

4. Washing your hands infrequently

While there's no need to be a germaphobe, washing your hands infrequently can leave you and those around you at risk. You want to wash your hands often with soap and water both to protect yourself and to prevent the spread of germs. Warm water or cold, bar soap or liquid — all are fine, the CDC says. The CDC recommends washing your hands particularly:

- During and after prepping food and before eating.
- Before and after caring for a sick person with vomiting and diarrhea, and before and after treating a wound or a cut.
- After using the toilet, helping a child use the toilet or changing a diaper.
- After coughing, sneezing or blowing your nose.
- After touching animals (they can spread disease), their food or their waste and after handing pet food and treats.
- After touching trash.

5. Washing your hands too quickly

Don't be in a hurry when washing your hands. Many people put soap on their hands, rub them together a few times, rinse and call them clean. This may remove some germs, but not enough to prevent the spread of disease. The CDC recommends washing your hands for 15 to 30 seconds to remove germs. Worldwide, many countries and global organizations have adopted guidelines for washing hands for about 20 seconds. Not sure how long is 20 seconds of hand-washing? Hum the "Happy Birthday" song twice while scrubbing with soap and water.

6. Ignoring your fingernails

Your fingernails are great hiding places for germs and bacteria. People often ignore them during hand-washing and focus on the palms of their hands. Make sure you clean well under your fingernails, especially if they are long.

7. Not drying your hands after washing

Wet hands make it easier to transfer germs, so it's important to dry them after washing. There is no consensus on the best way to dry your hands. Studies suggest that a clean towel or an air dryer works well to keep germs at bay.

[Source: MoneyTalksNews | Veneta Lusk | March 19, 2020++]

Prescription Drug Costs

Update 50: Why Senate Ignoring H.R.3 that Could End Rising Drug Prices

The U.S. healthcare system — the most expensive in the world — essentially allows private, for-profit companies to set the prices at whatever they think someone will pay. While insurance companies and healthcare providers can negotiate what they're willing to pay, the nation's largest insurer — the U.S. government — doesn't always have those same rights. But the majority of members in the U.S. House of Representatives feel the current policy benefits drugmakers, not the people who need those medications to remain healthy. That's why they've put forth one of many bills to wrangle in drug prices, even if it's not expected to get very far because of the current political alignment in Washington. That's also despite lowering the cost of prescription drugs being a nonpartisan issue — and one promised by presidential candidates on both sides of the aisle, from conservative President Donald Trump to democratic socialist presidential candidate Sen. Bernie Sanders.

The bill — HR 3, or the **Elijah E. Cummings Lower Drug Costs Now Act** — passed the House on 12 DEC by a vote of 230-192. It was then forwarded on to the Republican-controlled Senate, where many bills have languished without so much as a single hearing. The bill, first drafted in October 2019, took on the name of Rep. Cummings, its author, after his death later that month. It has several provisions that could help lower prescription drug costs for the nearly 39 million Medicare beneficiaries, including granting the Centers for Medicare and Medicaid Services (CMS) the authority to negotiate drug prices, particularly those covered by Medicare Part D. Rep. Barbara Lee, a Democrat representing parts of the San Francisco Bay Area, called the bill a “a big victory” in the ongoing fight to rein in healthcare costs.

“It is beyond outrageous that the U.S. government is not currently allowed to negotiate drug prices through Medicare,” she said in a statement. “And it is shameful that Big Pharma is charging people in the U.S. hundreds of times more than what they charge in other countries.” One such drug is insulin. While it was invented in 1922, one report from the nonprofit Health Care Cost Institute shows insulin costs per patient have nearly doubled from 2012 to 2016. “The soaring price of prescription drugs is crushing Americans at the pharmacy counter, driving up health insurance premiums, and creating unaffordable costs for taxpayers who finance Medicare and Medicaid,” Speaker of the House Nancy Pelosi said in a statement.

If implemented, the bill could save Americans billions

If implemented, the bill could save Americans billions. The Congressional Budget Office estimates that HR 3 would account for about \$98 billion in savings over a 10-year period. The price negotiation provisions would lower spending by about \$456 billion, but covering dental, vision, and hearing under the Medicare program would raise spending by approximately \$358 billion. Dr. James C. Robinson, PhD, MPH, the Leonard D. Schaeffer professor of health economics and the director of the Berkeley Center for Health Technology, says HR 3 would help bring the costs of drugs in the United States closer to the International Reference Price, or what other wealthier countries pay. For reference, the United States pays 60 percent more than Germany, another country with high healthcare costs. The big issue is the part of HR 3 that allows CMS to negotiate drug prices under Medicare Part D, which Robinson says is predominantly run by private interests. “If you're pharma, this is bad,” he told Healthline.

Prescription drug costs raise profits for Big Pharma while lowering quality of life for millions

It's already been a bad time for pharmaceutical companies. Many have received the brunt end of widespread public dissatisfaction after being criticized in the media and political realms. Now that healthcare is carrying political

narratives, out-of-pocket spending — like the kind that would go down for Medicare parts B and D beneficiaries should HR 3 or a similar bill become law — is more than just a pundit talking point. “Everyone in America knows someone who is taking an expensive medicine,” Robinson said. “And they vote, so this is obviously political.” Between patients’ out-of-pocket costs all the way up to what CMS covers, the United States spent more than \$330 billion on prescription drugs in 2017.

“That is an enormous draining of dollars from taxpayers out of Medicare and Medicaid, and out of the pockets of Americans who have to pay high premiums, deductibles, and copays, which are driven up significantly by the highest prescription drug costs in the world,” Chris Orestis, president of LifeCare Xchange, told Healthline. Orestis says freeing up even the smallest percentage of this money could raise the standard of living for many people, as well as having a stimulating impact on the economy. It would also help people who react to the high costs of prescription drugs by rationing their care and dosages. “They can’t afford their prescriptions and so either delay or avoid needed care, or they try to stretch out their medications to last longer,” Orestis said. “This practice is not healthy and actually exacerbates the costs of healthcare with people’s health declining instead of improving, which is ultimately more expensive for themselves and all of us.”

Why the issue is more complicated than many people realize

But overhauling how the United States pays for prescription drugs isn’t something that’s immediately solved by the flick of the president’s wrist. Dr. Ross Goetz, PharmD, MBA, a pharmacist and director of business development at the online pharmacy HealthWarehouse.com, says negotiating with Medicare is “a touchy topic.” He says while transparent pricing would allow patients to pay fair and realistic prices for their medications, adding further complexity to an excessively complex infrastructure doesn’t dissolve the prescription industry into the simple workflow that would benefit everyone. “While supporting healthcare across the nation is a bipartisan issue, I feel that all parties are hesitant to throw a Band-Aid bill over the open wound that is an overly complex and broken healthcare system,” Goetz told Healthline. “There are many businesses involved in the prescription dispensing process, but all businesses should align in the common goal of supporting the patients. If this can be achieved, through the guidance of bills like HR 3, then the patient should win,” he said.

Essentially, both parties want to claim victory to the millions of potential voters who put healthcare as their main issue going into the presidential election. As of last month, healthcare remains a top concern among Democrats and independent and swing voters, according to the Kaiser Family Foundation.

- In November, President Trump tweeted that he and Alex Azar, secretary of the Department of Health & Human Services, had a plan to let states import prescription drugs at a cheaper rate. “While we had the first prescription drug price decrease in 50 years, Americans still pay far too much for drugs – other countries pay far less – that is WRONG!” the president tweeted.
- In December, former Vice President Joe Biden tweeted out his healthcare plan, which builds on the Patient Protection and Affordable Care Act, better known as “Obamacare.” “Prescription drug companies are profiteering off the pocketbooks of sick individuals — it’s wrong,” Biden tweeted. “As president, I will stand up to the abuse of power by drug corporations and put an end to runaway drug prices.”
- On Feb. 11, Sen. Sanders tweeted a listing of common prescription medications where Americans were paying upward of 2,600 percent of the global median average. He mentioned the Prescription Drug Price Relief Act, which he introduced in January 2019. Like HR 3, it would force pharmaceutical companies to lower their prescription drug costs to what other similar “rich countries” pay. “If Big Pharma refuses, we end their patent monopolies and allow cheap generics to be made, saving Americans billions of dollars a year,” Sanders tweeted.

But those plans are all different and separate from HR 3, namely because those who want to be in charge want to tout themselves as the author of change. And, because it’s an election year, there’s the deep pockets of financial backers to consider.

Why HR 3 has stalled in the Senate

Orestis says there are two primary reasons HR 3 has been held back from moving along through the Senate. The first, he says, is that Senate Majority Leader Mitch McConnell, a Republican, doesn't want to endanger the campaign contributions from the pharmaceutical industry needed to defend their "tenuous" hold as the Senate majority during "a very volatile election." The other is that both Democrats and Republicans want to claim victory for reining in drug prices, but HR 3 bears the wrong names. "Right now, if the Senate passes and moves forward the bill to be signed by the president, much of the victory will go to the House Democrats because the bill is authored by the deceased Rep. Cummings and passed by the House first," Orestis said.

Robinson says that since President Trump wants to remain in the White House, he wants to be the one to claim credit for lowering prescription drug costs, which is why he's upset Republicans "aren't doing anything about it." But whether HR 3 ever becomes law depends on who controls the Senate and the presidential pen after ballots are cast in November. Until then, people like Robinson don't expect anything meaningful on prescription drug costs to go through. "The bill was dead on arrival," he said. "Politically, I don't think anything is going to pass before the election." [Source: www.healthline.com/health-news | Healthline | March 19, 2020++]

Medicare Part B Premiums

Update 08: What to do When You Can't Afford Them

Medicare Part B premiums jumped \$9.10 per month in 2020 — one of the biggest increases in recent years. While the Social Security cost-of-living adjustment (COLA) increased benefits by 1.6 percent in 2020, Medicare Part B premiums climbed 6.7 percent, more than four times faster. A jump of this size can put older household budgets into a bind, forcing retirees to go without essentials when they run short before their next Social Security check.

If you have limited income and savings, there are three Medicare Savings Programs that help pay Medicare costs. If you qualify, your Medicare Part B premium will no longer be deducted from your monthly Social Security check. Over the rest of the year, that could be worth an extra \$144.60 per month in your Social Security check, and more than \$1,300 in higher Social Security income through the end of the year (especially if you qualify for up to three months of retroactive payments). If you qualify, you will automatically get Extra Help, the Medicare program that helps with Part D prescription drug costs.

To qualify, you must meet your state's income and asset limits. The information listed below show the 2019 baseline gross monthly income and asset limits but, even if your income or assets are slightly higher, you should still apply because these limits are somewhat higher for 2020, and some states have different guidelines.

- **QMB** (Qualified Medicare Beneficiary): Max Income Individual \$1,061 and Couple \$1,430. If you qualify you should not be billed for Medicare covered services when seeing Medicare providers or providers in your Medicare Advantage plan's network.
- **SLMB** (Specified Low-Income Medicare Beneficiary): Max income Individual \$1,269 and Couple \$1,711
- **QI** (Qualifying Individual): Max income Individual \$1,426 and Couple \$1,923.

All of the above programs limit assets (such as savings, stocks or certificates of deposit) to \$7,730 Individual and \$11,600 Couple. In all states the following assets are not counted:

- Your primary home
- One car
- Household goods
- Burial spaces
- Burial funds up to \$1,500 per person
- Life insurance with a cash value of less than \$1,500

To learn whether you or someone you care for qualifies, call your local Medicaid office, Family Social Services Department, or State Health Insurance Assistance Program (www.shiptacenter.org) to learn if you are eligible. [Source: The Senior Citizens League | Rick Delaney| March 11, 2020 ++]

Medicare Part D

Update 39: Out-of-Pocket Costs Take Record Jump

Medicare Part D prescription drug coverage hit a new milestone this year. The highly — loathed “doughnut hole” or “coverage gap” closed this year. But that doesn’t mean prescriptions will be free. The co-insurance in the former Part D doughnut hole dropped to 25% of all drug costs. That’s the good news. But the out – of – pocket spending that’s required to qualify for catastrophic drug coverage took a big jump, from \$5,100 in 2019, to \$6,350 an increase of \$1,250. That’s the biggest jump in the out-of-pocket threshold since the start of Part D in 2006.

The costs don’t stop at \$6,350. Unlike other types of health insurance, there is no out-of-pocket annual maximum for beneficiaries enrolled in Part D. After spending the \$6,350 in drug costs, Part D plan enrollees pay the greater of 5% co-insurance or copays of \$3.60 for generics and \$8.95 for brand or non-preferred brand drugs. For someone taking high cost specialty drugs, the 5% coinsurance could still be in the hundreds of dollars and, would continue for each refill until the end of the year.

Seventy-eight percent of participants in TSCL’s 2019 Senior Survey think Congress should establish an out-of-pocket spending cap. In December of last year, prescription drug legislation, H.R.3, the Elijah Cummings Lower Drug Costs Now Act was passed by the House. In addition to allowing Medicare to negotiate drug costs, the House bill would cap Part D’s annual out - of - pocket costs for prescription drugs, starting at \$2,000 per year. The Senate advanced its own bi-partisan prescription drug bill that would establish a new out-of-pocket spending cap at about \$3,100. While the Senate Finance Committee advanced the package to the floor, it remains on hold. Nevertheless, these bills continue to be among TSCL’s highest priorities for passage this year. [Source: The Senior Citizens League | MAR/APR 2020 ++]

Prostatitis

Update 04: Study Reports on Satisfaction with Upper-limb Devices



A recent study found similar levels of satisfaction among Veteran users of upper-limb prostheses regardless of which type of device they use. The results appeared online in the journal Prosthetics and Orthotics International in January 2020. In a survey of more than 400 Veterans, the researchers found little difference in satisfaction, at the group level,

among users of myoelectric, body-powered, and cosmetic prostheses. Overall across the three groups, the average rankings fell just shy of “satisfied.”

Types of upper-limb devices

- *Myoelectric* prostheses are externally powered artificial limbs that are controlled with electrical signals generated by one’s muscles. The devices can replace missing hands, elbows and shoulders, depending on the level of amputation. The most advanced experimental systems can transmit sensation back to the user in the case of fingers and touch, a feature that is not available in commercial devices.
- *Body-powered* devices are operated by a cable. Movement of another part of the body, such as the shoulder blades, pulls the cable open and controls the limb.
- *Cosmetic* prostheses are used by upper- and lower-limb amputees for appearance purposes. Older designs are often a kind of vinyl, while more recent ones are made from urethanes and silicones that closely reflect the appearance of the natural limb.

No differences based on hand type, either

The researchers also observed no satisfaction difference based on the type of terminal device, which is the prosthetic hook or hand. The most commonly used prostheses have hooks or hands that open and close in one position. Advanced prosthetic hands with multiple degrees of freedom allow the user to move the hand into different grasping positions. Dr. Linda Resnik of the Providence VA Medical Center led the study. She and her colleagues expected to see greater satisfaction with people using myoelectric devices that provide multiple degrees of freedom. She was thus surprised to find no difference in prosthesis satisfaction.

“I thought that people who got the newest and the latest and greatest devices that offer multiple degrees of freedom would be happier with them,” says Resnik, who is also affiliated with Brown University in Rhode Island. “There could be many reasons we didn’t find that. These devices are known to be more fragile. The more mechanically complicated devices are, the more places they can break. So they may end up being in the shop more. Many people have expectations about what these devices should do that just aren’t being met.” Resnik and her team also aimed to identify factors linked to prosthesis satisfaction. They found that initial prosthetic training was associated with greater happiness, pointing to the “critical role of occupational or physical therapy in the early stages of prosthetic care.” To read more about the study, visit [VA Research Currents](#). [Source: Vantage Point | Mike Richman | March 11, 2020 ++]

Gingivitis & Periodontitis

Gum Inflammation

Many people have inflamed gums every now and then. A gum inflammation (gingivitis) usually doesn’t cause any major problems at first. But it may spread to other parts of the periodontium (the soft tissue and bone responsible for keeping our teeth firmly anchored) and cause damage there. The medical term for inflammation of the periodontium is periodontitis. Over time, periodontitis can cause teeth to loosen. Good oral hygiene can help to prevent gingivitis. Only if you clean your teeth properly can treatment by a dentist stop – or at least slow down – the progression of periodontitis. It’s also very important to carry on taking good care of your teeth after having treatment, in order to prevent periodontitis from getting worse.

Symptoms & Causes

The main signs of gingivitis are red, swollen and bleeding gums. The gums bleed when you clean your teeth, and sometimes for no obvious reason too. Gingivitis generally doesn’t cause any pain or other symptoms, so it remains undetected for quite some time. Periodontitis often doesn’t cause any symptoms either until it has become advanced. As well as red and bleeding gums, it can also lead to sensitive teeth and receding gums (“long teeth”), sore gums and

bad breath. If the gums are inflamed, they may start pulling away from the neck of the tooth. This causes gaps to form between the teeth and the gums, known as gum pockets (or periodontal pockets). At a more advanced stage, periodontitis can cause teeth to shift position, start wobbling or hurt when you chew.



The most common cause of inflamed gums is plaque. Plaque is a thin film that is mainly made up of bacteria and is hardly visible at first. It is mainly found where the tooth and gum meet, and may feel a bit “furry” when you run your tongue over it. The bacteria in the plaque “eat” sugars in food in your mouth, and their waste products can cause the gums to become inflamed and swollen. You can get rid of plaque by cleaning your teeth properly. In other words, good oral hygiene can reduce the risk of gingivitis and periodontitis. The likelihood of developing gingivitis and periodontitis is also increased by various factors, including

- Smoking,
- Metabolic diseases such as diabetes, and
- Hormonal changes during pregnancy.

Some people are generally more prone to gum disease, too. Certain medications might cause the gum to get bigger, making it harder to clean the teeth properly and increasing the risk of gum disease. Examples include medications that suppress the immune system and medications for cardiovascular (heart and blood vessel) disease.

Outlook & Diagnosis

Gingivitis sometimes goes away again. But it might also last a long time, progress and develop into periodontitis. If gingivitis persists, the pockets between the teeth and gums might become deeper, sometimes even up to 1 centimeter deep. Bacteria start growing in these gum pockets, and it's no longer possible to reach the bacteria with a toothbrush. A layer of bacterial plaque builds up on the root and neck of the tooth, where it may harden. Known as tartar (or calculus), this hard substance can only be removed by a dental professional. If it's below the gum line it's known as “subgingival” calculus, and above the gum line it's called “supragingival” calculus. The deeper the gum pocket, the further the bacterial plaque can spread down towards the bottom of the root of the tooth.

Bacteria and tartar in the gum pockets can cause further inflammations. In periodontitis, the inflammation attacks the soft tissue and bone that supports the teeth and keeps them in place. If it gets worse, it may also attack and break down the jawbone around the teeth. This can expose a part of the roots of the teeth. Over time, the teeth may become loose, making it harder or painful to chew. If that happens, they might have to be removed. Periodontitis progresses in episodes: There are short phases where tissue is destroyed, and longer phases where the disease doesn't progress, or where the tissue even recovers a bit. But periodontitis doesn't go away again on its own.

One way to detect gum disease is by having a dental check-up. If you have Dental Insurance it will normally pay for a screening test for periodontitis (called periodontal screening and recording) once every two years. Here your mouth is checked tooth by tooth for possible gum pockets using a special instrument called a periodontal probe. The dentist also looks for signs of bleeding, tartar (calculus), receding gums, and loose teeth. If the dentist suspects that you might have periodontitis, other examinations will be necessary – for example, x-rays to find out whether any bone tissue has been broken down.

Prevention & Treatment

If plaque is not removed, the gums can become inflamed within just a few days. And plaque can harden and develop into tartar. Although plaque forms very quickly, you can easily remove it by cleaning your teeth regularly and thoroughly – using an interdental brush or dental floss too. A dentist or dental hygienist can show children and teenagers how to clean their teeth properly. Tartar can only be removed by dental professionals – for instance, during the regular dental check-ups. Dentists often ask if you would like to have professional teeth-cleaning to remove plaque and tartar. If insured you will usually have to pay for this yourself.

Learn more

Good oral hygiene is very important. If you don't clean your teeth properly, treatment for periodontitis won't be effective. People who have gingivitis or periodontitis will be shown in their dental practice how to take good care of their teeth. Before any periodontitis treatment is started, dentists often recommend having professional teeth-cleaning first. Treatment for gingivitis includes removing tartar and – if necessary – any edges of fillings and crowns that protrude. This is done because it's harder to remove bacterial plaque from behind these edges.

If periodontitis has developed, the bacterial plaque and hard tartar are removed, including the deposits found below the gum line. This is known as scaling and root planing, or “deep cleaning.” If this treatment doesn't help enough, dentists sometimes recommend surgery to clean the surface of the root of the tooth. The earlier periodontitis is detected, the easier it is to keep it under control. Periodontitis treatment aims to stop the disease from getting worse, preventing more damage and loss of teeth.

[Source: Informedhealth.org Newsletter | February 26, 2020 ++]

Shoulder Pain

Acromion Symptoms, Causes, Risk factors, Diagnosis & Treatment

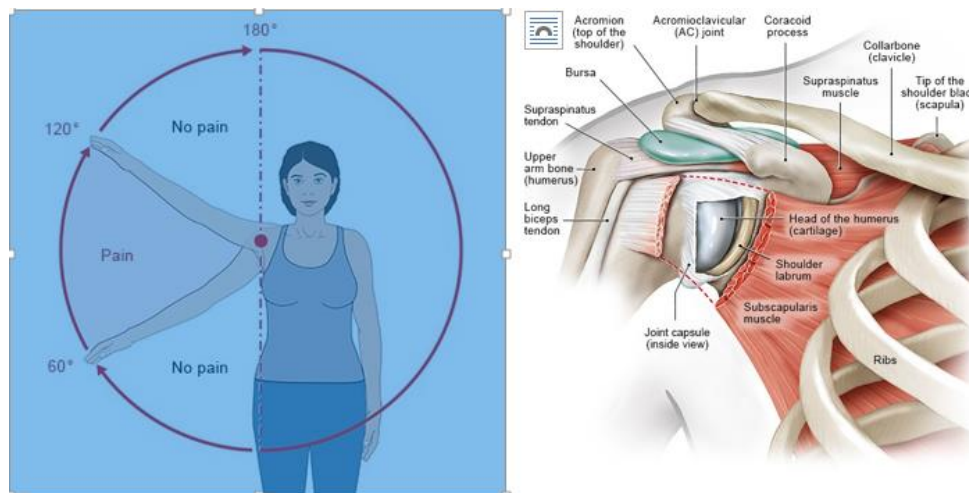
Shoulder pain is one of the most common joint problems. It can be caused by a number of different things. This is because the shoulder contains a lot of muscles, ligaments, tendons, fluid-filled sacs and bones that work together in a small space. It's not always possible to find out exactly what is causing the pain. It usually arises beneath the bone that forms the “roof” of the shoulder (the acromion). It is then often referred to as shoulder impingement. Other causes of shoulder pain include things like frozen shoulder or osteoarthritis. This information is about pain under the acromion – not about pain caused by other things like osteoarthritis or acute injuries.

Pain under the acromion sometimes gets better within half a year, but it may also last longer. Until the pain gets better, it's a good idea to avoid moving the arm too much. Acute pain can be relieved by cooling the area and taking inflammation-reducing painkillers. If the pain is very bad, it can be treated with steroid injections. Physical therapy with strengthening and mobility exercises can help to make the shoulder stronger. Surgery usually doesn't help.

Symptoms & Causes

Pain under the acromion often occurs on the outer side of the joint. The medical term for this type of pain is “subacromial pain.” It gets worse when you lift your arm sideways (see illustration). Sometimes the pain gets worse if you lie on the affected shoulder at night. It might then wake you up.

Various things can make the space under the acromion (the subacromial space) narrower. These include bony growths, “wear and tear” and calcium deposits in the supraspinatus tendon (see illustration). Other causes include an inflamed fluid-filled sac or a hooked acromion, where the tip of the shoulder blade curves down more than usual. Sometimes ligaments and tendons in the joint capsule become shorter due to weak muscles or putting abnormal strain on the muscles. All of these things can cause parts of the shoulder tendons (“rotator cuff tendons”) and the fluid-filled sac (“bursa”) to become pinched between the acromion and the head of the upper arm bone when you lift your arm. Because so many different things can cause pain under the acromion, a variety of terms are used when diagnosing the problem. These include “shoulder impingement,” “rotator cuff syndrome” and “calcific tendinitis of the shoulder.”



Positions where subacromial pain occurs & muscles, tendons, bursa and bones in the shoulder area

Research has shown that there's no clear link between the symptoms people have and things that can be seen on ultrasound, x-ray or MRI images. Sometimes people don't have shoulder pain even though these images show that there are calcium deposits, tears and "wear and tear" in the rotator cuff (a group of muscles and tendons that surround the shoulder joint) or the shoulder labrum (a ring of cartilage around the shoulder socket). Because of this, many experts now prefer to call it "subacromial pain" (pain under the acromion) rather than "shoulder impingement." It's not clear what role soft tissue becoming pinched (impingement) actually plays in the development of shoulder pain.

Risk factors, Prevalence, and outlook

People who frequently have to work on something above their head are at greater risk of developing subacromial pain. Common examples include painters, electricians, warehouse workers and shelf stockers. Certain sports involve moving your arms above your head a lot as well – for instance, tennis, basketball or other ball games. Many swimmers who do the front crawl or butterfly stroke swing their arms up over their heads. Intensive training can then lead to shoulder pain. Weak shoulder muscles, ligaments and tendons can also result in shoulder pain. The shoulder is a very movable joint that is mainly kept stable by the muscles. If the shoulder muscles are weak, the head of the upper arm bone (humerus bone) may "fall" out of the socket and push against the surrounding soft tissue.

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Shoulder pain is one of the most common orthopedic problems, along with back and neck pain. In up to 70% of those affected, the pain arises under the acromion ("subacromial pain"). The course of shoulder pain can vary from person to person. In about half of those affected, the pain goes away within six months. But in some people it can continue for many years.

Diagnosis & Treatment

To find out what's causing the symptoms, the doctor will ask questions like

- When the pain occurs and how it feels,
- Whether there was an injury or accident, and
- Whether it could have been caused by things like overhead work or certain types of sports.

The physical examination that follows includes several tests that involve lifting and lowering your arms sideways, and moving your elbows in various directions, inwards or outwards. The doctor will also feel your shoulder. This is usually enough to diagnose subacromial pain. During the physical examination the doctor can also rule out other possible causes of the pain, such as radiating neck pain or frozen shoulder (adhesive capsulitis). Sometimes people have examinations with imaging techniques, too: For instance, a torn rotator cuff can be seen in ultrasound images, and

the bones and calcium deposits can be seen in x-ray images. A magnetic resonance imaging (MRI) scan may be considered if the cause has still not been found.

Because there's no clear link between people's symptoms and the changes or "wear and tear" seen in the images, these imaging techniques aren't always needed. They may be a good idea if the symptoms don't improve despite treatment, if surgery is being considered, or if there's reason to believe that something else is causing the pain. For instance, x-ray images can help to find out whether the person has osteoarthritis of the shoulder joint. People who have acute shoulder pain are advised to

- Go easy on their shoulder, taking special care to avoid work or sports that involve lifting the affected arm up over their head,
- Cool the shoulder,
- Relieve the pain with anti-inflammatory (inflammation-reducing) painkillers such as ibuprofen, if necessary. But these painkillers shouldn't be taken for longer than 1 to 2 weeks. If the pain is very bad, steroid injections can be used too.

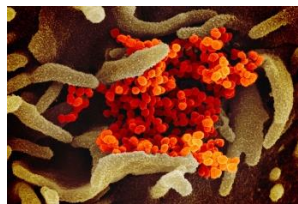
Going easy on your shoulder doesn't mean you should stop moving your arm completely – on the contrary: By doing certain physical therapy exercises, the shoulder can gradually become more movable and stronger again. Shoulder surgery isn't likely to help much in people who have subacromial pain. Good-quality studies have shown that surgery to widen the space under the acromion usually doesn't help any better than treatment where people only think they have had this surgery. Surgery is always associated with risks and can lead to other shoulder problems, so it's important to carefully consider the pros and cons before deciding whether or not to have it done.

[Source: www.informedhealth.org | February 2020 ++]

Coronavirus

Update 08:

DHA Answers to Questions on COVID-19



The Defense Health Agency (DHA) hosted a live Facebook town hall meeting to answer questions about COVID-19. Navy Cmdr. (Dr.) Cameron J. L. Nelson, chief of the occupational medicine branch in DHA's public health directorate, advised people who suspect that they have COVID-19 to call, rather than visit, their primary care provider or treatment facility to discuss whether the symptoms warrant testing. This, he explained, would avoid the possibility of spreading the virus to health care personnel and patients. Army Col. (Dr.) Neil Page, deputy director of DHA's of the clinical support division, described the symptoms.

One of the first, he said, is a runny nose. As the body responds to the virus, an individual will then develop a fever. COVID-19 then typically progresses to coughs, inflammation, constant pain or pressure in the chest, confusion, bluish lips or face, muscle aches, low energy, trouble moving and shortness of breath. "Those are symptoms that are much more likely to be COVID-19," he said. However, that doesn't mean that it actually is COVID-19, he added. "There are hundreds of viruses that can produce those very same symptoms, but in this day and age, we are very concerned about COVID-19." Also, this is the time of year when allergies are high. Allergies typically result in a runny nose, sneezing and itchy eyes, but they don't generate fevers and some of the other symptoms. That would rule out COVID-

19, Page said. Nelson noted that this is flu season. Flu has to be ruled out before COVID-19 testing is recommended, he said, and instructions on where to go for testing will be provided if flu is ruled out.

Additionally, during the meeting attendees noted:

- Page cautioned that getting tested too early might result in a false negative because it takes some time for the viruses to multiply and produce positive test results.
- Nelson said knowledge of the virus is still evolving daily, and he recommends periodically visiting the Centers for Disease Control and Prevention website (www.cdc.gov) to get the latest and best information.
- People should be vigilant in cleaning common surface areas with sanitizing wipes, Page said, because viral particles can survive on an inanimate object for a few hours and even a few days.
- Regina M. Julian, chief of DHA's healthcare optimization division, said washing hands thoroughly for at least 20 seconds with soap and water should become a frequent habit as well. If soap and water aren't available, she said, people should use a hand sanitizer that is at least 60% alcohol.
- Nelson said that anyone who has been in contact with a COVID-19 carrier, traveled to an infected area or exhibits signs of COVID-19 should self-quarantine for 14 days to monitor for symptoms and to protect others.

Following the town hall meeting, DHA posted some additional advice:

- Get a flu shot. The flu vaccine won't protect you from COVID-19, but the flu currently poses a greater threat to the public than COVID-19.
- Avoid public activities or areas visited by a lot of people.
- Cough away from others and into a sleeve.
- Maintain social distancing.
- If possible, avoid frequently touched surfaces such as elevator buttons, door handles, handrails and other surfaces. If unavoidable, wash as soon as possible and don't touch the face.
- Get the pneumonia vaccine if eligible. It's recommended for adults 65 and older, all children younger than 2, persons 2 through 64 with certain health conditions and adults 19 to 64 who smoke cigarettes. It won't protect against COVID-19, but will lower the risk of bacterial infection.
- There is no need for people who are not sick to wear a facemask.
- If sick with fever, coughs or sneezes, stay home. Loss of smell and/or taste could be another indicator.
- Find a safe way to get food delivered.
- Most people can recover from COVID-19 at home. Treatment is similar to that of the flu: rest and fluids.
- People at greatest risk of getting seriously sick from COVID-19 are those over 65, as well as people of all ages with serious chronic medical conditions such as heart disease, diabetes, lung disease and immune disorders.

For uniformed military personnel, virtual visits with a primary care provider are being made available, Julian said. Also, service members and TRICARE beneficiaries can call 1-800-874-2273 and select option one to reach the Nurse Advice Line. Callers can expect a wait time, but more nurses are being hired to help alleviate that, she said. Those serving overseas should visit <https://mhsnurseadvice.com/home> to get Nurse Advice Line help, she added. Another way for TRICARE beneficiaries to get help is to call or email their own health care team or primary care physician, Julian said.

Julian noted that the Defense Department has 15 testing sites worldwide. If testing at a military treatment facility cannot be done, she said, the test specimen — obtained from a nasal swab — will be transported to the closest test laboratory, which could be a commercial or military lab that will provide the quickest turnaround time. The current turnaround time for test results is 24 to 48 hours. For the latest DOD news on Coronavirus issues refer to <https://www.defense.gov/Explore/Spotlight/Coronavirus>. [Source: DoD News | David Vergun | March 18, 2020 +-]

Coronavirus

Update 09: Snopes Fact Checker

Snopes has organized its COVID-19 fact-checking reports at <https://www.snopes.com/collections/new-coronavirus-collection> by these categories:

- [Origins and spread](#)
- [Prevention and treatments](#)
- [International response](#)
- [U.S. Government response](#)
- [Conspiracy theories and 'predictions'](#)
- [Memes and misinformation](#)
- [Viral videos](#)
- [Entertainment industry](#)

For the latest information about the coronavirus and COVID-19, visit the [CDC](#) or [WHO](#) websites. [Source: Consumer Health Digest #20-11 | Snopes | March 22, 2020 ++]

Coronavirus

Update 10: A Full Night's Sleep Could be the Best Defense

Amidst growing concern about COVID-19 infection, health officials have provided several recommendations to help individuals protect themselves and their families from infection, including washing hands regularly and maintaining a distance of at least six feet from anyone who is coughing or sneezing. Fortunately, a growing body of evidence suggests that an additional lifestyle modification could also dramatically improve your odds of avoiding infection – getting more sleep.

It has long been known that sleep is important for military performance. The Walter Reed Army Institute of Research has conducted sleep studies since the 1950s, showing that sleep loss negatively affects emotional regulation, judgment, cognitive performance, learning and memory, psychological resilience and reaction time – each of which could be critical for success in multi-domain operational environments—and almost all other environments as well, from the athletic field to the classroom to the boardroom. This is why elite athletes make sure they obtain 8-10 hours of sleep per night: to acquire that extra “edge” that can make the difference between success and failure.

In addition, and of particular relevance given current concerns about the spread of COVID-19, recent evidence suggests that sleep is also important for healthy immune function and the ability to fight off infection. "From a Soldier lethality perspective, we often state 'sleep is ammunition for the brain', as sleep is critical for decision making, vigilance and reaction time. When it comes to fighting the common cold and flu, sleep is your internal body armor that helps you fight some viruses and disease," said Army Col. Deydre Teyhen, Commander of the Walter Reed Army Institute of Research.

The relationship between sleep and infectious disease is now being explored by researchers across the world, and several interesting and important findings have been reported. For example, in one study, volunteers without previous exposure to the common cold were exposed to a live sample of the virus. Researchers found that no variable predicted whether a participant would fall sick better than sleep duration – not even age or stress level. In other words, those who habitually slept less were more likely to fall ill with the cold virus. In another study conducted by the same group, a “sleep threshold” was discovered: individuals who averaged less than seven hours of sleep per night were found to have a three-fold greater risk of infection relative to those who averaged eight or more; that rate climbed to a 4 ½-fold greater risk for those with less than five hours of sleep.

Perhaps most surprisingly, it has also been found that six months after receiving a hepatitis B vaccination, individuals who slept fewer than six hours on the night prior to vaccination were at significant risk of being unprotected compared to those who had obtained more than seven hours of sleep. In addition, there is now limited but exciting evidence from animal studies suggesting that sleep not only helps protect against initial infection, it also plays a direct role in aiding recovery from infectious illness. Although there have not yet been any studies in which the relationship between sleep duration and COVID-19 infection have been studied directly, lessons learned from studying the relationship between sleep duration and other infectious diseases can readily be generalized to COVID-19.

"Sleep is critical for maintaining physical, cognitive and immunological dominance on and off the battlefield. Leaders must prioritize sleep as a valuable asset in maintaining readiness and resilience, especially in the context of multi-domain operations and increased health risks worldwide—including those risks associated with exposure to infectious diseases," says Army Lt. Col. Vincent Capaldi, director of the Behavioral Biology branch at WRAIR, responsible for studying the relationship between sleep, performance and military effectiveness.

Unfortunately, approximately one in three American adults do not obtain the American Academy of Sleep Medicine-recommended 7+ hours of sleep per night, a situation that is estimated to cost the US economy approximately \$411 billion a year due to increased errors and accidents, lower productivity and increased absenteeism. And the problem is particularly pronounced in the military, where approximately two in three Soldiers average six or fewer hours of sleep a night.

Research laboratories under the U.S. Army Medical Research and Development Command including WRAIR, the U.S. Army Medical Research Institute of Infectious Disease and U.S. Army Medical Materiel Development Activity, are working diligently on a range of solutions to detect, treat and prevent COVID-19, including a vaccine. WRAIR sleep and infectious disease researchers are also jointly exploring the relationship between sleep and immune function – a natural collaboration since the WRAIR infectious disease research programs are among the best in the world, having contributed to the development of many FDA-approved vaccines and every existing FDA-approved malaria prevention drug.

Furthermore, WRAIR's world-renowned sleep and performance research program has generated several technological and knowledge products, including wrist actigraphy (a precursor to current smart watch technology) to reliably measure and quantify sleep in the field; human functional brain imaging studies that have furthered scientific understanding of sleep and sleep loss and the discovery of "sleep banking": the finding that extra sleep prior to a mission with sleep loss blunts the performance decrement and reduces the amount of sleep needed to fully recover afterwards.

As medical countermeasure development efforts progress, obtaining at least seven hours of sleep per night in a comfortable, cool, quiet, dark and safe area, in addition to regular handwashing with soap and water and maintaining a healthy social distance (6 feet), will continue to constitute the first line of defense against infection. [Source: Health.mil | Samir Deshpande | March 23, 2020 ++]

Coronavirus

Update 11: Cardiac Issues

As the novel coronavirus spreads around the world, it primarily sickens people by affecting their lungs. But it is now becoming clear that the finishing blow for people who don't survive might be to the heart. For the more than 120 million American adults living with heart disease, including many of my patients, these are understandably distressing times. The experience of intensive care doctors managing covid-19 points to a dangerous turn many patients take. While the syndrome initially develops slowly, in some vulnerable people it can accelerate quickly, causing respiratory arrest and requiring artificial breathing with mechanical ventilators.



Yet the patients who end up dying, says James Town, an intensive care doctor who has been in the thick of it in Seattle, actually die of cardiac rather than respiratory failure. "A few of the patients we've had have also developed pretty profound cardiogenic shock, and those are the ones who have passed away so far," he told NPR's Lulu Garcia-Navarro. This cardiogenic shock was "more dramatic than just the respiratory failure that we kind of expected to see." The Center for Disease Control and Prevention lists older adults and people with heart disease, lung disease and diabetes, as the main high risk groups in this pandemic. Data published in the journal *Lancet* from patients admitted to hospitals in Wuhan with covid-19 shows that while not all patients have damage to the heart, it can be an ominous sign in those that do: evidence of cardiac injury was noted in 59% of those who died vs. only 1% of survivors.

Severe covid-19 infection can cause massive inflammation throughout the body, and if it affects the heart, the consequences can be dire. Fast, abnormal heart rhythms were responsible for 44% of Wuhan patients being transferred to the intensive care unit. Laboratory tests of human proteins called troponins, which can indicate damage to heart muscle, can indicate which patients will probably do poorly. While menacing heart complications usually occur late in the course of most patients with covid-19, some rare patients are presenting initially with extensive inflammation of the heart. The CDC recommends that people at high risk, such as those with heart disease, take all the same precautions that apply to everyone right now - stay at home, avoid crowds, clean your hands and your surroundings often - but they should do some additional things:

- Make sure they and their caregivers have a phone number to access their medical team. For those who don't have an established relationship with a heart care team, they should call their primary care physician or hospital or public health department hotline.
- Stock up on any medications, and if they're running short, call the clinic or get your doctor to have refills called or routed in to a pharmacy.
- Make sure that basic medical equipment, such as a thermometer, a blood pressure machine and a weighing scale, is accessible.
- Monitor your body closely for signs and symptoms common in covid-19, including temperatures above 100 degrees, difficult breathing, coughing. A runny nose is much less common and more likely a sign of a cold or allergies.
- Let caregivers and a medical team know about these symptoms - they do not necessarily require going to the emergency room. Danger signs include worsening shortness of breath, chest pain, confusion or drowsiness and bluish lips. If any of these symptoms develop, call 911 or go to the nearest emergency room.

Concern has been raised about some common medications used by patients for hypertension or heart disease called angiotensin-converting-enzyme inhibitors, or ACE inhibitors (with names ending in -pril, such as lisinopril), and angiotensin II receptor blockers (ARBs, with names ending in -sartan, such as valsartan). The reason for this concern is that the novel coronavirus attaches to ACE2 proteins on the surface of cells in the airway and lungs, allowing it to then hijack the cell and subsequently use its machinery to make millions of virus copies. In animal studies, ACE inhibitors and ARBs have been shown to increase the expression of ACE2 proteins.

That finding has lead some to speculate that the medications make patients with heart disease more vulnerable to covid-19 complications. But animal studies often do not translate into humans. And there is also some evidence that the medications might be protective of the lungs, with people taking these drugs having reduced lung injury when infected with other viruses. Given that there is no evidence of harm in covid-19 patients and mountains of evidence about the lifesaving benefit in patients with hypertension and heart disease, the major cardiovascular organizations in the United States and Europe have said these medications should be continued.

On the other hand, use of over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, probably should be minimized. The French government recently issued a warning about their use being associated with worse outcomes in all people. Heart patients who take blood thinners are generally advised to avoid such NSAIDs, since they can increase bleeding risk and may cause kidney damage. I have suggested to my patients that they either switch to acetaminophen (such as Tylenol), which is gentler on the kidneys or use the minimum dose of NSAID until we have better information.

Many hospitals are moving to cancel nonurgent procedures, tests and clinic visits. Most nonurgent clinic visits are being deferred or instead are being performed over the phone or using video conferencing. This move will both reduce patients' and their medical team's risk of acquiring the virus and will help conserve resources in the event of the health system being overrun with covid-19. Virtual visits are most effective when patients have a family member around to coordinate plans, have their pills on hand to confirm what they are taking, and have access to basic information such as their weight and blood pressure, if they have the equipment.

For patients with heart disease, virtual connectedness to their health-care staff can be a lifesaver. A similar connection to family and friends can help provide another layer of protection. I've been sharing my cellphone number with patients and encourage other doctors of high risk patients to do the same. And even as we focus on this pandemic, It's worth noting that other diseases are not slowing down. Heart disease remains the leading killer of people in the United States and around the world, and it is not ready to give up that distinction any time soon. With the right precautions and with heightened vigilance, we can try to ensure that covid-19 doesn't help increase that toll. [Source: The Washington Post | Dr. Haider J. Warraich The Washington Post | March 23, 2020 ++]

Coronavirus

Update 12: Handling Mail



A Salt Lake City mother who does a lot of online shopping posed this query to Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases:

“I’m curious how long coronavirus lives on surfaces, and how we should be handling the mail.”

The question came up in a CNN/Facebook global town hall with Fauci — who in recent weeks has become the “public face” of the U.S. medical response to the coronavirus epidemic as a member of the Trump administration’s

coronavirus task force. Fauci responded that, for the most part, the new coronavirus appears to remain on surfaces for no more than a couple of hours. For that reason, he thinks it is very likely that by the time the mail gets to its recipient, any risk of infection will have passed. So, you should be safe to open any mail you receive from Grandma, the IRS or anyone else.

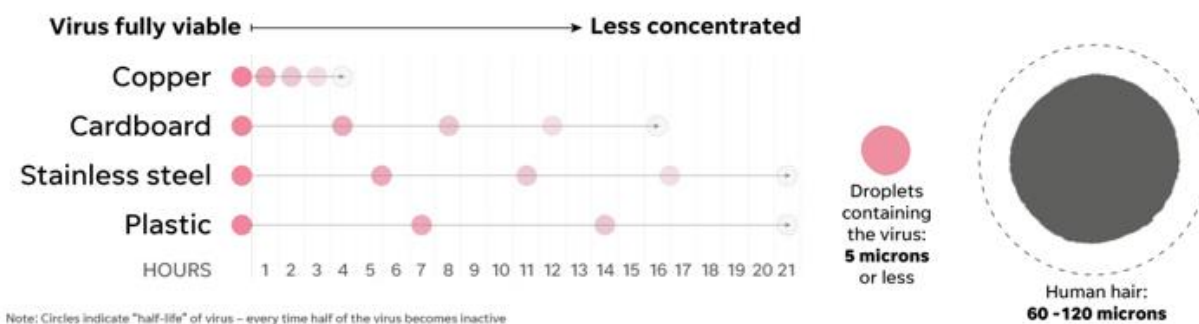
Fauci emphasized that he didn't want to downplay the importance of wiping down surfaces of things when it's easy to do — such as disinfecting door handles and cellphones. For details on how to do that properly, check out “5 Household Cleaners That Can Kill the Coronavirus” and “How to Disinfect Your Smartphone Without Damaging It.” But Fauci added that such vigilance should have its limits. “I think if you start thinking about money and mail and things like that, you can almost sort of immobilize yourself, which I don't think is a good idea,” he concluded.

It is worth noting that some experts have speculated that the coronavirus may live for longer on surfaces than just a couple of hours. For example, Dr. Margaret Harris of the World Health Organization told The Grocer website that since the coronavirus that causes COVID-19 appears to behave like other coronaviruses, it is possible that it “may persist on surfaces for a few hours or up to several days.” So, if you have concerns about touching any surface — including the mail — be sure to wash your hands thoroughly after coming into contact with the surface. [Source: MoneyTalksNews | Chris Kissell | March 28, 2020 ++]

Coronavirus

Update 13: Virus Survivability

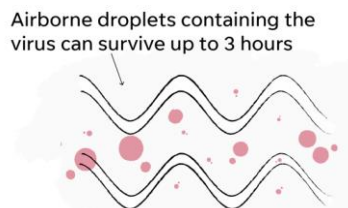
Tiny, infected water droplets that drift in the air or land on surfaces have multiplied into a global pandemic. Typically, an infected person's cough or sneeze spreads SARS-CoV-2 – the coronavirus that causes the disease COVID-19, a highly contagious respiratory illness. To slow the rising number of infections – over 140,000 of Americans as of 30 MAR have been infected since 20 JAN – researchers are looking for the coronavirus' limits. Just how long can it last outside the human body? According to the New England Journal of Medicine, here's how long the virus could live on a variety of surfaces. The report also noted the half-life, or rate of decay, of the virus on various materials. That's the time it took for half of the virus sample to die. The decay rate is important because though the virus may linger on surfaces for days, people are less likely to become infected as the virus dies.



It is important to note that the virus does not remain at full strength for these entire periods. Its viability diminishes over the course of these time periods. Also, a virus can last as long as four days on glass, depending on location and temperature, according to a separate study by the Journal of Hospital Infection published in January. That report charted the persistence of the SARS-CoV virus, which is similar to the current virus causing COVID-19. Items such as cellphone screens, mirrors and inside glass doors can also support the virus. Most infections start with water droplets, tiny globes of water 5 microns or less in size. That's much smaller than a human hair, which is 60 to 120 microns thick.

In all settings, viruses need water to survive. "Viruses can withstand a small amount of dehydration," says Dr. Paul Meechan, a former director of safety at the Centers for Disease Control and Prevention and president of the American Biological Safety Association. The problem is knowing "how long it will take a virus to dry out and become noninfectious," Meechan says. "Eventually, the virus deteriorates and becomes inactive." The speed at which that happens depends on whether the virus is in the air or on a surface.

Researchers don't know how many virus-laden particles people infected with COVID-19 expel in the average droplet. An average cough, however, can produce as many as 3,000 droplets and a single sneeze can make up to 40,000, according to multiple studies cited in a 2009 World Health Organization report. A droplet's size determines where it goes after being expelled. Gravity forces larger ones to the ground.

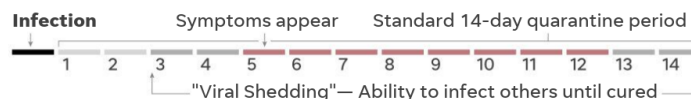


"Aerosols are different," says Dr. Stanley Deresinski, clinical professor of medicine and infectious diseases at Stanford University. "Very small particles may be suspended in the air for a long time, sometimes for hours. They're suspended by air currents." Airborne droplets can stay suspended long enough for someone to walk through and inhale the virus. Outdoors, wind disperses the virus. A virus that doesn't reach the ground or floor can fall on shared surfaces – or be transferred there by those with the pathogen on their hands. Whatever the case, unsuspecting people can pick it up. [Source: USA Today | George Petras, Ramon Padilla, & Karina Zaiets | March 27, 2020 ++]

Coronavirus

Update 14: What It Does to Your Body

Coronavirus incubation



As the COVID-19 pandemic spreads across the U.S. – canceling major events, closing schools, upending the stock market and disrupting travel and normal life – Americans are taking precautions against the new coronavirus that causes the disease sickening and killing thousands worldwide. The World Health Organization and U.S. Centers for Disease Control and Prevention advise the public be watchful for **fever, dry cough and shortness of breath**, symptoms that follow contraction of the new coronavirus known as SARS-CoV-2. From infection, it takes approximately five to 12 days for symptoms to appear. Following is a step-by-step look at what happens inside the body when it takes hold.

Coronavirus infection

According to the CDC, the virus can spread person-to-person within 6 feet through respiratory droplets produced when an infected person coughs or sneezes. It's also possible for the virus to remain on a surface or object, be transferred by touch and enter the body through the mouth, nose or eyes. Dr. Martin S. Hirsch, senior physician in the Infectious Diseases Services at Massachusetts General Hospital, said there's still a lot to learn but experts suspect the virus may act similarly to SARS-CoV from 13 years ago. "It's a respiratory virus and thus it enters through the respiratory tract, we think primarily through the nose," he said. "But it might be able to get in through the eyes and mouth because that's how other respiratory viruses behave." When the virus enters the body, it begins to attack.

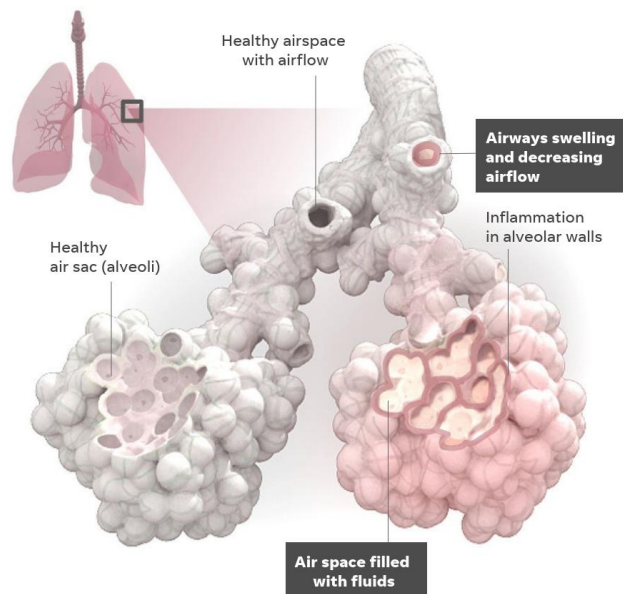
Fever, cough and other COVID-19 symptoms

It can take two to 14 days for a person to develop symptoms after initial exposure to the virus, Hirsch said. The average is about five days. Once inside the body, it begins infecting epithelial cells in the lining of the lung. A protein on the receptors of the virus can attach to a host cell's receptors and penetrate the cell. Inside the host cell, the virus begins to replicate until it kills the cell. This first takes place in the upper respiratory tract, which includes the nose, mouth, larynx and bronchi. The patient begins to experience mild version of symptoms: dry cough, shortness of breath, fever and headache and muscle pain and tiredness, comparable to the flu. Dr. Pragya Dhaubhadel and Dr. Amit Munshi Sharma, infectious disease specialists at Geisinger, say some patients have reported gastrointestinal symptoms such as nausea and diarrhea, however it's relatively uncommon. Symptoms become more severe once the infection starts making its way to the lower respiratory tract.

Pneumonia and autoimmune disease

The WHO reported last month about 80% of patients have a mild to moderate disease from infection. A case of "mild" COVID-19 includes a fever and cough more severe than the seasonal flu but does not require hospitalization. Those milder cases are because the body's immune response is able to contain the virus in the upper respiratory tract, Hirsch says. Younger patients have a more vigorous immune response compared to older patients. The 13.8% of severe cases and 6.1% critical cases are due to the virus trekking down the windpipe and entering the lower respiratory tract, where it seems to prefer growing. "The lungs are the major target," Hirsch said. As the virus continues to replicate and journeys further down the windpipe and into the lung, it can cause more respiratory problems like bronchitis and pneumonia, according to Dr. Raphael Viscidi, infectious disease specialist at Johns Hopkins Medicine.

Pneumonia is characterized by shortness of breath combined with a cough and affects tiny air sacs in the lungs, called alveoli, Viscidi said. The alveoli are where oxygen and carbon dioxide are exchanged. When pneumonia occurs, the thin layer of alveolar cells is damaged by the virus. The body reacts by sending immune cells to the lung to fight it off. "And that results in the linings becoming thicker than normal," he said. "As they thicken more and more, they essentially choke off the little air pocket, which is what you need to get the oxygen to your blood." "So it's basically a war between the host response and the virus," Hirsch said. "Depending who wins this war we have either good outcomes where patients recover or bad outcomes where they don't." Restricting oxygen to the bloodstream deprives other major organs of oxygen including the liver, kidney and brain.



In a small number of severe cases that can develop into acute respiratory distress syndrome (ARDS), which requires a patient be placed on a ventilator to supply oxygen. However, if too much of the lung is damaged and not enough oxygen is supplied to the rest of the body, respiratory failure could lead to organ failure and death. Viscidi stresses

that outcome is uncommon for the majority of patients infected with coronavirus. Those most at risk to severe developments are older than 70 and have weak immune responses. Others at risk include people with pulmonary abnormalities, chronic disease or compromised immune systems, such as cancer patients who have gone through chemotherapy treatment. Viscidi urges to public to think of the coronavirus like the flu because it goes through the same process within the body. Many people contract the flu and recover with no complications. "People should remember that they're as healthy as they feel," he said. "And shouldn't go around feeling as unhealthy as they fear." [Source: USA Today | Javier Zarracina, & Adrianna Rodriguez | March 16, 2020 ++]

* Finances *



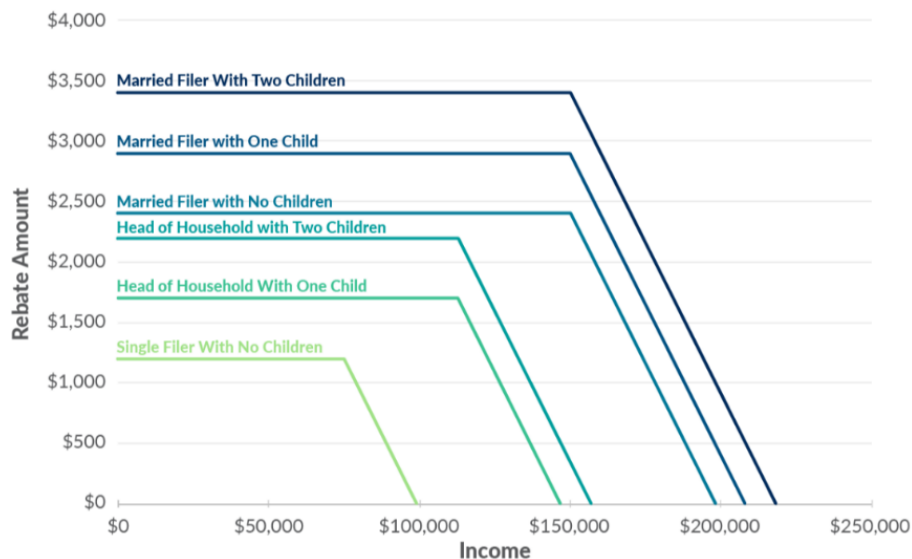
Coronavirus SITREP 3

Nontaxable Recovery Rebate

On 25 MAR the Senate passed an updated version of the Coronavirus Aid, Relief and Economic Security (CARES) Act H.R. 748. It builds on two former pieces of legislation by providing more robust support to both individuals and businesses, including changes to tax policy. The bill included a Recovery Rebate for individual taxpayers which will provide a \$1,200 refundable tax credit for individuals (\$2,400 for joint taxpayers). Additionally, taxpayers with children will receive a flat \$500 for each child. The rebates **would not be counted as taxable income** for recipients, as the rebate is a credit against tax liability and is refundable for taxpayers with no tax liability to offset.

Proposed Relief Rebate in the CARES Act

Proposed Individual Economic Relief Rebate By Filing Status



The rebate phases out at \$75,000 for singles, \$112,500 for heads of household, and \$150,000 for joint taxpayers at 5 percent per dollar of qualified income, or \$50 per \$1,000 earned. It phases out entirely at \$99,000 for single taxpayers with no children and \$198,000 for joint taxpayers with no children. 2019 or 2018 tax returns will be used to calculate the rebate advanced to taxpayers, but taxpayers eligible for a larger rebate based on 2020 income will receive it in the 2020 tax season. It is estimated:

- The rebate will decrease federal revenue by about \$301 billion in 2020.
- Average rebate will be about \$1,523
- Rebates would increase taxpayer after-tax income by about 2.59 percent on average.

Other notable tax provisions included changes to the early withdrawal penalty on retirement account distributions, the ability to exclude certain employer student loan payments from taxable income, and business tax provisions like a refundable payroll tax credit and net operating loss carrybacks, among others. The bill was presented to and passed by the House by voice vote on 27 MAR and forwarded to the President who signed it the same day. He indicated his desire for Americans to start receiving checks the week of 7 APR. Following are some other key tax changes included in the bill:

- Expanded unemployment insurance with an additional \$600 per week for up to four months and federal funding of UI benefits provided to those not usually eligible for UI, such as the self-employed, independent contractors, and those with limited work history.
- \$350 billion allocated to help small businesses
- Early withdrawal penalty on retirement account distributions waived
- Certain employer student loan payments excluded from taxable income
- Business provisions like a refundable payroll tax credit and net operating loss carrybacks

[Source: Tax foundation | March 26, 2020 ++]

Federal Reserve

Update 03: Rate Further Slashed Over Coronavirus Impact

The Federal Reserve took emergency action 15 MAR and slashed its benchmark interest rate by a full percentage point to nearly zero and announced it would purchase more Treasury securities to encourage lending to try to offset the impact of the coronavirus outbreak. The central bank said the effects of the outbreak will weigh on economic activity in the near term and pose risks to the economic outlook. It said it will keep rates at nearly zero until it feels confident the economy has weathered recent events. The Fed also said it will purchase \$500 billion of Treasury securities and \$200 billion of mortgage-backed securities to smooth over market disruptions that have made it hard for banks and large investors to sell Treasuries.

The disruptions bumped up the yield on the 10-year Treasury last week, an unusual move that threatens to push borrowing costs for mortgages and credit cards higher. The Fed also said it has dropped its requirements that banks hold cash reserves in another move to encourage lending. The Fed also announced that it has cut interest rates on dollar loans in a joint action that it has taken with five central banks overseas. That is intended to ensure that foreign banks continue to have access to dollars that they lend to overseas companies. All told, the Fed's actions amount to a recognition that the U.S. economy faces its most perilous juncture since the recession ended more than a decade ago.

By aggressively slashing its benchmark short-term rate to near zero and pumping hundreds of billions of dollars into the financial system, the Fed's moves recalled the emergency action it took at the height of the financial crisis. Starting in 2008, the Fed cut its key rate to near zero and kept it there for seven years. The central bank now has returned that rate — which influences many consumer and business loans — to its record-low level. Still, with the virus' spread causing a broad shutdown of economic activity in the U.S., the Fed faces a daunting task. Its tools — intended to ease

borrowing rates, to facilitate lending and to boost confidence — aren't ideally suited to offset a fear-driven halt in spending and traveling. "We have to hope that the Fed getting out in front of events, not to mention other central banks, pushes the economy in the right direction," said Adam Posen, president of the Peterson Institute for International Economics. "The heavy lifting for stimulus and for preventing lasting economic damage has to be done on the fiscal side. That's nature of this shock."

"It confirms that the Fed sees the economy going down ... very sharply" toward recession, Posen said. Posen advocates fiscal steps such as providing sick leave and pay for quarantined workers and rolling over bank loans to small and medium sized businesses hit hard by the outbreak. Earlier, Treasury Secretary Steven Mnuchin said that both the central bank and the federal government have tools at their disposal to support the economy. Mnuchin also said he did not think the economy is yet in recession. Most economists, however, believe a recession is already here, or will be soon. JPMorgan Chase predicts the economy will shrink 2% in the current quarter and 3% in the April-June quarter. "I don't think so," Mnuchin said, when asked if the U.S. is in recession. "The real issue is what economic tools are we going to use to make sure we get through this."

On 14 MAR, President Donald Trump reiterated his frequent demand that the Fed "get on board and do what they should do," reflecting his argument that benchmark U.S. rates should be as low as they are in Europe and Japan, where they're now negative. Negative rates are generally seen as a sign of economic distress, and there's little evidence that they help stimulate growth. Fed officials have indicated that they're unlikely to cut rates below zero. With the virus depressing travel, spending, and corporate investment and forcing the cancellation of sports leagues, business conferences, music performances, and Broadway shows, economists increasingly expect the economy to shrink for at least one or two quarters. A six-month contraction would meet an informal definition of a recession.

Two weeks ago, in a surprise move, the Fed sought to offset the disease's drags on the economy by cutting the short-term rate by half a percentage point — its first cut between policy meetings since the financial crisis. Its benchmark rate is now in a range of 1% to 1.25%. Some analysts have forecast that the Fed would reduce its rate by just one-half or three-quarters of a point on 18 MAR, rather than by a full point. But policymakers largely have accepted research that says once its benchmark rate approaches zero, it would produce a greater economic benefit to cut all the way to zero rather than just to a quarter- or half-point above. That's because it takes time for rate cuts to work their way through the economy. So if a recession threatens, quicker action is more effective.

Some of the attention on the 18th likely will be on what steps the Fed takes to smooth further the functioning of bond markets, a topic that can seem esoteric but that serves a fundamental role in the functioning of the economy. The rate on the 10-year Treasury influences a range of borrowing costs for businesses and consumers, including mortgage and credit card rates. If banks and investors can't trade those securities seamlessly, borrowing rates might rise throughout the economy. "Even more important than the Fed's rate-cutting function is the market-calming function," said David Wilcox, a senior fellow at the Peterson Institute for International Economics and former head of research at the Fed. The central bank took a huge step in that direction 12 MAR when it said it would provide \$1.5 trillion of short-term loans to banks. The central bank will provide the cash to interested banks in return for Treasuries. The loans will be repaid after one or three months.

That program is a response to signs that the bond market has been disrupted in recent days as many traders and banks have sought to unload large sums of Treasuries but haven't found enough willing buyers. That logjam reduced bond prices and raised their yields — the opposite of what typically happens when the stock market plunges. The Fed also said last week that it would broaden its \$60 billion monthly Treasury purchase program, launched last fall, from just short-term bills to all maturities. The Fed already is reinvesting \$20 billion from its holdings of mortgage-backed securities into Treasuries of all durations, thereby bringing its total purchases to \$80 billion. Those purchases would help relieve banks of the Treasuries they want to sell. Some analysts expect the Fed to extend those purchases past their current end-date of the second quarter and even vastly increase the size.

Guy LeBas, chief fixed income strategist for Janney Capital Management, said the Fed could boost its purchases to up to \$1 trillion or more over the next year. The goal wouldn't be to directly stimulate the economy, as the Fed did with

its bond purchases during and after the recession, LeBas said. Those purchases were known as “quantitative easing” or QE. Rather, the idea would be to take more Treasuries off banks’ balance sheets. That, in turn, would boost banks’ cash reserves and would enable them to lend more. Still, most economists would likely refer to the purchases as QE. “Shifting hundreds of billions of dollars of assets quickly doesn’t happen without central bank intervention,” LeBas said.

Another option would be to relaunch a program that lets banks use corporate bonds and other securities as collateral to borrow from the Fed. On 18 MAR, the Fed’s policymakers will also update their forecasts for the economy and for interest rates. Economists at Pimco predict that the Fed’s policymakers will collectively downgrade their estimate for growth this year from 2% to below 1.5%. That figure would be consistent with an economic contraction in the first half of the year, followed by a sharp rebound, Pimco said. [Source: Associated Press | Christopher Rugaber | March 15, 2020 ++]

IRAs

Update 05: More on Secure Act Impact



The Setting Every Community Up for Retirement Enhancement Act of 2019, also known as the Secure Act, was signed into law in December 2019 and took effect in 2020. It changed a few key rules when it comes to retirement accounts. Let’s go over some of the key changes.

- No more age limit. The maximum age for contributing to an IRA was 70½. Thanks to the Secure Act, now there’s no age limit. As long as you have income from working, you can contribute.
- Required minimum distributions: You used to have to start taking money out of your retirement accounts no later than the year you turned 70½. Now those required minimum distributions (RMDs) don’t start until the year you reach 72.
- Requires employers to let long-term, part-time employees participate in employer-sponsored retirement plans. This change generally will apply to plan years that start after Dec. 31, 2020.
- Allows small businesses to join together to offer retirement plans.

These changes potentially benefit millions of workers struggling to save for retirement — and millions more who want to give their money more time to grow before they are forced to withdraw it from accounts. Before the Secure Act, those who inherited retirement money from accounts like IRAs could stretch withdrawals — and the taxes due on the withdrawals — over their lifetime. The Secure Act ended this so-called “stretch IRA” strategy. Now, when you inherit an IRA or other retirement plan, you have to take all the money out, and pay taxes on it, within 10 years. There are, however, some exceptions. The 10-year distribution requirement doesn’t apply if you’re a surviving spouse,

disabled, chronically ill, a minor child or someone less than 10 years younger than the original IRA owner. If you would like to listen to a video on this refer to <https://youtu.be/-j5WFRaAG5s>. [Source: MoneyTalksNews | Stacy Johnson | March 16, 2020 ++]

Credit Card Charges

Update 09: COVID-19 Related Payment Relief

As workplaces temporarily shut down and thousands of Americans are quarantined because of the coronavirus, some major credit card issuers have begun offering relief to their customers. “This is a rapidly evolving situation, and we want our customers to know we are here to provide assistance should they need it,” Anand Selva, chief executive officer of Citi’s consumer bank, said in a statement. At the same time, scammers are now trying to take advantage of coronavirus concerns by sending out fake emails about the virus that are designed to steal consumers’ personal and financial information, or to infect their computers with malware. While some credit card issuers are still determining the measures they will take to aid credit card users, many companies are urging consumers to contact them to discuss the financial hardships they face because of the coronavirus.

American Express

Cardholders who are having difficulties paying their bills can contact American Express by calling the number on the back of their card or by online chat or the Amex app to discuss their situation. Solutions are tailored to an individual’s situation. These might include offering flexibility in paying bills or directing them to American Express’s financial hardship program. Under the financial hardship program, consumers might be able to have reduced monthly payments, get temporary relief from late payment fees, get a temporary reduction in interest rates or prevent their accounts from going past due. In a March 17 report, CreditCards.com sister site The Points Guy noted some of its readers were getting relief from Amex in the form of refunded interest charges and waived or refunded late fees on both personal and business credit cards. However, one reader reported that if you accept the assistance, your account is frozen until it’s paid off and you can’t use your Membership Rewards.

Bank of America

A customer who has trouble paying their credit card bill related to the coronavirus is encouraged to call Bank of America customer service at 800-732-9194, visit a bank branch or connect via online banking or mobile application for assistance. The company also has a hardship program in place to provide assistance to consumers and small-business clients.

Barclays

Barclays urges credit card account holders to call for assistance if they have problems paying their bills because of COVID-19. Barclaycard’s number for general inquiries in the U.S. is 866-928-8598.

Capital One

“We understand that this is a time of uncertainty for many people, and we know that there may be instances where customers find themselves facing financial difficulties. Capital One is here to help and we encourage customers who may be impacted to reach out to discuss how we might be of assistance,” Capital One said in a statement. Because each customer’s situation is different, the bank encourages customers to call it directly. To contact Capital One customer service about an existing account, call 800-227-4825. Options might include reduced minimum payments or fee waivers. A March 17 report by the New York Times suggested Capital One is allowing cardholders to skip payments without incurring interest if they request it. (The same report noted Barclays and Bank of America are allowing some customers to pause their payments while still accruing interest, while Discover “would not commit” to stopping interest charges.)

Chase

Chase encouraged its customers to call the number on the back of their cards if they're affected by COVID-19 and need help with their accounts.

Citi

The bank said it is offering a range of assistance to impacted credit card customers, including offering increases in credit lines and forbearance from collections. Cardholders can call the number on the back of their cards to find out about assistance programs. For those with bank accounts, Citi is offering waivers on monthly service fees and penalty waivers for early withdrawals from CDs. Customers can contact the bank for assistance with their individual or small business needs. "We continue to monitor developments closely and will evaluate additional actions to support our clients and communities as needs arise," Selva said.

Discover

Discover will be extending relief to qualified customers who are experiencing financial difficulty caused by the spread of COVID-19. Discover customers may receive assistance that can include support related to payment timing, fees and late payments.

Goldman Sachs

Apple Card customers were sent an email offering enrollment in an assistance program that will allow affected cardholders to skip their March card payments without incurring interest charges. If you have questions, contact an Apple Card specialist at 877-255-5923 or via chat in the Wallet app.

Synchrony

The bank said it is monitoring the situation to determine what action is needed.

Wells Fargo

The bank encourages consumers to call customer service at 800-219-9739 to discuss options to aid in their specific situation.

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Bottom line: The outbreak of a disease can upset daily life in many ways, and the ripple effects go beyond our physical health. If you're feeling financially vulnerable, contact your credit card issuer and find out what assistance is available. And while data security may seem like a secondary consideration, it's still important to be vigilant when conducting business or seeking information about the coronavirus online.

[Source: MoneyTalksNews | CreditCards.com | March 18, 2020 ++]

Cash at Home

Update 01: Reasons Hiding at Home Is a Terrible Idea

Should you stash some cash in a hiding place around your house? It can seem like a fun, creative way to save your money — \$100 bills stuffed in the bottom of a cookie jar, \$50 bills stuck between the pages of a book, even more money buried in the backyard. But it is actually a dumb and unsafe way to hold on to your money. Here are several reasons why hiding cash around the house is a bad idea:

1. You are missing out on 'free' money

Putting money in an interest-paying bank account enables it to grow. By keeping your savings in cash at home, you are missing out on interest — free money, basically. Interest rates aren't great right now — and this week's rate cut by the Federal Reserve won't help — but competitive banks still pay north of 1.5%. Online bank CIT Bank, for example, currently pays up to 1.75% on savings accounts. That 1.75% adds up, but your money will earn nothing if you are hiding it at home.

2. The money is not FDIC-insured

When you deposit money at a bank that is backed by the Federal Deposit Insurance Corp., your money is insured by the FDIC. This independent federal agency insures deposits for at least \$250,000. You have none of that protection if your money is stuffed in a mattress. To find out whether a particular institution is FDIC-insured, use the agency's BankFind tool at <https://research2.fdic.gov/bankfind>

3. You could lose the money

You might not hang on to your hidden money for as long as you'd think. You could lose it to fire or theft, or you could forget where you hid it. Jason Speciner, a certified financial planner at Financial Planning Fort Collins in Fort Collins, Colorado, advises keeping on hand only enough cash to cover about one week's worth of living expenses — and storing it in a fire-proof safe. "This is especially important if you live in an area that is prone to natural disaster like an earthquake or hurricane which may displace you and/or knock out infrastructure."

4. The money might not be covered by insurance

Homeowners and renters insurance policies generally offer little protection for cash hidden around the house, says AnnaMarie Mock, a certified financial planner at the Highland Financial Advisors in Wayne, New Jersey. She says, "Renters and homeowners insurance will typically insure a very small amount of cash in the event of it being stolen or destroyed. The limits will vary based on policies, but it can be as low as a couple hundred dollars."

5. You are losing out to inflation

By not putting your cash in a bank account where it can earn interest, you will be harder hit by inflation. In fact, your cash is certain to lose buying power over time. Say you hid \$1,000 around your house a decade ago, in January 2010. According to the Bureau of Labor Statistics' inflation calculator, that grand would have the same amount of buying power as \$1,190.52 in January 2020. In other words, your hidden cash can't buy as much today as it could when you hid it. But putting money in a savings account will help counteract this costly effect of inflation.

6. A loved one might end up having to search for hidden money

Family and friends will have enough to worry about when you die. Don't add to their stress by leaving money stashed around your home — leaving them to hunt for it.

[Source: MoneyTalksNews | Lucy Lazarony | March 15, 2020++]

SBP DIC Offset

Update 64: How Elimination will be Accomplished

Congress included a phased elimination of the SBP-DIC offset in the 2020 National Defense Authorization Act. The first adjustment to the offset formula will be for January 2021 (paid on February 1, 2021). The offset will be eliminated entirely beginning on January 1, 2023. A special webpage has been created to share news about the implementation of this new law. You can check this webpage for updates at <https://www.dfas.mil/sbpdicnews>. This webpage has a collection of Frequently Asked Questions and answers. The FAQs are also available in a downloadable, shareable PDF on this webpage.

Who this change affects

This change affects surviving spouses who are, or who will become in the future, eligible for both Survivor Benefit Plan (SBP) payments and Dependency and Indemnity Compensation (DIC) payments, and who are subject to the SBP-DIC offset. The law also affects the spouses and children of service members who died while on active duty or inactive duty, in the line of duty, if the children are currently receiving SBP payments because the surviving spouse chose the optional child annuity. This change does not affect surviving spouses who receive only SBP (but do not receive DIC). It also does not affect spouses who receive DIC only, either because SBP was declined by the service member at retirement or because the service member was a disabled veteran who was not also a retiree. It is important to note that

this change does not impact any retirees or surviving spouses if SBP spouse coverage was previously declined or if a retiree elected child-only coverage at retirement. The change also does not create opportunities for new enrollment in SBP for retirees who previously declined coverage.

What you need to know

Surviving spouses who are subject to the SBP-DIC offset will potentially see the first change in their January 2021 SBP payment that is paid on February 1, 2021. DFAS is unable to provide individual estimates of the upcoming changes in spouse SBP annuity payments due to this change in the law. Do not call their Customer Care Center to request an individual estimate. If you previously received a refund of SBP premiums paid due to the SBP-DIC offset, you won't need to pay back that refund because of this change in the law. Eligible survivors will continue to receive SSIA, up to the prescribed maximum amount (\$323 per month for 2020) or the amount of SBP that is offset due to DIC, whichever is less. SSIA will no longer be paid once the SBP-DIC offset is fully eliminated in 2023. Please keep in mind that there are many different situations for individuals, and you may have individual questions that cannot yet be answered. DFAS is continuing to develop full implementation guidance for this change.

What you need to do

- You do not need to notify us that your SBP payment is affected by this change in the law.
- The most important action SBP annuitants can take at this time is to ensure your annuity account information is up-to-date and includes your correct mailing address so we can contact you, if needed. Also, if you're not using myPay, set up a profile now and add your email address. Please note: only annuitants who are currently receiving an SBP or SSIA payment from DFAS can access myPay.
- If you are a surviving spouse who previously chose the Survivor Benefit Plan (SBP) child annuity when your spouse died on active duty or inactive duty, you do not need to take any action at this time. You will be contacted by the appropriate military service prior to the annuity reverting to you as the surviving spouse on January 1, 2023.

When you can expect changes

Based on the NDAA, the phases of the SBP-DIC offset elimination are:

- 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. Note that not all surviving spouses will see an increase in their SBP payment in 2021. It is possible that if a spouse's SBP monthly payments are less than two-thirds of the amount of monthly Dependency Indemnity Compensation (DIC), they may not see an increase in 2021.
- 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 totally eliminated, so that surviving spouses eligible for both programs will receive both SBP and DIC in full, effective January 1 (paid on February 1, 2023).

[Source: DFAS Newsletter | March 18, 2020 ++]

Coronavirus Financial Planning

Update 02: How to Survive COVID-19 Economic Fallout

Call it the COVID Collapse. Global financial markets spiraled into bear market territory in record time thanks to the virulent, cross-border spread of the coronavirus that causes the COVID-19 infection. As the number of U.S. cases surged in mid-March and President Trump declared a national state of emergency, the specter of a global recession quickly morphed from economists' worst-case scenario to their base-case assumption. Americans already worried about their health are now frightened about their finances.

For U.S. stock investors, the bear attack seemed to come out of nowhere. The broad stock market, measured by Standard & Poor's 500-stock index, plunged to a 30% loss at one point in mid-March, closing on March 17 down 25% from a record high set only in mid-February. The new bear market is the 13th since World War II, and the quickest to close below the 20%-loss threshold that marks an official bear. The average decline for post-war bears is 33.5%. But some experts are struggling to find meaningful signposts in Wall Street history this time around. "It is safe to state that what has transpired does not have a perfect parallel to previous stock-market corrections and shocks," says chief investment strategist Brian Belski at BMO Capital Markets.

Where the market bottoms depends on the course of the pandemic. But it's important to remember that bear market bottoms are more of a process than a level on an index, and volatility may linger as the damage to companies' bottom lines and to the economy overall comes into sharper focus. "Without any fundamental guideposts to ground investors in reality, they're left establishing stock and bond prices on the basis of their worst nightmares," says strategist Jim Paulsen at the Leuthold Group. Strategists at Goldman Sachs have lowered their forecast for corporate profits in 2020--twice. Goldman now sees a 5% drop in corporate profits this year compared with 2019, with earnings collapsing in the second and third quarters before reviving by year-end. A recession is likely. The virus first snarled supply chains from China, then whacked demand for goods and services as individuals and businesses hunkered down. The manufacturing sector was weak already. And the collapse in oil prices as global demand weakens and Russia and Saudi Arabia feud does more damage to the energy sector and the economy than lower gas prices will help consumers.

To support the economy, the Fed lowered its benchmark short-term rate to 0% to 0.25% and launched a \$700 billion bond-buying program. Lawmakers are working on legislation that would provide paid sick leave to some workers, strengthen unemployment insurance and give tax credits and other relief to small businesses to lessen the impact of the virus. And the Trump administration is shaping a monster stimulus plan that could reach \$1 trillion and include aid for airlines and small businesses, as well as checks mailed directly to Americans. Even so, Kiplinger expects an economic contraction in the second and third quarters--meeting the definition for recession of two consecutive declining quarters--with meager growth of 0.2% for 2020, and unemployment rising from a current low of 3.5% to more than 5%.

What Should Investors Do?

Sharp, swift stock-market drops are often followed by dramatic rebounds. Goldman's chief strategist David Kostin sees a mid-year low of 2000 on the S&P 500, a 41% drop from the high. But he forecasts a sharp rebound--a bit higher than the median six-month return following previous event-driven bear markets--that could lift the S&P 500 to 3200 by year-end, a nearly 27% jump from its close on 17 MAR. Not all strategists are as optimistic, but most are urging investors to take advantage of a rocky market to gradually add to holdings at bargain prices. "Investors should, in a disciplined, patient way, in line with their risk tolerance, add to certain sectors," says Sameer Samana, a global market strategist at Wells Fargo Investment Institute. Wells Fargo favors U.S. over international stocks, midsize and large-company shares over small-caps and sectors including technology, communication services, consumer discretionary and--a dark horse pick as interest rates plummet and recession looms--financials.

As you assemble a stock market buy list, tilt toward high-quality and dividend-paying investments. Look for companies with consistent earnings growth, wide competitive "moats" and strong balance sheets, with little debt and plenty of cash. According to strategists at BofA Securities, high-quality stocks with defensible dividends include software giant Microsoft (MSFT, \$147), yielding 1.39% and health care firm Baxter International, (BAX, \$81), yielding 1.09%. Fifth-Third Bancorp, (FITB, \$14) is another BofA pick, yielding a whopping 7.74%. Companies that Goldman Sachs singles out for their stable earnings growth and strong balance sheets include Alphabet (GOOGL, \$1,118) and Costco Wholesale (COST, \$307), both of which stand to benefit in the face of the coronavirus.

Tactical investors looking for other stocks that should do well during the COVID Collapse can consider so-called stay-at-home stocks. Zoom Video Communications (ZM, \$111), which connects users across devices and locations in a single meeting. The stock has returned nearly 3% since mid-February. In the week ended March 13, Teledoc Health (TDOC, \$118), says it provided roughly 100,000 virtual medical visits, in the U.S., a 50% spike from the prior week. Drug stocks that will benefit include Gilead (GILD, \$75), currently testing a treatment for COVID-19, with results due in April. Moderna (MRNA, \$28), is further along in creating a vaccine than any other drug company, according

to research firm Morningstar. Quest Diagnostics (DGX, \$86), is launching a COVID-19 testing service. [Source: Jewish World Review | Anne Kates Smith | March 20, 2020 ++]

Coronavirus Financial Planning

Update 03: Steps to Take Now to Protect Your Financial Life

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.

Step 1: Prepare for tough times

There's no question COVID-19 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. Check out articles like "9 Steps to Brace Your Finances for the Recession Ahead" for details, but 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. There are dozens of articles on this site that can help, from "15 Golden Rules for Saving on Every Purchase" to "5 Monthly Bills You Can Easily Negotiate Down." Just go to the top of this page and search for the word "save."
- *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. Check out articles like "7 Great Tools to Help You Get Out of Debt" or head to the search box at the top of this page and enter the word "debt."
- *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 "107 Easy Ways to Make Extra Cash."

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 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. Check out <https://www.moneytalksnews.com/beginning-stock-investor-heres-all-you-need-to-know> for 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). As this is written, you can still lock in a CD interest rate of close to 2%. Nothing to write home about. But it's probably a higher interest rate than your savings account is paying — and it likely will look good if the economy tips into a recession.

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 and the World Health Organization (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 21, 2020 ++]

Donation Scams

Is That Charity Really What it Seems?

In the past few months, BBB.org/ScamTracker has gotten more than a dozen reports of a nonprofit organization using what consumers think are shady tactics to solicit donations. Potential donors beware! If an organization isn't a charity, then contributions are not "donations" and cannot be deducted from your taxes.

How the Scam Works:

- You receive an unsolicited call from someone who claims to be representing a nonprofit organization. The "charity" has a name that includes a law enforcement word ("police," "trooper," etc.). There are lots of variations on this scam. The caller explains that the goal of this nonprofit is to help keep police officers, their families, or even police dogs safe.
- The organization's goals may seem noble but do your research before making a pledge. A previous BBB [investigation](#) revealed many red flags about one of these groups, including the fact that contributions are not tax-deductible, and no information is available on the organization's president, board members, and active chapters. According to tax records, only a small fraction of donations made to the organization actually support law enforcement officers. This is just one example of how fundraisers can look and sound like a charity, but actually be lining the pockets of opportunists.
- If you begin asking specific questions about the organization or how your money will be used, you may find the caller has no answers for you. In other cases, you are told to call a different number where your questions will also be evaded. Callers often use intimidation tactics or try to make you feel guilty about not supporting their cause. Don't fall for it! It's all a way to get your credit card information and a donation.

How to Avoid Donation Scams:

- Do research before you donate. If a nonprofit organization isn't completely transparent, it's impossible to know for sure that your money will support a good cause. Ask for documentation on how much of your contribution will be used for program services and how much will go for fundraising and management expenses.
- Don't give in to intimidation tactics. If a caller makes you feel uncomfortable by making you feel guilty or telling you your donation is urgently needed right this minute, it's best to simply hang up. Intimidation tactics are often used by scammers and are a red flag.

- Check the charity’s rating on Give.org. For a charity to receive BBB accreditation, it must meet 20 Standards of Accountability covering everything from governance to fundraising. If the organization does not appear on BBB’s Give.org website, that does not mean they are not a real charity, but it can be a warning that you need to do more investigation before you give.
- Give locally. Contact your local or state/provincial law enforcement agency and ask how you can support them. Most agencies have a non-profit “Friends of” type organization and will be happy to refer you to a more worthwhile option.

For More Information

For more information on how to donate to trustworthy charities, visit the BBB Wise Giving Alliance website, <http://give.org>. Report it to www.BBB.org/ScamTracker if you’ve spotted a scam (whether or not you’ve lost money). Your report can help others avoid falling victim to scams. [Source: BBB Scam Alert | March 6, 2020 ++]

Fake Check Scams

What You Need to Know

In a fake check scam, a person you don’t know asks you to deposit a check— sometimes for several thousand dollars, and usually for more than you are owed — and send some of the money to another person. The scammers always have a good story to explain why you can’t keep all the money. They might say they need you to cover taxes or fees, you’ll need to buy supplies, or something else. Fake checks come in many forms. They might look like business or personal checks, cashier’s checks, money orders, or a check delivered electronically. Here’s what you need to know about fake check scams.

Types

Fake checks are used in many types of scams. Here are some examples:

- **Mystery shopping.** Scammers pretend to hire people as [mystery shoppers and tell them](#) their first assignment is to evaluate a retailer that sells gift cards, money orders, or a money transfer service, like Western Union or MoneyGram. The shopper gets a check with instructions to deposit it in a personal bank account and wire it to someone else. But once the money is wired, the person on the other end can disappear.
- **Personal assistants.** People apply online and get hired as personal assistants. They get a check and are told to use the money to buy gift cards or to buy equipment or supplies for their new client. Once the scammers get the gift card PIN numbers, they use them instantly, leaving the “personal assistant” without the money when the bank figures out the check is bad.
- **Car wrap decals.** People interested in [car wrap advertising](#) are told to deposit checks and send money to decal installers — who don’t exist.
- **Claiming prizes.** [Sweepstakes “winners”](#) are given checks and told to send money to cover taxes, shipping and handling charges, or processing fees. But that’s not how legitimate sweepstakes work.
- **Overpayments.** People [buying something from you online](#) “accidentally” send a check for too much and ask you to refund the balance.

Why Do These Scams Work?

These scams work because fake checks generally look just like real checks, even to bank employees. They are often printed with the names and addresses of legitimate financial institutions. They may even *be* real checks written on bank accounts that belong to identity theft victims. It can take weeks for a bank to figure out that the check is a fake. By law, banks have to make deposited funds available quickly, usually within two days. *When the funds are made available in your account, the bank may say the check has “cleared,” but that doesn’t mean it’s a good check.* Fake checks can take weeks to be discovered and untangled. By that time, the scammer has any money you sent, and you’re stuck paying the

money back to the bank. Your best bet: Don't rely on money from a check unless you know and trust the person you're dealing with.

How to Avoid a Fake Check Scam

- *Never use money from a check to send gift cards, money orders, or wire money to strangers or someone you just met.* Many scammers demand that you send money through money transfer services like Western Union or MoneyGram, or buy gift cards and send them the PIN numbers. Once you wire money, or give someone the gift card PINs, it is like giving someone cash. It's almost impossible to get it back.
- *Toss offers that ask you to pay for a prize.* If it's free, you shouldn't have to pay to get it.
- *Don't accept a check for more than the selling price.* You can bet it's a scam.

What to Do If You Sent Money to a Scammer

- Gift cards are for gifts, not payments. Anyone who demands payment by gift card is always a scammer. [If you paid a scammer with a gift card](#), tell the company that issued the card right away. When you contact the company, tell them the gift card was used in a scam. Ask them if they can refund your money. If you act quickly enough, the company might be able to get your money back. Also, tell the store where you bought the gift card as soon as possible.
- At <https://www.consumer.ftc.gov/articles/paying-scammers-gift-cards#Report> is a list of gift cards that scammers often use with information to help report a scam. If the card you used is not on this list, you might find the gift card company's contact information on the card itself, or you might need to do some research online.
- [If you wired money to a scammer](#), call the money transfer company immediately to report the fraud and file a complaint. You can reach the complaint department of MoneyGram at 1-800-MONEYGRAM (1-800-666-3947) or Western Union at 1-800-325-6000. Ask for the money transfer to be reversed. It's unlikely to happen, but it's important to ask.
- If you paid a scammer with a money order, contact the company that issued the money order right away to see if you can stop payment. Also, try to stop delivery of the money order: if you sent it by U.S. mail, contact the U.S. Postal Inspection Service at 877-876-2455. Otherwise, contact whatever delivery service you used as soon as possible.

Where to Report Fraud

If you think you've been targeted by a fake check scam, report it to:

- The [Federal Trade Commission](#)
- The [U.S. Postal Inspection Service](#)
- Your [state Attorney General](#)

[Source: www.consumer.ftc.gov | March 20, 2020 ++]

Relief Check Scam

Scammers Cash in on Federal Stimulus News

The proposed federal stimulus package announced recently includes sending every American a check to offset lost income from the coronavirus crisis. Scammers wasted no time in taking advantage of this news! BBB is already getting reports on BBB Scam Tracker (BBB.org/ScamTracker) about government imposters calling about the checks. Watch out for these phony government grants that ask for personal and banking information.

How the Scam Works

- You receive a message or see a social media post claiming that you qualify for a special COVID-19 government grant. With the news stories about the proposed stimulus plan, you figure it must be true. You click the link and are taken to what seems to be an official website asking you to enter your personal information and/or banking details. It's "necessary" to verify your identity and process your grant.
- As always, there are several versions of this con. BBB Scam Tracker has received reports of people contacted through text message, social media posts and messages, and phone calls. One variation is a Facebook post telling seniors about a special grant to help pay medical bills. The link leads to a website claiming to be a government agency called the "U.S. Emergency Grants Federation" (phony, of course). The site requests your Social Security number under the guise of needing to verify your eligibility. In other versions, scammers claim that you can get additional money – up to \$150K in one case – or even receive your funds immediately. All you need to do is share personal details and pay a small "processing fee."
- No matter what the message, don't click! In addition to taking your money, these sites also can also download malware to your device and use your information for identity theft.

Tips to Spot a COVID-19 Grant Scam:

- Remember, government agencies do not communicate through social media avenues like Facebook. So, be wary of unsolicited messages.
- Do not pay any money for a "free" government grant. If you have to pay money to claim a "free" government grant, it is not really free. A real government agency will not ask you to pay an advanced processing fee. The only official list of all U.S. federal grant-making agencies is Grants.gov.
- Check for look-alikes. Be sure to do your research and see if a government agency or organization actually exists. Find contact info on your own and call them to be sure the person you've heard from is legitimate.
- Don't assume an offer in a social media message is from a real friend. It's easier for scammers to impersonate real people on social media. Call your friend to verify it was they contacted you (and share this Scam Alert with them if they are spreading false information).

For More Information

Read more about government grant scams in this BBB tip. For more information about scams in the wake of coronavirus, see www.BBB.org/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 Alert | March 20, 2020 ++]

COVID-19 Tests Scam

Phony Text Messages

The coronavirus outbreak has been big business for scammers. First it was [fake masks](#), then [fake government grants](#), and now it's a fake COVID-19 tests. In the past few days, BBB Scam Tracker (BBB.org/ScamTracker) has gotten numerous reports of phony text messages claiming to be from a government agency.

How the Scam Works

- You get a text message that looks like it comes from the US federal government. Current reports say that scammers are impersonating the US Department of Health and Human Services, but they are unlikely to stop there. The message tells you that you must take a "mandatory online COVID-19 test" and has a link to a website. But there is no online test for coronavirus!
- These are far from the only coronavirus text message scams (often known as "smishing" for SMS phishing). BBB has also gotten reports of texts urging recipients to complete "the census" or fill out an online application in order to receive their stimulus check.

- No matter what the message says, don't click! These texts are phishing for personal information. They also can download malware to your device, which opens you up to risk for identity theft.

Tips to Spot a COVID-19 Text Scam:

- Government agencies do not typically communicate through text messages.
- Ignore instructions to text "STOP" or "NO" to prevent future texts. This is a common ploy by scammers to confirm they have a real, active phone number.
- If you think your text message is real, be sure it's directing to a web address like "agency.gov" or "agency.ca," not "agency.otherwebsite.com."
- Check for look-alikes. Be sure to do your research and see if a government agency or organization actually exists. Find contact info on your own and call them to be sure the person you've heard from is legitimate.

For More Information

For more consumer tips regarding COVID-19, see [BBB.org/Coronavirus](https://www.bbb.org/coronavirus). For more business tips, see [BBB.org/Covid](https://www.bbb.org/covid). If you've spotted a scam (whether or not you've lost money), report it to [www.BBB.org/ScamTracker](https://www.bbb.org/scamtracker). Your report can help others avoid falling victim to scams.

[Source: BBB Scam Alert | March 27, 2020 ++]

Tax Deductions

Update 05: No Nos for Tax Year 2019

No one wants to pay more in taxes than they have to. Fortunately, numerous deductions and credits can help lower your tax bill. However, don't make the mistake of trying to claim one of the following expenses. Some of these deductions were suspended or otherwise changed by the federal tax reform law enacted in 2017. Others were never real deductions in the first place, or are not real deductions unless you closely follow certain rules. Claiming the following "deductions" could come back to haunt you if you are audited.

1. Unreimbursed work expenses

Before the Tax Cuts and Jobs Act of 2017, people who itemized their tax deductions could deduct a whole slew of miscellaneous expenses to the extent that those exceeded 2% of their adjusted gross income. This included unreimbursed work expenses. That law suspended this deduction, however, as we reported in "7 Tax Breaks You Can Kiss Goodbye in 2019." So, you currently cannot deduct the cost of uniforms, union dues or business-related meals or entertainment.

2. Moving expenses

Moving expenses are not deductible at this time. This deduction, too, was suspended by the 2017 tax [law](#). The only exception is for active-duty military members who relocate because of a new assignment.

3. The kitchen counter that doubles as a work desk

If you're self-employed or own a business, you may be able to claim a home office deduction. However, you can turn this legitimate deduction into something phony by stretching the rules. "Simply doing some work at the dining room table isn't enough to qualify. You must use part of your home as your principal place of business, and use it exclusively for that purpose." So, your "home office" cannot include the kitchen counter where you set up your laptop in the morning and chop vegetables in the evening. It also can't be the desk that you use for work and the kids use for homework. Check out <https://www.moneytalksnews.com/tax-hacks-2017-you-qualify-for-home-office-deduction>.

4. Losses from a house fire

The Tax Cuts and Jobs Act [restricted](#) the deduction for net casualty and theft losses. Now, taxpayers may deduct these losses only if they are attributed to a federally declared disaster.

5. Home insurance

The federal government kindly allows deductions for some costs of homeownership — but by no means all of them. Homeowners insurance, for example, is not deductible except as a business expense if you own a rental property.

6. Interest on a home equity loan

Using a home equity loan to pay off higher-interest debt such as credit card debt can be a smart money move in some situations. But that doesn't mean you can write off the interest payments. The rules for deducting interest on a home equity loan have changed. According to the IRS: "Interest paid on most home equity loans is not deductible unless the loan proceeds were used to buy, build, or substantially improve your main home or second home."

7. State and local taxes over \$10,000

The ability to deduct state and local taxes on federal tax returns has historically been a major benefit for taxpayers in many states. But the Tax Cuts and Jobs Act of 2017 chopped that deduction off at the knees. You now can deduct only \$10,000 of taxes paid to state and local governments — or \$5,000 if your tax-filing status is married filing separately. That may seem like a lot if you live in a low-tax region, but it's a significant loss for taxpayers in states like California and New York, where property taxes can be high.

8. Cosmetic surgery

Cosmetic surgery may be a medical cost, but you can't deduct it on your federal income tax return. There is an exception, however, if the surgery "was necessary to improve a deformity related to a congenital abnormality, an injury from an accident or trauma or a disfiguring disease," according to the IRS.

9. A doctor-ordered vacation

Even if your physician says a week in the Bahamas would be good for your health, you can't deduct it from your taxes. Lodging expenses are considered a deductible medical expense only if you were "away from home to receive medical care provided by a physician in a hospital or a medical care facility related to a hospital, provided there was no significant element of personal pleasure, recreation, or vacation in the travel," the IRS says.

10. Political contributions

Writing off contributions to political candidates and organizations is a no-no. These groups are not charities, and so your contributions don't qualify for a deduction.

11. Volunteer hours for charity

The IRS allows for the deduction of costs of operating a car for charitable purposes — to the tune of 14 cents per mile for tax year 2019. But the government doesn't recognize donations of your time and talent as deductible.

12. Baby sitter for your date night

True, there is a child and dependent care [credit](#). But not all child care expenses qualify. You may claim the credit only for care that occurred in order for you to work or actively look for work — assuming that you meet the other requirements of the credit. That means deducting the baby sitter for your date night if off-limits, even if that cost helps you remain sane enough to get back to work on Monday.

[Source: MoneyTalksNews | Allison Martin | January 28, 2020++]

Tax Burden for Alabama Retired Vets

As of MAR 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 **Alabama**.

General Taxes

State Sales Tax: The Alabama state sales tax is 4%. The state administers over 200 different city and county sales taxes; however, it does not administer all county or city sales taxes. There is a tax of 1.5% on sales of farm machinery; 2% on sales of motor vehicles, mobile homes and motorboats; 3% on food sold through vending machines; and 4% on sales of tangible personal property. Alabama is one of the few states that does not exempt groceries and food from the state sales tax. Cities and counties may enact their own sales tax on top of Alabama's - for example, Montgomery has a city sales tax of 3.5% and Birmingham has a local sales tax of 4%.

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

Gasoline Tax: 41.31 cents/gallon (Includes all taxes)

Diesel Fuel Tax: 46.29 cents/gallon (Includes all taxes)

Cigarette Tax: 67.5 cents/pack of 20

Excise Tax: Cigarettes \$0.43 per pack, Gasoline \$0.16 per gallon, Liquor \$18.22 gallon, Wine \$1.70 gallon, Beer \$1.05 gallon, Cellphone \$7.45 per service plan. Unlike the Alabama Sales Tax, excise taxes are not generally deductible on Alabama income tax returns or on your federal tax return.

Personal Income Taxes

Tax Rate Range: Low – 2.0%; High – 5.0%

Income Brackets: Single Lowest – up to \$500; Highest – \$3,000

Personal Exemptions: Three. Single – \$1,500; Married – \$3,000; Dependents – \$1,000

Standard Deduction: For single taxpayers with AGI below \$20,500, the standard deduction is \$2,500. This standard deduction amount is reduced by \$25 for every additional \$500 of AGI, not to fall below \$2,000. For Married Filing Joint taxpayers with AGI below \$20,500, the standard deduction is \$7,500. This standard deduction amount is reduced by \$175 for every additional \$500, not to fall below \$4,000. For all taxpayers claiming a dependent with AGI below \$20,000, the dependent exemption is \$1,000. This amount is reduced to \$500 per dependent for taxpayers with AGI above \$20,000 and below \$100,000. For taxpayers with over \$100,000 AGI, the dependent exemption is \$300 per dependent

Medical/Dental Deduction: Limited to excess of 4% of adjusted gross income. However, you may deduct 50 percent of the premiums you pay for health insurance if you work for an employer that has less than 25 employees.

Federal Income Tax Deduction: All of federal income tax paid can be deducted from state taxable income

Retirement Income Taxes: Social Security, military, civil service, state/local government and qualified private pensions are exempt. All out-of-state government pensions are tax-exempt if they are defined benefit plans.

Retired Military Pay: Pay and survivor benefits not taxed.

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

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

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

Property Taxes

The state does not collect taxes on personal property such as boats and computers. Each city and county may levy its own. For information on all ad valorem tax exemptions, [click here](#). The median property tax as percentage of home value for Alabama is 0.33% which makes Alabama ranked highest to lowest 49th of 51 states.

Homeowners 65 and older plus veterans and their unremarried widows are exempt from all state property taxes. Some cities also assess separate property taxes. A homestead exemption up to \$5,000 of assessed value is granted by the state on real property taxes. A larger exemption is available to persons over 65. Visit state's property tax division web site <https://revenue.alabama.gov/property-tax>. To view the state's homestead summary chart, [click here](#).

Taxpayers are allowed to take a deduction on their individual returns for amounts contributed to a catastrophic (hurricanes, floods and storms) savings account. If the qualified deductible is \$1,000 or less, the maximum contribution is \$2,000. If the qualified deductible is more than \$1,000, the maximum contribution is the smaller of (a) \$15,000 or (b) twice the qualified deductible.

Inheritance and Estate Taxes

Inheritance tax is a tax assessed against the share received by each individual beneficiary of an estate as opposed to an estate tax, which is assessed against the entire estate? Alabama does not currently collect a state inheritance tax. Nor does Alabama currently collect an estate tax at the state level. A few years ago, however, things were different before major changes took effect with regard to federal estate tax laws. What do federal estate tax laws have to do with Alabama state estate taxes? Prior to January 1, 2005, Alabama actually did collect a separate estate tax at the state level, called a "pick up tax" or "sponge tax," that was equal to a portion of the overall federal estate tax bill.

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 go to the Alabama Department of Revenue site <https://revenue.alabama.gov> or call 334-242-1512 or 256-837-2319. For contact info on Alabama's taxpayer service centers refer to <https://revenue.alabama.gov/taxpayer-service-centers>. If you are thinking about retiring to Alabama, Check out <https://www.marketwatch.com/story/retire-here-not-there-alabama-2014-03-07> and/or <https://revenue.alabama.gov>.

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

*** General Interest ***



Notes of Interest

March 16 thru 31, 2020

- **Coronavirus – Border.** Canadian Prime Minister Justin Trudeau said 16 MAR he will close the country's borders to anyone not a citizen, an American or a permanent resident and asked all Canadians to stay home amid the coronavirus pandemic.

- **Coronavirus – Reserves.** The Marine reserves will no longer conduct *monthly drills* for non-essential personnel in an effort to reduce the spread of coronavirus and keep the force healthy, according Marine officials. Public graduations at both Marine Corps recruit depots, Officer Candidates School and The Basic School have been canceled. Also, Chief of Navy Reserve Vice Adm. Luke McCollum ordered the postponement of drill duties for nearly all Selected Reservists until 11 MAY.
- **Coronavirus – Museums.** The Naval History and Heritage Command has directed all *U.S. Navy museums* to temporarily close to the public until March 31 as a precautionary measure to help mitigate the spread of COVID-19. The public is invited to explore Navy history through the NHHC website by visiting www.history.navy.mil.
- **Coronavirus – VAROs.** The Veterans Benefits Administration (VBA) *Regional Offices* closed to the public starting 18 MAR. Regional offices will remain open, but will no longer accept walk-ins for claims assistance, scheduled appointments, counseling and other in-person services. Veterans can continue to get information about benefits or file a claim for benefits by visiting www.va.gov. VBA benefits and services provided to Veterans, families, and survivors will continue to be delivered throughout the duration of COVID-19 impacts.
- **Coronavirus – VBA Debts,** If you are affected by the COVID-19 (CORONA VIRUS), have a VBA benefit debt/overpayment and need temporary financial relief, please contact DMC at 1-800-827-0648 to request assistance
- **Coronavirus – IRS.** Tax filers will have an extra 90 days to pay 2019 federal income taxes due on up to \$1 million in taxes owed. No interest or penalties will be owed until after 15 JUL. Note that the extension only applies to federal income taxes. If your state collects income taxes, don't assume its deadline is the same as that of Uncle Sam. Check with your state's income tax collecting agency, which you can find listed on the IRS' webpage <https://www.irs.gov/tax-professionals/government-sites>.
- **Coronavirus – Navy Grooming.** The Navy is allowing commanding officers to temporarily relax some hair-grooming standards to help curb the spread of the coronavirus. The idea is to promote social distancing — something that's difficult to do when sitting in a barber's chair.
- **Coronavirus – Calif.** California Gov. Gavin Newsom announces statewide 'stay-at-home' order to all California residents to combat coronavirus spread. Earlier in the day, Newsom projected more than half of the state's 40 million people could contract coronavirus in the next eight weeks.
- **Coronavirus – Credit Cards.** MILITARY STAR® cardholders affected by the COVID-19 pandemic can email MilitaryStar@aafes.com for assistance with their accounts or send correspondence to: Exchange Credit Program, P.O. Box 650410, Dallas, TX 75265-0410
- **Coronavirus – TRICARE Meds.** Go to <https://militaryrx.express-scripts.com/coronavirus-update> for instructions on how to switch to home delivery of your medications during the pandemic.
- **Coronavirus – VBA Debt.** If you are affected by the COVID-19 (CORONAVIRUS), have a VBA benefit debt and need temporary financial relief, please contact the VA Debt Management Center (DMC) at 1-800-827-0648 to request assistance. Refer to <https://www.va.gov/debtman> for additional info.
- **Coronavirus – Testing.** According to the Medicare website the program will now cover testing. If you would like more information other than what you see on TV or in the newspaper you can go to the website of the Center for Disease Control: <https://www.cdc.gov/coronavirus/index.html>.
- **Coronavirus – Navy Promotions.** Advancement selection boards for 160,000 active-duty and Reserve sailors and officers have been suspended by the Navy until further notice because of the coronavirus outbreak.
- **Coronavirus – Army Recruiting.** The Army 22 MAR began closing the doors of its more than 1,400 recruiting stations across the nation in an effort to protect its recruiters from the fast-spreading coronavirus. The Army's 10,000-plus recruiting force will shift to a nearly 100% focus on digital operations via social

media, phone calls, text messages and video chats for an indefinite period. Note that USMC recruiting stations have to date stayed open with no announcement on plans to shutter them.

- **Coronavirus – VA Retired Employees.** OPM has given a waiver to allow VA to rehire retired VA health care workers to help VA health care facilities bolster their medical staffs during the COVID-19 pandemic. This waiver also eliminates salary reduction from retirement pay making the prospect of returning to VA employment more appealing.
- **Coronavirus – Elective Procedures.** As of 31 MAR, all military treatment facilities and dental treatment facilities will postpone elective surgeries and procedures for 60 days, the Department of Defense announced 25 MAR.
- **Coronavirus – Philippine DOT.** The Department of Tourism created a Tourism Airport Team to provide 24-hour service to tourists at airports including assistance in arranging flights, securing bookings, transportation, meals and accommodation. DOT regional offices are assisting all stranded passengers. DOT staff are present in airports. At http://www.tourism.gov.ph/regional_offices.aspx can be found the DOT Directory of Regional Offices.
- **Coronavirus – AAFES.** The Army and Air Force Exchange Service is asking customers to pay with credit and debit cards, not cash, saying it will help protect people from the coronavirus.
- **Coronavirus – U.S. Army.** Tomb Of The Unknown Soldier remains guarded 24/7 even though Arlington National Cemetery is closed because of the coronavirus lockdown. The guards who patrol the sacred ground, known as “The Old Guard,” live on site at the cemetery outside of Washington, D.C.
- **Coronavirus – VA VR&E Mail.** VR&E communications have shifted to digital service delivery. In order to maintain the flow of communication, VA has implemented centralized receipt of paper mail nationwide. Upon receipt it will be processed and made available to your Vocational Rehabilitation Counselor digitally. All Correspondence should be sent to: Department of Veterans Affairs, Vocational Rehabilitation & Employment (VR&E) Intake Center, PO Box 5210, Janesville, WI 53547-5210.
- **Coronavirus – Sickened Personnel.** To protect operational security the Defense Department has ordered commanders at all of its installations worldwide to stop announcing publicly new coronavirus cases among their personnel, as the Pentagon said 30 MAR that more than 1,000 U.S. military-linked people had been sickened by the virus.
- **Legacy Scholarship.** The American Legion Legacy Scholarship application for 2020 is now online for new and returning applicants to fill out. Apply online at www.legion.org/scholarships before its 15 APR deadline. The Legacy Scholarship is available for children whose parents lost their lives while honorably serving on active duty on or after 9/11, as well as for children of post-9/11 veterans with a combined VA disability rating of 50 percent or higher. The renewable scholarship will award up to \$20,000 for graduate or post-graduate expenses.
- **VA Pharmacy.** Did you know that you are supposed to reorder your VA Prescription as soon as you receive it? On that fan fold of information you receive with your medication there are instructions for reordering. Don't wait, read the instructions and, if told, reorder your medications as soon as received. Note that VA will not ship your medication until the correct date.
- **Chief Warrant Officer Rudy Shappee.** An enlisted man who “came up the hose pipe” to become Chief Warrant Officer aboard Midway tells his story at <https://www.midway.org/stories/rudy>.

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

Coronavirus SITREP 1

Actions Taken to Combat COVID-19

- Visit the Centers for Disease Control (CDC) <https://www.cdc.gov> to get answers to questions you have about coronavirus. To see how VA is responding, visit their Coronavirus FAQs page www.va.gov/coronavirus-veteran-frequently-asked-question or read [VA's public health response](#).
- As of 30 MAR globally it was reported over 809,600 have tested positive of which over 39,500 have died. In the U.S. there have been over one million tests conducted and it has been determined that more than 173,000 have tested positive of which over 3400 have died. Of those 1,166 were vets in the VA system of which 27 have died and 312 have been admitted to VA hospitals for treatment. As of 30 MAR, the VA had administered 13,216 tests. Also as of 27 MAR 185 VA employees, including doctors and nurses providing lifesaving health care to veterans with coronavirus, have been infected. Because of the lack of widespread testing due to supply chain challenges like low levels of reagents, shortages of swabs and testing kits, a dwindling supply of masks to protect health care workers, understaffed VA hospitals without providers to administer the tests, and the current 2 to 7 day lag for veterans to receive results—it is known that the magnitude of this public health emergency and the number of veterans sickened by this deadly virus are underreported. It will only become more severe in the weeks to come.
- President Trump said he was invoking the Defense Production Act to ramp up the output of critical medical equipment needed to fight the coronavirus pandemic. He said production of ventilators, respirators, masks and other necessary equipment would be increased dramatically to fight the virus.
- On 18 MAR, the U.S. border with Canada was closed for everything but essential travel and the movement of goods. Trump said he expected the closure to be in effect for 30 days.
- Trump tried to tamp down concern about statements from Treasury Secretary Steven Mnuchin that the virus could put 20% of workers on the unemployment line. He said that was a worst-case scenario.
- Vice President Mike Pence said the federal government has 10,000 ventilators on hand and the military has several thousand more that could be deployed if necessary. Trump said thousands more have been ordered. Defense Secretary Mark Esper said the military also would make 5 million respirators, masks and other equipment available.
- Two Navy hospital ships were dispatched, the Mercy and the Comfort, to handle any patient overflow from hospitals swamped by patients. The Comfort was sent to New York. The Mercy berthed in San Diego deployed to Los Angeles. Also, the nation's governors have been empowered with the resources to call up the National Guard and authorize the activation of ready reserves, Trump said.
- Trump said testing for the virus was poised to expand dramatically with the introduction of self-swabbing tests that he said are much more comfortable than earlier versions. The Department of Health and Human Services also has changed rules, now allowing doctors to practice across state lines, and hospitals and patients have been urged to delay elective procedures to allow medical supplies to be conserved. Dentists also have been asked to suspend all but emergency procedures.
- Seema Verma, head of the Center for Medicare and Medicaid Services, said “Conserving personal protective equipment is essential to fighting the virus.” She added: “Shared sacrifice is essential.”
- Dr. Deborah Birx, who is coordinating the administration response to the virus, said data coming in from Italy and France indicate younger people are becoming seriously ill from the virus and the numbers are soaring. She said the disproportionate number of infections among millennials could just be a reflection of the size of the population – it’s currently the largest generation – but there has been no significant mortality. “We need them to be healthy. We cannot have these large gatherings that continue around the country for people who are off work,” she said.
- In the U.S. testing is being focused on the hardest hit areas. The U.S. Department of Veterans Affairs (VA) began deploying Mobile Vet Center units, the week of 16 MAR, to expand direct counseling, outreach and care coordination to Veterans in communities affected during the COVID-19 pandemic.

- The Center for Inquiry (CFI) at <https://centerforinquiry.org/coronavirus> has launched its Coronavirus Resource Center to counter misinformation about COVID-19. The information includes links to: (a) recent relevant CFI publications, (b) other articles exposing false and misleading claims, and (c) recommended consumer information sources.
- The Pentagon isn't expecting to kick COVID-19 to the curb in the next few weeks. While President Donald Trump was pushing to "open" the economy and businesses again by Easter Sunday next month, Pentagon officials are cautioning that fighting COVID-19 may take months. The Pentagon has adopted several measures to mitigate the spread of COVID-19. For example, the Pentagon upped its Health Protection Condition to level Charlie on 23 MAR, meaning that the risk is substantial and there has been sustained community transmission. The Pentagon has also executed social distancing measures in recent weeks to limit in-person interaction.
- VHA on 27 MAR released at https://www.va.gov/opa/docs/VHA_COVID_19_03232020_vF_1.pdf their 257 page COVID-19 Response Plan which outlines activities they are implementing necessary to protect Veterans and staff from the pandemic. Veterans Administration head Robert Wilke said the VA has reduced routine appointments by a third.
- In response to the COVID-19 pandemic, scientists and engineers at Naval Surface Warfare Center Panama City Division (NSWC PCD) are developing low-cost, easily-assembled, non FDA-approved ventilators that can be rapidly prototyped and used in both hospital and field settings. If approved, these prototypes could be used to support critical care requirements around the world. The DoD Innovation Challenge teams will be notified after the submission deadline and the top three submissions will be selected by a panel of experts and may be offered an opportunity to produce a functioning prototype by March 30.
- People who purposefully spread the coronavirus could be charged as terrorists, the Justice Department said in a 27 MAR memo to federal prosecutors. And even those who aren't carrying the virus can face serious charges for deliberately coughing or breathing on other people. The issue arose after Wednesday afternoon, a woman 25 MAR came into a grocery store and deliberately coughed all over the produce section, meat case and bakery department. The store had to throw away more than \$35,000 worth of food.
- FDA has authorized production of new test kits which will indicate a person has the virus in 7-8 minutes and does not have it in 15 minutes. It is predicted that production will reach 50,000 kits daily by mid-April. To date FDA has NOT authorized production of any test kit to be marketed to test for COVID-19 in the home. The FDA sees the public health value in expanding the availability of COVID-19 testing through safe and accurate tests that may include home collection, and they are actively working with test developers in this.
- President Trump spoke 29 MAR on reducing the anticipated death rate. From the initial models which projected up to 1.2M deaths in the U.S. he said that with the steps taken to date, assuming Americans continue to comply with the Social Distancing guidelines, the new models are projecting 100 to 200,000 deaths before the end of the pandemic. The peak in death rate is likely to hit in two weeks. Also, on 29 MAR Trump extended the social distancing guidelines through 30 APR, from an initial 15-day timeline when they were implemented on 16 MAR.

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

U.S. Embassy Manila

Health Alert | Travel Assistance

The U.S. Embassy has been advised that the Philippine Department of Tourism (DOT) has created a Tourism Airport Team to provide 24-hour service to tourists at airports including assistance in arranging flights, securing bookings,

transportation, meals and accommodation. DOT regional offices are assisting all stranded passengers. DOT staff are also present in airports. Please contact Philippine Department of Tourism (DOT) representatives directly at your departure airports or contact your nearest DOT regional office. The DOT Directory of Regional Offices can be found at: http://www.tourism.gov.ph/regional_offices.aspx

Actions to Take:

- Contact the airline and contacts above directly for reservations and updated information.
- Consult the CDC website for the most up-to-date information.
- For the most recent information on what you can do to reduce your risk of contracting COVID-19, please see the CDC's latest recommendations.
- Visit the COVID-19 crisis page on travel.state.gov for the latest information.
- Check with your airlines, cruise lines, or travel operators regarding any updated information about your travel plans and/or restrictions.
- Monitor local news for updates.
- Visit our Embassy webpage on COVID-19 here for information on conditions in the Philippines.
- Visit the Department of Homeland Security's website on the latest travel restrictions to the U.S.

Assistance:

- U.S. Embassy in the Philippines, 1201 Roxas Boulevard, +63(2)5301-2000, from 7:30 a.m. to 4:00 p.m. Monday through Friday
- After-hours emergency number for U.S. citizens is +(63)(2)5301-2000
- Embassy website: <https://ph.usembassy.gov>
- State Department's travel website <https://travel.state.gov/content/travel.html> for the Worldwide Caution, Travel Advisories, Alerts, and the Philippines Country Specific Information.
- Enroll in the Smart Traveler Enrollment Program (STEP) at <https://step.state.gov/step> to receive Alerts.
- Follow us on [Twitter](#) and [Facebook](#).

[Source: Health Alert | U.S. Embassy Manila | March 24, 2020 ++]

U.S. Embassy Manila
Shelter in Place Health Alert

All Flights to Operate Out of Manila Ninoy Aquino International Airport (NAIA) Terminal 1 Beginning March 28, 2020:

Several airlines have already suspended or indicated intent to suspend international flights until April 14, 2020, or until further notice. While the U.S. Embassy has been making every effort possible to assist U.S. citizens through coordination with local authorities including the Philippine Department of Tourism (DOT), options to fly within and out of the Philippines are extremely limited. Please monitor the DOT for announcement of available sweeper flights. As more and more air carriers suspend operations due to COVID-19, the Manila International Airport Authority (MIAA) is streamlining its operations concentrating remaining flights to just one terminal. Singapore Airlines has announced that it will start suspending flights to and from Manila beginning March 29, 2020. Philippine Airlines suspended international flight operations on March 26, 2020. For more information, contact the airlines directly or visit the MIAA Facebook and Twitter pages for an updated schedule of international flights.

- <https://www.facebook.com/MIAAGovPh>
- <https://twitter.com/MIAAGovPH>

Consider your plan to shelter in place: While the U.S. Embassy attempts to address these continuing challenges in assisting U.S. citizens, please make necessary preparations if staying in the Philippines during the quarantine period. Please comply with local quarantine requirements and strictly follow local authorities.

According to the Philippine Bureau of Immigration (BI):

- All applications for visa extension are suspended during the Enhanced Community Quarantine, except for outbound passengers.
- Foreigners whose visas will expire during the duration of the Enhanced Community Quarantine will be allowed to file an extension without fines and penalties if they file their applications within 30 days from the lifting of the Enhanced Community Quarantine.
- All outbound passengers with a visa that expired during the period of the Enhanced Community Quarantine will be waived fines and penalties when applying for the visa update before departing the Philippine

The U.S. Embassy encourages U.S. citizens to monitor BI's website for further advisories and announcements.

Hotel information: Passengers in the National Capital Region (NCR) can book a hotel online or visit the DOT airport office for assistance at 4/F Terminal 1, Ninoy Aquino International Airport, Pasay; Point of Contact is Ms. Jenny Factora through mobile number +63 927 993 5965. Please note the Embassy cannot cover costs related to your stay. This list is provided by the Philippine Department of Tourism; the fact that the Embassy is listing the establishments here should not be construed as an endorsement.

DOT NCR provided below list of hotels in operation near the airport terminals and at the Entertainment City in Pasay:

As of March 27, 2020 1:00PM

NO	NAME OF ESTABLISHMENTS	PRICE RANGE	CONTACT DETAILS
PASAY			
1	Conrad Hotel	₱6,500	(02) 88339999
2	Holiday Inn Express	₱4,270	(02) 7908 8600
3	Hilton Manila Hotel	₱5,500	(02) 7239 7788
4	Sheraton Hotel	₱5,600	(02) 8902 1800
5	Asiatic Airport	₱3000-₱4000	0977328313 asiatichotel@gmail.com
6	Yuji Inn	₱1100-₱2800	09178761234
MANILA			
7	Orchid Garden Suites	₱ 2600-₱5250	9154864341
8	Regency Grand Suites	₱2,500	09989701860
MAKATI			
9	Crown Regency Grand Suites	₱2,500	09176272975
10	Berjaya Makati Hotel	₱3,000	6327507500
11	Amorsolo Mansio	n/a	09173272586
12	Makati Shangri-La	₱8,000	
QUEZON			
13	Hedda Hotel QC		

Disclaimer: subject to room availability and available staff support, and limited to the mobility of the guest due to lack of public transport.

Please contact the hotel first and note that this information may be subject to change without notice.
Outside Manila, the Embassy has been advised that the following hotels are available in the Cebu area:

- The Bellavista Hotel: Tel: 340-7821.
- Best Suites: Tel: 09228175643.
- Eloisa Royal Suites: 492-1913/09173091921.
- Waterfront Airport Hotel and Casino: Tel: 09985948550.
- Maribago Bluewater: Tel: 09988430859.
- Crown Regency Guadalupe: 09176292222.

Rental car information: The DOT-NCR also provided the below information for transportation requirements:

1. Nissan Rent-A-Car from NAIA for guests who may want to arrange pick-up/drop-off to and from NAIA Terminals:
 - 0917-8195406 (Globe)
 - 0917-5987201 (Globe)
 - 0917-5987223 (Globe)
 - 0998-9637682 (Smart)
2. JS Travel & Tours Tourist Rent-A-Car- contact number: +63917-3096563
3. For U.S. citizens outside the NCR, please continue to coordinate with the [DOT Regional Offices](#) in your area for assistance.

Potential Sweeper Flight Cebu-Manila - UPDATE

Mactan Cebu Airport Terminal relayed the following UPDATE:

- Foreign nationals wishing to take the Cebu-Manila Philippine Airlines sweeper flight will now be allowed to enlist **through email** instead of inquiring and signing up in person at the airport.
- Send an email message to customerservice@gmcac.ph with your full name, nationality, active telephone number, and state your request to be enlisted in the Cebu-Manila sweeper flight.

Mactan Cebu Airport Terminal previously relayed the following:

- A sweeper flight from Cebu to Manila may be arranged if there are at least 199 foreign nationals to fill the flight. Currently, an additional 50 foreign national travelers are required.
- Potential travelers must show proof of an outbound international flight out of Manila or a hotel reservation in Manila.
- Travelers are required to inquire in person and present their documents at the information counter in the domestic departure area (Terminal 1) as soon as possible. In order to be waitlisted, travelers must include an active mobile number and email, so they can be informed about the sweeper flight.
- The flight is subject to the number of passengers who will purchase tickets at the Philippine Airlines (PAL) ticketing office located at the Mactan Airport.
- According to PAL, the cost of the flight from Cebu to Manila is Php 10,122 per passenger.
- Passengers may call the Mactan Cebu Airport Help Desk at mobile numbers 0917-573-7180 or 0917-570-3060 or landline numbers (32) 494-9000 ext 7300 or (32) 494-7000 ext 7300 for more information.
- Passengers may also contact the Department of Tourism (DOT) at 0917-304-2613.

Actions to Take:

- Contact the airlines and contacts above directly for reservations and updated information.
- Check with your airlines, cruise lines, or travel operators regarding any updated information about your travel plans and/or restrictions.
- Monitor local news for updates.
- Consult the [CDC website](#) for the most up-to-date information.

- For the most recent information on what you can do to reduce your risk of contracting COVID-19, please see the [CDC's latest recommendations](#).
- Visit the [COVID-19 crisis page on travel.state.gov](#) for the latest information.
- Visit our Embassy webpage on COVID-19 [here](#) for information on conditions in the Philippines.
- Visit the [Department of Homeland Security's website](#) on the latest travel restrictions to the U.S.
- Consult resources below as necessary:
 - ✓ [Philippine Department of Health \(DOH\)](#)
 - ✓ [Philippine Department of Health \(FAQs\)](#)
 - ✓ [Philippine Bureau of Immigration \(BI\)](#)
 - ✓ [Manila International Airport Authority \(MIAA\)](#)
 - ✓ [Philippine Civil Aeronautics Board \(CAB\)](#)
 - ✓ [Philippine Maritime Industry Authority](#)
 - ✓ [Philippine Department of Foreign Affairs](#)
 - ✓ [Philippine Department Of Interior and Local Government](#)
 - ✓ [Philippine Department of Tourism](#)
 - ✓ [COVID-19 crisis page on travel.state.gov](#)
 - ✓ [CDC page on COVID-19](#)
 - ✓ [Philippines Travel Advisory](#)
 - ✓ [Philippines Country Information Page](#)

Assistance:

U.S. Embassy in the Philippines

1201 Roxas Boulevard

+63(2) 5301-2000, from 7:30 a.m. to 4:00 p.m. Monday through Friday

After-hours emergency number for U.S. citizens is +(63)(2) 5301-2000.

- State Department–Consular Affairs 888-407-4747 or 202-501-4444.
- State Department's [travel website](#) for the Worldwide Caution, Travel Advisories, Alerts, and the [Philippines Country Specific Information](#).
- Enroll in the [Smart Traveler Enrollment Program](#) (STEP) to receive Alerts.
- Follow us on [Twitter](#) and [Facebook](#).

[Source: Health Alerts | U.S. Embassy Manila | March 25, 27 & 28, 2020 ++]

Philippine Bureau of Immigration

Temporarily Transaction Suspensions

Bureau of Immigration (BI) Commissioner Jaime Morente announced that they are temporarily suspending several transactions at BI offices in Luzon, except for outbound passengers intending to depart the Philippines, following the memorandum on the Enhanced Community Quarantine and Stringent Social Distancing Measures from Malacanang. Said transactions include tourist visa extension for foreign nationals stranded in the country during the Enhanced Community Quarantine period. “We are temporarily suspending several transactions in Luzon and are downgrading our workforce to the barest minimum to ensure compliance to stringent social distancing measures,” said Morente. “This would likewise allow foreign nationals who are unable to go out of their residences to file their applications at a later time due to the quarantine,” he added.

Other transactions suspended are as follows: Filing and hearing of applications for extension or conversion to non-immigrant or immigrant visa, dual citizenship, downgrading of visa status, special work permit or provisional work permit, renewal of ACR I-Cards, and implementation of approved visa applications for extension or conversion.

According to Morente, all aliens whose visas will expire during the duration of the Enhanced Community Quarantine shall be allowed to file their applications for extension sans penalties, provided that they file their applications within thirty days from the lifting of the Enhanced Community Quarantine. “This is similar to the action we took after Typhoon Yolanda,” said Morente. “These are special times, hence we had to adjust our procedures to ease the burden of those affected,” he added. [Source: RP BI Press Release | March 20, 2020 ++]

State Taxation

Update 03: Income Tax Filing Date Revisions

Unfortunately, some states are currently on track to require that tax returns be filed by April 15. States which do not extend their own filing deadlines to July 15 will possibly negate much of the benefit of the federal extension. Since Senate bill S.3535 extended the federal filing date in addition to the payment date those state taxpayers would still have to prepare much of the relevant tax information—a great deal of it drawn from their federal 1040s—by the earlier date. Although most states follow the normal federal April 15 date as the deadline for annual filers, this tends to be a statutory date, not a direct linkage with the federal government’s deadline. Even with the federal filing deadline delayed, some states will still require filers to submit their returns earlier than 15 JUL—unless policymakers act, because the new federal extension falls after every state’s regular filing deadline.

Of the 43 states with an income tax, all but five have an April 15 as their normal filing deadline. Hawaii uses April 22, Delaware and Iowa have an April 30 filing deadline, Virginia gives taxpayers until May 1, and in Louisiana, taxes are not due until May 15. In Oklahoma, the regular filing deadline is April 15, as for most states, but those filing electronically have until April 20 to do so. Most states have already announced revised filing guidance given the coronavirus crisis, but some have not. To the extent that states have the flexibility to avoid automatic budget reductions should collections be pushed into the next fiscal year, they should try to follow the federal government’s July 15th deadline.

Although tax deadlines tend to be statutory, revenue departments or governors are frequently empowered to postpone them, particularly when an emergency declaration is in place. In some states, however, legislative action may prove necessary to provide taxpayers with deadline relief. Now that the federal decision is known, states should take immediate steps to postpone — to July 15, if possible — avoiding a burden to their own taxpayers that the federal extension was intended to relieve.

Note that as of 27 MAR, of those states that collect a state income tax, all but AK, FL, MI, NH, NJ, and TN have extended their filing dates to 15 JUL or later. Colorado payment only has been extended 15 JUL, Mississippi filing is currently set to be 15 May, New Jersey to 30 June and Virginia payment only has been extended 1 June. [Source: Tax Foundation | Jared Walczak | March 26, 2020 ++]

Tax Rebates

Overview of Previous Ones during Economic Downturns

Lawmakers are currently debating the size and structure of “recovery rebates” for individual taxpayers as part of a package addressing the current health and economic crisis. The exact mechanism and timing of these potential rebates, designed to provide a one-time income boost for individuals to weather the economic crisis, is at this point unknown. How the government issued tax rebates in the past can be a window into what mechanisms policymakers might consider during the current crisis.

Senate Republicans have proposed a \$1,200 refundable tax credit for individuals (\$2,400 for joint taxpayers) which begins phasing out at a 5 percent rate at \$75,000 for singles, \$112,500 for heads of household, and \$150,000 for joint taxpayers. Additionally, taxpayers with children would receive a flat \$500 for each child. Its estimated the rebate would decrease federal revenue by about \$301 billion in 2020, according to the Tax Foundation General Equilibrium Model. House Democrats are working on their own version of a rebate, which may have a different structure than the proposal by Senate Republicans. The details of the credit could change as the Senate works to reach a final version of its bill, which will need to be agreed upon by House lawmakers before it can be signed into law by the President. The method for sending out any potential rebates would likely be determined by the U.S. Treasury Department.

2001 Stimulus

- The Economic Growth and Tax Relief Reconciliation Act of 2001 was signed into law on June 7, 2001 and lowered taxes for Americans during the 2001 recession. In all, Treasury calculated that 92 million taxpayers would receive a check, amounting to a total of approximately \$38 billion worth of rebates.
- Single taxpayers were entitled to a credit of up to \$300 and married taxpayers filing jointly a credit of up to \$600, delivering the law's lowering of the 15 percent tax bracket to 10 percent directly to taxpayers in the form of a check from the Treasury Department. The credit amount was calculated as the 5 percentage-point difference in the new brackets, multiplied by the basis of the taxpayers' taxable income from the previous year.
- Beginning in mid-July 2001, the Treasury Department sent notices in the mail to inform taxpayers about their rebates. Next, the checks were sent out in the mail over a 10-week period from July 23 through September 24; the exact timing of receiving a check varied with the taxpayer's Social Security number.

2008 Stimulus

- The Economic Stimulus Act of 2008 was signed into law on February 13, 2008 and delivered about \$120 billion of economic stimulus payments to more than 124 million households. The law eliminated income taxes on the first \$6,000 of taxable income for individuals and the first \$12,000 of taxable income for married couples filing jointly.
- This reduction in taxes was delivered to taxpayers in the form of a stimulus rebate check; individuals received up to \$600 and couples filing jointly up to \$1,200 (corresponding to taxable income subjected to the 10 percent tax bracket). Taxpayers with children eligible for the Child Tax Credit (CTC) received an additional benefit of \$300 per dependent child. This tax rebate phased out for higher income filers at a rate of 5 percent of adjusted gross income over \$75,000 single/\$150,000 married couples. To be eligible, taxpayers had to earn at least \$3,000 of qualifying income and meet other requirements.
- The Treasury Department sent payments via direct deposit primarily in the first half of May 2008. For taxpayers without direct deposit information on their 2007 tax returns, stimulus rebate checks were sent via mail from mid-May to mid-July. As with the 2001 checks, the exact timing of receiving a check varied with the taxpayer's Social Security number.

2009 Stimulus

- The American Recovery and Investment Act of 2009 was signed into law on February 17, 2009 and provided approximately \$14.2 billion of "Economic Recovery Payments" to approximately 52 million beneficiaries of federal programs (i.e., Social Security and Supplemental Social Security Income, Railroad Retirement Board, and Department of Veterans Affairs). These beneficiaries received a one-time payment of \$250, which was issued separate from other payments, but sent by using the same method for how recipients received their regular benefits (for example, by check, direct deposit, or debit card).
- Notices of the payments were sent in April 2009, and payments were issued in May 2009.
- While taxpayers also received relief in the form of Making Work Pay tax credits, these were not sent in the form of rebate checks but rather through lower paycheck withholdings. This provided a 6.2 percent tax credit on earnings for a maximum credit of \$800 for joint filers (\$400 for single filers) in 2009 and 2010.

The credit began to phase out at \$150,000 (\$75,000 filing single) and phased out completely at \$190,000 in income (\$95,000 filing single).

Past experiences with rebates show that the government has used both direct deposit and paper checks to send tax rebates to individual taxpayers, depending on which method taxpayers had selected as their refund choice on their tax returns. To qualify for the 2001 and 2008 rebates, individuals had to have filed a tax return, and those who did not normally need to file tax returns could qualify if they filed in time and had enough qualifying income. The timing from enactment to distribution has varied from about one and a half months to more than two months, indicating that it has historically taken a significant amount of time for individual taxpayers to receive their rebates after the policies have been put in place. [Source: Tax Foundation | Erica York | March 23, 2020 ++]

Social Security Proposals

Locality-based Payment Rate

Should Social Security benefits be adjusted annually using a locality –is this a good idea? Under current law, Social Security benefits are adjusted annually based on changes in the consumer price index for Urban Wage Earners and Clerical Workers (CPI-W). According to the Social Security Administration, the intent of the annual cost of living adjustment (COLA) is to help protect the buying power of benefits from increases in inflation. All beneficiaries receive the same percentage of increase, but the dollar amount varies based on the amount of benefits that one receives. In years in which inflation has gone down, there can be no COLA at all.

Locality pay adjustments are currently used to adjust the paychecks of federal workers. Federal employees receive a two-part pay adjustment that includes base pay (which is established by a specific formula set by law) and locality pay adjustments. The locality pay adjustment varies depending on where the employee works. The parameters aren't set by law but use metropolitan statistical areas to define locality pay areas. While inflation varies significantly depending on the area of the country in which people live, locality - based payment rates are not calculated on living costs or specific price levels like the COLA. According to a story appearing on the Federal News Network's website, this is a common misconception about locality pay. In fact, consumer inflation is not even a factor when setting locality pay.

Instead, locality pay increases are intended to keep the salaries of current federal workers competitive with private sector jobs in the same locality pay area. The Bureau of Labor Statistics measures non-federal compensation in a particular market and compares it to federal pay for federal employees who perform similar work in the same region. The gap between the two helps determine the locality pay adjustment for a specific area in a given year.

What would locality pay adjustments mean for your Social Security benefits? It's unclear, and likely difficult to estimate. Studies would have to be performed to compare locality - based pay adjustments to what future annual COLAs might be. Locality pay adjustments would be higher in areas where private sector pay scales are higher than those of federal workers, and lower in areas where pay scales are lower. The percentage of the annual locality pay increase would vary depending on where you live. Some retirees would receive a lower percentage of increase, or even no increase, while others a higher percentage.

The legislative proposal also does not specify whether the locality pay adjustment would be applied in addition to the COLA or used instead of a COLA. If the intention is to add a second adjustment in addition to the COLA. Most likely many retirees would welcome the additional boost. Should the proposal be intended to replace the COLA that brings a higher level of uncertainty to the annual adjustments than we already experience. For people who live in areas where private sector pay is on an even level with federal pay or lower, those retirees may wind up with little or no locality pay adjustment, perhaps over the course of many years.

Since people often move when they retire, under locality pay adjustment rates, the area they choose to live in during retirement could significantly impact the amount of Social Security they receive. Would retirees crowd into areas of the country with high locality pay adjustments? Finally, locality pay is subject to the approval of the President, and thus subject to politics. In 2019, the average locality pay adjustment was 0.5%. The annual COLA was 2.8%. The calculation has also been challenged by economists and the nonpartisan CBO as not being accurate. [Source: The Senior Citizens League | Mary Johnson | March 11, 2020 ++]

Still Tasty

Update 03: Foods That Can Keep for Years

If you hadn't previously thought about how you would build up a food supply for an emergency, the new coronavirus probably has made you consider it. What kinds of foods are best to keep in the pantry and freezer in case of a natural disaster, zombie apocalypse or pandemic that drags on for more than a couple of weeks? Start with the following options. These foods can last for years before going bad.

1. Oats

This prolific cereal grain and staple of many American breakfast tables can last up to 30 years, according to the Utah State University Extension. Store oats in airtight containers in a cool, dark, dry place. To maximize shelf life, use oxygen absorber packets.

2. White rice

Also known as polished rice, white rice has a shelf life of 25 to 30 years when properly stored. The best temperature for storing this grain is 40 degrees Fahrenheit or lower. The best container is one that is sealed and oxygen-free.

3. Popcorn

Unpopped kernels can last two years, according to the Institute of Agriculture and Natural Resources at the University of Nebraska-Lincoln. Best storage is at room temperature.

4. Dark chocolate

Dark chocolate lasts up to two years if properly stored, according to Harvard's T.H. Chan School of Public Health. It should be stored in a tightly sealed containers and at a temperature of 65 to 70 degrees. Keep it in a dry location as well. Do not refrigerate it, because the sugar can rise to the surface and give the chocolate a whitish appearance.

5. Honey

Winnie-the-Pooh's favorite can remain stable indefinitely, according to the National Honey Board. However, a two-year shelf life is standard. The trade group explains: "Honey stored in sealed containers can remain stable for decades and even centuries! However, honey is susceptible to physical and chemical changes during storage; it tends to darken and lose its aroma and flavor or crystallize. These are temperature-dependent processes, making the shelf life of honey difficult to define.

6. Powdered milk

According to the U.S. Department of Agriculture's FoodKeeper storage guide, powdered milk can last three to five years — but keeps only three months once the package has been opened. For best storage, keep at cool temperatures in a dark location.

7. Dried beans

Dried beans and lentils have a shelf life of up to 10 years or more when stored properly, according to the Utah State University Extension. However, Utah State notes that — as with many stored foods — after five years, stored beans likely will have lost nearly all their vitamins. The best method of storage is to use No. 10 cans or Mylar-type bags with the oxygen removed, and keep the beans at a colder temperature.

8. Certain cheeses

Low-moisture, hard cheese can last from 10 months to several years, reports Dairy Foods Magazine. For example, the typical shelf life for parmesan is up to five years, and that of aged cheddar is up to 10 years. The Food Network has a handy how-to on best practices for cheese storage at <https://www.foodnetwork.com/fn-dish/news/2019/01/i-ve-been-storing-my-cheese-all-wrong--according-to-experts>.

9. Canned foods

Generally, commercially canned foods that are canned in liquid should maintain their best quality until their expiration date, which is usually two to five years from the manufacture date, according to the Utah State University Extension. Note that unopened home-canned foods have a shorter shelf life — one year — and should be used before two years. The USU Extension explains: “Commercially canned foods are superior to home canned for food storage. Commercial canners can closely control quality and safety to produce the best product.” When buying canned foods, avoid cans that are:

- Rusted
- Dented
- Scratched
- Bulging

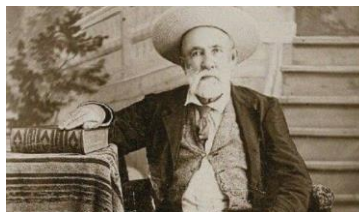
10. Frozen foods

That succotash that’s been in your freezer for years might not taste amazing, but it’s perfectly safe and likely still nutritious — assuming your freezer has been kept at 0 degrees Fahrenheit or colder. According to the U.S. Department of Agriculture, foods frozen at that temperature remain safe almost indefinitely, and freezer storage has little to no effect on food nutrient value. Quality is a different matter, but the USDA has a handy [storage chart](#) showing how long different frozen foods maintain their quality. The USDA recommends storing frozen food in packaging that keeps air out.

[Source: MoneyTalksNews | Alex Valdes | March 23, 2020 ++]

Judge Roy Bean

Knew Little about the Law or Proper Court Procedures



A saloonkeeper and adventurer, Bean’s claim to fame rested on the often humorous and sometimes-bizarre rulings he meted out as a justice of the peace in western Texas during the late 19th century. He called himself, “The Law West of the Pecos”. According to legend, he held court in his saloon along the Rio Grande on a desolate stretch of the Chihuahuan Desert of southwest Texas. By then, Bean was in his 50s and had already lived a life full of rough adventures.

Born in Kentucky some time during the 1820s, Bean began getting into trouble at an early age. At sixteen he left home in 1847 to ride a flatboat to New Orleans, hoping to find work. After getting into trouble in New Orleans, Bean fled to San Antonio, Texas, to join his older brother Sam who was a teamster and bullwhacker who hauled freight to Santa Fe and then on to Chihuahua, Mexico. In 1848 the two brothers opened a trading post in the Mexican state of

Chihuahua. Soon after, Roy Bean shot and killed a Mexican desperado who had threatened "to kill a gringo." To escape being charged with murder by Mexican authorities, Roy and Sam Bean fled west to Sonora, Mexico. By the spring of 1849, Roy Bean had moved on to San Diego, California, to live with his older brother Joshua Bean, who would be elected the first mayor of San Diego the following year.

Considered handsome, Roy Bean competed for the attentions of various local women. A Scotsman named John Collins challenged Bean to a pistol-shooting match on horseback. Bean was left to choose the targets and decided that they would shoot at each other. The duel was fought on February 24, 1852, and ended with Collins receiving a wound to his right arm. Both men were arrested and charged with assault with intent to murder. In the two months that he was in jail, Bean received many gifts of flowers, food, wine and cigars from women in San Diego. Hidden in the final gifts he received while incarcerated were knives that were encased in tamales. Bean used the knives to dig through the cell wall and escaped on April 17, 1852. He fell into the same old habits in Los Angeles, eventually killing a Mexican officer in a duel over a woman. Angry friends of the officer hanged Bean in revenge, but luckily, the rope stretched and Bean managed to stay alive until the woman he had fought for arrived to cut him down. Bearing rope scars on his neck that remained throughout his life, Bean left California to take up a less risky life in New Mexico and Texas.

For about 16 years, Bean lived a prosperous and relatively legitimate life as a San Antonio businessman. In 1882, he moved to southwest Texas, where he built his famous saloon, the Jersey Lilly, and founded the hamlet of Langtry. Saloon and town alike were named for the famous English actress, Lillie Langtry. Bean had never met Langtry, but he had developed an abiding affection for the beautiful actress after seeing a drawing of her in an illustrated magazine. For the rest of his life, he avidly followed Langtry's career in theatre magazines. Before founding Langtry, Bean had also secured an appointment as a justice of the peace and notary public. He knew little about the law or proper court procedures, but residents appreciated and largely accepted his common sense verdicts in the sparsely populated country of West Texas.

Bean was often deliberately humorous or bizarre in his rulings, once fining a dead man \$40 for carrying a concealed weapon. He threatened one lawyer with hanging for using profane language when the hapless man referred to the "habeas corpus" of his client. Less amusing was Bean's decision to free a man accused of killing a Chinese rail worker on the grounds that Bean knew of no law making it a crime "to kill a Chinaman." By the 1890s, reports of Bean's curmudgeonly rulings had made him nationally famous. Travelers on the train passing through Langtry often made a point of stopping to visit the ramshackle saloon, where a sign proudly proclaimed Bean to be the "Law West of the Pecos." Bean fell ill during a visit to San Antonio. He returned to Langtry, where he died on March 16, 1903. Lillie Langtry, the object of Bean's devoted adoration, visited the village named in her honor only 10 months after Bean died. [Source: https://en.wikipedia.org/wiki/Roy_Bean | Megan Brenan | March 16, 2020 ++]

Remember When

"I Was a Sailor Once"

"I REMEMBER

- I liked standing on the bridge wing at sunrise with salt spray in my face and clean ocean winds whipping in from the four quarters of the globe.
- I liked the sounds of the Navy. The piercing trill of the boatswains pipe, the syncopated clangor of the ship's bell on the quarterdeck, harsh, and the strong language and laughter of sailors at work.
- I liked Navy vessels ... plodding fleet auxiliaries and amphibs, sleek submarines and steady solid aircraft carriers.

- I liked the proud names of Navy ships: Midway, Lexington, Saratoga, Yorktown, Shangri-La, Coral Sea, Canisteo, Antietam, Essex, America, FDR, Intrepid, Wasp, Valley Forge - memorials of great battles won and tribulations overcome.
- I liked the lean angular names of Navy "Tin-Cans" and escorts, mementos of heroes who went before us; and the others - San Jose, San Diego, Los Angeles, St. Paul, Chicago, Oklahoma City, named for our cities.
- I liked the tempo of a Navy band, liberty call and the spicy scent of a foreign port.
- I even liked the paperwork, on-loads, vert-reps., un-reps, ammo loads, and all hands working parties as my ship filled herself with the multitude of supplies, both mundane and to cut ties to the land and carry out her mission anywhere on the globe where there was water to float her.
- I liked sailors from all parts of the land, farms, small towns, the mountains and the prairies, from all walks of life.
- I trusted and depended on them as they trusted and depended on me - for professional competence, for comradeship, for strength and courage. In a word,,, they were "Shipmates", then and forever.
- I liked the surge of adventure in my heart when the word was passed: "Now Hear This, Now hear This", "Now station the special sea and anchor detail, All hands to quarters for leaving port," and I liked the infectious thrill of sighting home again, with the waving hands of welcome from family and friends waiting pierside. The work was hard and dangerous, the going rough at times, the parting from loved ones painful, but the companionship of robust Navy laughter, the "all for one and one for all" philosophy of the sea was ever present.
- I liked the fierce and dangerous activity on the flight deck of aircraft carriers, earlier named for battles won: Enterprise, Independence, Boxer, Princeton and oh so many more. Some lost in battle and some, sadly, many scrapped.
- I liked the names of the aircraft and helicopters; Spad, Skyraider, Corsair, Hell-Cat, Crusader, Willie-Fudd, Intruder, Sea King, Phantom, Skyhawk, Huey, Demon, Hupp, Skywarrior, Banshee, Widow-Maker, and many more that bring to mind offensive and defensive orders of battle.
- I liked the excitement of an alongside replenishment as my ship slid in alongside the oiler and the cry of, "Standby to Receive Shotlines", prefaced the hard work of, rigging spanwires and fuel hoses, echoed across the narrow gap of water between the ships and welcomed the mail and fresh milk, fruit and vegetables, that sometimes accompanied the fuel. Sometimes we'd Hi-Line the "Chaplain", back and forth in the "Bo'sun Chair". Oh, and I always liked when they would Hi-Line those big brown boxes, that contained the New Movies. Then in-port, we'd have a working party to set up those old folding chairs so, we could watch those movies in hangar bay #1 in port, or down on the Mess Decks. Sometimes we'd even get a treat of popcorn.
- I liked the serenity of the sea after a day of hard ship's work, as flying fish flitted across the wave tops and sunset gave way to night.
- I liked the feel of the Navy in darkness. The Masthead and Range Lights, the red and green navigation lights and stern light, the pulsating phosphorescence of radar repeaters - they cut through the dusk and joined with the mirror of stars overhead. And I liked drifting off to sleep lulled by the myriad noises, large and small, that told me that my ship was alive and well, and that my shipmates on watch would keep me safe.
- I liked quiet mid-watches with the aroma of strong coffee, the life blood of the Navy permeating everywhere. The smell of the Chipped-Beef or SOS being cooked for breakfast. And I liked hectic watches when the exacting minuet of haze-gray shapes racing at flank speed kept all hands on a razor edge of alertness.
- I liked the sudden electricity of "General Quarters, General Quarters, All Hands Man Your Battle Stations", followed by the hurried clamor of running feet on ladders and the resounding thump of watertight doors as the ship transformed herself in a few brief seconds from a peaceful workplace to a "Weapon of War", ready for anything. And I liked the sight of space-age equipment manned by youngsters clad in dungarees and sound-powered phones that their grandfathers would still recognize.
- I liked the traditions of the Navy and the men who made them.
- I liked the proud names of Navy heroes: Halsey, Nimitz, Perry, Farragut, John Paul Jones and Burke.

- A sailor could find much in the Navy: Comrades-in-Arms, Pride in Self and Country, Mastery of the Seaman's Trade. An Adolescent would find Adulthood.
- In years to come, when sailors are home from the sea we still remember with fondness and respect the ocean in all its moods, the impossible shimmering mirror calm and the storm-tossed green water surging over the bow. And then there will come again a faint whiff of stack gas, a faint echo of engine and rudder orders, a vision of the bright bunting of Signal Flags snapping at the Yard-Arm, a recall of hearty laughter in the Chief's Mess and Mess Decks.
- Having gone ashore for good,,, we grow humble about our Navy days, when the seas were a part of us and a new port of call was ever over the horizon.

Remembering this, We Stand Taller and say, "I WAS A SAILOR ONCE."

[Source: MoneyTalksNews | March 23, 2020 ++]

Recession

Good Things about One

When a recession rolls around, it's natural to worry over the negative aspects. And it's true that a recession causes a lot of hardship for people. No one wants to try to manage their money — or their lives — through a recession. However, it's not all doom and gloom. There are some things that actually improve during a recession. So, while we don't wish difficulty on anyone, following are some silver linings that accompany an economic down cycle.

1. Cheap stocks

For those hoping to boost future portfolios, a recession is the time to go bargain hunting. As the stock market drops, you might be tempted to sell and abandon what feels like a sinking ship. However, instead of locking in losses, recessions can be time to look for good deals and buy more stock while shares are cheaper. Money Talks News founder Stacy Johnson recently wrote about the benefits of buying when the market is on sale:

"During the Great Recession that began in 2007, the market fell 50%, hitting bottom on March 5, 2009, with the Dow Jones Industrial Average closing at 6,594 points. (It's now at about 20,000.) If you were lucky or smart enough to buy anywhere near that bottom, you'd have tripled your money, even after the market's recent nosedive."

The market has fallen a bit more since Stacy wrote those words, but the underlying message remains the same: Buying when the market is low can pay off down the road. Of course, you won't be able to predict exactly when the market bottom will arrive, but you can still get a good deal on stocks if you buy them when they're at a lower price. Stacy recommends looking at blue-chip stocks with dividends, as well as considering index funds. Many of these shares are on sale now and might be a good value in the coming months. Later, as the market recovers, your bargain hunting today could pay off in a big way. Of course, there are no guarantees in life. But taking advantage of downturns in the past always has paid off in the long run. Chances are good that it will this time, too.

2. Lower death rate

Interestingly, the mortality rate can fall during a recession. Between 2005 and 2010, a time period that included the Great Recession, mortality rates actually fell as unemployment in urban areas rose, a recent study found. One of the biggest contributions to the lower death rate was a decline in the cardiovascular (heart) disease mortality rate. Car accidents were another category that saw a reduced mortality rate. While there isn't a direct link between a recession and a lower death rate, one of the study's authors shared a theory with NPR about why the mortality might drop during times of economic distress.

"When the economy is worse, people have less money to spend. They may go out and have unhealthy meals less often. They may smoke less or drink less. They may drive less. That's kind of what people have in mind when they're

thinking about why increases in unemployment are linked to decreases in mortality.” We probably need more information to figure out the causes of a lower death rate during a recession, but a decrease in mortality might be one of the positive aspects of the situation.

3. People re-evaluate what matters

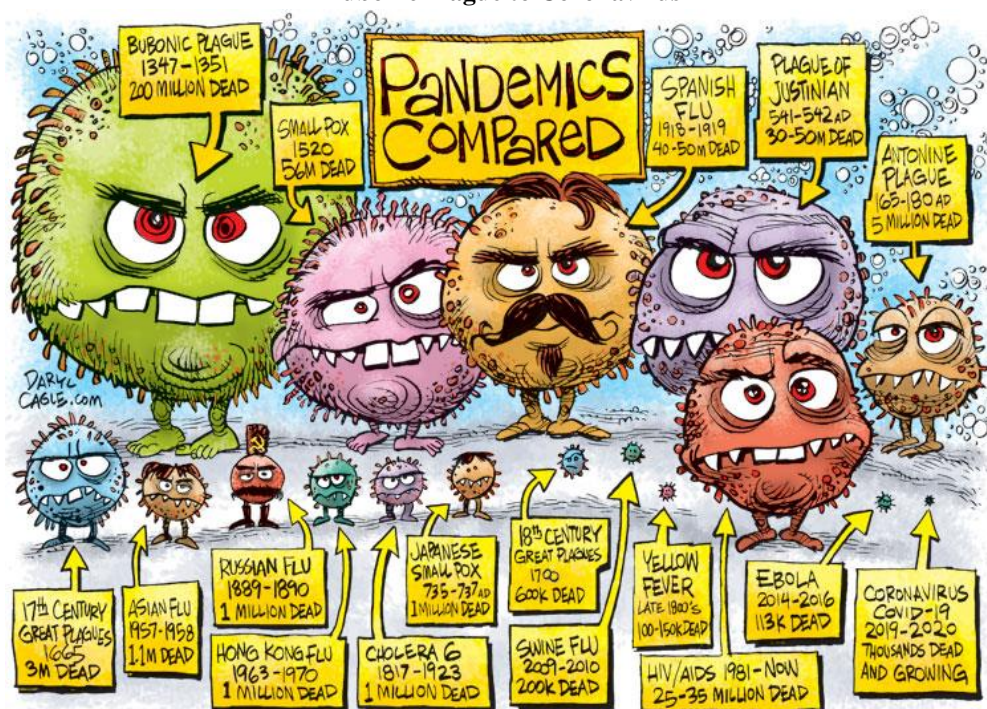
Many people re-evaluate their lives in times of stress, and think about their budget priorities. In the early part of 2009, during the thick of the Great Recession, the savings rate increased to 6.9% — its highest level since 1993, according to a PBS report of the time. That also represented a jump from the near-zero savings rate of early 2008. By January 2020, the savings rate was at 7.9%, according to the Bureau of Economic Analysis. The steep rise from zero savings rates to nearly 8% a dozen years later shows that as people feel more concerned about economic conditions, they shift their priorities to thrift. Additionally, they might also think about other life choices during a recession. The New York Times reported that many people rethink what it means to have a good life during tough economic times.

“And yet, despite this bleak reality, some talk persists of silver linings: less cash to spend means less materialism, a real change to “the definition of living well,” as Jim Taylor, a vice president of Harrison Group, a market research firm in Waterbury, Conn., told The Times as the big banks melted down in the fall of 2008.” It’s not all sunshine and rainbows, but there are those who find that economic stress causes them to look at what really matters — time with family and friends.

[Source: MoneyTalksNews | Miranda Marquit | March 23, 2020 ++]

Pandemics Compared

Bubonic Plague to Coronavirus



[Source: <https://darylcastle.com> | Mike Corder | March 22, 2020++]

Toilet Paper

Crisis Hawaii Has Never Forgotten



The cause was different, but the effect was the same: Not enough tissue at hand for the issue at hand. Americans are struggling to find toilet paper after demand exploded amid the coronavirus crisis. In July 1971, dock strikes wiped out the supply in Hawaii, leading to an uncomfortable shortage that lasted for months. The International Longshore and Warehouse Union strike shut down every dock on the West Coast while bosses and union leaders fought over a new contract. Hawaii residents were completely dependent on those shipments for a variety of goods - salt, rice - but none seems to have stuck in the memory like the lack of toilet paper.

- Bar owner Bob Hampton recently recalled to the Star-Advertiser that after patrons kept stealing rolls from the restrooms, they moved them behind the bar and assigned a "kukae (poop) manager," who rationed six squares per customer for a visit to the commode.
- When a local hotel owner ran out of TP for guests, he lifted some from the public restrooms in the luxury resort across the street, he told the Star-Advertiser. After a few days, the restrooms suddenly had security guards.
- A 1971 New York Times article described how having toilet paper became an expression of status. When a wealthy heiress and her husband bought a condo in Waikiki, they received rolls of toilet paper and Morton's salt shakers as housewarming gifts from neighbors.
- When radio stations had contests, the winning caller got toilet paper. One station, the Times wrote, delivered the TP in a Rolls-Royce. You didn't get to keep the Rolls, though, just the rolls.
- And what's a public health crisis without a little quid pro quo? A grocery store manager told the Star-Advertiser he got a call from then-Honolulu Mayor Frank Fasi. "I need a case of toilet paper and three bags of rice," Fasi told him. When they made the exchange at midnight, "like two spies," Fasi asked him if there was anything he needed. The manager told him about some potholes behind the store; two days later, they were paved over.

By October, President Richard Nixon got involved in the strike negotiations, citing national "health and safety" concerns. The longshoremen were forced back to work for 80 days - just in time for Christmas - but they struck again in January 1972. This time, the shipping company refused to allow dock workers to load military cargo to Vietnam, according to the Waterfront Workers History Project at the University of Washington, claiming the extra income from that work was prolonging the strike.

An agreement was finally reached in February, largely to the strikers' favor, and soon the critical tissue began rolling back onto the shelves of Hawaiian stores. Hawaii residents may or may not have forgiven the dock workers for the strike, but they certainly haven't forgotten. In 1999, a threat of a strike caused a run on toilet paper at big-box stores across the state, the Star Bulletin reported at the time. It happened again during a dock worker lockout in 2002. State economist Pearl Imada Iboshi told the SFGate, "People are quite prepared," because they had "built up inventories to cushion any negative impact." [Source: The Washington Post | Gillian Brockell | March 29, 2020 ++]

Have You Heard?

War Of 1812 At Walmart | Q&A | Speeding Ticket

War Of 1812 At Walmart

Yesterday, I wore my Korea Veteran cap to Wal-Mart. There was nothing in particular that I needed at the world's largest retailer; but, since I retired, trips to "Wally World" to look at the Walmartians is always good for some comic relief. Besides, I always feel pretty normal after seeing some of the people that frequent the establishment. But, I digress, . . . enough of my psychological fixations.

While standing in line to check out, the guy in front of me, probably in his early thirties, asked, "Are you a Viet Nam Vet?"

"No," I replied.

"Then why are you wearing that cap?"

"Because I couldn't find the one from the War of 1812 . . ." I thought it was a snappy retort.

"The War of 1812, huh?" the Walmartian queried, "When was that?"

God forgive me, but I couldn't pass up such an opportunity. "1946," I answered as straight-faced as possible.

He pondered my response for a moment and responded, "Why do they call it the War of 1812 if it was in 1946?"

"It was a Black Op. No one is supposed to know about it." This was beginning to be way fun!

"Dude! Really?" He exclaimed. "How did you get to do something that COOOOL?"

I glanced furtively around me for effect, leaned toward the guy and in a low voice said, "I'm not sure. I was the only Caucasian on the mission."

"Dude," he was really getting excited about what he was hearing, "that is seriously awesome! But, didn't you kind of stand out?"

"Not really. The other guys were wearing white camouflage." The moron nodded knowingly.

"Listen man," I said in a very serious tone, "You can't tell anyone about this. It's still 'top secret' and I shouldn't have said anything."

"Oh yeah?" he gave me the 'don't threaten me look.' "Like, what's gonna happen if I do?"

With a really hard look I said, "You have a family don't you? We wouldn't want anything to happen to them, would we?"

The guy gulped, left his basket where it was and fled through the door. The lady behind me started laughing so hard I thought she was about to have a heart attack. I just grinned at her.

After checking out and going to the parking lot, I saw dimwit leaning in a car window talking to a young woman. Upon catching sight of me he started pointing excitedly in my direction. Giving him another 'deadly' serious look, I made the 'I see you' gesture. He turned kind of pale, jumped in the car and sped out of the parking lot.

And these people VOTE! What a great time! Tomorrow I'm going back wearing my Homeland Security cap. Then the next day I will go to the driver's license bureau wearing my Border Patrol hat, and see how long it takes to empty the place. Whoever said retirement is boring? You just need to wear the right kind of cap! See you guys at Walmart!!

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Q&A

1. Johnny's mother had three children. The first child was named April. The second child was named May. What was the third child's name?

2. There is a clerk at the butcher shop, he is five feet ten inches tall and he wears size 13 sneakers. What does he weigh?
3. Before Mt. Everest was discovered, what was the highest mountain in the world?
4. How much dirt is there in a hole that measures two feet by three feet by four feet?
5. What word in the English Language is always spelled incorrectly?
6. Billy was born on December 28th, yet his birthday is always in the summer. How is this possible?
7. In California, you cannot take a picture of a man with a wooden leg. Why not?
8. What was the President's Name in 1975?
9. If you were running a race, and you passed the person in 2nd place, what place would you be in now?
10. Which is correct to say, "The yolk of the egg are white" or "The yolk of the egg is white"?
11. If a farmer has 5 haystacks in one field and 4 haystacks in the other field, how many haystacks would he have if he combined them all in another field?

Here are the Answers: (No peeking!)

1. Johnny's mother had three children. The first child was named April.. The second child was named May. What was the third child's name?
Answer: Johnny, of course.
2. There is a clerk at the butcher shop, he is five feet ten inches tall, and he wears size 13 sneakers. What does he weigh?
Answer: Meat.
3. Before Mt. Everest was discovered, what was the highest mountain in the world?
Answer: Mt. Everest; it just wasn't discovered yet. [You're not very good at this are you?]
4. How much dirt is there in a hole that measures two feet by three feet by four feet?
Answer: None. There is no dirt in a hole.
5. What word in the English Language is always spelled incorrectly?
Answer: Incorrectly
6. Billy was born on December 28th, yet his birthday is always in the summer. How is this possible?
Answer: Billy lives in the Southern Hemisphere.
7. In California, you cannot take a picture of a man with a wooden leg. Why not?
Answer: You can't take pictures with a wooden leg. You need a camera to take pictures.
8. What was the President's Name in 1975?
Answer: Same as is it now Donald Trump [Oh, come on...]
9. If you were running a race, and you passed the person in 2nd place, what place would you be in?
Answer: You would be in 2nd. Well, you passed the person in second place, not first.
10. Which is correct to say, "The yolk of the egg are white" or "The yolk of the egg is white"?
Answer: Neither, the yolk of the egg is yellow [Duh]
11. If a farmer has 5 haystacks in one field and 4 haystacks in the other field, how many haystacks would he have if he combined them all in another field?
Answer: One. If he combines all of his haystacks, they all become one big one.

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Speeding Ticket

A police officer pulls over a speeding car. The officer says, "I clocked you at 80 miles per hour, sir."

The driver says, "Goodness, officer, I had it on cruise control at 60; perhaps your radar gun needs calibrating."

Not looking up from her knitting the wife says: "Now don't be silly, dear -- you know that this car doesn't have cruise control"

As the officer writes out the ticket, the driver looks over at his wife and growls, "Can't you please keep your mouth shut for once!!"

The wife smiles demurely and says, "Well dear you should be thankful your radar detector went off when it did or your speed would have been higher."

As the officer makes out the second ticket for the illegal radar detector unit, the man glowers at his wife and says through clenched teeth, "Woman, can't you keep your mouth shut?"

The officer frowns and says, 'And I notice that you're not wearing your seat belt, sir. That's an automatic \$75 fine.'

The driver says, "Yeah, well, you see, officer, I had it on, but I took it off when you pulled me over so that I could get my license out of my back pocket."

The wife says, "Now, dear, you know very well that you didn't have your seat belt on. You never wear your seat belt when you're driving."

And as the police officer is writing out the third ticket, the driver turns to his wife and barks, "WILL YOU PLEASE SHUT UP?"

The officer looks over at the woman and asks, "Does your husband always talk to you this way, Ma'am?"

She replies, "Only when he's been drinking."



Thought of the Week

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



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