

# RAO

# BULLETIN

## 1 May 2020

### PDF Edition



**THIS RETIREE ACTIVITIES OFFICE BULLETIN CONTAINS THE FOLLOWING ARTICLES**

<b>Pg</b>	<b>Article</b>	<b>Subject</b>
<b>* DOD *</b>		
04	== DOD Travel ----	(Ban Extended to JUN 30)
05	== DOD COVID-19 Procurements ----	(N95 Mask Disinfecting Machines)
06	== DOD Global Operations ----	(Military Ops Continue Even as It Battles COVID-19)
07	== DOD Global Operations [01] ----	(Military Sees No Quick Exit from 'New World' of CORVID-19)
08	== Military Bands [02] ----	(Online Performance Offerings)
09	== Military Coronavirus Impact [02] ----	(Infection Stats as of 21 APR)
10	== Servicemembers Civil Relief Act ----	(Protects Military As COVID-19 Crisis Continues)
11	== DoD Fraud, Waste, & Abuse ----	(Reported 16 thru 30 APR 2020)
12	== Afghan Withdrawal [01] ----	(US Moves to Pull 1,000 Contractors)
13	== POW/MIA Recoveries & Burials ----	(Reported 16 thru 30 APR 2020   Nine)

<b>* VA *</b>		
15	== Roll of Honor ----	(Memorializing COVID-19 Vet Victims)
15	== VA Whistleblowers [62] ----	(Federal Agencies Can Launch Retaliatory Investigations Court Rules)
16	== VA Coronavirus Preparations [02] ----	(VA Secretary Refuses to Share Documents that Detail PPE Supply)
17	== VA Coronavirus Preparations [03] ---	(Timeline   How and What VA Has Done to Keep Vets Safe)

- 19 == VA Coronavirus Preparations [04] ---- (VA Health Chief Acknowledges a Shortage of Protective Gear)
- 22 == VA Employee Accountability [07] ---- (COVID-19 AWO1L Post Exposure Work Policy)
- 23 == VA COVID-19 Deaths ---- (Data on Vet Deaths Becoming Harder to Obtain)
- 24 == VA Medical Marijuana [68] ---- (VA Verbal Recommendations Urged by MA Congressional Delegation)
- 25 == Burn Pit Toxic Exposure [75] ---- (Vets on Registry May Be at Greater Risk for COVID-19)
- 27 == Hydroxychloroquine [01] ---- (COVID-19 Deaths Increased in VA Test)
- 28 == Hydroxychloroquine [02] ---- (VA Secretary Defends Use)
- 29 == VA Hiring [17] ---- (New Hires since 29 MAR 3,183 | 4,500 More Needed)
- 29 == VA Fraud, Waste, & Abuse ---- (Reported 16 thru 30 APR 2020)
- 32 == VA Manila OPC ---- (Special 27 APR Update Regarding COVID-19 in the Philippines)

**\* VETS \***

- 34 == Medically Discharged Vets ---- (Support H.R.5995 - Major Richard Star Act)
- 34 == GI Bill [307] ---- (VA/Student COVID-19 Mail Policy)
- 35 == GI Bill [308] ---- (Mobilization Impact)
- 36 == GI Bill [309] ---- (CORVID-19 Work Study Payment Legislation Passed)
- 37 == Student Vets [01] ---- (Unemployment Compensation Eligibility)
- 38 == VFW Unmet Needs Program [01] ---- (Offers Grants Up to \$1,500 to Eligible Veterans)
- 40 == Coronavirus SITREP 9 ---- (8 Ways Veterans Are Particularly at Risk from the Pandemic)
- 41 == USPS Mail Delivery [03] ---- (Loss Impact on Vets, Seniors & Business)
- 43 == Vet Geezer Comments ---- (The Grey-Haired Brigade is Here)
- 44 == WWII Vets 224 ---- (Al Ungerleider | Three War Patriot)
- 46 == WWII Vets 225 ---- (Daniel Inouye | Nisei Distinguished Service Cross Awardee=)
- 47 == Military Retirees & Veterans Events Schedule ---- (As of 30 APR 2020)
- 48 == Vet Hiring Fairs ---- (Scheduled as of 30 APR 2020)
- 49 == State Veteran's Benefits ---- (Arkansas 2020)

**\* VET LEGISLATION \***

- 49 == Gold Star Families [03] ---- (H.R.6412 | Commissary and Recreation Facilities Access)
- 50 == Medicare Vaccinations [01] ---- (H.R.5076/S.1872 | Protecting Seniors through Immunization Act)

**\* MILITARY\***

- 51 == Military Leave Policy ---- (COVID-19 Adjustment)
- 52 == Military ID Card Requests [01] ---- (Pandemic Temporary Policy Change)
- 53 == USS Decatur (DDG-73) ---- (CO Relieved of Command)
- 54 == USS Theodore Roosevelt [03] ---- (Navy Leaders Recommend Commander's Reinstatement)
- 55 == USMC Recruitment [04] ---- (Boot Camp Arrivals Undergo 14-day Quarantine before Training)
- 56 == USS Vermont (SSN-792) ---- (Virginia-Class Fast-Attack Submarine Put In Service)
- 57 == USS Zumwalt [11] ---- (Navy Finally Accepts Delivery)
- 58 == Navy Deployments [03] ---- (Harry S. Truman Carrier Strike Group to Remain at Sea)
- 59 == Navy Force Structure ---- (DoD Study Calls for Cutting Current Size)
- 60 == U.S. Space Force [18] ---- (Applications Open to Anyone in the Defense Department until 1 MAY)
- 61 == Navy Terminology, Jargon & Slang ---- ('Horse-cock' thru 'Hydraulic Sandwich')

**\* MILITARY HISTORY \***

- 62 == WWII Doolittle Raid [01] ---- (Buoyed American Spirits 78 Years Ago)

- 63 == WWII Last Airborne Deployment ---- (Operation Varsity)
- 64 == WWII Bomber Nose Art [53] ---- (Georgie's Gal)
- 64 == Military History Anniversaries ---- (01 thru 15 MAY)
- 65 == Medal of Honor Citations ---- (Harold A. Furlong | WWI)

**\* HEALTH CARE \***

- 66 == TRICARE Prime [42] ---- (36,000 Enrollees to Get Refunds)
- 66 == TRICARE Factual Appeal ---- (Use if You Disagree With your Payment Amount)
- 67 == Health Information Exchange ---- (Health Data Sharing HIE Capability Launched)
- 68 == Cleaner Combination No Nos ---- (Take Care You Don't Get Hurt)
- 69 == Depression [08] ---- (Spravato Available to Tricare Beneficiaries by 18 MAY)
- 70 == Medical Supplies ---- (Legislation Needed to Lower U.S. Dependence on China)
- 71 == Thyroid Disease [03] ---- (60% of People With it don't Know They Have It)
- 72 == Dust Mite Allergy ---- (Triggered by Mite Feces (Poop))
- 73 == Hay Fever ---- (Do Not Confuse w/COVID-19 Symptoms)
- 75 == Prescription Drug Costs [51] ---- (Congress Unlikely to Act Until COVID-19 Vaccine Developed)
- 76 == Prescription Drug Costs [52] ---- (Drugmaker Tripled Pill Price as It Pursued COVID-19 Use)
- 76 == Canada/Mexico Prescription Drugs [03] ---- (FDA Seizures Impact Seniors during Pandemic)
- 77 == Coronavirus [26] ---- (How to Sanitize Your Cellphone)
- 78 == Coronavirus [27] ---- (DIY Disinfectants)
- 80 == Coronavirus [28] ---- (Proning Made Easy at Keesler Air Force Base)
- 81 == Coronavirus [29] ---- (CDC Symptom List Updated)
- 82 == Coronavirus [30] ---- (Home Caregiver CDC Guidelines)
- 85 == Coronavirus [31] ---- (Pet Owner Guidelines)

**\* FINANCES \***

- 87 == IRS 2020 Filing Season ---- (10 Ways Your Taxes Will Change in 2021)
- 89 == Social Security Q&A ---- (200415 thru 200430)
- 90 == FICO Credit Score [15] ---- (Car Repossession Impact)
- 90 == Coronavirus SITREP 8 ---- (Banks Offering Help During the Pandemic)
- 91 == Coronavirus SITREP 10 ---- (Vet Stimulus Checks)
- 92 == Federal Reserve [04] ---- (Open Market Operations)
- 94 == Coronavirus Financial Planning [06] ---- (Homeowner & Renter Eviction Protections)
- 97 == Coronavirus Financial Planning [07] ---- (SSI/VA Compensation & Pension Recipient Stimulus Checks)
- 97 == Census Scams ---- (Waiting for Your Stimulus Payment? Watch for This)
- 98 == State Tax Burden for Arizona Retired Vets ---- (As of APR 2020)

**\* GENERAL INTEREST \***

- 100 == Notes of Interest ---- (16 thru 30 April 2020)
- 102 == U.S. Embassy Manila ---- (Health Alert 30 April – Stranded U.S. Citizens)
- 103 == Iran Tensions [10] ---- (Renewed Threats over U.S. Persian Gulf Presence)
- 104 == Iran Space Program [02] ---- (More U.S. Concern over Rocket than New Satellite)
- 105 == Excise Taxes ---- (Can States Close Pandemic Budget Deficits with Hikes?)
- 106 == USPS Mail Delivery [02] ---- (COVID-19 Putting it in Jeopardy)
- 107 == Lost Property ---- (Where to Look for It)
- 108 == Online Shopping [03] ---- (Amazon Discouraging Non-Essential Purchases)
- 109 == Beans ---- (The Perfect Pandemic Food)

110 == Energy Bills ---- (Mistakes That Send Them Soaring)

112 == Have You Heard? ---- (Words | Retirement Destination Guide | Muslim Terrorists Suicides)

#### **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](mailto:raoemo@sbcglobal.net).

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

#### **\* ATTACHMENTS \***

Attachment – Arkansas Vet State Benefits

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

Attachment – Excise Tax Hikes

#### **\* DoD \***



## **DOD Travel**

### **Ban Extended to 30 JUN**

The military-wide travel ban has been extended to June 30 in a continued effort to help stop the spread of the coronavirus, Defense Under Secretary for Personnel and Readiness Matthew Donovan told reporters 18 APR. The decision was made by Defense Secretary Mark Esper and Joint Chiefs Chairman Army Gen. Mark Milley “after careful consideration and assessment,” said Donovan, who would not rule out an extension beyond that date. “Never say never,” he said when asked if the ban could extend beyond June 30. He added that the decisions will be reviewed every 15 days and could even result in the travel ban being lifted earlier. And it is possible, he said, that those who do move could be placed in 14-day quarantines. Many decisions like that will be pushed down to installation commanders, said Donovan, because they best know the coronavirus situation in their localities. Also, host nation restrictions will come into play as well, he said.

The move comes as upwards of 100,000 troops, along with families, are gearing up for the annual permanent change of station (PCS) season. Leaders “understand the travel restrictions impact service members, civilians and families,” said Donovan, and wanted to give “sufficient time to plan and make personal and work adjustments and plan for changes this will bring.” Donovan, however, was short on details, saying guidance won’t be issued until after Esper signs the documents, which most likely won’t happen until Monday, when the new order goes into effect. While the travel ban has halted deployments, permanent change-of-station moves, training and temporary duty for schooling, officials have stressed it has been necessary to stop the spread of coronavirus throughout the force and throughout the communities with which troops interact.

That has included canceled deployments, extended deployments and hundreds of families stuck in limbo as they prepared to move duty stations — sometimes having sent their families and household goods ahead, then spending the last month on their own without their belongings. There are exceptions written into the policy, including for hardships, such as a family member with special needs, at the discretion of local commanders. While offering few specific details, Donovan told reporters that the exemptions will be “a little more liberal” in how they will be granted.

The exemptions “will be a little looser,” he said. “We know more about COVID-19 and we can get projections on hotspots and more information from nations on where troops are moving too.”

As for troops already in Afghanistan, Donovan deferred to U.S. Central Command. When it comes to PCS moves, those decisions will be made on a case-by-case basis, said Donovan. “In a normal year, U.S. Transportation Command moves around 400,000 people between locations,” he said. “Because we PCS individuals and families, it is on a case-by-case basis.” Some PCS moves will take priority over others, said Donovan, without offering specifics. He added that the services are “queued up and ready” to make those decisions. The initial ban came down 12 MAR and was initially to last until 12 MAY, and the Pentagon has been reviewing the environment every 15 days.

The Defense Department has set a goal to be analyzing 60,000 coronavirus tests a day in June, senior leaders announced this week, in an effort to get a better grip on how many troops have been infected and to make informed decisions about bringing back travel, training and other key operations that have been throttled during the pandemic. After weeks of sticking to testing only symptomatic service members, DoD is working toward a more thorough, but targeted, approach, Air Force Gen. John Hyten, vice chairman of the Joint Chiefs of Staff, told reporters Friday. “From a military perspective, we have to figure out how to use testing in ways to validate the readiness of our force to deploy, the readiness of a ship to go out, and so testing is going to become a critical part of that,” he said, as the department reevaluates its March travel ban and considers, alongside state and local governments, rolling back any shelter-in-place policies.

As of 21 APR, nearly 3,500 service members have contracted coronavirus, as well as about 2,000 more dependents, civilians and contractors. A total of 22 have died, including New Jersey Army National Guard Capt. Douglas Linn Hickok, 57, and CVN-71’s Aviation Ordnanceman Chief Petty Officer Charles Robert Thacker Jr., 41. [Source: MilitaryTimes | Howard Altman & Meghann Myers | April 18, 2020 ++]

\*\*\*\*\*

## **DOD COVID-19 Procurements**

### **N95 Mask Disinfecting Machines**

The Pentagon has placed a \$415 million order for 60 machines that can disinfect N95 masks, which will allow doctors, nurses, and others treating coronavirus patients to reuse the scarce gear up to 20 times. Each Battelle-made decontamination unit can clean up to 80,000 masks per day, U.S. Air Force Lt. Col. Mike Andrews, a Pentagon spokesman, said in a Monday evening statement. Collectively, the 60 machines will be able to sterilize up to 4.8 million masks per day and almost 34 million per week. Health and Human Services and FEMA will decide where each machine will be installed, Andrews said. “All 60 systems will be available by early May for prioritization and distribution by FEMA and HHS,” he said.

Mask decontamination units are already being used in New York, Ohio, Massachusetts, Illinois, and Washington state. The \$415 million deal announced on 13 APR also includes the cost of contractors running and maintaining each unit. The machines use “concentrated vapor phase hydrogen peroxide” to do their work, according to a description on the Battelle website. “The respirators are exposed at the validated concentration level to decontaminate biological contaminants, including the SARS-CoV-2. Battelle CCDS can decontaminate the same respirator multiple times without degrading N95 respirator performance.”

Ordering the machines is the latest Pentagon attempt to increase the number of N95 masks. On 11 APR, the Pentagon said it used the Defense Production Act to increase domestic production of the masks. “The \$133 million project will use these authorities to increase domestic production capacity of N95 masks to over 39 million in the next 90 days,” Andrews said in a statement. “The increased production will ensure the U.S. government gets dedicated long term industrial capacity to meet the needs of the nation.” More details — including the companies manufacturing the masks — are expected in the coming days. [Source: Defense One | Marcus Weisgerber | April 13, 2020 ++]

\*\*\*\*\*

## DOD Global Operations

### Military Ops Continue Even as It Battles COVID-19



On 14 APR Defense Secretary Dr. Mark T. Esper said that even as the Defense Department supports the whole-of-government response to the COVID-19 pandemic, it continues its vital national security missions. Esper and Army Gen. Mark A. Milley, chairman of the Joint Chiefs of Staff, held a Pentagon news conference on DOD's support for the nation's COVID-19 response. Esper also gave examples of some of the security missions DOD has undertaken, including:

- Conducting counterterrorism missions in Africa, the Middle East and Afghanistan;
- Conducting freedom of navigation operations around the world;
- Monitoring North Korean weapons tests;
- Improving the U.S. defensive posture in Iraq;
- A small vehicle loads a pallet onto a helicopter.
- Escorting Russian bombers out of U.S. airspace;
- Deterring Iran's aggressive behavior;
- Working with Afghan security forces and Operation Resolute Support partners in Afghanistan;
- Two jets fly in a blue sky.
- Continuing enhanced counternarcotics operations in the U.S. Southern Command area of responsibility;
- Working with NATO allies in Europe; and
- Soldier lies on the dirt to set up a claymore mine.
- Continuing to defend U.S. interests in space.

And last month, the Space Force launched its first satellite into orbit, Esper noted. Regarding North Korean weapons tests, Milley said the intelligence analysis of their recent missile launches would take a few days, but the tests were short-range and not particularly provocative or threatening. Regarding COVID-19, Milley said there are going to be a lot of lessons learned, and a comprehensive after-action review will follow. It won't be business as usual after the pandemic, the chairman said.

"There are countries out there in states that are very fragile that are in various states of civil war and have violence internal to their societies," he said. "There's significant stress as a result of the COVID-19 virus on the internal politics of other countries. There's a significant stress on their economies, on resources. There's risk of instability, So, no, it's not going to be business as usual. We've got to take a hard look at how we, the Department of Defense, conduct operations in the future." Go to <https://www.defense.gov/Explore/News/Article/Article/2150118/dod-continues-global-military-operations-even-as-it-battles-covid-19/source/GovDelivery> to view their 50 min news conference on the current operational situation. [Source: DOD News | David Vergun | April 14, 2020 ++]

\*\*\*\*\*

## DOD Global Operations

### Update 01: Military Sees No Quick Exit from 'New World' of COVID-19

The U.S. military is bracing for a months-long struggle against the coronavirus, looking for novel ways to maintain a defensive crouch that sustains troops' health without breaking their morale — while still protecting the nation. Unlike talk in the Trump administration of possibly reopening the country as early as May, military leaders are suggesting that this summer may be the best-case scenario of tiptoeing toward a return to normal activities. Even that is uncertain, and for now the focus is on adjusting as the pandemic's threat evolves. “We are going to need to change and adapt, because even over the coming months the virus isn't going to go away. We're going to have to be able to operate in a COVID environment,” Deputy Defense Secretary David Norquist said recently, referring to the disease caused by the novel coronavirus.

Officials have frozen most forces in place overseas, stopped troops and their families from moving to new assignments, and cut back access to the Pentagon. The military services have halted or restricted recruit training, canceled major exercises, and isolated troops in the most sensitive units. The new Space Force has delayed a satellite launch, and the Navy this week postponed the return of the USS Harry S. Truman, keeping the aircraft carrier at sea to shield its crew from virus exposure at home. These steps to protect the force have parallels in civilian society, but a far-flung military can't function by staying at home. “This will be a new way of doing business that we have to focus in on,” says Air Force Gen. John Hyten, vice chairman of the Joint Chiefs of Staff. “We're adjusting to that new world as we speak today.”

The notion of “normal” in the military may never be the same. “We've all deployed and fought enemies abroad, however, today's enemy is here in our communities,” said Lt. Gen. Brad Webb, commander of the Air Force's training and education command. “We don't know what 'new normal' will look like until we get to the other side.” Defense Secretary Mark Esper has been consistent in saying it will take time to determine when to begin lifting restrictions on the military, and he has faced little public pressure — from military families or the White House — to rush things. In civilian society, there is an open split between those like President Donald Trump who want the country reopened soon to mitigate economic damage and those, including many state governors, who fear reopening prematurely will undermine progress against the virus.

Gen. Mark Milley, chairman of the Joint Chiefs of Staff, said the pandemic has spread so far and wide, potentially creating instability in some countries, that the U.S. military cannot return to business as usual. “We have got to take a hard look at how we as a military, we as a Department of Defense, conduct operations in the future,” he said. In a further sign of uncertainty, Esper said 14 APR that he will extend a “stop movement” order halting what are called permanent change-of-station moves by troops and their families. He did not say how long he will extend the order, aimed at protecting troops and originally set to expire 11 MAY. If it continues into the summer, military members with children could face serious hardship, since they need time to settle and enroll their children in new schools.

Coronavirus has been less deadly in the military than in the rest of American society, but the number of confirmed cases is still rising. As of 21 APR the total exceeded 3,496, up from 1,521 on 7 APR. Two troops have died of the disease — a National Guard member in March and a Navy sailor on 3 APR. Even after the number of the military's coronavirus cases crests, a degree of uncertainty about restoring normalcy will linger. The Navy's top doctor, Rear Adm. Bruce Gillingham, says the virus wields a “secret power” that the military must take into account as it adjusts in the weeks and months ahead. “What we've learned, certainly in the Navy with regard to COVID-19, (is) that stealth, in the form of asymptomatic transmission, is this adversary's secret power,” he told reporters. “And so we recognize that despite really our best efforts, we're going to have to learn how to operate with the virus.”

Webb, the Air Force training commander, said his service is doing about 99% of its recruiting online rather than with traditional in-person pitches. And while the way ahead isn't clear, he said, “I think we have the opportunity now to never go back to old ways.” For the Army, a major priority is keeping combat brigades healthy but also ready for

war. Prior to the coronavirus crisis, more than half of the brigades were at high readiness levels, but in the past month training has significantly slowed down.

"We're in good shape but you've got to be able to turn it back on," said Army Secretary Ryan McCarthy. He says that increased coronavirus testing capabilities will allow the Army to test units and then send them out for large battalion and company-sized exercises where they can remain in a bubble. "We're going to have to do that, and that's where you're going to have to manage the risk until there's a vaccine," he said. "We're preparing ourselves to do just that." Even as they take precautions, defense officials are eager to bat down any idea that they are so focused on protecting troops' health that the force has been weakened or is unable to fight if needed. "I don't want anyone out there in the world to think that somehow the U.S. military's readiness is significantly degraded. It is not," Milley said last week. [Source: The Associated Press | Robert Burns | April 15, 2020 ++]

\*\*\*\*\*

## Military Bands

### Update 02: Online Performance Offerings



Military bands offer free online performances during the COVID-19 pandemic, which can help Veterans through this difficult time. "Music therapy is the evidence-based use of music for a therapeutic purpose," said Alison Whitehead, acting director for the Integrative Health Coordinating Center in the VHA Office of Patient Centered Care and Cultural Transformation. "It can help promote relaxation, reduce depression and anxiety, and even help with pain management." Whether it's a Sousa march or Star Wars theme music, each of the five military bands has performances both live and taped.

#### Army Band "Pershing's Own"

The Army Band aims to bring people together virtually through United We Stand | Music to Connect Us. The band offers performances Tuesdays, Thursdays and Fridays on their website at <https://www.usarmyband.com/watch-listen/live-webcasts.html>. There's a harp and violin concert April 30 at 7 p.m. Eastern and a trombone performance called "From Bach to Breakfast" at 4 p.m. Eastern May 1. The live performances are at [https://www.facebook.com/usarmyband/live\\_videos](https://www.facebook.com/usarmyband/live_videos). Swamp Romp and members of The United States Army Band Downrange recently played a tribute to American singer-songwriter and musician Bill Withers, a Navy Veteran.

#### Marine Band "The President's Own"

Founded in 1798 by an Act of Congress, the Marine Band is America's oldest continuously active professional musical organization. The Marine Band offers at home performances and instruction on their Facebook page at <https://www.facebook.com/marineband>. "The Commandant's Own," The United States Marine Drum & Bugle Corps, created a first ever mass online collaboration, the "Digital Drumline Project." The end of the video shows 900+ videos of drummers playing in unison from all over the world.

#### Navy Band

A 2019 recipient of the National Medal of Arts, the Navy Band has online watch parties on their Facebook page at <https://www.facebook.com/watch/usnavyband>. The band offers a mix of their favorite past performances and new works, including #ReachOutWednesday. The videos encourage people to pick up the phone, call someone, and brighten their day. The Country Current bluegrass ensemble recently played "Cherokee Shuffle" to brighten the spirits of viewers.

### **Air Force Band**

In a tribute to first responders, nurses, doctors, and everyone serving communities during the pandemic, the Air Force Band created a virtual performance of “God Bless America.” The Air Force Band also started a Duet Initiative, where band members play alongside children from across the country. In the most recent post, a fourth grade clarinet player named Lily from Torrington, Conn., joined Master Sgt. Laura Shoun from the Air Force Concert Band. They played “America the Beautiful.” At <https://www.facebook.com/pg/USAFBand/posts> they offer performances on their Facebook page.

### **Coast Guard Band**

The Coast Guard Band offers a livestream rebroadcast of “May the Fourth Be With You,” in honor of Star Wars day. The concert will include the main title from Star Wars and Imperial March by Air Force Veteran John Williams. The band will also play Americans We by Henry Fillmore, Legacy (oboe concerto) by Oscar Navarro, El Camino Real by Alfred Reed and the Armed Forces Medley. The event is 7 p.m. May 4 on their Facebook page at <https://www.facebook.com/uscoastguardband>. They recently played a virtual concert of Mozart’s Andante from Serenade for Winds. At [https://www.facebook.com/pg/uscoastguardband/videos/?ref=page\\_internal](https://www.facebook.com/pg/uscoastguardband/videos/?ref=page_internal) the band has past performance videos

### **Music therapy and VA**

In addition to military bands, at [https://www.youtube.com/watch?v=2\\_1wjkSq5Ps&feature=youtu.be](https://www.youtube.com/watch?v=2_1wjkSq5Ps&feature=youtu.be) the VA offered this 17-minute and 30-second virtual Music and Movement Group from the VA Central Iowa Health Care System available

[Source: Vantage Point | Adam Stump | April 29, 2020 ++]

\*\*\*\*\*

## **Military Coronavirus Impact**

### **Update 02: Infection Stats as of 21 APR**

As the Defense Department’s COVID-19 cases continue to rise, so too have the numbers of service members making a recovery. Per DoD’s latest data, 990 troops are considered recovered, out of 3,496 reported cases since the first soldier tested positive in South Korea in late February. Numbers for both populations could be much higher, however, as the military grapples with estimated rates of asymptomatic infection. Testing the entire crew of the aircraft carrier Theodore Roosevelt revealed that more than half of the coronavirus-positive sailors didn’t feel sick at all, forcing DoD to get serious about testing more than just those who feel unwell. “Again, it’s only 5,000 people, but it is 5,000 people of a certain demographic,” Air Force Gen. John Hyten, the vice chairman of the Joint Chiefs of Staff, told reporters Friday. “And that’s a very important data point to understand, because that is our data point as a military.”

The infection rate among troops now stands at 1,664-per-million, or 0.16 percent. In the U.S. population, those numbers are 2,283-per-million, or 0.22 percent. But the military’s generally young and healthy demographics put its death rate so low that it’s barely above zero statistically, while the U.S. rate has climbed to 5 percent. For DoD overall, which also tracks civilians, dependents and contractors, the 22 COVID-19 fatalities means the death rate is 0.4 percent. New diagnoses have slowed in the past two days, down to 79 on 19 APR and 88 on 22 APR compared to hundreds a day throughout the most of the month of April.

- As of 21 APR there have been 5,575 cases overall, with 245 hospitalizations and 1,483 recoveries to date.
- Of 22 deaths, two have been service members, 10 civilians, three dependents and seven contractors.
- Cases among troops rose less than 2 percent from Monday to Tuesday, from 3,438 to 3,496. So far, 79 have been hospitalized and 990 have recovered.

- With 95-percent of TR sailors tested, the Navy’s total cases sit at 1,252, with more than 700 assigned to the carrier. The Army reported 841 cases, followed by the Air Force at 338, the Marine Corps at 253 and the National Guard at 682.
- The civilian cases rose 8 percent, from 837 to 902, with 76 hospitalized and 212 recovered.
- So far, 757 dependents have contracted coronavirus, up 8 percent since Monday, from 702 to 757, with 32 hospitalized and 201 recovered.
- And among contractors, cases are at 420, with the biggest jump so far this week: 72 new cases since Monday, or a 23-percent jump, while 58 have been hospitalized and 80 have recovered.

[Source: MilitaryTimes | Meghann Myers | April 21, 2020 ++]

\*\*\*\*\*

## **Servicemembers Civil Relief Act**

### **Protects Military As COVID-19 Crisis Continues**

Active-duty service members and members of the National Guard and Reserve have stepped up to shoulder the demands of the COVID-19 pandemic. They should not be burdened with additional financial worries, and help is available, tailored to their needs. The Justice Department's Civil Rights Division was created in 1957 by the enactment of the Civil Rights Act of 1957. The act works to uphold the civil and constitutional rights of all Americans, particularly some of the most vulnerable members of society. As part of its work, the Civil Rights Division is tasked with enforcing the **Servicemembers Civil Relief Act**, which was enacted in 2003. The SCRA is a federal law designed to ease financial burdens on service members during periods of military service.

All active duty military members are covered by the act, including those in the Coast Guard, reserves and National Guard. Commissioned officers in active service of the Public Health Service and the National Oceanic and Atmospheric Administration are also covered. The act also provides certain benefits and protections to the families of those on active duty, though Guard and Reserve members not on active duty are not covered. The act covers issues such as rental agreements, security deposits, prepaid rent, evictions, installment contracts, credit card interest rates, mortgage interest rates, mortgage foreclosures, civil judicial proceedings, automobile leases, life insurance, health insurance and income tax payments.

Under the SCRA, the attorney general is authorized to file a federal lawsuit against any person or entity that engages in a pattern or practice of violating this law. When a lawsuit is filed under the SCRA, the attorney general has the authority to seek monetary damages on behalf of individual service members and has the authority to seek civil penalties, as well as different types of remedies or reliefs. Service members and their families could become locked into an untenable lease agreement due to a COVID-19 stop-movement order. For example, they might have entered a new lease agreement prior to a permanent-change-of-station move. When the stop-movement order canceled their move, they may now be forced to pay two rents. Under SCRA, service members caught in such a bind can get their second lease terminated.

Additionally, SCRA allows individuals to break a lease when they go onto active duty, if the lease was entered into before going onto active duty. Also, the act allows a service member to terminate a residential lease entered into while in the military, if the member received orders to move to a new assignment or to deploy for a period of at least 90 days. A service member may seek protection from eviction of rented or leased property under SCRA. The service member or family member who has received notice of an eviction would need to submit a request to the court for protection under the SCRA. If the court finds that the service member's military duties have materially affected the family's ability to pay rent in a timely manner, the judge may order a stay, or postponement, of the eviction proceeding for up to three months or make any other just and reasonable order.

Military members may also terminate automobile leases in certain circumstances. Just as residential leases, if a service member enters into an automobile lease before going on active duty, the member may request termination of

the lease upon entering active duty. However, for this to apply, the active duty must be for at least 180 continuous days. If a military obligation has affected a service member's ability to pay on financial obligations such as credit cards, loans, mortgages and so on, the service member can have the interest rate capped at 6% for the duration of the military obligation. However, the 6% cap applies only to loans entered into prior to active duty, not those signed later.

"Since COVID-19 has come to our shores, active-duty service members and members of the National Guard and Reserve have shouldered new burdens as they work to protect our country," Eric S. Dreiband, the assistant attorney general with the Civil Rights Division, said in a news release. "We owe it to them to ensure that COVID-19 does not jeopardize their economic livelihood." [Source: DOD News | David Vergun | April 15, 2020 ++]

\*\*\*\*\*

## **DoD Fraud, Waste, & Abuse**

### **Reported 16 thru 30 APR 2020**

**Afghanistan** -- The Pentagon has followed less than half of recent recommendations made by the Special Inspector General for Afghanistan Reconstruction, a report by the watchdog group released 16 APR said. SIGAR has issued more than 200 recommendations since 2014 on how to improve oversight and prevent fraud, waste and abuse in Afghanistan, with the Pentagon implementing 84 of them, the report said. Some have languished for 20 months or more without being addressed, and others are so overdue that SIGAR has determined the Pentagon will never respond, the report said.

In one case, after finding that the Pentagon funded, trained and equipped Afghan military units linked to human rights violations and child sexual assault, SIGAR issued seven recommendations for how the military could avoid running afoul of the "Leahy Law," which bars assisting groups if credible evidence exists of gross human rights violations. The Pentagon did take action but as of January hadn't fully addressed the recommendations, including one requiring contractors to report human rights violations, the SIGAR report said. The Defense Department thoroughly reviews SIGAR recommendations, officials said. "In some cases, the Department does not concur or only partially concurs in SIGAR's prescribed solutions," said in a 7 APR DOD memo in response to the report. "In other cases, the Department takes action but does not always receive a response from SIGAR about whether the action taken was sufficient to close the recommendation."

Congress established SIGAR in 2008 to audit government projects, such as the Pentagon's efforts to develop the Afghan military. Federal law gives agencies like DOD one year after an audit to either submit a plan on how they're making fixes identified by an IG or state that they don't plan to do so. From 2009 to 2014, the Pentagon implemented more than 75% of SIGAR's recommendations, an earlier report said. Less than 40% have been adopted since 2014, the latest SIGAR report said. The Pentagon recently addressed 10 of its pending recommendations since SIGAR highlighted the disconnect, defense officials said in their response to the report. The Pentagon concurred with the latest report's recommendations calling for a top-level audit official to ensure timely responses to recommendations, and a new system that documents progress.

Military staff come and go from Afghanistan so frequently that people might not be familiar with what issues they need to address, defense officials said in the SIGAR report. Institutional inertia and an unwillingness to challenge allies and contractors may also be a factor in how the military reacts to some recommendations, said Andrew Watkins, a senior Afghanistan analyst at International Crisis Group, a nonprofit think tank based in Brussels. "For the Pentagon to follow a recommendation that a certain contractor be pressured to correct a payment scheme or address some oversight would essentially invite potential scandal, which the Pentagon is institutionally averse to," Watkins said. [Source: Stars & Stripes | J.P. Lawrence | April 16, 2020 ++]

\*\*\*\*\*

## Afghan Withdrawal

### Update 01: US Moves to Pull 1,000 Contractors

The U.S. has decided to withdraw nearly 1,000 U.S. citizen contractors from Afghanistan amid the growing novel coronavirus threat in a country ill-equipped to cope with the pandemic, according to a top Pentagon official. "We just issued a memo that directs contracting officers to support a U.S. Forces Afghanistan memo to redeploy at-risk contractor employees due to insufficient medical capability in-country," said Ellen Lord, the undersecretary of defense for acquisition and sustainment. "We project this number to be less than 1,000, but we are committed to taking care of them," she said at a Pentagon briefing Monday.

The nearly 1,000 to be withdrawn would come from the more than 10,500 U.S. citizens among the more than 26,000 Defense Department contractors in Afghanistan, according to a U.S. Central Command report in January. Lord gave no timeline for the withdrawal and did not say how many contractors had tested positive for coronavirus or shown symptoms, but the announcement follows the evacuation of three contractors from Afghanistan to Germany aboard an Air Force C-17 Globemaster III specially outfitted to isolate infectious patients. "This marks the first operational use of the system that was developed for the 2014 Ebola crisis, but was never used until now," Lord said. He said the evacuations are part of continuing efforts by the Pentagon's Joint Staff, U.S. Transportation Command and the Air Force "to ensure that we can safely transport COVID-19 patients from overseas locations to the United States." In addition, "We are absolutely committed to the safety of the air crew and medical support staff during these missions," Lord said.

In a phone briefing from Brussels on 16 APR, Air Force Gen. Tod Wolters, commander of NATO and U.S. European Command, said the C-17 with the three American contractors aboard landed at Ramstein Air Base, Germany, on April 10. "This was a first for our U.S. Department of Defense from Afghanistan to Europe," Wolters said. He did not give an update on the conditions of the three contractors, but said they were taken to Landstuhl Regional Medical Center for treatment. According to Lord, the C-17 carried a Transport Isolation System, or TIS, originally developed in 2014 to transport Ebola patients but never used. The TIS is a tent-like, infectious disease containment enclosure that allows patients to be treated aboard the aircraft while protecting aircrew members from exposure, according to Air Mobility Command (AMC).

Before the evacuations from Afghanistan were announced, the Air Force said in a release that AMC had developed a COVID-19 Patient Movement Plan. In coordination with U.S. Transportation Command, "we've produced a detailed plan that guides our crews on how to safely and effectively move ill patients to a location where they can receive greater care, all while providing protection for our aircrew, medical personnel and aircraft," Brig. Gen. Jimmy Canlas, 618th Air Operations Center commander, said in the Air Force release. As reported by Military.com last week, the Air Force and AMC are also testing methods for the possible transport of dozens of COVID patients at a time aboard aircraft without using the TIS isolation tents. The tests earlier in April by Air Mobility Command with researchers from the National Strategic Research Institute at the University of Nebraska and the Defense Advanced Research Projects Agency involved airflow experiments on six different aircraft. The goal was to analyze how air travels through a cargo hold using specialized, traceable droplets, said Maj. Dave Sustello, AMC's Test and Evaluation Squadron operations officer.

In its latest coronavirus report 21 APR, the DoD said there were a total of 5,575 confirmed cases among service members, civilians, dependents and contractors worldwide. The DoD does not give locations for the positive cases but said that 420 were among contractors, and 58 of them were hospitalized. The U.S. has not given an update on the number of coronavirus cases among U.S. and coalition troops in Afghanistan since 24 MAR, when the NATO Resolute Support mission said there were four cases, without stating whether they were among U.S. or coalition troops. Also on 24 MAR, Army Gen. Austin Scott Miller, commander of U.S. and NATO forces in Afghanistan, issued a plea by Twitter and by teleconference with Afghan officials to the Afghan people to stop fighting and turn to combating the coronavirus. "All sides need to reduce violence so we can stay focused on preventing the spread of this virus," Miller said.

According to the Johns Hopkins Coronavirus Resource Center, there were 1,092 confirmed cases of coronavirus in Afghanistan as of midday Tuesday and 36 deaths. Afghanistan's Health Ministry reported the same figures Tuesday, according to local Tolo News, but the spread of the disease was difficult to determine in a nation with a precarious health care system lacking in basic equipment for testing and treatment. There is no lab to analyze coronavirus tests for troops in Afghanistan, U.S. and NATO officials reported last month, resulting in the airlift of samples to a U.S. military testing facility in Germany for analysis.

Nearly three-quarters of veterans surveyed and almost 70 percent of troops' family members support a full withdrawal of U.S. troops from Afghanistan, according to a new poll from a conservative activist group released 22 APR. The results are an increase from identical questions in last year's poll by Concerned Veterans for America, which has close ties to the conservative Koch network and the Trump administration. For much of the last year, the group has been leading public efforts to convince lawmakers and the White House to severely curtail overseas military operations. 22 Apr 2020. The nationwide survey, conducted April 7 to 10, includes responses from about 700 military veterans and about 800 military family members. All were chosen randomly. More than 2,300 U.S. military personnel have been killed in Afghanistan since the start of the conflict there in 2001. [Source: Military.com | Richard Sisk | April 22, 2020 ++]

\*\*\*\*\*

## **POW/MIA Recoveries & Burials**

**Reported 16 thru 30 APR 2020 | Nine**

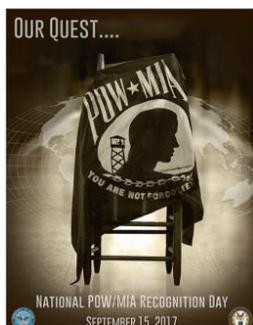
“Keeping the Promise“, “Fulfill their Trust” and “No one left behind” are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century as of FEB 2019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

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

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

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

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



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

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

### **LOOK FOR**

-- **Army Cpl. Charles E. Hiltibran**, 19, was a member of Headquarters Company, 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 near the Chosin Reservoir, North Korea. [Read about Hiltibran.](#)

-- **Army Cpl. Ralph S. Boughman**, 21, 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 near the Chosin Reservoir, North Korea. [Read about Boughman.](#)

-- **Army Pfc. Anthony F. Mendonca**, 28, was a member of Company A, 106th Infantry Regiment, 27th Infantry Division, when American forces participated in the battle for Saipan, part of a larger operation to secure the Mariana Islands. Mendonca was killed during fighting on June 28, 1944. His remains were reportedly not recovered. Interment services are pending. [Read about Mendonca.](#)

-- **Army Pfc. Bill F. Hobbs**, 20, was a member of Heavy Mortar Company, 31st Infantry Regiment, 7th Infantry Division. He was killed in action on November 30, 1950, when his unit was attacked by enemy forces near the Chosin Reservoir, North Korea. [Read about Hobbs.](#)

-- **Army Pfc. Louis N. Crosby**, 18, was a member of Company A, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 1, 1950, when his unit was attacked by enemy forces near the Chosin Reservoir, North Korea. [Read about Crosby.](#)

-- **Army Pvt. Wayne M. Evans**, 21, was a member of Battery G, 59th Coast Artillery Regiment, when Japanese forces invaded the Philippine Islands in December 1941. Intense fighting continued until the surrender of the Bataan peninsula on April 9, 1942, and of Corregidor Island on May 6, 1942. Interment services are pending. [Read about Evans.](#)

-- **Army Sgt. Billy V. Rodgers**, 19, was a member of Company A, 1st Battalion, 32nd Infantry Regiment, 31st Regimental Combat Team, 7th Infantry Division. He was reported missing in action on Dec. 2, 1950, when his unit was attacked by enemy forces near the Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Rodgers.](#)

-- **Army Sgt. Lloyd A. Alumbaugh**, 21, was a member of Ambulance Company, 7th Medical Battalion, 7th Infantry Division. He was reported missing in action on Nov. 28, 1950, when his unit was attacked by enemy forces near the Chosin Reservoir, North Korea. [Read about Alumbaugh.](#)

-- **Marine Corps Pvt. Jack R. Stambaugh**, 20, was a member of Company B, 1st Battalion, 6th Marine Regiment, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands, 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. Stambaugh died on the third day of battle, Nov. 22, 1943. He was reported to have been buried in Row D of the East Division Cemetery, later renamed Cemetery 33. Interment services are pending. [Read about Stambaugh.](#)

[Source: <http://www.dpaa.mil> | April 30, 2020 ++]



## Roll of Honor

### Memorializing COVID-19 Vet Victims



VA’s National Cemetery Administration (NCA) continues to honor Veterans during these challenging times. Due to the current public health crisis, Veterans are being interred without the customary committal services and funeral honors. While we will work with families to schedule committal services once the crisis passes, we want to honor and remember these Veterans now. This new webpage page [<https://www.blogs.va.gov/VAntage/roll-of-honor>] came about as a result of not being able to provide committal services due to the COVID-19 crisis. The site provides an opportunity to remember those Veterans interred during this crisis and reflects interments in our cemeteries starting on 13 APR.

Each day, NCA will add the names; branch of service and location of burial for each Veteran interred in a national cemetery on the previous day. We also invite you to visit NCA’s Veterans Legacy Memorial [<https://www.blogs.va.gov/VAntage/roll-of-honor>] an existing online memorialization of all Veterans interred in national cemeteries. If your Veteran was interred before 13 APR, they are commemorated in the [Veterans Legacy Memorial](#). In these challenging times, we are seeking to remember and celebrate these Veterans with all Americans in this new online space. We invite you to honor and remember the following Veterans for their service to this nation. [Source: Vantage Point | April 15, 2020 ++]

\*\*\*\*\*

## VA Whistleblowers

### Update 62: Federal Agencies Can Launch Retaliatory Investigations Court Rules

Federal agencies can launch retaliatory investigations against employees who blow the whistle on wrongdoing without violating anti-reprisal laws, a federal court has said in a precedent-setting ruling. While agencies cannot dock pay, deny promotions or engage in several other retaliatory personnel actions against whistleblowers, investigating a worker who has attempted to shed a light on inappropriate or illegal behavior is allowable, the U.S. Court of Appeals for the Federal Circuit said. Federal whistleblowers have long complained agencies seek to turn the tables on them in an effort to discredit their claims or remove them from their positions.

The case involved Leonard Sistik, who served as a director at a VA facility in Denver. Sistik made multiple disclosures to the VA inspector general protected under whistleblower law, raising concerns about agency spending

and “contractual anomalies.” In 2014, Sistek was interviewed by an Administrative Investigation Board examining inappropriate office relationships, during which he realized he was himself subject to an investigation. He notified the IG that he suspected this was in retaliation for his whistleblowing. Later that year, the board cited Sistek for failing to report that a colleague had an “inappropriate sexual relationship” with the colleague’s subordinate, and VA issued a letter of reprimand.

In early 2015, VA rescinded Sistek’s letter and struck it from his record. Later that year, the IG validated two of his claims of department wrongdoing. Sistek brought a case before the Merit Systems Protection Board, arguing that VA retaliated against him for blowing the whistle. An MSPB administrative judge, however, ruled in VA’s favor, leading him to appeal the decision in the federal circuit court. To qualify for relief under whistleblower law, employees must demonstrate their agency took a qualifying personnel action such as a denial of an appointment, a pay decision or another “significant change” in duties or working conditions. The MSPB judge ruled, and the appeals court subsequently affirmed, that “a retaliatory investigation, in and of itself, does not qualify as a personnel action eligible for corrective action” under the Whistleblower Protection Act. The court stated further that Congress “acted purposely in excluding retaliatory investigations” from prohibited behavior under the law.

VA was therefore well within its rights to launch an investigation into Sistek, even if it was in retaliation for his disclosures, the court found. Sistek argued the investigation and subsequent letter of reprimand created a hostile work environment, which amounted to a “significant change” in his working conditions. The court rejected that argument, saying under Sistek’s definition any investigation would create a hostile work environment. The court noted a retaliatory investigation into an employee who blew the whistle could be subject to additional relief if that employee can prove some other improper personnel action. [Source: Government Executive | April 13, 2020 ++]

\*\*\*\*\*

## **VA Coronavirus Preparations**

### **Update 02: VA Secretary Refuses to Share Documents that Detail PPE Supply**

After reassuring lawmakers for weeks that it has no shortage of personal protective equipment for its medical staff, DVA leaders are refusing to share documents with Congress that give an official count of its supply. The House Committee on Veterans’ Affairs has requested the documentation dozens of times since 23 MAR. Eight Democrats on the committee, including its chairman, Rep. Mark Takano (D-CA) wrote to the White House Task Coronavirus Task Force on 16 APR asking that it be shared immediately. “If VA does not provide our committees with timely information, we cannot adequately exercise our oversight responsibilities, nor can we work with VA to minimize the harm to our veterans caused by this pandemic,” the lawmakers wrote.

VA Secretary Robert Wilkie and Richard Stone, the executive in charge of the VA health care system, are holding weekly calls with lawmakers about the department’s pandemic response and sending daily briefings. Takano wrote that the information they’ve shared is insufficient and contrasts with news reports and what lawmakers are hearing directly from constituents who work at the department. Denise Bruno, an intensive care unit nurse who works at the Brooklyn VA Medical Center, told Stars and Stripes that her hospital is rationing masks. The Brooklyn VA has been on the front line of the pandemic. Out of the 482 VA patients nationwide who have died as of 29 APR from the virus, the Brooklyn VA has been one of the deadliest so far, with 32.

Internal VA emails have shown that some medical staff are conserving masks for up to one week, NPR reported. The Wall Street Journal obtained internal memos that revealed there were serious shortages of protective gear. “We have found that the information reported to the committees through VA’s daily and weekly briefings—especially with regard to availability of personal protective equipment—stands in stark contrast to what we have heard from VA employees and read in the media,” the lawmakers wrote.

The VA has remained insistent that it has enough personal protective equipment for all medical staff and is following guidelines from the Centers for Disease Control and Prevention. “All VA facilities are equipped with essential items and supplies to handle coronavirus cases, and all VA employees have the appropriate personal protective equipment, as per CDC guidelines,” Press Secretary Christina Noel said. “VA is monitoring the supply levels at every facility every day to make sure facilities have adequate PPE for the number and types of patients they are seeing. And if a facility were to fall below stock levels, the facility could be cross-leveled by another VA facility or region.”

As of 29 APR, 7,903 VA patients had tested positive for the coronavirus of which 482 have died. There were over 2,153 positive cases of the virus among workers at VA medical centers, and at least 20 employees had died. Six of those employees had jobs in which they directly cared for veteran patients, the VA said. The House Committee on Veterans’ Affairs has requested internal memos, policy guidance, emails and written instructions that the VA has sent to its medical facilities about the pandemic response and the agency’s supply of PPE. VA officials told the committee they approved of sharing the information, but that **it was being held up by the White House’s Office of Management and Budget.**

Takano argued that obtaining clearance from the OMB “has never been part of the VA’s past practices” for sharing information with Congress. “Your administration has hamstrung VA’s ability to ensure Congress is fully informed of the full extent to which it is prepared to care for veterans and fulfill VA’s fourth mission of augmenting the civilian health care system,” the lawmakers wrote to the coronavirus task force, which includes Vice President Mike Pence and Russell Vought, the acting director of the OMB. In addition to Takano, Reps. Julia Brownley (D-CA), Gil Cisneros (D-CA), Conor Lamb (D-PA), Mike Levin (D-CA), Chris Pappas (D-NH), Kathleen Rice (D-NY), and Lauren Underwood (D-IL) signed the letter. [Source: Stars & Stripes | Nikki Wentling | April 16, 2020 ++]

\*\*\*\*\*

## **VA Coronavirus Preparations**

### **Update 03: Timeline | How and What VA has Done to Keep Vets Safe**

The World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) a worldwide pandemic, 11 MAR, but the U.S. Department of Veterans Affairs (VA) was already preparing for this dangerous virus several weeks before. Since COVID-19 appeared in the U.S., VA has effectively managed its resources and has cared for more than 7,903 veterans diagnosed as of 29 APR with the virus, and dozens of non-Veteran patients as part of its “Fourth Mission” to serve as a backstop to America’s health care system. Here’s a look back at how VA prepared for this unprecedented event to protect Veterans and non-Veterans, and how VA continues to work to ensure the safety of millions of Veterans and their families.

**January 4, 2020:** The Office of Emergency Management notified Veterans Health Administration (VHA) senior leadership and began tracking a pneumonia of unknown origin with 40 cases surfacing in China.

**January 20:** The first U.S. COVID-19 case was confirmed in Washington state.

**January 21:** The next day, VHA activated the Emergency Management Coordination Cell (EMCC) to begin coordination of a nationwide response.

**January 22:** The EMCC held its first planning session and convened the High Consequence Infection workgroup, and launched several daily reporting procedures, including briefs to senior VHA leaders and guidance to all VHA field facilities providing up-to-date information on the virus.

**January 22:** VHA began developing procedures to establish home isolation/quarantine care to mitigate infection and developing training information for all VHA employees.

**January 27:** VA began daily continuous engagement with the Department of Health and Human Services (HHS) on the COVID-19 response and started internal assessment of personal protective equipment (PPE) supplies. VA started work with HHS on messaging about the supply chain and use of PPE.

**January 30:** The WHO declared a global public health emergency, and the Centers for Disease Control (CDC) confirmed the first case of person-to-person transmission in the United States (U.S.).

**January 31:** VHA's Office of Emergency Management assessed the status of PPE at each VHA medical center and found no shortages. Some equipment was found to have been sourced from China, and a plan was established to source additional PPE from other vendors if needed. VHA officials established a "burn rate" to estimate when PPE supplies might run short.

**January 31:** VHA directed all facilities to have staff telework or remain on leave for at least 14 days if they have visited or are returning from China. HHS declared COVID-19 a public health emergency in the U.S.

**February 5:** VHA released guidance urging all Veterans and staff to take everyday preventive actions to avoid infection, including washing hands and social distancing. Thorough guidance was released broadly to the public on these precautions and what Veterans should do if they have symptoms.

**February 8:** VHA developed a long-term sustainment plan in the event that several Veterans become ill or test positive.

**February 11:** VHA agreed to provide daily information to the CDC and HHS to ensure the federal government can monitor stresses that COVID-19 might place on the health care system.

**February 20:** VA expanded plans to use telehealth services to help patients during the outbreak.

**February 24:** The official count of U.S. citizens with confirmed cases of COVID-19 rose to 53.

**February 29:** Washington state reported its first COVID-19 death.

**March 2:** The Palo Alto VA Medical Center received the first Veteran patient who has tested positive for COVID-19, a passenger from the cruise ship Diamond Princess.

**March 10:** VA stopped allowing visitors to enter its 134 nursing homes and 24 major spinal cord injury and disorder centers. The CDC still considered COVID-19 to be a low threat to the U.S. in early March, but VA believed this step was needed to reduce the risk that these older and more vulnerable Veterans could be exposed to the virus.

**March 11:** The WHO declared COVID-19 a worldwide pandemic.

**March 16 week:** VA began deploying Mobile Vet Centers to help reach Veterans who needed counseling during the outbreak but were unable to visit a medical facility.

**March 19:** The Office of Personnel Management approved VA's request to make it easier to hire retired medical professionals. This approval gave VA the capacity to quickly expand the available number of health care workers as necessary, and VA moved quickly to start rehiring staff to ensure seamless operations during the outbreak.

**March 21:** President Trump signed legislation ensuring no reduction of VA education benefits under the GI Bill to Veteran students forced to take classes online because of the virus, so their education would not be disrupted.

**March 23:** As of this date, VA postponed committal services and the rendering of military funeral honors at all VA national cemeteries in order to help reduce the risks of contracting the virus. VA continued allowing immediate family members in groups of no more than 10 to witness interments.

**March 27:** VA released its full COVID-19 response plan, which among other things outlined the Department's plans to shift some outpatient care to telehealth and postpone elective surgeries. The plan also called for the creation of separate COVID-19 zones in each medical facility to keep Veterans and their families safe.

**March 29:** Pursuant to a FEMA mission assignment, VA opened 50 beds in New York City to non-Veterans to ease the pressure on local hospitals dealing with the outbreak, after determining that care to Veterans would not be disrupted.

**April 1:** VA opened 20 beds to non-Veterans in New Jersey to assist with COVID-19 patients in that state, pursuant to another FEMA mission assignment, after determining that care to Veterans would not be disrupted.

**April 2:** A VA facility in Bedford, Massachusetts cared for 10 State Veterans Home patients.

**April 3:** VA announces a suspension of the collection and other actions related to outstanding Veteran debts, so that Veterans can stay focused on their health and safety.

**April 5:** Pursuant to a FEMA mission assignment, VA opened 35 beds between the Ann Arbor and Detroit VA Medical Centers to non-Veteran critical and non-critical COVID-19 patients, after determining that care to Veterans would not be disrupted.

**April 5:** Pursuant to another FEMA mission assignment, VA loaned a mobile pharmacy trailer to the TCF Center in Detroit, Michigan, where the Army Corps of Engineers has set up a makeshift hospital for 1,000 beds. The State of Michigan will provide staff and supplies.

**April 7:** A VA facility in Providence, Rhode Island cared for 7 community nursing home patients. VA accepted mission assignments from FEMA to open beds in Albuquerque, New Mexico for non-Veteran patients, after determining that care to Veterans would not be disrupted.

**April 9:** VA's National Cemetery Administration launches a website listing all Veterans interred at a national cemetery each day. This Roll of Honor keeps all families informed about the status of their loved ones even if the Coronavirus has delayed committal services.

**April 10:** Edward Hines, Jr. VA Hospital, Illinois plus Marion and Jesse Brown VA Medical Centers in Illinois accepted mission assignments from FEMA to open beds for non-Veteran patients, after determining that care to Veterans would not be disrupted.

**April 12:** Overton Brooks VA Medical Center, Louisiana accepted mission assignments from FEMA to open beds for non-Veteran patients, after determining care to Veterans would not be disrupted.

**April 13:** Three VA clinicians in New Haven, Connecticut were placed on assignment to provide medical support to the homeless population at risk for COVID-19. VA releases data showing significant increases in virtual mental health care services provided to Veterans amid the pandemic. Mental health care delivered by phone increased 280 percent in March from the prior month, and telehealth group therapy teams conducted more than 2,700 visits, up more than 200 percent.

**April 17:** VA announces an arrangement to ensure all Veterans who receive VA compensation and pension payments automatically receive their Coronavirus stimulus payments even if they didn't file a tax return.

**April 20:** VA announces the acquisition of a community hospital in Texas that will be used to increase its capacity to care for patients with COVID-19. The 470,000 square foot facility will let VA provide 100 additional beds in the VA North Texas Health Care System.

[Source: VA News Release | April 20, 2020 ++]

\*\*\*\*\*

## **VA Coronavirus Preparations**

### **Update 04: VA Health Chief Acknowledges a Shortage of Protective Gear**

For weeks, nurses and other employees at Veterans Affairs hospitals have said they were working with inadequate protective gear. VA officials denied it. But in an interview, the physician in charge of the country's largest health-care system acknowledged the shortage — and said masks and other supplies are being diverted for the national stockpile. “I had 5 million masks incoming that disappeared,” said Richard Stone, executive in charge of the sprawling Veterans Health Administration. He acknowledged that he's been forced to move to “austerity levels” at some hospitals.

Stone said the Federal Emergency Management Agency directed vendors with equipment on order from VA to instead send it to FEMA to replenish the government's rapidly depleting emergency stockpile. FEMA has responded to President Trump's decision to invoke the Defense Production Act to boost supplies as governors have made frantic requests for masks, ventilators, medical gowns and other supplies, depleting the stockpile. VA's four-week supply of equipment — on the shelves of 170 medical centers and in an emergency cache normally used for hurricane responses — was almost gone, and employees have held protests to say they were not safe. The system was burning through about 200,000 masks in a day, Stone said. “The supply system was responding to FEMA,” said Stone, a former combat surgeon and former Army deputy surgeon general. “I couldn't tell you when my next delivery was coming in.”

But FEMA denies it rerouted any of VA's supplies. "FEMA does not, has not and will not divert orders of personal protective equipment from our federal, state and local partners, nor do we have the legal authority to do so," FEMA spokeswoman Lizzie Litzow said in a statement. "In support of the Department of Veterans Affairs and our nation's veterans, to date FEMA has coordinated shipments of more than 4.3 million respirators, 1 million facial/surgical masks, 1.5 million gloves and 14,000 face shields to VA facilities across the country."

The shortages, and the agency's claims that they did not exist, have been a low point in what observers say is an otherwise commendable response by VA to the pandemic. The health system, with fewer covid-19 patients than it expected, is now reaching out to assist veterans in troubled state facilities. "They have to manage hundreds of thousands of employees, and what's clear to me is that VA is not insulated" from resource shortages, said Rep. Mark Takano (D-CA), chairman of the House Veterans' Affairs Committee. "My frustration is I wanted to know their guidance to the field. We couldn't find out." After an appeal from Secretary Robert Wilkie to top FEMA officials, the emergency management agency provided VA with 500,000 masks this week, FEMA said in a statement. It did not address questions about the agency's diverted equipment orders. A similar shipment arrived last week, Stone said. It's allowed him to loosen the mask policy to provide employees working directly with covid-19 patients with one face mask a day.

Still, hospitals in the sprawling system have discretion to ration equipment if they are treating large numbers of covid-19 patients and face shortages. In a recent memo, a top health system official told regional directors they should plan for "scenarios that permit extended mask use, permit limited re-use, permit staff to bring in their own facemasks and N95 respirators, and allow decontamination of used N95 respirators." The American Federation of Government Employees, which represents hundreds of thousands of VA workers, says nurses are still struggling and are often given surgical masks and face shields instead of the N95 respirators that are more effective at limiting contagion. The Labor Department says it is investigating a union complaint at one hospital that employees suspected of contracting the virus were ordered to continue to report to work. On 23 APR, several Senate Democrats, describing a "broken federal procurement and distribution process," called on the Trump administration in a letter to Vice President Pence to get more supplies to VA hospitals.

Barbara Galle, an intensive care nurse at the Minneapolis VA hospital who is president of AFGE Local 3669, said staff caring for covid-19 patients still can only get an N95 mask if they are involved in a procedure that puts them at extra risk of breathing in virus droplets in the air, she said. Other hospital workers, including pharmacy technicians and cafeteria workers who deliver food to patients on covid wards, have been told to wear their masks for a week, she said. If the straps break, they must staple them back together. The hospital's prosthetics department just started producing 3-D-printed masks, she said — and its pharmacy is now making 3-ounce bottles of hand sanitizer for the medical staff. Her biggest frustration is that VA did not level with employees sooner. "Everyone functions at their best if they have knowledge of the situation and what's going on," Galle said.

VA serves a vulnerable veteran population dominated by older, Vietnam-era men with underlying health conditions. The system mobilized early in the crisis, restricting visitors to its nursing homes, screening veterans and others entering hospitals and turning its health-care system into a series of acute-care, covid-19 wards. Stone began a national effort to recruit nurses from schools and from the community of VA retirees to bulk up his medical staffs, some of which have long struggled with vacancies. The system created training videos to teach nurses assigned to non-emergency settings the skills they would need in intensive care units. He told hospital staffs that some of them would likely be asked to take temporary assignments at medical centers with a surge in coronavirus cases. The health system added 3,000 intensive care beds to augment its supply of 10,000. Wilkie told FEMA and the Department of Health and Human Services that he had 1,400 open beds to offer to treat civilians with the virus.

The system prepared for an onslaught to its emergency rooms as computer models suggested the virus could hospitalize as many as 200,000 of the 9 million veterans in VA's system. The numbers so far have fallen far short of that estimate. The number of VA patients with covid-19 hit 7,903 as of 29 APR, with 482 deaths. About 2,153 health-care workers have become sick with the virus, the agency said, with 20 deaths. Over 3,600 of the health-care staff are now quarantined after exposure. Stone said the system was able to start testing the staff for the coronavirus only in

recent weeks. While VA’s pandemic response plan predicts that as many as 40 percent of employees could be absent from work for illness or fear of the virus, the absentee rate across the health system has hovered at about 4 percent during the pandemic, Stone said, slightly below normal rates.



**VHA officials practice social distancing measures as they check in with officials around the country to track covid-19.**

On a recent day Stone and Wilkie sat side-by-side under fluorescent lights with a handful of colleagues as they prepared for a daily conference call with regional leaders in the hospital system. Most are veterans themselves. A panel of digital screens stretched along a wall in front of them, the coronavirus tracking tools anchoring what has become a 24-hour pandemic nerve center at VA’s headquarters in downtown Washington. The surveillance models superimposed the virus’ penetration across the country on the locations of VA hospitals, allowing officials to see what may lie ahead for veterans. Pink circles hovered over the current hot spots.

The models tracked available beds in each hospital, the median days veterans spend as inpatients, their ages. Bed occupancy overall was at 40 percent. One statistic stood out: Of all covid-19 fatalities in the U.S. so far, one out of five is a veteran over 70. Yet the system has not been overwhelmed. Wilkie, pointing to a map of the country, noted that a relative few veterans have been hospitalized in the Great Plains and the West. “We don’t have a lot going on west of the Mississippi,” he said. “We’re just not overwhelmed with patients. Could it come? Yes.” Wilkie told the staff he had some good news: The White House coronavirus task force was likely to recommend a resumption of elective surgeries where possible. Then came the first signs of what would turn out to be VA’s next mission. The regional leaders said they were starting to get frantic calls from the staff at many state-run nursing homes for veterans. The homes were desperate for help, as the virus was spreading through and killing dozens of veterans.

Before the pandemic, VA’s backup role to treat an overflow of nonveterans from private hospitals or other facilities was little known outside the veterans community. *It’s known as the Fourth Mission.* Few states had asked for the agency’s help, though, beyond a few hundred beds, most in the stricken New York and New Jersey area. The reasons are unclear. Health and Human Services, which is supposed to field requests for backup assistance, referred questions to FEMA. An agency spokeswoman referred questions to “individual states.” VA decided to reach out to other vulnerable veterans. In the last week, the health system has lent its support to the troubled state system of veterans homes. The homes are not run by the federal government, but VA gives them financial assistance — and has now offered to treat dozens of their patients in its hospitals.

About 50 veterans from homes in 11 states are now being treated for covid-19 at VA hospitals, officials said. About 90 nurses have deployed to two New Jersey homes with virulent outbreaks. The flexibility is made possible by a surge in hiring by VA, which was able to circumvent the government’s byzantine hiring rules during the emergency and bring on 3,200 new employees in the last month. Almost 1,000 are registered nurses. On 24 APR, the nurses union continued its protests over protective gear shortages, forming a picket line in front of hospitals in Florida and Georgia, two states whose governors have announced that they are reopening for business during the pandemic. [Source: The Washington Post | Lisa Rein | April 25, 2020 ++]

\*\*\*\*\*

## VA Employee Accountability

### Update 07: COVID-19 AWOL Post Exposure Work Policy

Employees at the Veterans Affairs Department are feeling pressured to return to work even after they've been exposed to the novel coronavirus—a new VA policy requires them to continue showing up, and threatens discipline along with the possibility of losing pay for those who stay home. The situation is creating a stressful environment in which VA workers worry their colleagues may be hiding symptoms while they have insufficient equipment to protect themselves and others from spreading the virus. Government Executive spoke to employees at more than a half-dozen facilities, all of whom said management was providing inconsistent guidance and creating unsafe working conditions.

As of 29 APR, 7,903 patients and 2,153 staff at VA facilities have tested positive for COVID-19; 482 patients and 20 staff have died from the disease. Until recently at some facilities, staff told Government Executive, some administrative staff were not even allowed to wear masks, either because there weren't enough to go around and they were being reserved for medical personnel with more sustained patient contact, or because supervisors were worried about alarming patients and visitors.

At some facilities, VA officials have instituted policies under which employees who worked with COVID-19 positive patients before their status was known—and therefore were not wearing the proper equipment—should continue to work until they develop symptoms, after which they could be tested for the virus. In some cases, those employees included nurses and doctors who subsequently tested positive for the virus but returned after seven days when their symptoms were no longer evident, employees said. One memorandum sent by a top official at a medical center in Indianapolis said VA facilities should consider enabling employees “who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted.”

Christina Noel, a VA spokeswoman, said the department was following Centers for Disease Control and Prevention guidance, as well as its own protocols, in allowing employees to continue working after exposure to the virus. Contradicting reports from employees, she said staff who test positive can only return to work after being asymptomatic for 10 days. Those who take time off to self-isolate after a potential exposure without experiencing symptoms risk being labeled “absent without leave,” according to employees at multiple facilities, a status that cuts off paychecks and negatively impacts future pay, promotion opportunities and performance metrics. Employees may take sick leave if they have it available, but supervisors have discretion to reject such requests.

Those with a positive test or a known exposure but who are asymptomatic are told to return to work and wear a mask. While VA has said it has sufficient personal protective equipment for its employees, the Veterans Health Administration sent out a department-wide memo last week notifying employees it had implemented “crisis capacity strategies for mask and N95 respirator conservation until supply chains are optimized.” At VA facilities across the country, employees working in areas thought to be less at risk for COVID-19 exposure, including nursing homes, spinal cord injury facilities and mental health wards, are receiving only one face mask per week. One employee working in a high-risk unit said she and her colleagues had to keep their masks “until they are falling from our faces.” “Care should be taken to not touch the outer surface of the mask when removing the mask from a paper storage bag when used,” the memo read.

The more sophisticated N95 masks that the Centers for Disease Control and Prevention has deemed most effective in protecting workers from the virus are rarely seen anywhere in a VA medical center or clinic, according to every employee with whom Government Executive spoke. Only those in intensive care units or emergency rooms receive them, the employees said. As recently as early March, supervisors at multiple VA facilities were instructing employees to remove masks as they were causing unnecessary alarm with patients. Employees at three facilities said workers were not wearing masks until last week. One nurse in Indianapolis said her surgical mask was “saturated” with sweat during her 12-hour shift, but she was denied a new one. How infected is a wet mask? she said. “There’s no barrier when it’s soaking wet.” Noel said VA “has not encountered any PPE shortages that have negatively impacted patient care or

employee safety.” She added on 16 APR the department shifted from “crisis” capacity posture for PPE use to “contingency.”

At a clinic in the Las Vegas area, an advanced medical support assistant whose job involves the administrative aspects of coordinating VA patient care, was directed by her personal physician to be tested for COVID-19 in March after she developed a sore throat and a fever of 102 degrees. She told her boss she would stay home until she received her test results and forwarded the doctor’s note instructing her to do so. At that time, it was taking up to two weeks to receive test results. Without being told, she was placed on AWOL status for nine of the 10 work days she missed.

The employee, a cancer survivor with a weakened respiratory system, had already exhausted all of her sick leave. Before she returned to work after testing negative for the virus, her doctor gave her an N95 mask from the doctor's own supply due to concerns about her vulnerability as a cancer survivor, but her supervisor at VA prohibited her from wearing any mask at all. Later, VA provided her one standard mask per week. She is now home again with pneumonia on unpaid status. The situation is straining her finances “beyond words,” she said. “It stresses me. I’m trying my best not to get that way because it’s exacerbating my illness. I’m not healing.”

Myoshi North is also an advanced medical support assistant, in Biloxi, Mississippi. Last month, she was assigned to screen patients coming into the medical center for coronavirus symptoms. Her requests for PPE were ignored, she said. North subsequently contracted the virus and upon receiving a positive test was forced to quarantine for 14 days. But when she received her next paycheck, North learned she had been placed in an unpaid status during part of her absence. North said her supervisor explained that she wasn't paid because she wasn't teleworking during that time—despite the fact that North has not been trained and lacks the equipment necessary to perform her job remotely, she said. “Now, not only do I have to worry about recovering from the COVID-19 virus, I have to struggle with my financial obligations as well,” North said.

VA headquarters has given its facilities broad discretion in how to charge leave to its employees, according to multiple individuals familiar with the plan, leading to inconsistent policies around the country. A nurse in Iowa who tested positive for the virus, for example, told Government Executive she was provided advanced sick leave to cover her time off. She now has negative-88 hours of leave accrued. Richard Stone, acting head of the VHA, issued a memo last month authorizing facilities to provide administrative leave to anyone forced to quarantine or otherwise unable to come into work due to the pandemic. Each facility has its own discretion to implement that order, however, anecdotal evidence suggests it is seldom being used. Noel said VA is encouraging employees to use sick leave if they are ill, but did not address questions about employees in AWOL status. [Source: Government Executive | Eric Katz | April 17, 2020 ++]

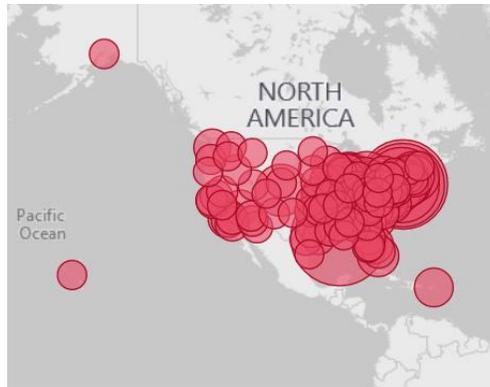
\*\*\*\*\*

## **VA COVID-19 Deaths**

### **Data on Vet Deaths Becoming Harder to Obtain**

As the number of veterans with the coronavirus climbed to 7,903 on 29APR, the Department of Veterans Affairs appears to no longer be providing what little information it previously released on veteran deaths. On 16 APR, VA launched an interactive map at <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary> showing the cases of veterans infected with the virus cared for by VA across the country, as well as the total number of deaths

Previously, each day on the department's website, VA listed the cases, how many were inpatient or quarantined at home and how many veterans had died at each of its hospitals nationwide. On 16 APR, that list was removed from the site. VA also included a daily list of veterans who had died of the virus, including their approximate ages and the VA hospital they were receiving care at when they died. On 16 APR, that information was also removed from the site and was not included in VA's new mapped data. The previous data helped show the approximate ages of veterans who had died of the virus so far -- most older than 60, with just one younger than 50 as of Wednesday.



Map users can still find how many veterans have died total, and a breakdown of deaths by individual location on the map, but they can no longer track where veterans have died without checking each individual location on the map and comparing the numbers against the previous day's total. The new map allows users to download spreadsheets with the data, but VA did not input any of the data using city, state or zip code information -- only latitude, longitude, official facility name and ID number -- making the information much more difficult to parse.

A VA employee told Connecting Vets that the department has access to the same mapping technology as states and Johns Hopkins University, which has been providing national data for weeks. But VA isn't using that technology, choosing to use Microsoft Power BI instead, a business analytics and data visualization tool. The employee spoke on condition of anonymity because they said they feared reprisal. "I'm sure this is all in an effort to make it very difficult for the public and media to accurately track what is going on with COVID-19 numbers," the employee told Connecting Vets. VA did not immediately respond to requests for comment on whether it planned to continue to provide that information, or where.

VA's new map showed a nearly 10-percent jump in both cases and deaths from 15 APR, though it's unclear if there really was that much of a one-day increase, or if it is related to the change in how VA is reporting its data. VA reported:

- 482 veteran deaths from COVID-19 as of 29 APR, up from 272 on 15 AP .
- 7,903 veterans who tested positive for the virus as of 29 APR, up from 4,468 on 15 APR.
- More than 78,00 COVID-19 tests administered nationwide as of 23 APR, up from 17,000 on 1 APR.

Meanwhile, VA is still not publicly providing the number of its staff who have the virus or the number who have died. That information has to be manually requested from VA officials daily. At last count 29 APR, more than 2,153 VA employees had tested positive and at least 20 had died of the virus. VA has a guide for veterans on coronavirus at <https://www.blogs.va.gov/VAntage/72072/coronavirus-be-informed-and-call-your-provider-if-symptoms-develop> which includes the request that veterans who believe they are ill should call their local VA before they show up to the hospital. [Source: ConnectingVets.com | Abbie Bennett | April 16, 2020 ++]

\*\*\*\*\*

## **VA Medical Marijuana**

### **Update 68: VA Verbal Recommendations Urged by MA Congressional Delegation**

Members of the Massachusetts congressional delegation have sent a letter urging the U.S. Department of Veterans Affairs to allow its staff to offer verbal recommendations to veterans on the use of medical marijuana during the COVID-19 pandemic. "As this global pandemic continues to adversely affect veterans' behavioral and physical health conditions, we believe that veterans who legally use cannabis in the Commonwealth to treat their ailments deserve to receive more robust assistance from qualified medical personnel at their local VA. Upon the end of this public health emergency, we also urge VA to consider making this directive the official policy of the Department going forward,"

reads the letter to VA Secretary Robert Wilkie, dated April 15. The letter is from Sens. Elizabeth Warren and Ed Markey and Reps. Katherine Clark, James McGovern, Seth Moulton, Ayanna Pressley and Joseph Kennedy III.

Medical marijuana dispensaries are considered essential business by Massachusetts Gov. Charlie Baker and have been allowed to operate during the pandemic. Recreational marijuana, however, was not considered essential by the governor, who has been sued by a group of adult-use stores seeking to reverse the decision. The current VA policy allows VA providers to discuss marijuana use with patients but also prohibits those providers from “recommending, making referrals to or completing paperwork for veteran participation in State marijuana programs,” the letter notes.

Veterans in Massachusetts and beyond have used marijuana to help treat post-traumatic stress disorder, anxiety, chronic pain and other conditions. Medical marijuana purchases and visits are not covered by VA health care or by private insurance. “While veterans are not supposed to be denied benefits only because they participate in a state-approved marijuana program, some veterans may be reluctant to seek medical marijuana, in part, because they are concerned that it could threaten their veteran status and their access to other federal benefits due to marijuana remaining prohibited under federal law,” reads a press release from Warren’s office.

Stephen Mandile, a veteran and marijuana advocate, sued Baker along with the group of recreational shops. That lawsuit argues many people, including veterans, have relied on the state’s recreational marijuana program to purchase medicine. Since adult-use sales were halted, the state Cannabis Control Commission has seen a spike in registrations for the medical program.

“For many veterans in Massachusetts, medical marijuana works in treating their health conditions, which can be exacerbated by the coronavirus pandemic. VA providers can at least ‘discuss’ marijuana use with veterans, and veterans are ‘encouraged’ by the VA to raise the topic as part of their overall care planning. Therefore, during this unprecedented public health emergency, VA should issue a directive explicitly authorizing its health care providers to make sensible, clinically sound verbal recommendations to veterans related to participation in state approved medical marijuana programs and services and to provide advice to veterans as they complete forms and other paperwork reflecting those recommendations,” the letter reads.

Clinicians who provide the assistance should be advised by the VA that they will not be subject to disciplinary action, the letter adds. “We also urge the VA to work with the Justice Department to formally advise VA providers who conduct these clinical activities that they will not face criminal prosecution under federal marijuana laws,” the letter continues. “By authorizing these tailored, temporary actions, the VA could help Massachusetts veterans who use, or are interested in using, medical marijuana receive more comprehensive clinical advice from their VA providers, reduce opioid addiction and substance use disorders, and achieve better health outcomes.”

With the increase in patient registrations, the CCC has allowed recreational marijuana businesses to support the medical supply chain. [Source: MASS Live | Melissa Hanson | April 13, 2020 ++]

\*\*\*\*\*

## **Burn Pit Toxic Exposure**

### **Update 75: Vets on Registry May Be at Greater Risk for COVID-19**

Veterans advocates and lawmakers are stepping up pressure on the Department of Veterans Affairs to increase outreach and services for thousands of veterans thought to be at-risk for life-threatening cases of coronavirus: former troops exposed to burn pits in Iraq, Afghanistan and elsewhere. Sens. Amy Klobuchar (D-MN) and Mike Rounds (R-SD) sent a letter to VA Secretary Robert Wilkie on 21 APR urging his department to be more proactive in caring for veterans with compromised respiratory systems as a result of exposure to burn pits used to dispose of waste at more than 250 overseas locations.

The senators asked Wilkie to follow the department's own COVID-19 response plan, which calls for veterans with service-connected respiratory issues to have access to counseling services through local Vet Centers. But with many of those facilities doing only telehealth counseling, and not all equipped to handle telemedicine, Klobuchar and Rounds say veterans are missing a vital service and also may be at risk during in-person Vet Center visits due to a shortage of critical medical supplies. "The VA estimates that over 3.5 million veterans have been exposed to burn pits, and over 200,000 veterans and service members have signed up for the Airborne Hazards and Open Burn Pit Registry to date," the senators wrote. "Given the significant number of at-risk veterans, it is critical that the VA prioritizes efforts to ensure that these brave men and women are able to safely receive care during the current public health crisis."

The letter follows on the heels of correspondence sent to Wilkie on 31 MAR by five veterans organizations that raised concerns about the availability of COVID-19 testing for VA patients and a perceived failure by the VA to communicate the seriousness of the risk the novel coronavirus poses to veterans with asthma, emphysema and other lung conditions. That letter, signed by the Association of the United States Navy, Burn Pits 360, the National Vietnam & Gulf War Veterans Coalition, the Non Commissioned Officers Association, Sergeant Sullivan Circle, Veteran Warriors and Veterans for Common Sense, said disparate messages have been sent from the VA's regional offices on COVID-19, ranging from some sending no dispatches, to others not including information on how to receive testing.

In one instance, the groups wrote, a veteran experiencing severe shortness of breath and other symptoms was turned away from the Portland VA medical center because the vet was accompanied by a service dog. With the help of a volunteer outside the VA system, the veteran received medical care in the private sector through the VA's Mission Act urgent care program. "We are deeply concerned that at least some veterans screened by VA, identified as having symptoms presumed to be COVID-19 and told by VA screeners their symptoms are most likely COVID-19, are then being denied or otherwise prevented from receiving testing for the COVID-19 virus," they wrote.

Burn pits were used at U.S. military bases in Iraq, Afghanistan, Djibouti and elsewhere to incinerate solid waste generated by millions of U.S. troops during deployment, including garbage, rubber, plastics, petroleum, medical waste and more. Troops reported thick black smoke and dust in the air at all hours of the day and night near the largest burn pits -- clouds that drifted over their work spaces and barracks, causing them to wheeze and cough up dark mucus.

While the VA considers claims for burn-pit related conditions on a case-by-case basis, it points to research in saying that there is no evidence that they cause long-term health problems. According to the VA's Airborne Hazards and Burn Pit Registry page, "most of the irritation" caused by burn pits "is temporary and resolves once the exposure is gone." As far back as 2006, however, some U.S. military personnel generated reports on the acute health concerns of the burn pits and, later, long-term health risks such as chronic bronchitis, asthma, cardiopulmonary diseases and chronic obstructive pulmonary disease.

During the current pandemic, the VA has posted information on COVID-19 on its main web page, the Airborne Hazards and Burn Pit Registry page and War Related Illness and Injury Studies Center page, warning that the coronavirus poses a risk to older veterans, those in nursing homes or long-term care facilities and those with underlying health conditions, including chronic lung disease, asthma, heart conditions, breathing problems, diabetes, obesity, liver or kidney disease, or who are immunocompromised. The department also has sent out more than eight million text alerts to veterans about the virus. But Klobuchar, an architect of legislation that requires the Defense Department to evaluate service members for exposure to airborne pollutants during routine health exams, and Rounds, who worked with Klobuchar and others in mandating the creation of a burn pit "center of excellence" at the VA, say more must be done.

"We request that you provide information at your earliest convenience on how the VA is expanding telehealth capabilities across [Readjustment Counseling Services] facilities to provide veterans, including those with respiratory issues brought on by burn pit exposure, with greater access to care, as well as what the VA is doing to provide all necessary medical and sanitation supplies to Vet Centers and other RCS access points to promote the safety of staff and the veterans they serve," they wrote. "Additionally, we request that you communicate with veterans the resources

that are available to them during the pandemic." As of 21 APR, 5,597 veteran patients in the Veterans Health Administration have been confirmed with COVID-19 and 357 have died in VA hospitals. [Source: Military.com | Patricia Kime | April 21, 2020 ++]

\*\*\*\*\*

## Hydroxychloroquine

### Update 01: COVID-19 Deaths Increased in VA Test



Veteran advocates want the Department of Veterans Affairs and the White House to explain why veterans were used "as test subjects for hydroxychloroquine" as a treatment for the coronavirus. Iraq and Afghanistan Veterans of America accused VA Secretary Robert Wilkie of seeming to "downplay" the results of a recent non-clinical study conducted by VA researchers that showed veterans treated in VA hospitals were more likely to die or require ventilation if given the antimalarial drug than if they were under standard care. Wilkie also told veteran service organizations on a call this week that younger veterans were more affected by the drug, according to several people on the call. The study was conducted on veterans in their "last stages," Wilkie said on the call and in interviews, and said the study was "observational," "not peer-reviewed" and "non-conclusive." The study of the malaria drug praised by President Donald Trump as a treatment for COVID-19 showed no benefit in the large analysis of its use in VA hospitals across the country, where there were more deaths among those given the drug than not.

The nationwide study included 368 veteran patients -- the largest analysis of the drug so far. The study was posted on a site for researchers and was submitted to the New England Journal of Medicine but so far has not been peer-reviewed by other scientists. About 28 percent of those given the drug died compared to 11 percent who were given only routine care. The drug did not make a difference in the need for a breathing machine such as a ventilator and researchers noted that the drug may have damaged other organs. "This is incredibly troubling for a number of reasons and raises so many questions that we need answered," said Jeremy Butler, IAVA CEO. "Why were veterans who were receiving treatment from a federal agency being treated with an unproven and speculative drug? What was the approval process used by doctors, patients and their families in discussing and agreeing upon this treatment option? At what point did the VA know that the results were this dire and when did they act upon those results? What are the VA's current procedures for approving and administering the drug?"

In a news release this week, IAVA said it wanted the department and the administration to explain why veterans had been used as "test subjects" for the drug. VA officials said previously it was "irresponsible," "inaccurate" and even "dangerous" to suggest that hydroxychloroquine could be used to treat COVID-19. The same day officials said that, though, the department placed an "emergency" order for the drug. VA placed at least two emergency orders for hydroxychloroquine to the tune of \$208,000, federal contracts show. While VA Press Secretary Christina Noel said most of the drug ordered would not be used to treat coronavirus patients, in the contract descriptions VA wrote "COVID-19 emergency buy."

"VA has used hydroxychloroquine for years to treat a number of non-COVID related conditions," VA Press Secretary Christina Noel said. "The bulk of this order will be used for those purposes." But some of it will go to COVID-19 patients, Noel said. "VA is only using hydroxychloroquine to treat COVID-19 patients in cases where veteran patients and their providers determine it is medically necessary and in a manner consistent with current FDA guidance," Noel

said. Noel said the findings of the recent VA study "should not be viewed as definitive because the analysis doesn't adjust for patients' clinical status and showed that hydroxychloroquine alone was provided to VA's sickest COVID-19 patients, many times as a last resort."

VA officials did not respond to requests for comment about how VA determined which COVID-19 patients to treat with the drug, what led to those decisions, what department-wide guidance VA has issued on the drug's use, what procedures are in place for approving and administering the drug, how VA determined consent for treatment of the drug or participation in the study or when VA began using the drug to treat patients. "VA's opaque use of sick veterans in conducting a drug treatment study is absolutely wrong," Butler said. "Where is the proof showing that the drug is working on younger veterans and at what point will you decide that it is no longer safe to use veterans as human testing subjects? If Secretary Wilkie is dismissive of the facts published in this study because they are 'observational and not peer-reviewed' then where are the peer-reviewed studies that convinced him that it is safe to treat our veterans suffering from COVID-19 with hydroxychloroquine?" [Source: ConnectingVets.com | Abbie Bennett | April 23, 2020 ++]

\*\*\*\*\*

## Hydroxychloroquine

### Update 02: VA Secretary Defends Use



Veterans Affairs Secretary Robert Wilkie on 29 APR defended the use of an unproven drug on veterans for the coronavirus, insisting they were never used as "test subjects" but given the treatment only when medically appropriate. In a letter and call with major veterans organizations, Wilkie said the malaria drug hydroxychloroquine was being administered in government-run VA hospitals to virus-stricken patients only in conjunction with a physician's advice. But Wilkie declined to say how widely the drug was being used at VA for COVID-19 and whether the department had issued broad guidance to doctors and patients on the use of the drug, which has been heavily touted by President Donald Trump without scientific evidence.

The Food and Drug Administration has warned doctors against prescribing the drug for COVID-19 outside hospitals because of the risks of serious side effects and death. "Our number one priority is keeping veterans, their families, and our staff safe and healthy," Wilkie said in the letter, which was obtained by The Associated Press. He stressed without elaborating that the VA, the nation's largest health care system, was adhering to FDA guidance allowing prescriptions of the drug for COVID-19 in hospitals. Asked about the letter, the VA issued a separate statement saying it "permits use of the drug after ensuring veterans and caretakers are aware of potential risks associated with it, as we do with any other drug or treatment."

Major veterans organizations are calling on VA to explain under what circumstances VA doctors initiate discussion of hydroxychloroquine with veterans as a treatment option after an analysis of VA hospital data was published last week showing hundreds of veterans who took the drug saw no benefit for COVID-19. The analysis, done by independent researchers at two universities with VA approval, was not a rigorous experiment. Researchers analyzed medical records of 368 older male veterans hospitalized with confirmed coronavirus infection at VA medical centers who died or were discharged by April 11. The analysis was the largest look so far at hydroxychloroquine for COVID-19.

About 28% of veterans who were given hydroxychloroquine plus usual care died, versus 11% of those getting routine care alone. “Why were veterans who were receiving treatment from a federal agency being treated with an unproven and speculative drug?” asked Jeremy Butler, chief executive officer of Iraq and Afghanistan Veterans of America. “At what point did the VA know that the results were this dire and when did they act upon those results?” “We are concerned that VA still has not addressed any of these questions or provided any information about the issue of hydroxychloroquine’s safety and the results they have seen from it,” Butler added. Terrence Hayes, a spokesman for Veterans of Foreign Wars, urged the VA to limit its use of the drug for COVID-19. “It still hasn’t been proven if the drugs help or not for COVID-19,” he said.

The VA has sent conflicting public messages on use of the drug. Last week, Wilkie took advocacy of the drug even further than Trump by claiming without evidence that it has been effective for young and middle-aged veterans in particular. In fact, there is no published evidence showing that. In March, as Trump promoted the drug, the VA placed two emergency orders for \$208,000 worth of hydroxychloroquine for use at its hospitals. The department later said the bulk of that order was being used for its approved uses, such as treating lupus and rheumatoid arthritis. The drug has long been used to treat malaria and those ailments. A few, very small preliminary studies suggested it might help prevent the coronavirus from entering cells and possibly help patients clear the virus sooner. But the FDA said last week that they are investigating life-threatening side effects reported to poison control centers and other health authorities. [Source: Associated Press | Hope Yen | April 29 2020 ++]

\*\*\*\*\*

## VA Hiring

**Update 17: 3,183 New Hires since 29 MAR | 4,500 More Needed**

The U.S. Department of Veterans Affairs (VA) has significantly increased hiring in the two weeks ending mid-April — a surge that will continue in the coming weeks as VA works to protect patients from the coronavirus disease 2019 (COVID-19). During the timeframe from March 29 to April 11, VA hired 3,183 new staff members, of which 981 are registered nurses, a 37.7% increase from the prior two-week period. “As VA proactively bolsters its workforce, the department expects to hire another 4,500 staff members during the next several weeks,” said VA Secretary Robert Wilkie. “Caring for Veterans requires dedicated staff. On behalf of the Veterans we are charged with serving, I salute those who have recently joined the VA team so we can continue serving Veterans during this national emergency.”

VA has moved aggressively to ensure each of its 170 hospitals and more than 1,200 clinics are staffed to handle the increasing flow of patients due to COVID-19. This effort protects both Veteran and non-Veteran patients VA treats as part of its "Fourth Mission" in serving as a backstop during a national health crisis. VA launched a national hiring campaign to attract registered nurses, respiratory therapists, anesthesiologists, housekeepers, supply technicians, and other medical and related professionals to work in its facilities across the country. Many of VA’s new hires come from health care systems that have seen temporary layoffs due to COVID-19. VA has also invited retired health care workers to work for VA, and waived salary restrictions that would normally apply to those potential employees.

Visit VA’s career page at <https://www.vacareers.va.gov> to learn more about joining VA in this effort. [Source: VA News Release | April 24, 2020++]

\*\*\*\*\*

## VA Fraud, Waste, & Abuse

**Reported 16 thru 30 APR 2020**

**Boston, Mass.** – A Department of Veteran Affairs (VA) employee has agreed to plead guilty to embezzling nearly \$70,000 in VA funds. **Michael Donaher**, 41, of Lakeville, was charged with one count of embezzlement and theft of

public money, property or records. He has agreed, as part of a plea agreement, to reimburse the government for the funds he stole. A plea hearing has not yet been scheduled. Donaher was arrested in January on a criminal complaint.

Donaher worked as an Inventory Management Specialist for the Veterans Affairs Medical Facility in Brockton and was responsible for purchasing various equipment necessary for use in the facility. Donaher conducted fraudulent transactions using his government-issued purchase cards and routed the proceeds to his personal bank account. He attempted to conceal these fraudulent purchases by making it appear as if the purchases were made through a large company – FW Webb – that the VA frequently used for legitimate business, when, in fact, they were actually made through a company Donaher created through Square, Inc., a mobile payment company. These purchases were not for actual items ever received by the VA. Furthermore, Donaher attempted to hide this fact by annotating the items as having been received within the VA’s accountability system. Donaher fraudulently routed approximately \$70,000 of VA funds to his personal account since the scheme began in 2016.

The charging statute provides a sentence of up to 10 years in prison, three years of supervised release and a fine of up to \$250,000. Sentences are imposed by a federal district court judge based upon the U.S. Sentencing Guidelines and other statutory factors. Assistant U.S. Attorney Eugenia M. Carris of Lelling’s Public Corruption & Special Prosecutions Unit is prosecuting the case. [Source: DoJ Dist. of Mass. | U.S. Attorney’s Office | April 13, 2020 ++]

-o-o-O-o-o-

**Newport News, VA** – The U.S. Attorney’s Office announced 24 APR that Dr. **Jeffrey R. Carlson** of Newport News, VA has agreed to pay \$1.75 million to resolve allegations that he accepted kickbacks from SpineFrontier, Inc., a Massachusetts-based medical device manufacturer. Dr. Carlson, an orthopedic surgeon, is the sixth surgeon who has agreed to settle with the government relating to his interactions with SpineFrontier. In March, the government filed a False Claims Act complaint against SpineFrontier and its executives, alleging that SpineFrontier paid kickbacks to spine surgeons itself and through a sham third-party entity, Impartial Medical Experts, LLC, which was owned and controlled by SpineFrontier’s founder and CEO, Kingsley R. Chin.

As part of the settlement agreement, the government contends that Dr. Carlson received kickbacks in the form of sham consulting fees that he submitted through Impartial Medical Experts. Under the settlement agreement, Dr. Carlson admits that he estimated his purported consulting hours based on the number of times he used a SpineFrontier product in a given month, as opposed to tracking actual time he spent consulting. Dr. Carlson further admits that he cannot document the consulting hours he submitted for payment to SpineFrontier and Impartial Medical Experts. In addition, Dr. Carlson sought and received consulting payments from SpineFrontier for time he spent during his surgical procedures, for which Medicare and other federal health care programs were already paying him. Dr. Carlson also admits to accepting free meals from SpineFrontier, for himself and his surgical staff, on almost every day that he performed a surgical procedure with a SpineFrontier product. In total, SpineFrontier provided Dr. Carlson and his staff meals that cost thousands of dollars.

- “This settlement continues our commitment to ensuring that doctors choose medical products solely on the basis of what is best for the patient, and not what is best for the surgeon’s pockets. For their part, manufacturers must play by the rules and compete on a level playing field,” said United States Attorney Andrew E. Lelling. “We will investigate any doctor, like Dr. Carlson, who accepts money from a device manufacturer simply for using that company’s products.”
- “By accepting kickbacks in the form of sham consulting fees, along with thousands of dollars in free meals, Dr. Jeffrey Carlson not only put his own financial well-being ahead of his patients, but he also cheated taxpayers who were footing the bill for his surgical procedures,” said Joseph R. Bonavolonta, Special Agent in Charge of the FBI Boston Division. “Today’s settlement illustrates the FBI’s continued commitment to working with our law enforcement partners to root out those trying to undermine our healthcare system.”
- “Sham \_\_\_\_ arrangements seek to undermine the integrity of the medical decision-making process,” said Phillip M. Coyne, Special Agent in Charge of the Office of Inspector General of the U.S. Department of

Health and Human Services. “Patients in government healthcare programs, and the taxpayers funding these programs, expect surgeons to make decisions based on the best interest of their patients without the cloud of improper financial incentives. Today’s settlement sends a clear message that these types of financial arrangements will not be tolerated.”

- Chris Algieri, Special Agent in Charge, VA Office of Inspector General, stated “The Veterans Choice Program allows Veterans to receive care from a community provider. The program is undermined when providers put their financial interests ahead of our nation’s Veterans. VA OIG will continue working with agency partners to ensure VA healthcare programs are protected.”
- “We applaud the Department of Justice for addressing the issue of fraudulent activity against not only the military patient population, but also the American public at large,” said Army Lt. Gen. Ronald Place, Director of the Defense Health Agency. “We will continue working together with federal, state, and local authorities to pursue any and all who would seek to take advantage of the health care needs of our people for their personal gain.”

[Source: DoJ Dist. of Mass. | U.S. Attorney’s Office | April 24, 2020 ++]

o-o-O-o-o-

**Chicago, IL -- Guaranteed Rate Inc.** has agreed to pay the United States \$15.06 million to resolve allegations that it violated the False Claims Act and the Financial Institutions Reform, Recovery and Enforcement Act of 1989 (FIRREA) by knowingly violating material program requirements when it originated and underwrote mortgages insured by the Department of Housing and Urban Development’s (HUD) Federal Housing Administration (FHA) or guaranteed by the Department of Veterans Affairs (VA), the Department of Justice announced today. Guaranteed Rate is headquartered in Chicago, Illinois, with branches across the United States.

“Lenders participating in mortgage programs backed by taxpayers must follow rules designed to protect both program integrity and homeowners,” said U.S. Attorney Grant C. Jaquith for the Northern District of New York. “Today’s settlement holds Guaranteed Rate accountable for its past violations and reflects that it has strengthened its internal controls to ensure future compliance with Federal Housing Administration and Department of Veterans Affairs requirements.” Participants in FHA insurance and VA guarantee programs, like Guaranteed Rate, have the authority to originate and underwrite mortgage loans without first having the government review the loans for compliance with the agency’s underwriting and origination requirements. If an FHA insured or VA guaranteed loan defaults, the holder of the loan may submit a claim to the United States for certain losses. Lenders are therefore required to follow FHA and VA rules designed to ensure that only mortgages that meet key credit and underwriting criteria are insured or guaranteed by the government.

The settlement announced 29 APR resolves allegations that Guaranteed Rate knowingly failed to comply with material program rules that require lenders to maintain quality control programs to prevent and correct underwriting deficiencies, self-report any materially deficient loans that they identify, and ensure that the underwriting process is free from conflicts of interest. As part of the settlement, Guaranteed Rate admitted that it failed to adhere to the applicable self-reporting requirements, that its FHA underwriters received commissions and gifts in violation of program rules, and that there were instances in which its government underwriters were instructed not to review documents that were relevant to the underwriting decision. Guaranteed Rate further acknowledged that it certified and the government insured and guaranteed loans approved by Guaranteed Rate that were not eligible for FHA mortgage insurance or VA loan guarantees and that HUD and VA would not have insured or guaranteed the loans but for its actions.

“This case involved a pattern of serious, systemic and widespread violations under the False Claims Act,” said Rae Oliver Davis, Inspector General, U.S. Department of Housing and Urban Development. “This recovery on behalf of FHA and the American taxpayer should serve as a stark reminder of the potential consequences of not adhering to HUD program rules and to the value of whistleblowers, in pursuing lenders that violate these rules.” The investigation

and settlement were the result of a coordinated effort among the Commercial Litigation Branch of the Department of Justice's Civil Division, the U.S. Attorney's Office for the Northern District of New York, HUD-OIG, HUD, and VA-OIG. [Source: Justice News | U.S. Attorney's Office | April 28, 2020 ++]

\*\*\*\*\*

## **VA Manila OPC**

### **Special 27 APR Update Regarding COVID-19 in the Philippines**

#### **Updates on VA Manila Outpatient Clinic Operations**

1. Last week, President Duterte of the Philippines extended the Enhanced Community Quarantine (ECQ) in effect throughout the National Capital Region until May 15, 2020. As a result of this extension, VA Manila will remain closed through Tuesday, May 19, 2020. VA Manila is planning to re-open on Wednesday, May 20, 2020. This date is subject to change based on further announcements from the Philippine Government and the United States Embassy in Manila and based on recommendations from the US Centers for Disease Control and Prevention and the Philippine Department of Health. Veterans with scheduled appointments between May 4 and May 19 will be contacted directly by Clinic staff and advised of their appointment cancellations and the process the OPC will use to reschedule Veterans.

VA Manila will send additional details about our tentative re-opening plan the week of May 11, 2020 to all Veterans via email message. Veterans who wish to cancel or postpone scheduled appointments scheduled in May can contact their primary care or mental health providers at VA Manila through Secure Messenger. Additionally, in an effort to reduce the numbers of Veterans traveling to the Clinic for the appointments to assist with social distancing restrictions, VA Manila will also be piloting telephone appointments for Veterans when we re-open. If you would prefer your primary care or mental health appointment scheduled between May 20 and July 2, 2020 be done via telephone, please send a Secure Message to your primary care team. At this time, we will only be able to accommodate telephone appointment requests for primary care and mental health.

As we begin to plan for our re-opening, VA Manila intends to continue to screen all Veterans entering the Clinic for medical appointments. Veterans who have symptoms associated with COVID19 will be asked to return home and to self-isolate. Veterans who present with more severe symptoms will be referred to the Philippine Department of Health COVID19 Hotline for further guidance. VA Manila, as an outpatient clinic, is not equipped to diagnose or treat COVID19. In an effort to ensure effective social distancing, Veterans' spouses or companions will be asked to wait outside of the Clinic. Veterans needing assistance during their visit will be permitted 1 companion in the building, but the Veteran's companion will also need to undergo screening at the Clinic entrance. We ask for all Veterans cooperation with this to ensure we can minimize the total number of visitors entering the clinic daily to help to reduce the spread of the COVID Virus. Additional changes to the Clinic's operations will be announced in future email messages.

2. VA Manila is continuing to provide limited pharmacy services for Veterans. Veterans needing medication refills can request those via the MyHealtheVet Pharmacy Portal or using the Pharmacy Automated Refill Line - #MyVA (#6982), Option 8 or +63-02-8550-3888, Option 8.

Effective April 22, 2020, Air21 has resumed medication delivery to some Veterans in Southern Luzon, including Cavite and Bicol. We are continuing to get daily updates from LBC and Air21 about their delivery areas, and regions where they are continuing to have difficulties. For those Veterans residing in areas that are not served by Air21 or LBC, we have continued to look for alternate delivery options, but have been unable to find any viable options. If you are running low on a medication and your region is not served by our couriers, you are encouraged to reach out to community pharmacies in your area to find an alternate medication source until VA Manila can resume medication delivery to your region.

Veterans may travel to the Outpatient Clinic to pick up their medications. Our pharmacy is operating Monday to Friday, 5 days a week. Veterans needing to pick up medications should arrive at the VA Entrance between the hours of 8a and 2p. The guard will contact the pharmacy and your medications will be brought out to you. Since the Clinic is closed, you will need to wait in the security center.

VA Manila has also worked closely with the RAO Offices in Angeles and Olongapo to coordinate FPO pick up for Veterans who receive their medications (both VA and Express Scripts) or pension checks through the FPO system.

3. We have not received an update on the availability of parking outside of the VA Manila Regional Office and Outpatient Clinic at this time. I know we had previously hoped that the Roxas Boulevard road widening project would be completed this month. There has been a significant amount of work already completed, so we hope that once work resumes at the conclusion of the ECQ, the project will be completed in short order. Veterans traveling to VA Manila for appointments in May will want to continue parking in areas adjacent to Cuneta Astrodome, or using the services of a driver who can wait with your vehicle. We apologize for the inconvenience.

#### **Updates for Veterans applying for a 2020 Clothing Allowance**

Veterans who use a prosthetic device or medicine which causes damage to clothing and who wish to apply for the 2020 Annual Clothing Allowance Payment (ACAP) may continue to submit 2020 applications to VA Manila at this time. You may mail VA Form 10-8678 ([http://www.va.gov/vaforms/form\\_detail.asp?FormNo=8678](http://www.va.gov/vaforms/form_detail.asp?FormNo=8678)) Application for Annual Clothing Allowance to the Outpatient Clinic, or submit a scanned copy via Secure Messenger. VA Manila is working with several prosthetic departments at VA Medical Centers in the United States to determine which VAMC will review and process these requests from Veterans residing in the Philippines for FY-2020. I hope to have additional guidance for these requests in my next newsletter. In the interim, Veterans may continue to submit their completed 2020 ACAP applications, along with any supporting evidence or documentation to VA Manila, and we will route them to the appropriate facility for processing and payment. ACAP applications must be received by VA no later than July 31, 2020. Applications received after July 31, 2020 will not be processed until the 2021 ACAP payment period. Approved applications for benefits will be paid in late September or early October 2020.

#### **Updates from the Foreign Medical Program**

We received an update from the Foreign Medical Program (FMP) that check reimbursements will now contain a Veteran's full name, rather than initials for their first and middle name. I understand the use of initials has caused a significant barrier for some Veterans to deposit or cash these reimbursements. I know this has been in the works for some time, and I appreciate everyone's patience while this change has been implemented. Veteran reimbursements processed after April 14, 2020 should now include your full name on the US Treasury warrant. FMP is continuing to work towards electronic fund transfers for reimbursable expenses. We expect additional details on this project in the coming months.

#### **Updates from the VA Manila Regional Office**

Due to the extension of the Enhanced Community Quarantine, the VBA Manila Regional Office will remain closed until May 20, 2020. While VA Manila is closed, this does not mean that your claims are not being worked; the rest of the VBA Regional Offices in the US are still working, and VA Manila's workload has been transferred to other offices during this period. The fastest and easiest way to interact with VBA's claims process is by sending evidence to our Evidence Intake Center. It is not advisable to send evidence or claims paperwork to our local address. The address of the Janesville, WI, Center is included as an attachment to every letter we send to Veterans, and is as follows:

Department of Veterans Affairs  
Evidence Intake Center  
P.O. Box 4444  
Janesville, WI, 53547-4444  
Fax: 844-531-7818

Veterans can continue to get information about benefits or file a claim for benefits by visiting our website at [www.va.gov](http://www.va.gov). Veterans with claim-specific or other questions may request information via Inquiry Routing & Information System (IRIS) <https://iris.custhelp.va.gov> or by calling the National Call Centers at 1-800-827-1000 as the Call Centers in the US remain open (US Time Zones Apply) and are a great way to provide simple claims information (e.g.: dependency verification.).

#### **Updates from the US Embassy in Manila**

All Veterans and American Citizens residing in the Philippines are encouraged to register with the US State Department's Smart Traveler Enrollment Program (STEP) at <http://step.state.gov>. The State Department's STEP Program helps the Embassy to locate Americans who may need consular assistance during emergencies, and sends alerts from the US Embassy to Americans who may still be trying to relocate within or depart the Philippines. The US Embassy, in conjunction with local airlines and other foreign Embassies in the Philippines, has been coordinating a number of 'sweeper' flights to transport American citizens back to Metro Manila from other islands. The US Embassy's website also has a good deal of information on entry and exit requirements from the Philippine Bureau of Immigration, and can be accessed here: <https://ph.usembassy.gov/covid-19-information/>. The US Embassy is providing almost daily

email updates to all STEP enrolled individuals in the Philippines with real time and important information particularly about daily incoming and outbound flights from Manila.

There continues to be daily international flights from Ninoy Aquino International Airport (NAIA) in Manila to other regional airline hubs, both in Asia and the Middle East. While there are no non-stop flight options between the Philippines and the United States at this time, there remains several viable one-stop options via cities like Tokyo, Seoul, Hong Kong, Taipei, Dubai, and Doha. Individuals seeking more information should check the NAIA Facebook page, where a daily listing of scheduled international arrivals and departures is posted.

-o-o-O-o-o-

**Daniel Gutkoski, MHA**

Clinic Manager, VA Outpatient Clinic

Manila, Republic of the Philippines

Email: [daniel.gutkoski2@va.gov](mailto:daniel.gutkoski2@va.gov)

Office: +63 (2) 8-396-3735 **\*\*New\*\***

US Dial: +1 (808) 433-5254 x3735



## Medically Discharged Vets

### Support H.R.5995 - Major Richard Star Act

The VFW is urging Congress to pass the Major Richard Star Act (H.R.5995) during this challenging COVID-19 pandemic to help put money back in the pockets of veterans who were forced to retire early from military service because of battlefield injury or illness. “Retirement pay and VA disability compensation are fundamentally different benefits, granted for different reasons,” said VFW National Commander William “Doc” Schmitz. “To deny earned retirement pay from veterans who were unfortunately medically retired early because of wounds or illnesses sustained on the battlefield is an absolute injustice that must end now.” The Major Richard Star Act would eliminate the unjust offset for 42,000 Chapter 61 retirees who suffered injuries in combat. This is a modest segment of the approximately 450,000 military retirees who are unjustly denied their retirement pay.

Readers are urged to click on <https://votervoice.net/VFW/Campaigns/72777/Respond> to send a preformed editable messages to their legislators urging them to consider this bill. [Source: VFW Action Corps Weekly | April 17, 2020 ++]

\*\*\*\*\*

## GI Bill

### Update 307: VA/Student COVID-19 Mail Policy

*Dear GI Bill Students and School Certifying Officials,*

Due to the COVID-19 national emergency, the GI Bill program is working to increase capabilities for a paperless environment as much as possible.

**What has changed?**

All incoming mail must be submitted to VA electronically either through <https://www.va.gov> or through “Ask a Question” <https://gibill.custhelp.va.gov>. Although VA may be able to continue to send some letters through the mail, there are several letters that can only be delivered to you electronically, therefore, it is critical that VA have an updated email address for all GI Bill students. Additionally, many schools have informed us that employees are no longer on campus to send or receive paper mail, therefore, electronic communication is critical to schools as well.

**What do you need to do?**

We’re asking GI Bill students to ensure VA has a current email address on file for you. This will help ensure we can contact you with important updates to your education benefits. You can update your email address by submitting a request through the “Ask a Question” link <https://gibill.custhelp.va.gov>. You can also contact the Education Call Center at 1-888-GIBILL-1 (1-888-442-4551) or 001-918-781-5678 from Overseas, Monday – Friday, 7:00 am – 6:00 pm CST to help update your contact information.

**How are we going to contact you?**

If Education Service emails you a letter, it will be in an encrypted format to help protect your information. You should expect to receive an email notifying you that either the Muskogee, St. Louis, or Buffalo Regional Processing Office has sent you an encrypted message. The email will provide you with step-by-step instructions on how to decrypt the message (you will be presented the option to either register with the system or to use several common log-in credentials, such as your Google account). Please follow the instructions to decrypt and view the message.

**What if the VA cannot contact you through email?**

If VA does not have an email address for you, your letters will be available upon demand through the “Ask a Question” link <https://gibill.custhelp.va.gov> or by calling the Education Call Center. Please allow the VA 15 days after you submit your information to process your submission before requesting a copy of any decision letters.

**Does this new process include OJT and Apprenticeship Programs?**

Yes, it does. Education Service is committed to ensuring you are paid in timely manner. We have notified your OJT or Apprenticeship training establishment’s certifying officials that faxes will not be accepted, and your monthly hours must be submitted through the “Ask a Question” link <https://gibill.custhelp.va.gov> or through VA’s electronic certification system (VA ONCE) to be processed. VA has provided your training establishment with guidance on how to do this.

**Additional questions:**

If you have questions about your specific circumstance, please contact the Education Call Center at: 1-888-442-4551 between 8 AM and 7 PM Eastern Time, Monday-Friday, or submit your questions through <https://gibill.custhelp.va.gov>.

A grateful nation thanks you for your service.

Respectfully,  
Education Service

[Source: VA News Release | Kevin Sector VBAVACO | April 15, 2020 ++]

\*\*\*\*\*

**GI Bill**

**Update 308: Mobilization Impact**

If you are receiving the GI Bill and have to drop out of school as a result of reserve or Guard mobilization orders what will happen to your GI Bill? Will you lose your housing allowance? Will you owe the Department Veterans Affairs money? Most of the rules governing orders and your GI Bill only apply for federal mobilizations. That means these special rules apply to all Title 10 mobilizations and Title 32 mobilizations only if they are under federal authority.

Normally, if you drop classes the VA will take back any money, including the tuition and Monthly Housing Allowance (MHA) payments you received for those classes. However, different rules apply if you're dropping them because you've been mobilized for military service. If you drop out due to mobilization, the VA will pay your tuition and fees to the school for the entire term, no matter when you drop out. As a special bonus, VA will also give you back any GI Bill entitlement you used during the term from which you were forced to withdraw.

For instance, if your term began on Jan. 15 and you dropped out on March 15, you used two months of GI Bill entitlement (which is normally 36 months total). VA will pay you for attending school those two months and give you back those two months of entitlement to be used at a later date. VA will also pay you the MHA through your date of withdrawal, rather than stopping it on the beginning date of the term, which is what normally happens if you drop classes. If you've been mobilized under Title 10 or under Title 32 for at least 30 days, your Basic Allowance for Housing (BAH) will begin on the effective date of your orders, so you will most likely get some type of housing allowance for the entire time.

Being called to active duty may also increase your Post-9/11 GI Bill entitlement percentage. The entitlement percentage is based on the amount of time you have served on active duty after Sept. 10, 2001. The entitlement percentage affects how much of your tuition is reimbursed to the school and how much your MHA payment will be. For example, if you have served 24 months active duty after Sept. 10, 2001 your GI Bill percentage is 80%. If you are attending a public school with a tuition of \$10,000 a semester you would have 80% of your tuition and fees or \$8,000 paid by the Post-9/11 GI Bill. Active duty orders and mobilizations can add more active service to your base GI Bill percentage. The percentages and corresponding active duty requirements are:

- 100% - 36 or more total months
- 100% - 30 or more consecutive days with disability related discharge.
- 90% - 30 total months
- 80% - 24 total months
- 70% - 18 total months
- 60% - 6 total months
- 50% - 90 or more days

The entire length of your mobilization will be added to your existing service. Also, if you haven't been on active service since before Jan. 1, 2013, your mobilization may give you more time to use your GI Bill. People who were discharged before that date have 15 years to use their Post-9/11 GI Bill or 10 years to use their Montgomery GI Bill. However, additional active duty of at least 90 days effectively removes that time limit, and your additional active duty will effectively remove any time limits for receiving your GI Bill. Thanks to that new service, you are now covered under Public Law 115-48, the Harry W. Colmery Veterans Educational Assistance Act of 2017, commonly known as the "Forever GI Bill." [Source: Military.com | April 17, 2020 ++]

\*\*\*\*\*

## **GI Bill**

### **Update 309: CORVID-19 Work Study Payment Legislation Passed**

Congress on 21 APR finalized a second GI Bill fix for student veterans whose studies were upended by the coronavirus pandemic, sending the package to the White House to be signed into law in coming days. The measure follows legislation last month which guaranteed students would not see any disruption in their education benefit payouts because of universities' sudden switch to online learning. Most colleges across the country have shifted to remote sessions in lieu of in-person classes in an effort to limit the spread of the virus.

Under previous rules, however, students who receive online-only education were not eligible for certain housing stipends. The initial emergency package allowed Veterans Affairs leadership to waive that restriction in light of the

current emergency, guaranteeing students would not see any financial disruptions. However, that legislation did not cover income lost from other sources, such as shuttered work study programs connected to the GI Bill. The latest measure — passed by the House earlier this month and by unanimous consent in the Senate 21 APR — would keep those work study payments active through the remainder of the semester, even if students cannot reach their place of employment. It will also make sure that, in light of the current emergency, students’ GI Bill housing payments will continue even if colleges fully close down. And veterans could see any of this semester’s lost entitlements restored if their institution closes down or if they are forced to withdraw from school for coronavirus-related issues.

Lawmakers hailed the passage as an important step in protecting veterans’ financial future. “This fix builds on previous legislation passed and signed into law to make certain our student veterans can continue to receive payments that they normally would from their education and training programs during this pandemic without having to worry about losing the benefits that they have earned,” said Sen. Jerry Moran (R-KS), chairman of the Senate Veterans’ Affairs Committee. His House counterpart, Rep. Mark Takano (D-CA) similarly praised the bipartisan action on the measure. “As the nation faces the COVID-19 pandemic, no student veteran should have to worry about losing income from work study jobs, interrupting their studies, or unexpected bills when their schools close,” he said.

Veterans advocates welcomed the news. “After talking to VA work-study students who were worried about being able to pay their bills and others who had to choose between working to feed their families or staying home to protect their families from unnecessary exposure to the coronavirus, we are thankful to the Senate for passing this,” said Tanya Ang, vice president of Veterans Education Success. “This bill provides much needed relief for VA work-study allowing them the opportunity to focus on what matters most — the health of themselves and their families.” White House officials have not said when the legislation may be signed into law, but also have not offered any objections to the proposal. [Source: MilitaryTimes | Leo Shane III | April 21, 2020 ++]

\*\*\*\*\*

## Student Vets

### Update 01: Unemployment Compensation Eligibility

Student veterans, including those utilizing their GI bill Benefits, may qualify for unemployment compensation if they meet applicable state and federal guidelines. Each state administers a separate unemployment insurance program, but all states follow the same guidelines established by federal law. To start or if you have questions about filing an unemployment benefits claim, contact your state unemployment insurance program at - <https://www.careeronestop.org/LocalHelp/UnemploymentBenefits/find-unemployment-benefits.aspx>

**Regular State Unemployment Compensation (UC) Benefits --** Generally, you qualify for benefits if you:

- Become unemployed because of a lack of suitable work. In most (but not all) instances, this means you were separated from your last job due to your employer temporarily or permanently eliminating your job (although a reduction in work hours and pay also can sometimes qualify for UC).
- Meet work and wage requirements. You must meet your state’s minimum requirements for wages earned and time worked during an established period of time referred to as a “base period.” (In most states, the base period is the first four out of the last five completed calendar quarters before you filed your claim.)
- Meet any additional state UC eligibility requirements.

**Unemployment Compensation for Ex-Servicemembers (UCX) --** Generally, you qualify for benefits if you:

- Were in active duty (or in active reserve status) in the military during the “base period” of the claim, as established by your state. (In most states, the base period is the first four out of the last five completed calendar quarters before you filed your claim.)
- Were honorably discharged.

- Completed the first full term of service for which you enlisted, or were discharged earlier for any of several reasons specified in federal law; or if a reservist, you must have completed 180 days of continuous active duty.
- You meet all other state eligibility requirements.

UCX applicants must contact the state where they are physically located when filing. Additionally, applicants should have their DD214 available to facilitate claim processing.

### **Unemployment Insurance Flexibilities During the COVID-19 Pandemic**

Federal law permits significant flexibility for states to provide unemployment insurance benefits in multiple scenarios related to COVID-19, and recently a number of new programs were put in place temporarily providing benefits in larger amounts, for longer durations, and under a broader set of conditions than before the pandemic. Some examples (and not an exhaustive list) of COVID-19 scenarios where unemployment benefits may be available, subject to specified requirements, include:

- An employer temporarily ceases operations due to COVID-19, preventing employees from coming to work;
- An individual is quarantined with the expectation of returning to work after the quarantine is over; and
- An individual leaves employment due to a risk of exposure or infection or to care for a family member.

In addition, the CARES Act expanded coverage to workers not normally eligible for unemployment benefits, such as self-employed, independent contractor, and gig workers. The CARES Act also increases unemployment insurance benefits by \$600 per week for eligible individuals and provides up to 13 additional weeks of unemployment benefits to individuals who have exhausted regular unemployment compensation (including UCX). To apply for unemployment benefits, contact your state unemployment office. Find your state’s unemployment insurance program contact information at: <https://www.careeronestop.org/LocalHelp/UnemploymentBenefits/find-unemployment-benefits.aspx>. To learn more, go to:

- <https://www.dol.gov/agencies/vets>
- <https://www.dol.gov/coronavirus/unemployment-insurance>

[Source: VA Education Service | April 28, 2020 ++]

\*\*\*\*\*

## **VFW Unmet Needs Program**

### **Update 01: Offers Grants Up to \$1,500 to Eligible Veterans**

The Veterans of Foreign Wars Unmet Needs Program offers grants up to \$1,500 to eligible Veterans, service members and military families. Since 2004, the VFW has provided more than \$5 million supporting Veterans and military families who face an unexpected financial hardship related to their military service. The VFW program can directly pay eligible expenses with no obligation of repayment. VFW also provides referrals to other organizations should additional assistance be required.

After five combat tours in the Marine Corps, Sergeant Dustin Ellison was suffering from the post-war effects of a traumatic brain injury (TBI) and severe PTSD. “I thought [Dustin’s discharge date] would be the happiest day since he came home from service... I was wrong,” explained Heather Boyd, Dustin’s sister. “It was 100 [times] harder after war. It breaks my heart to watch my brother go through life like a ghost carrying guilt from serving for his country.” Heather hoped Dustin’s struggles would end after being accepted into a 12-week program specifically designed to treat military-related TBI and PTSD. But when the severity of his condition and medical complications requiring surgery unexpectedly extended Dustin’s treatment, Heather feared her brother would leave the program if he was unable to keep up on his bills.

After learning about the VFW’s Unmet Needs program during a wounded warrior PTSD focus group, Heather reached out to VFW for help. An Unmet Needs grant came through just in time. “I personally had depleted the money

in my bank account... this was not only a relief for myself, but it allowed him the opportunity to focus on treatment and not stress about his lack of income,” said Heather. Receiving an Unmet Needs grant provided the assistance Dustin needed to stay current on his bills. More importantly, it provided him the freedom to focus on his health – culminating with his graduation in January. Heather explained that while Dustin still has work to do and will likely face daily struggles for the rest of his life, thanks to the VFW Unmet Needs program, he’s functioning better than ever.

### **VFW Unmet Needs Eligibility**

Applicants must be the service member, Veteran, or eligible dependent listed under the Defense Enrollment Eligibility Reporting System (DEERS). The financial hardship must be due to one of the following:

- Currently on active duty, whose financial hardship is a result of a current deployment, military pay error, or a discharge for medical reasons.
- Discharged on or after Sept. 11, 2001, whose financial hardship is a direct result of military service connected injuries and/or illnesses.
- Discharged prior to Sept. 11, 2001, on a fixed income that must include VA compensation for a service connected injury/illness and facing an unexpected financial hardship.

The financial hardship cannot be caused by:

- Civil, legal or domestic issues, misconduct, or any issues that are a result of spousal separation or divorce.
- Financial mismanagement by self or others, or due to bankruptcy.

#### Expenses Eligible for payment:

- Household expenses – mortgage, rent, repairs, insurance.
- Vehicle expenses – payments, insurance, repairs (major repairs for vehicles over ten years old will not be considered).
- Utilities.
- Food and clothing.
- Children’s clothing, diapers, formula, school or childcare expenses.
- Medical bills, prescriptions & eyeglasses – the patient’s portion for necessary or emergency medical care only.

#### Expenses Not Eligible for payment:

- Credit cards, military charge cards or retail store cards.
- Cable, Internet, or secondary phones.
- Cosmetic or investigational medical procedures & expenses.
- Taxes – property or otherwise.
- Furniture, electronic equipment or vehicle rentals.
- Any other expenses not determined to be a basic life need.

All grants are paid directly to the creditor and applicants must provide the most current bills due. The eligible and ineligible expense lists are not all inclusive. Each case will be carefully reviewed. Upon approval, payments will be made directly to the creditor. All applications are individually reviewed and the VFW reserves the right to make exceptions on a case-by-case basis. For more information, contact Unmet Needs at 1-866-789-6333.

### **How to apply**

The application is provided online only. To apply, click <https://app.wizehive.com/apps/vfwunmetneeds> to start your application. The process can take up to 20 business days while a caseworker reviews the application and supporting documents. Include the most recent bills due and the assigned caseworker will reach out to the creditor to verify all expenses. Payments will be mailed directly to the creditor after research is complete.

[Source: VA News | April 15, 2020 ++]

\*\*\*\*\*

## Coronavirus SITREP 9

### 8 Ways Veterans Are Particularly at Risk from the Pandemic

From the elderly who are facing deadly outbreaks in nursing homes to communities of color facing higher infection and death rates, different groups face different challenges from the coronavirus pandemic. Among the most hard-hit are veterans, who are particularly susceptible to both health and economic threats from the pandemic. These veterans face homelessness, lack of health care, delays in receiving financial support and even death. Associated Press Jamie Rowen has spent the past four years studying veterans with substance use and mental health disorders who are in the criminal justice system. This work revealed gaps in health care and financial support for veterans, even though they have the best publicly funded benefits in the country. Here are the eight ways the pandemic threatens veterans:

#### 1. Age and other vulnerabilities

In 2017, veterans' median age was 64; their average age was 58 and 91% were male. The largest group served in the Vietnam era, where 2.8 million veterans were exposed to Agent Orange. Younger veterans deployed to Iraq and Afghanistan were exposed to dust storms, oil fires and burn pits, and perhaps as a consequence have high rates of asthma and other respiratory illnesses. Age and respiratory illnesses are both risk factors for COVID-19 mortality. As of 29 APR, 482 patients in DVA health care facilities had died of COVID-19 and 7,903 have tested positive.

#### 2. Dangerous residential facilities

Veterans needing end-of-life care, those with cognitive disabilities, or those needing substance use treatment often live in crowded VA or state-funded residential facilities. State-funded "Soldiers' Homes" are notoriously starved for money and staff. The horrific situation at the Soldier's Home in Holyoke, Massachusetts, where more than 40 veteran residents have died from a COVID-19 outbreak, illustrates the risk facing the veterans in residential homes.

#### 3. Benefits unfairly denied

When a person transitions from active military service to become a veteran, they receive a Certificate of Discharge or Release. This certificate provides information about the circumstances of the discharge or release. It includes characterizations such as "honorable," "other than honorable," "bad conduct" or "dishonorable." These are crucial distinctions, because that status determines whether the Veterans Administration will give them benefits. Research shows that some veterans with discharges that limit their benefits have PTSD symptoms, military sexual trauma or other behaviors related to military stress. Veterans from Iraq and Afghanistan have disproportionately more of these negative discharges than veterans from other eras, for reasons still unclear. The VA frequently and perhaps unlawfully denies benefits to veterans with "other than honorable" discharges. Many veterans have requested upgrades to their discharge status. There is a significant backlog of these upgrade requests, and the pandemic will add to it, further delaying access to health care and other benefits.

#### 4. Diminished access to health care

Dental surgery, routine visits and elective surgeries at VA medical centers have been postponed since mid-March. VA hospitals are understaffed -- just before the pandemic, the VA reported 43,000 staff vacancies out of more than 400,000 health care staff. Access to health care will be even more difficult when those medical centers finally reopen. As of 29 APR, 2,153 VA health care workers have tested positive for COVID-19, and thousands of health care workers are under quarantine. The VA is asking doctors and nurses to come out of retirement to help already understaffed hospitals.

#### 5. Mental health may get worse

An average of 20 veterans commit suicide every day. A national task force is currently addressing this scourge. But many outpatient mental health programs are on hold or being held virtually. Some residential mental health facilities have closed. Under these conditions, the suicide rate for veterans may grow. Suicide hotline calls by veterans were up by 12% on 22 MAR, just a few weeks into the crisis.

#### 6. Complications for homeless veterans and those in the justice system

An estimated 45,000 veterans are homeless on any given night, and 181,500 veterans are in prison or jail. Thousands more are under court-supervised substance use and mental health treatment in Veterans Treatment Courts. More than half of veterans involved with the justice system have either mental health problems or substance use disorders. As residential facilities close to new participants, many veterans eligible to leave prison or jail have nowhere to go. They may stay incarcerated or become homeless. Courts are moving online or ceasing operations altogether. It is unclear whether participants will face delays graduating from court-supervised treatments. Further, some Veterans Treatment Courts still require participants to take drug tests. With COVID-19 circulating, participants must put their health at risk to travel to licensed testing facilities.

### **7. Disability benefits delayed**

In the pandemic's epicenter in New York, tens of thousands of veterans should have access to VA benefits because of their low income -- but don't, so far. The pandemic has exacerbated existing delays in finding veterans in need, filing their paperwork and waiting for decisions. Ryan Foley, an attorney in New York's Legal Assistance Group, a nonprofit legal services organization, noted in a personal communication that these benefits are worth "tens of millions of dollars to veterans and their families" in the midst of a health and economic disaster.

All 56 regional VA offices are closed to encourage social distancing. Compensation and disability evaluations, which determine how much money veterans can get, are usually done in person. Now, they must be done electronically, via telehealth services in which the veteran communicates with a health care provider via computer. But getting telehealth up and running is taking time, adding to the longstanding VA backlog. Currently, approximately 75,000 veterans wait more than 125 days for a decision. (That is what the VA defines as a backlog -- anything less than 125 days is not considered a delay on benefit claims.)

### **8. Obstacles to getting stimulus checks**

Veterans with the greatest financial need may not automatically receive their stimulus checks. Currently, those living on tax-exempt income from the VA must file a tax return to get a check. But e-filing a tax return is a significant obstacle for many, especially severely disabled veterans who may not have computers or know how to use e-file software. There are many social groups to pay attention to, all with their own problems to face during the pandemic. With veterans, many of the problems they face now existed long before the coronavirus arrived on U.S. shores. But with the challenges posed by the situation today, veterans who were already lacking adequate benefits and resources are now in deeper trouble, and it will be harder to answer their needs.

[Source: The Associated Press | Jamie Rowe | April 16, 2020 ++]

\*\*\*\*\*

## **USPS Mail Delivery**

### **Update 03: Loss Impact on Vets, Seniors & Business**



If Jack Bainbridge couldn't get his prescriptions through the mail, the 70-year-old Army veteran would have to make a 90-mile round trip to the VA Medical Center in Kansas City. Instead, the retired union laborer who lives outside of

Odessa, Mo., can walk outside his door, cross the road to his mailbox and be sure that the mail carrier he's known for years already will have dropped off his blood thinners and other medication. The U.S. Postal Service, which traces its origins to Benjamin Franklin, remains a lifeline for millions who count on getting medication and other necessities through the mail. But the independent agency, which depends on postage for its revenue, is facing an unprecedented crisis caused by a combination of forces: a global pandemic that has reduced revenues drastically, a 2006 law that required the USPS to prepay billions of dollars for retiree health benefits and a president hostile to bailing it out.

The prospect of a depleted, or even defunct, postal service is unthinkable to Bainbridge. "Let's say they cut down on days of service; what happens when you run out of medication and the medication doesn't show up?" he asked. "That could be the difference between life and death. ... To have to go somewhere to pick up your scripts, it's costly and it's inconvenient." Rural Missouri really depends on the Postal Service." If Congress does not figure out a solution soon, it could cause even more hardship for populations already battered by COVID-19, including small businesses, seniors and economically disadvantaged communities.

Deborah Arnold, 72, a retired teacher who lives in Lee's Summit, said she began receiving prescriptions through the mail to cut down on potential exposure to COVID-19. "Two of them are eye drops that prevent the worsening of my glaucoma and possible blindness, so not going to stop those!" she said in an email. "Without USPS I'll be forced to weigh vision vs illness (possibly leading to death). Not a very acceptable choice!" The Postal Service delivered 1.2 billion prescriptions in 2019, including nearly 100% of the prescriptions from the VA, according to the American Postal Workers Union. Bob Ritzinger, 81, a Navy veteran who lives in Higginsville, Mo., receives prescriptions from the VA through mail for COPD, high blood pressure, hearing loss and back problems. His wife, Janet Ritzinger, 71, said the couple pick them up from a box at their local post office. "I can't imagine us not having a post office here. It just scares the daylights out of me," she said. "We don't have to go to the city to get them (the prescriptions). He doesn't have to pay extra ... It's such a value to a small community."

Rep. Emanuel Cleaver, D-Mo., whose district stretches from Kansas City's urban core to rural Missouri, called potential cuts to the Postal Service a health-care-access issue. "If you don't care about people picking up their mail, maybe you care about people picking up their medication. It's only urban areas that have CVS every three blocks," Cleaver said. "I can tell you that people are going to die if we shut down the Post Office." The Postal Service relies on the sale of postage, not tax funds, for revenue. It has operated at a loss for more than a decade, including a nearly \$9 billion deficit last fiscal year. The COVID-19 pandemic has only worsened the agency's long-running financial issues.

Cleaver pointed to a 2006 law passed under President George W. Bush that required the agency to prepay retiree health benefits in an effort to shore up its retirement system. The policy has strained the agency's operating budget. The House voted to repeal the mandate earlier this year with bipartisan support, but it has stalled in the Senate. Rep. Roger Marshall, a Kansas Republican who supported the bill, said it would help stabilize USPS and would ensure that 6-day-per-week delivery continues. The recent stimulus passed by Congress originally included a \$13 billion grant to the service. When President Donald Trump objected, the grant became a \$10 billion loan. Trump has long criticized the Postal Service for a shipping contract with Amazon that he regards as too favorable to the online retail giant founded by billionaire Jeff Bezos. Bezos also owns The Washington Post, which has angered Trump with its aggressive coverage.

On 17 APR, Cleaver called the loan insufficient in a letter to House leaders and noted that the bipartisan Postal Service Board of Governors has asked for \$50 billion in emergency grants and \$25 billion in borrowing authority. More than 120 Democrats co-signed Cleaver's letter. Postmaster General Megan Brennan outlined the financial crisis last week, saying that sales have plummeted during the pandemic and might never recover fully. Brennan said the pandemic is projected to increase the Postal Service's net operating loss by more than \$22 billion over 18 months, threatening its ability to operate. Lawmakers of both parties said the next coronavirus relief bill needs to shore up the postal service.

The idea faces resistance from some on the right who think private entities, such as FedEx and UPS, can fill the gap. "The marketplace saw an opportunity to provide better service at a better price long ago," said Dave Trabert, president of the libertarian-leaning Kansas Policy Institute. But reliance on private entities could isolate vulnerable populations

further. A private entity wouldn't be obligated to provide service to every address as the Postal Service does. Before entering politics, Rep. Sharice Davids (D-KS) worked in economic development on the Pine Ridge Indian Reservation in South Dakota, where many relied on access to post office boxes because they did not have numbered street addresses. The Postal Service is the only way to conduct business affordably in those remote communities, she said. "I do think were it not for the post office, the economic disparities between urban or rural or suburban communities would get worse," said Davids, whose mother, Crystal Herriage, a retired Army drill sergeant, has worked at the postal distribution center in Kansas City, Kan., for 19 years.

Both Davids and Sen. Jerry Moran (R-KS) noted that the agency is one of the largest employers of military veterans, with nearly 100,000 on the payroll. "In order to provide certainty to rural America, Congress must recognize financial assistance is necessary and push back on proposals to privatize the USPS," Moran said. The Postal Service has been an economic lifeline to small retail businesses that are trying to stay afloat during the pandemic by allowing them to ship their products to customers at a reasonable cost.

Love Garden Sounds, an independent record shop in Lawrence, has shipped 378 packages through the Postal Service from March 17, the last day it was open for walk-in business, through April 22. The packages of records, CDs and T-shirts have represented 85% of the store's business in the last month, said Kelly Corcoran, the store's owner. But even in normal times, the store's ability to sell items online at a competitive rate depends on the Postal Service. The store offers a flat rate of \$5 to ship any quantity of records. He said other shops in downtown Lawrence also are dependent on the service's low shipping rates. "If they lost a lifeline to mailing things, I think we would lose retailers," Corcoran said.

Corcoran said that sending a 2-pound package — roughly the weight of two vinyl records — from Lawrence to Bloomington, Ill., costs only \$3.33 through the Postal Service's media mail rate, a reduced price that makes it affordable to ship books, music and films. Sending the same package through UPS or FedEx would cost more than \$10. "As a citizen, it makes me angry to allow a great piece of federal infrastructure to crumble out of neglect. I can't think of a more popular federal thing," Corcoran said. "I understand that some people could complain it's not perfect, but it's kind of a miracle that anywhere where you're at they have to deliver to you and that's not the case with UPS or FedEx," Corcoran said, noting that some of his online customers are from rural areas, where it would be hard to ship packages through private vendors.

Heather LeClaire, a Wichita teacher who sells crocheted gloves and other items through the mail for additional income, said she provides free shipping for all orders in the continental U.S. The Postal Service's low rate allows her to do that. "This is something I set up purposely because I started having some physical issues and as much as I love teaching, I don't know how much longer ... This is a pretty important side business for me," she said. A music teacher at Dodge Literacy Magnet Elementary School, she's also using the Postal Service to stay connected to students and family during the pandemic by mailing them letters and art. "Being here landlocked in the middle of the U.S., they have a network to keep us connected that UPS and FedEx do not. And if it were to go away, it's like losing part of your voice." [Source: McClatchy Washington Bureau | Bryan Lowry | April 22, 2020 ++]

\*\*\*\*\*

## **Vet Geezer Comments**

### **The Grey-Haired Brigade is Here**

The typical US household headed by a person age 65 or older has a net worth 47 times greater than a household headed by someone under 35, according to an analysis of census data. 47 times!

They like to refer to us as senior citizens, old fogies, blue hairs, geezers, and in some cases dinosaurs. Some of us are "Baby Boomers" getting ready to retire, others are from the Greatest Generation already retired. We walk a little

slower these days and our eyes and hearing are not what they once were. We worked hard, raised our children, worshiped our God and have grown old together.

In school we studied English, history, math, and science, which enabled us to lead America into the technological age. We still use two spaces after a period when typing. Most of us remember what outhouses were, many of us with firsthand experience. We remember the days of telephone party-lines, \$.25 gasoline, and milk and ice being delivered to our homes.

We are probably considered old fashioned and outdated by many. But there are a few things you need to remember before completely writing us off. We won WWII, fought in Korea and Viet Nam. We can quote "The Pledge of Allegiance," and know where to place our hand while doing so. We wore the uniform of our country with pride & lost many friends on the battlefield. We didn't fight for the Socialist States of America; we fought for the "Land of the Free and the Home of the Brave." We wore different uniforms but carried the same flag.

We know the words to the "Star Spangled Banner," "America," and "America the Beautiful" by heart, and you may even see some tears running down our cheeks as we sing. We have lived what many of you should have read in history books, and we feel no obligation to apologize to anyone for America.

Yes, we are older and slower these days but rest assured, we have at least one good fight left in us. We love this country, fought and died for it, and now we are going to save it. It is our country, & nobody is going to take it away from us. We took oaths to defend America against all enemies, foreign & domestic, & that's an oath we plan to keep. There are those who want to destroy this land we love but, like our founders, there is no way we are going to remain silent.

It was mostly the young people of this nation who elected the Congress that promised "Hope and Change"--- which in reality was nothing but "Hype and Lies" from your college professors. You youngsters need to taste socialism & see evil face to face to understand you don't like it after all

You make a lot of noise, most are all too interested in their careers or "Climbing the Social Ladder" to be involved in such mundane things as patriotism & voting. Many of those who fell for the "Great Lie" in 2008 are now having buyer's remorse. With all the education we gave you, you didn't have sense enough to see through the lies and instead drank the 'Kool-Aid.'

Well, don't worry youngsters, the Grey-Haired Brigade is here, & in 2016 we took back our nation.

We may drive a little slower than you would like, but we get where we're going, and in 2020 we're driving to the polls again by the millions.

So, the next time you have the chance to say the Pledge of Allegiance, stand up, put your hand over your heart, honor your country, & thank God for the old geezers of the "Gray-Haired Brigade."

In God we STILL trust! AMEN !

[Source: Frontlines of Freedom Newsletter | Denny Gillem | April 2020 ++]

\*\*\*\*\*

## **WWII Vets 224**

**Al Ungerleider | Three War Patriot**

For nearly four decades, Al Ungerleider dedicated his life to serving his country. He was an infantry officer who saw active combat in World War II, the Korean War, and the Vietnam War, rising to the rank of brigadier general. Ungerleider experienced a lot during his years in the military, including a landing amid the chaos on Omaha Beach on June 6, 1944. But nothing stirred his emotions like what crossed before his eyes in the waning days of World War II.

At the time, U.S., Soviet and British forces were liberating Nazi concentration camps in Europe as Germany was close to surrendering, bringing to life the horrors of Adolph Hitler's "Final Solution" to exterminate the Jewish people. The liberators saw emaciated corpses piled on top of each other and skeletal camp survivors, and they could smell the stench of death.



Army 1st Lt. Ungerleider, who died in 2011 at age 89, commanded Company I of the Third Battalion of the 115th Regiment, which separated into advance parties to scout routes and bivouac areas in central Germany. Ungerleider's party came upon the Dora-Mittelbau concentration camp, the center of a vast network of forced labor camps in the Harz Mountain region. Prisoners at Dora-Mittelbau constructed large factories for the V-2 missile program and other experimental weapons. Upon entering the camp 75 years ago on April 11, 1945, Ungerleider witnessed a level of cruelty that is "burned into my brain and my soul like nothing else in my life," he said in a 1993 interview. "My men and I smashed through the gates and witnessed the site of dead bodies, of human beings in the worst state of degradation. There was absolute horror in what we saw. Then we asked, 'What can we do to help?'"  
'Literally starving to death'

Ungerleider, who was Jewish, spoke Yiddish to the survivors in the camp and grouped them together to recite the Kaddish, the Jewish prayer to mourn the dead. Prior to the liberation, the Nazis had evacuated most of the prisoners at Dora-Mittelbau to the Bergen-Belsen camp in northern Germany to hide them from allied forces. Thus, only a few hundred prisoners remained at the camp, which once held as many as 12,000 by the time the Americans arrived. "He and his unit were totally unprepared for what they found because they had no knowledge of the concentration camps," said Ungerleider's son, Neil Ungerleider. "The survivors were literally starving to death."

Neil Ungerleider explained that his father spoke with German citizens who lived in the nearby towns and villages and who claimed ignorance of the atrocities. He said to them, 'Go back and bring these people food,'" Neil Ungerleider said. "He threatened to imprison them if they didn't do it, but they did. They brought them food." The Americans appeared to encounter minimal resistance as they scoured the camp. At one point, Al Ungerleider and Army Pfc. Billy Melander went to a building and found 10 crematorium ovens with the doors closed. Edward Burke, the captain of a tank destroyer battalion that accompanied Ungerleider's unit in the assault on the camp, provided an account of what happened next:

Ungerleider told Billy to bring his M1 Rifle ready to fire as he opened the doors," Burke once said. "Doors one, two, three and four were empty. Ungerleider said as he approached door five he felt a tingle all through his body. As he opened the door, there was a German trooper with a Luger pistol aimed at them. Fortunately, Billy was faster on the trigger, and he pumped eight shots into the German as fast as he could pull the trigger."  
Nightmares from what he witnessed

Like Al Ungerleider and his unit, many Americans were unaware of the German atrocities toward the Jews. Nearly 6 million Jewish people were murdered in Nazi concentration camps from 1939 to 1945 in what is known as the Holocaust. Neil Ungerleider said his father experienced nightmares as a result of what he witnessed at Dora-Mittelbau. "This one traumatic event stuck with him for the rest of his life. He was able to cope very well with his war experiences, except for this one thing."

Nearly a year before liberating the camp, Al Ungerleider led 50 men from the 115th Regiment ashore at Omaha Beach on the morning of June 6, 1944. They were in the second wave of U.S. troops who hit the beach in the Normandy invasion along the northern coast of France. The invasion changed the course of the war by leading to the Allied

liberation of Western Europe from Germany's control. "Being in the second wave, he didn't experience the kind of slaughter that those who went in first did," Neil Ungerleider said, "which doesn't make it any less dangerous or any less heroic in terms of what he and his men did. But he did have close calls during the war." Al Ungerleider was not wounded during the landing. But he suffered injuries not long after from shrapnel in France. The first wound to his arm wasn't that serious. He was treated at a hospital in France before returning to combat. A wound to the leg was more serious. He was evacuated to England for treatment and returned to battle.

In his distinguished military career, Ungerleider also commanded military bases in Korea and Vietnam. He was a three-time recipient of the Bronze Star, which is awarded to members of the military for heroic achievement, heroic service, meritorious achievement or meritorious service in a combat zone. On June 6, 1994, the 50th anniversary of the Normandy invasion, Ungerleider was chosen to escort President Clinton for a wreath laying at the iconic site. Ten years later, he was one of 100 American Veterans who returned to Omaha Beach for the 60th anniversary. They received the French Legion of Honor, the oldest and highest honor in France.

Over the years, Ungerleider remained modest about his recognition and service to his country. "He was a patriot who loved his country and did his duty," Neil Ungerleider said. "After Pearl Harbor, my father enlisted because, as he put it, 'We were all going. No one ever thought not to go.' In his mind, he was doing nothing beyond what everyone else was doing. He never thought of himself as unique or special. The value he instilled in his children was this: Work hard, do your best and be modest about what you achieve. I cannot think of a better description of how he lived his life." He was a patriot' [Source: Vantage Point | Mike Richman | April 11, 2020 ++]

\*\*\*\*\*

## WWII Vets 225

### Daniel Inouye | Nisei Distinguished Service Cross Awardee



Senator Daniel Inouye served in the United States Senate from 1963 until his death in 2012. At the time of his death, he was America's second-longest sitting Senator, which is not at all surprising considering he could easily be considered one of World War II's hardest men to kill. This Japanese-American, who faced discrimination and segregation, had every reason to sit this war out if he so chose with a bitter heart. But considering he was raised by a father who told him the following upon enlisting by his account: "My father just looked straight ahead, and I looked straight ahead, and then he cleared his throat and said,

*'America has been good to us. It has given me two jobs. It has given you and your sisters and brothers education. We all love this country. Whatever you do, do not dishonor your country. Remember – never dishonor your family. And if you must give your life, do so with honor.'*

Daniel Inouye was born in 1924 Honolulu Hawaii, which as a second-generation or Nisei Japanese American, would put him in quite an awkward spot as a young 17-year-old man when the Japanese bombed Pearl Harbor in 1941. And while as a patriotic young man, he served as a medical volunteer in that attack, he would find himself out of place in a nation suddenly consumed with national security. On the mainland of America, thousands of Japanese Americans would find their way into internment camps. In contrast, in Hawaii, where the population was up to a quarter Japanese heritage, it was merely deemed unfeasible. Martial law and curfews were put into place while a ban on Japanese American enlistment was enacted.

As a result, Inouye chose to pursue a career in medicine by pursuing pre-med studies at the University of Hawaii. However, when the United States drop its ban on Japanese American enlistment in 1943, Inouye quickly enlisted in the Army and volunteered to be a part of the completely segregated all-Nisei 42nd Regimental Combat Team. Made up primarily of second-generation Japanese, these men would get their chance to contribute to the war effort as they were shipped to Europe, and posterity would prove this to be one of the most decorated units of the war.

Inouye's capabilities were quickly recognized as he was promoted to Sergeant within the first year. His unit participated in campaigns in Italy before being moved to France after the D-Day invasion. While in France, he was further promoted to Lieutenant and awarded the bronze star for his actions in combat. He also picked up what would be a consistent streak of luck when he was shot in the chest by a bullet only to be saved by a pair of silver dollars he kept in his pocket. These lucky charms would remain with him until he lost them, and things subsequently got really interesting.

Just weeks before the end of World War II, Inouye found his unit fighting near San Terenzo in Tuscany, Italy, during April of 1945. Despite having realized that he, unfortunately, lost his lucky silver dollars, that wouldn't stop a young Inouye from pressing the attack as if he had a guardian angel riding his shoulder the entire time. They were attacking one of the last German strongholds in Italy against a backed-up yet determined German Army where Inouye would lead an assault on the heavily defended known as Colle Muscatello. As the attack pressed on against heavy machine-gun fire, Inouye stood up and was struck in the stomach by a German bullet. While such a wound would send most men back to the medics, Inouye was no such man.

Pressing on as if it never happened, he continued to rake the German gun positions with Tommy Gunfire and grenades as he led his men on a ferocious charge. Such action would be enough gallantry for one day if Inouye were any other man, but he was decidedly anything but any other man. Approaching another machine gun position, Inouye prepped a grenade and stood to throw it when he was struck in the elbow by a German grenade launcher. Despite the fact that the grenade nearly severed his entire right arm, Inouye looked down at his then useless arm, pried the live grenade out of his immobile hand, and threw it at the German position scoring a kill.

Then, beyond belief as if hearing the words of his father to honor both his family and country, he picked up a Tommy Gun with his left arm and continued the assault. It was only when he was struck again in the leg and lost consciousness from the loss of blood that his body finally relented. Despite his horrific wounds, Daniel Inouye survived. His right arm would be amputated without anesthesia, and for his actions, he would be awarded nothing other than the Distinguished Service Cross. Despite his gallantry in combat, no Asian American would receive the Medal of Honor by the end of World War II.

As the territory of Hawaii went on to become a State, Inouye would go on to become a Senator for the State, who never lost an election in his public service career. In the year 2000, Inouye and his unit of the 442nd would finally get the honor due to their service as the nation realized their conspicuous gallantry had been overlooked. President Bill Clinton awarded Senator Daniel Inouye along with 20 other members of this relatively small unit, the Medal of Honor. Their bravery in combat is beyond dispute by any historical standard as these men represented the best of America in World War II. And among them was this short future United States Senator that would prove hard to kill in the arena of combat or politics. [Source: Together We Served | Jeff Edwards | April 2020 ++]

\*\*\*\*\*

## **Military Retirees & Veterans Events Schedule**

**As of 30 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/veterans related websites and resources.

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

- HTML: [http://www.hostmtb.org/RADs\\_and\\_Other\\_Retiree-Veterans\\_Events.html](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.html).
- PDF: [http://www.hostmtb.org/RADs\\_and\\_Other\\_Retiree-Veterans\\_Events.pdf](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.pdf).
- Word: [http://www.hostmtb.org/RADs\\_and\\_Other\\_Retiree-Veterans\\_Events.doc](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.doc).

Note that events listed on the Military Retirees & Veterans Events Schedule may be cancelled or rescheduled. Before traveling long distances to attend an event, you should contact the applicable RAO, RSO, event sponsor, etc., to ensure the event will, in fact, be held on the date/time indicated. Also, attendance at some events may require military ID, VA enrollment or DD214. Please report broken links, comments, corrections, suggestions, new RADs and/or other military retiree/veterans related events to the Events Schedule Manager, [Milton.Bell126@gmail.com](mailto:Milton.Bell126@gmail.com) [Source: Retiree/Veterans Events Schedule Manager | Milton Bell | April 30, 2020 ++]

\*\*\*\*\*

## Vet Hiring Fairs

Scheduled As of 30 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 many 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 | April 30, 2020 ++]

\*\*\*\*\*

## State Veteran's Benefits

### Arkansas 2020

The state of Arkansas provides a number of benefits available to their veteran residents in the categories listed below. To obtain more information on them refer to the attachment to this Bulletin titled, “**Arkansas State Veteran Benefits**”. For a more detailed explanation of each of the following refer to <https://va.alabama.gov>:

- Arkansas Veterans Home
- Financial Assistance
- Education
- Recreation
- Burial
- Other State Veteran Benefits

[Source: <https://www.military.com/benefits/veteran-state-benefits/arkansas-state-veterans-benefits.html?comp=7000022835803&rank=2> | April 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>.

## Gold Star Families

### Update 03: H.R.6412 | Commissary and Recreation Facilities Access

The families of fallen service members could gain access to on-base benefits such as the commissary and recreation facilities through a House bill H.R.6412 introduced 27 MAR by Rep. Debbie Mucarsel-Powell (D-FL). “We need to continue to honor those service members who we have lost by fully supporting their families,” she said. “It should be a bipartisan issue.” The bill, which was introduced last month, is co-sponsored by Rep. John Rutherford (R-FL).

The legislation takes a straightforward approach, Mucarsel-Powell said, granting access to the commissary, base exchange and morale, welfare and recreation privileges to surviving family members who receive a Gold Star lapel pin following their loved one’s death. Pins are given to a service member’s spouse, parent, sibling or child. “I’m pushing to pass this legislation as soon as possible, especially now as we are going through this pandemic. These families lose so much by losing a loved one. A lot of them lost the financial support and the assistance that they once

had,” Mucarsel-Powell said, referencing the coronavirus pandemic that has shut down much of the United States for the past month.

Commissaries, which sell tax-free groceries at 20-35% the cost of civilian stores, have been hit just as hard as off-base counterparts by panicked shoppers preparing for stay-at-home orders in response to the pandemic. In some instances, such as at Joint Base Andrews, Md., service members have volunteered to help keep these stores stocked for military families and veterans.

The bill follows previous legislation passed in August 2018 that has granted more veterans access to base grocery stores. Primarily retirees and 100% disabled veterans earn commissary access beyond their military career. In January, about 3 million people, including service-connected disabled veterans, Purple Heart recipients, former prisoners of war and primary veteran caregivers, were granted access to shop at base grocery stores through the 2019 National Defense Authorization Act. In that first month, those new customers made 70,676 transactions and averaged about \$72 per purchase, said Kevin L. Robinson, spokesman for the Defense Commissary Agency. “We’ve experienced a definite increase in new patrons shopping at several locations” he said in February, before the coronavirus sent grocery stores reeling.

Several Florida bases, including MacDill Air Force Base, Naval Air Station Pensacola, Patrick Air Force Base and Naval Air Station Jacksonville, saw some of the highest numbers of shoppers who gained commissary access this year, Robinson said. MacDill, Pensacola and Patrick all saw more than 1,000 transactions from new customers in January, while Jacksonville saw numbers rise through March. Those new customers did have to clear the hurdle of gaining access to military bases because most people in these categories no longer have a Defense Department identification card. A Veteran Health Identification card with “Purple Heart,” “Former POW” or “Service Connected” printed on the front is required for access into the installation and entry to the stores, according to the DeCA website. Caregivers need a memo from the Department of Veterans Affairs and a federally compliant, government-issued photo ID.

Similarly, Gold Star family members who could be eligible through Mucarsel-Powell’s bill would need to register with the base nearby to gain access to facilities, she said. Mucarsel-Powell said she is now working to gain more co-sponsors, and potentially pass the bill in May by a suspension vote. “Gold Star families have already lost enough,” she said. “As a grateful nation, we should continue honoring our fallen service members by fully supporting their families. I’m hopeful we can find a way to pass this legislation soon as possible so we can get much-needed help to these families.” [Source: Stars & Stripes | Rose L. Thayer | April 20, 2020 ++]

\*\*\*\*\*

## **Medicare Vaccinations**

### **Update 01: H.R.5076/S.1872 | Protecting Seniors through Immunization Act**

Ten thousand Americans turn 65 every day, which means the number of Medicare beneficiaries who need easy access to vaccines is constantly increasing. Vaccines are particularly important for older adults because our immune systems weaken with time. Adults age 50 and over are particularly susceptible to many vaccine-preventable diseases and account for a disproportionate number of the deaths and illnesses they cause. Therefore, older adults are most at risk of developing severe illness from coronavirus.

Improving adult access to vaccines can save thousands of lives and billions of dollars. The health care costs associated with low adult vaccine rates are high—each year, the U.S. spends \$15 billion treating Medicare beneficiaries alone for four vaccine-preventable diseases (Flu, Pneumococcal, Shingles, Pertussis). Cost-sharing and co-pays for vaccinations recommended by the Center for Disease Control and Prevention Advisory Committee on Immunization Practices were removed for all Affordable Care Act compliant private plans in 2010; however, Medicare beneficiaries were left out of this change and can still face high out-of-pocket costs for vaccinations.

Currently, Medicare vaccine coverage is split between Medicare Part B (which covers physician services, outpatient services, certain home health services, and durable medical equipment) and Medicare Part D (which covers drugs). Seniors can access vaccines covered under Part B—such as flu, pneumonia and Hepatitis—with no out-of-pocket costs. However, under Part D, vaccines such as shingles and pertussis often include a cost to beneficiaries. For seniors, most of whom live on fixed incomes, these additional costs may delay or even prevent them from getting vaccinated. That is simply not acceptable.

That's why The Senior citizens League (TSCL) is supporting the bi-partisan Protecting Seniors Through Immunization Act (H.R. 5076), which was introduced by Rep. Donna Shalala (D-FL) , with original co-sponsors Rep. Phil Roe (R-TN), Rep. Ann Kuster (D-NH), and Rep. Larry Bucshon (R-IN). An identical bi-partisan bill (S. 1872) was introduced in the Senate by Sen. Mazie Hirono (D-HI) with co-sponsors Sen. Shelley Moore Capito (R-WV. and Sen. Sheldon Whitehouse (D-RI). While it is probable that when a vaccine is developed for the COVID-19 virus it will be available to all Americans without cost, this legislation is necessary to make sure that seniors who need vaccines that could save their very lives get them without worrying how to pay for them.

TSCL hopes you'll contact your Senators and Representative and urge them to support these two bills. They can be tracked at <https://www.congress.gov/bill/116th-congress/house-bill/5076> & <https://www.congress.gov/bill/116th-congress/senate-bill/1872/text?r=96&s=1>. [Source: TSCL Weekly Update | April 22, 2020 ++]

**\* Military \***



## **Military Leave Policy**

### **COVID-19 Adjustment**

In addition to canceling training and postponing permanent change-of-station moves, the Defense Department's March 12 stop-movement order threatened to eat up precious vacation time for service members, as canceled leave and restrictions on anything but local travel has grounded many troops. But as it's looking more and more like the coronavirus pandemic will be keeping America at home into the summer, DoD has decided to relax its restrictions on accumulating vacation days. "Leave is vital to the continued health and welfare of our service members and civilian workforce and is key to the secretary of defense's first priority in responding to COVID-19 — protecting our service members," Matthew Donovan, the defense undersecretary for personnel and readiness, wrote in a Thursday memo.

The new policy, backdated to 11 MAR, allows troops to accumulate more than the standard 60 days of leave — though no more than 120 — through September 30. They will have until Sept. 30, 2023 to use up that excess leave, Donovan added. "Commanders will continue to encourage and to provide members with the opportunity to use their leave in the year in which it is earned," Donovan wrote. The issue of accrued leave can come up multiple times during virtual town halls with senior Pentagon leadership in recent weeks. "We want to make sure that our service members do not lose that entitlement," Senior Enlisted Adviser to the Chief Ramon Colon-Lopez, said 9 APR. Though the original travel ban was due to expire 12 MAY, Defense Secretary Mark Esper told reporters 14 APR that it will be modified and extended. "While I understand the impact this has on our troops and their families this is a necessary measure to keep our people safe and our military ready to act," Esper said. [Source: MilitaryTimes | Meghann Myers | April 17, 2020 ++]

\*\*\*\*\*

## **Military ID Card Requests**

### **Update 01: Pandemic Temporary Policy Change**



Is your military ID card expiring, but with social distancing and various stay-at-home orders in effect, you aren't sure whether you'll be able to renew it? The Defense Department has changed the process to allow service members and civilians to temporarily extend the life of their cards as the nation battles the COVID-19 pandemic. These extended cards that appear expired on their face can continue to be used for access to benefits, including health care and entry to installations and buildings and to systems and networks.

Matthew P. Donovan, undersecretary of defense for personnel and readiness, and the Joseph D. Kernan, undersecretary of defense for intelligence and security, released the policy changes in memos published 7 and 16 APR. The temporary policies are in place through 30 SEP. The changes allow people to adhere to social distancing practices by updating or renewing their ID cards from their homes with no need to visit an ID card issuing office by using the ID Card Office Online at [https://www.dmdc.osd.mil/self\\_service/rapids/unauthenticated?execution=e1s1](https://www.dmdc.osd.mil/self_service/rapids/unauthenticated?execution=e1s1) for CAC, CoLAC, and USID cards. However, officials emphasize that individuals must extend their certificates before the printed expiration date on their CAC. Individuals must continue to visit an ID card office for first-time CAC issuance, for replacement of a CAC that has already expired, and for CAC PIN resets.

#### **Common Access Cards (CAC) & Volunteer Logical Access Credentials (VoLAC)**

- CACs and VoLACs which expire on or after April 16, 2020, and are within 30 days of expiration, may have the certificates updated using ID Card Office Online to allow for continued use for logical access through September 30, 2020.
- CACs shall not be reissued due to printed information changes (e.g., promotions, name changes).
- CACs that expire on or after April 16, 2020, are authorized for continued use to facilitate access to benefits through September 30, 2020, if the cardholder's eligibility for benefits is unchanged.
- Existing and new Trusted Associate Sponsorship System (TASS) applications will be valid for 180 days, permitting TASS-sponsored cardholders to take advantage of the remote options to update their certificates.

#### **Uniformed Services ID Cards (USID)**

- If a cardholder's affiliation is unchanged, USID cards which expired on or after January 1, 2020, are authorized for continued benefit use through September 30, 2020.
- Termination of cardholder affiliation with the DoD or termination of benefit eligibility shall be verified electronically prior to confiscating an expired USID card with an expiration date on or after January 1, 2020.
- Remote family member enrollment/eligibility updates are authorized.
- Remote USID card initial issuance for first-time issuance or replacement of lost/stolen ID card is authorized.
- All remotely-issued USID cards shall be issued with an expiration date not to exceed one year from the date of issuance.
- The minimum age for initial USID card issuance is increased from 10 to 14 years.

- Continued use of the Reserve USID card to obtain active duty benefits is authorized for mobilized Reservists and their eligible dependents.

Normally, DOD issues between 18,000 and 20,000 ID cards each day at more than 1,600 sites around the world. Go to DOD Response to COVID-19 - DOD ID Cards and Benefits <https://www.cac.mil/Coronavirus> for more information. [Source: DOD News | Jim Garamone | April 22, 2020 ++]

\*\*\*\*\*

## USS Decatur (DDG-73)

### CO Relieved of Command



The commanding officer of the guided-missile destroyer Decatur was relieved of command after misleading the Navy's 3rd Fleet about the ship's position, according to a new report. An investigation of the incident, obtained by the San Diego Union Tribune, claimed that [Cmdr. Bob Bowen](#) instructed his crew in September to avoid notifying 3rd Fleet officials that the ship had gone dead in the water to complete maintenance on one of its propeller shafts. Additionally, the investigation found that Decatur's crew falsified positioning reports to conceal that the ship was stalled for hours. Two electronic systems that could detect the ship's position were disconnected in the process. "I didn't see the reason to let 3rd Fleet know that we — I mean, as long as we're not doing anything crazy," Bowen told investigators, according to the Tribune. "We could still do our mission. I just didn't want them asking questions about ... 'Hey, why are you guys doing this?'"

The incident occurred on the morning of 13 SEP when the ship was sailing between Hawaii and Seal Beach, California, the report said. To conduct the repairs, the crew locked the ship's shaft so it remained dead in the water. A bridge watchstander contacted Bowen to check if 3rd Fleet knew about the situation, to which Bowen responded, "I don't think they are aware." When pressed about whether 3rd Fleet should be notified, Bowen said there was no need since the repairs would wrap up shortly, a sailor told investigators. But when 3rd Fleet officials began inquiring about the ship's position, course and speed, another bridge watchstander called Bowen. Once more, Bowen instructed the sailor not to inform 3rd Fleet. "After I hung up with the captain, I understood what he was saying," the sailor said in the report. "Basically, (to) provide ... where we would have been ... as if we were not (dead in the water). It just seemed a little awkward I guess..."

After Bowen brushed off a third recommendation to contact 3rd Fleet, the crew then mapped out a list of coordinates for where the ship would have been without stopping to handle the maintenance issue. That information was then relayed to 3rd Fleet. "There was this piece of paper where the times and speed were calculated," a sailor told investigators. "It was, in my opinion, designed to make it look like we were continuing along our track ... when we weren't." That sailor said he refused to partake in the scheme. The ship continued feeding 3rd Fleet inaccurate coordinates until that evening, when Decatur had completed maintenance and sped off to make up for the lost time.

Although Bowen admitted that he informed his crew to avoid alerting 3rd Fleet that the ship was stalled, Bowen rejected accusations that he ordered the crew to provide 3rd Fleet with bogus coordinates and shut down electronic

tracking equipment. He also argued that the maintenance was routine and that 3rd Fleet didn't need to be notified since the ship was less than four hours behind schedule. At the time of Bowen's firing in January, Navy officials stated only that the service had lost confidence in his ability to lead following a command investigation that had been launched in November, the Tribune reported. The investigation was initiated following a complaint to Navy officials via an anonymous hotline. Bowen enlisted in the Navy in 1984 and was eventually commissioned in 2000, per his Navy records. He took command of the San-Diego based warship in April 2018. The 3rd Fleet's area of responsibility includes warships in the eastern and northern Pacific Ocean. [Source: NavyTimes | Diana Stancy Correll | April 14, 2020 ++]

\*\*\*\*\*

## USS Theodore Roosevelt

### Update 03: Navy Leaders Recommend Commander's Reinstatement

Navy leaders have recommended Capt. Brett Crozier, the former commander of the USS Theodore Roosevelt, be reinstated following their investigation into his letter warning of a severe coronavirus outbreak among his crew, according to a news report. The Navy initiated an investigation into the outbreak aboard the Roosevelt and the conduct of Crozier after the nuclear-powered aircraft carrier arrived in Guam on 27 MAR as the virus spread among the ship's crew of more than 4,800 sailors. Defense Secretary Mark Esper was briefed on the Navy's recommendations 24 APR, according to Jonathan Hoffman, the chief spokesman for the Pentagon.

"Secretary Esper received a verbal update from the acting Secretary of the Navy [James McPherson] and the Chief of Naval Operations [Adm. Michael Gilday] on the Navy's preliminary inquiry into the [coronavirus] outbreak on the USS Theodore Roosevelt," Hoffman said later in a statement. "After the secretary receives a written copy of the completed inquiry, he intends to thoroughly review the report and will meet again with Navy leadership to discuss next steps." The Navy's investigation concerns more than Crozier and it examined communications between naval officers as well as the service's response efforts spanning multiple time zones and commands, said a senior defense official, who spoke on the condition of anonymity because the official was not authorized to speak about the matter. Esper wants to read the full report to make certain it is "thorough and can stand up under the rightful scrutiny of Congress, the media, the families and crew of the Theodore Roosevelt, and the American people," the official said.

Crozier was relieved of his command 2 APR after a letter he wrote requesting that the crew be evacuated from the ship was leaked to the media. Crozier, who also contracted the coronavirus, warned in his letter that the outbreak could kill some sailors, and "if we do not act now, we are failing to properly take care of our most trusted asset — our sailors." A top lawmaker on defense issues called for Crozier's immediate reinstatement at the helm of the Roosevelt. Rep. Adam Smith (D-WA) the chairman of the House Armed Services Committee, said 24 APR that former acting Navy Secretary Thomas Modly's decision to remove the aircraft carrier's commander was "completely wrong," likening it to the former Navy leader's decision to fly to Guam and deliver his ill-advised address that ultimately cost him his job. "While Captain Crozier's actions at the outset of the health crisis aboard the TR were drastic and imperfect, it is clear he only took such steps to protect his crew," Smith said in a statement. "Not only did Captain Crozier have the full support of his crew, he also attempted to work within his chain of command. During this time of crisis, Captain Crozier is exactly what our sailors need: a leader who inspires confidence."

At the time Crozier was fired, more than 100 Roosevelt sailors had tested positive for the virus. As of 24 APR, 856 sailors have tested positive, four of them are now hospitalized at a Navy hospital in Guam, and one Roosevelt sailor has died from complications. When Modly announced he had fired Crozier during a Pentagon news conference, he said the dismissal was due to loss of confidence and for not using his chain of command to make Navy leaders aware of his concerns about the coronavirus outbreak on the ship. The night that Crozier officially left the Roosevelt, a massive crowd of sailors cheering for the captain as he made his way ashore, according to videos later posted online of his departure.

Just days after firing Crozier, Modly flew to Guam to speak to the crew of the Roosevelt. His disparaging remarks about the former commander were leaked online. In a recording of Modly’s speech, the former Navy secretary is heard saying if the captain did not believe his letter requesting help for the virus outbreak would be leaked to the media after sending it to more than 20 people, then he was “too naïve or too stupid to be the commanding officer of a ship like this.” After mounting scrutiny about his remarks and an apology, Modly resigned and acting Army Undersecretary James McPherson was appointed as the acting Navy secretary.

While the Navy grapples with the continued fallout from the outbreak among the Roosevelt crew, the service reported 24 APR its second coronavirus outbreak on a deployed warship, announcing 18 sailors had tested positive for the virus aboard the destroyer USS Kidd. The disclosure came after a sailor developed symptoms on the ship the day before and tested positive after being evacuated to a medical facility in San Antonio. The ship was supporting counter-drug operations in waters under U.S. Southern Command’s responsibility and the Navy has diverted it to an undisclosed port. There, as the service did with the Roosevelt’s crew, the Navy plans to remove most of its about 330 crew members, test them for the virus and isolate them for at least two weeks, officials said. [Source: Stars & Stripes | Caitlin M. Kenney | April 24, 2020 ++]

\*\*\*\*\*

## USMC Recruitment

### Update 04: Boot Camp Arrivals Undergo 14-day Quarantine before Training



COVID-19 is causing drastic changes in how recruits experience boot camp. As if being yelled at by drill instructors every day wasn’t stressful enough, Marine recruits arriving in San Diego, California, for boot camp will now have to undergo a 14-day quarantine before training even commences. That’s an extra two weeks of living on the recruit depot before a recruit ever stands on the iconic footprints — which begins the transformational process of becoming a Marine. New recruits with Echo Company, 2nd Recruit training Battalion, are screened after arriving at Marine Corps Recruit

“As recruits arrive to the depot in the future, they will enter a staging period of 14 days during which they will be medically screened, monitored and provided classes to prepare and orient them to begin recruit training,” the San Diego depot posted to Facebook. Photos of the newly arriving Echo Company show recruits donning face masks and having their temperatures recorded — part of an effort to help slow the spread of COVID-19. While new recruits at boot camp will undergo the same training to earn the title — culminating in a grueling 54-hour exercise dubbed the Crucible — their lives and initial experiences of recruit training will be different than that of their predecessors.

Recruits and drill instructors aboard the depots are already donning face masks during training, there’s extra space in between racks in squad bays, more spacing at the chow halls and classroom training has been adapted to meet guidelines pushed by the Defense Department and health experts. Recruits at Parris Island, South Carolina, are authorized to have a cellphone following the Crucible to help mitigate communications disruptions as a result of COVID-19. Those phones are only authorized to be used during fourth phase liberty hours. “Current planning and execution remain fluid as the situation continues to evolve,” the San Diego depot posted to Facebook “The health and well-being of our recruits, recruiting and training personnel, and their families remain our primary concerns,” the San Diego depot said. [Source: Stars & Stripes | Caitlin M. Kenney | April 2, 2020 ++]

\*\*\*\*\*

## **USS Vermont (SSN-792)**

### **Virginia-Class Fast-Attack Submarine Put In Service**

The U.S. Navy commissioned USS Vermont (SSN 792), the 19th Virginia-class attack submarine on April 18, 2020. Although the traditional public commissioning ceremony was cancelled due to public health safety and restrictions of large public gatherings, the Navy commissioned USS Vermont administratively and transitioned the ship to normal operations. Meanwhile, the Navy is looking at a future opportunity to commemorate the special event with the ship's sponsor, crew and commissioning committee. "This Virginia-class fast-attack submarine will continue the proud naval legacy of the state of Vermont and the ships that have borne her name," said Acting Secretary of the Navy James E. McPherson. "I am confident the crew of this cutting edge platform will carry on this tradition and confront the challenges of today's complex world with the professionalism and dedication our nation depends on from warriors of the silent service."

Vice Adm. Daryl Caudle, commander, Submarine Forces, said Vermont's entry to service marks a new phase of American undersea warfare dominance for a global Submarine Force that is ready to deter, defend and defeat threats to our nation, allies, and rules-based international order. "This warship carries on a proud Vermont legacy in naval warfare and unyielding determination stretching back to the birth of our nation," Caudle said. "To her crew, congratulations on completing the arduous readiness training to enter sea trials and prepare this ship for battle. I am proud to serve with each of you! Stand ready to defend our nation wherever we are threatened – honoring your motto – FREEDOM AND UNITY. May God bless our Submarine Force, the people of Vermont, and our families! From the depths, we strike!"

The ship's sponsor, Ms. Gloria Valdez, former deputy assistant secretary of the Navy (Ships), offered her gratitude to everyone who played a role in delivering USS Vermont to service. She said she is proud to represent the crew and the first Block IV Virginia-class submarine to enter service. "I am very proud of the sailors and families of USS Vermont who worked so hard to bring her to life, and also feel extremely grateful to everyone who played a role preparing her to defend our nation for generations to come," Valdez said. "I look forward to commemorating this special occasion together with the crew in the future."

Vermont's commanding officer, Cmdr. Charles W. Phillips III, highlighted Vermont's accomplishments over the past several weeks getting through initial sea trials. The hard work and dedication of the entire team during the past few years was evident in the successful execution of at-sea testing. He said he is especially thankful to the crew and their families, ship sponsor Ms. Valdez, and the USS Vermont Commissioning Committee, led by Ms. Debra Martin, for all their hard work and support of the crew.

*"We recognize just how important the submarine force is during this era of great power competition. As part of the nation's maritime asymmetric advantage over our competitors, we are ready to perform whatever duty is most needed. The crew is hungry to hone our skills at-sea and become an effective fighting unit, and we will work tirelessly to justify the nation's confidence in us. Today marks the culmination of six years of dedicated work by the men and women who constructed the nation's newest and most capable warship. We are all honored to be part of this historic moment," Phillips said. "We are also grateful for the families who have supported our sailors through the long process of bringing this warship to life and dedicated their time with patriotism and selfless devotion."*

USS Vermont is the third U.S. Navy ship to bear the name of the "Green Mountain State." The first Vermont was one of nine 74-gun warships authorized by Congress in 1816. The second Vermont, Battleship No. 20, was commissioned in 1907 and first deployed in December of that same year as part of the "Great White Fleet." She was decommissioned June 30, 1920. Vermont is a flexible, multi-mission platform designed to carry out the seven core

competencies of the submarine force: anti-submarine warfare; anti-surface warfare; delivery of special operations forces; strike warfare; irregular warfare; intelligence, surveillance and reconnaissance; and mine warfare.

The submarine is 377 feet long, has a 34-foot beam, and will be able to dive to depths greater than 800 feet and operate at speeds in excess of 25 knots submerged. The ship's construction began in May 2014, and it will provide the Navy with the capabilities required to maintain the nation's undersea superiority well into the 21st century. It is the first the first of 10 Virginia-class Block IV submarines. Block IV submarines incorporate design changes focused on reduced total ownership cost. By making smaller-scale design changes, the Navy will increase the length of time between maintenance stops and increase the number of deployments. [Source: U.S. Department of Defense | April 18, 2020 ++]

\*\*\*\*\*

## USS Zumwalt

### Update 11: Navy Finally Accepts Delivery



The Navy has accepted delivery of a next-generation stealth destroyer more than three years after its commissioning, the service announced 24 APR. The destroyer Zumwalt has a working combat system and will move onto a new phase of developmental and sea testing, according to a news release from Naval Sea Systems Command. The ship was commissioned in 2016 and broke down a month later while passing through the Panama Canal. The \$4 billion ship has since faced other delays and cost overruns. Navy officials are calling the delivery a "major milestone" for the Zumwalt, known as DDG 1000.

"The combat test team, consisting of ... sailors, Raytheon engineers, and Navy field activity teams, have worked diligently to get USS Zumwalt ready for more complex, multi-mission at-sea testing," Capt. Kevin Smith, a program manager with the Navy's Program Executive Office, Ships, said in a statement. "I am excited to begin demonstrating the performance of this incredible ship." The Navy cut its original plans to buy more than two dozen of the new ships down to three. The Government Accountability Office last year slammed the Navy for ongoing problems with the 155mm deck guns that were planned for the Zumwalt-class destroyers. In development, the service found the cost for a single round for the guns was about \$800,000, leaving it essentially inoperable. The Navy in 2018 changed the destroyers' primary mission from land attack to offensive surface strike. Modifications needed to make that switch cost about \$1 billion, the GAO noted.

The Zumwalt is joining the U.S. Pacific Fleet and can officially count toward the Navy's ship totals. Its shape, structure and antenna arrangements "significantly reduce radar cross section, making the ship less visible" to enemies, according to the release. "Every day the ship is at sea, the officers and crew learn more about her capability, and can immediately inform the continued development of tactics, techniques, and procedures to not only integrate Zumwalt into the fleet, but to advance the Navy's understanding of operations with a stealth destroyer," said Capt. Andrew Carlson, the Zumwalt's commanding officer. The second of the Zumwalt-class destroyers, the Michael Monsoor, is homeported in San Diego and is undergoing combat systems activation. The third and final ship of the class, the future Lyndon B. Johnson, is under construction in Maine. [Source: Military.com | Gina Harkins | April 24, 2020 ++]

\*\*\*\*\*

## Navy Deployments

### Update 03: Harry S. Truman Carrier Strike Group to Remain at Sea



The Harry S. Truman Carrier Strike Group’s deployment may have drawn to a close, but the flattop carrier and its escorts are being ordered to remain at sea in an effort to keep sailors protected from exposure to COVID-19. The group, which was set to return to Norfolk, Virginia, after completing a deployment to U.S. 5th and 6th Fleet areas of operation, will instead remain on call in the Western Atlantic in case the need for a rapid response forward deployment arises, Navy officials confirmed. “The ship is entering a period in which it needs to be ready to respond and deploy at any time,” Vice Adm. Andrew Lewis, commander U.S. 2nd Fleet, said in the Navy release. “Normally we can do that pierside, but in the face of COVID-19, we need to protect our most valuable asset, our people, by keeping the ship out to sea.”

Rear Adm. Andrew Loiselle, commander of Carrier Strike Group 8, acknowledged that an extension might not come as welcome news to crew members, some of whom departed Norfolk in September for a deployment largely devoted to keeping tabs on Iran. The deployment was the carrier Truman’s third overseas cruise in the last four years. “After completing a successful deployment we would love nothing more than to be reunited with our friends and families,” Loiselle said in the release. “We recognize that these are unique circumstances and the responsible thing to do is to ensure we are able to answer our nation’s call while ensuring the health and safety of our Sailors. We thank you for your continued love and support as we remain focused on this important mission.”

In addition to the strike group’s aircraft carrier namesake, the guided-missile destroyers Forrest Sherman, Farragut, and Lassen, as well as the guided-missile cruiser Normandy, are currently at sea. Navy officials expect to update crew and family members of the evolving situation in “approximately three weeks,” the release said. The Navy’s decision comes in the wake of Monday’s announcement that a sailor from the aircraft carrier Theodore Roosevelt had died from complications related to COVID-19.

The sailor, who was admitted to an intensive care unit last week in Guam, is the first from the 4,800-person ship to die following a coronavirus outbreak onboard. As of Monday, 485 sailors assigned to the sidelined carrier have contracted COVID-19. “We mourn the loss of the Sailor from USS Theodore Roosevelt who died today, and we stand alongside their family, loved ones, and shipmates as they grieve,” Chief of Naval Operations Adm. Mike Gilday said. “This is a great loss for the ship and for our Navy. My deepest sympathy goes out the family, and we pledge our full support to the ship and crew as they continue their fight against the coronavirus. While our ships, submarines and aircraft are made of steel, Sailors are the real strength of our Navy.” [Source: NavyTimes | J.D. Simkins | April 13, 2020 ++]

\*\*\*\*\*

## **Navy Force Structure**

### **DoD Study Calls for Cutting Current Size**

An internal Office of the Secretary of Defense assessment calls for the Navy to cut two aircraft carriers from its fleet, freeze the large surface combatant fleet of destroyers and cruisers around current levels and add dozens of unmanned or lightly manned ships to the inventory, according to documents obtained by Defense News. The study calls for a fleet of nine carriers, down from the current fleet of 11, and for 65 unmanned or lightly manned surface vessels. The study calls for a surface force of between 80 and 90 large surface combatants, and an increase in the number of small surface combatants – between 55 and 70, which is substantially more than the Navy currently operates.

The assessment is part of an ongoing DoD-wide review of Navy force structure and seem to echo what Defense Secretary Mark Esper has been saying for months: the Defense Department wants to begin de-emphasizing aircraft carriers as the centerpiece of the Navy's force projection and put more emphasis on unmanned technologies that can be more easily sacrificed in a conflict and can achieve their missions more affordably. A DoD spokesperson declined to comment on the force structure assessment. "We will not comment on a DoD product that is pre-decisional," said Navy Capt. Brook DeWalt. The Navy is also working on its own force structure assessment that is slated to be closely aligned with the Marine Corps' stated desire to become more closely integrated with the Navy.

Cutting two aircraft carriers would permanently change the way the Navy approaches presence around the globe and force the service to rethink its model for projecting power across the globe, said Jerry Hendrix, a retired Navy captain and analyst with the Telemus Group. "The deployment models we set – and we're still keeping – were developed around 15 carriers so that would all fall apart," Hendrix said, referring to standing carrier presence requirements in the Middle East and Asia-Pacific. "This would be reintroducing reality. A move like this would signal a new pattern for the Navy's deployments that moves away from presence and moves towards surge and exercise as a model for carrier employment."

A surge model would remove standing requirements for carriers and would mean that the regional combatant commanders would get carriers when they are available or when they are needed in an emergency. With 9 carriers, the Navy would have between six and seven available at any given time with one in its mid-life refueling and overhaul and one or two in significant maintenance periods. The net result would be significantly fewer carrier deployments in each calendar year. The assessment reducing the overall number of carriers also suggests that the OSD study didn't revamp the Carrier Air Wing to make it more relevant, Hendrix said.

Esper has taken a keen interest in Navy force structure, telling Defense News in March that he had directed the Pentagon's Office of Cost Assessment and Program Evaluation (CAPE), along with the Navy, to conduct a series of war games and exercises in the coming months in order to figure out the way forward toward a lighter Navy, but said any major decisions will be based around the completion of a new joint war plan for the whole department, which the secretary said should be finished this summer. "I think once we go through this process with the future fleet — that'll really be the new foundation, the guiding post," Esper told Defense News. "It'll give us the general direction we need to go, and I think that'll be a big game changer in terms of future fleet, for structure, for the Navy and Marine Corps team." When it comes to carriers, Esper said he saw a lot of value in keeping carriers in the force structure, and that it wasn't going to be an all-or-nothing decision. "This discussion often comes down to a binary: Is it zero or 12?" Esper said. "First of all, I don't know. I think carriers are very important. I think they demonstrate American power, American prestige. They get people's attention. They are a great deterrent. They give us great capability."

The OSD assessment also calls for essentially freezing the size of the large surface combatant fleet. There are about 90 cruisers and destroyers in the fleet: the study recommended retaining at least 80 but keeping about as many as the Navy currently operates at the high end. The Navy's small surface combatant program is essentially the 20 littoral combat ships in commission today, with another 15 under contract, as well as the 20 next-generation frigates, which would get to the minimum number in the assessment of 55 small combatants, with the additional 15 presumably being more frigates.

The big change comes in the small unmanned or lightly manned surface combatants. In his interview with Defense News, Esper said the Navy needed to focus integrating those technologies into the fleet. “What we have to tease out is, what does that future fleet look like?” Esper said. “I think one of the ways you get there quickly is moving toward lightly manned [ships], which over time can be unmanned. “We can go with lightly manned ships, get them out there. You can build them so they’re optionally manned and then, depending on the scenario or the technology, at some point in time they can go unmanned. “To me that's where we need to push. We need to push much more aggressively. That would allow us to get our numbers up quickly, and I believe that we can get to 355, if not higher, by 2030.”

The Navy is currently developing a family of unmanned surface vessels that are intended to increase the offensive punch for less money, while increasing the number of targets the Chinese military would have to locate in a fight. That’s a push that earned the endorsement of the Chief of Naval Operations Adm. Michael Gilday in comments late last year. “I know that the future fleet has to include a mix of unmanned,” Gilday said. “We can’t continue to wrap \$2 billion ships around 96 missile tubes in the numbers we need to fight in a distributed way, against a potential adversary that is producing capability and platforms at a very high rate of speed. We have to change the way we are thinking. [Source: Defense News | David B. Larter | April 20, 2020 ++]

\*\*\*\*\*

## U.S. Space Force

**Applications Open to Anyone in the Defense Department Until 1 MAY**



**Air Force Secretary Barbara Barrett looking on, U.S. Space Force Chief of Space Operations Gen. Jay Raymond administers the U.S. Space Force oath of enlistment to Chief Master Sgt. Roger Towberman at the Pentagon on April 3, 2020.**

Want to be one of the first military members to volunteer to join the Space Force? Your 30-day window of opportunity starts 1 MAY. “I know 30 days isn’t a long time, which is why we’re trying to get out in front of it,” Chief Master Sgt. Roger Towberman, the Space Force’s top enlisted officer, said during a 16 APR virtual town hall. “I understand it’s a life-changing decision, a life-impacting decision for you and your family, so we want you to get it right.” Applications are open to anyone in the Defense Department, not just Air Force personnel who already control satellites and manage rocket launches. Those who sign up are locked in for two years beginning in September, though Towberman said they could make exceptions for people who might have problems with the two-year commitment.

“You have to get approval of your service and the approval of the Space Force, but those options are open to you,” Chief of Space Operations Gen. Jay Raymond said during the town hall. “We have multiple, many, many O-5 [lieutenant colonel] leadership opportunities in the Space Force. ... What we can’t do is break the Army, or break the Navy, or break the Marines while we stand up the Space Force, but if you’re interested, we’d love to have you.” That appears to be a shift from the earlier plan to start transferring Air Force personnel into the Space Force in 2020 but wait on moving Army and Navy employees until fiscal 2022. The Space Force did not answer on 20 APR whether Soldiers, Sailors, and Marines can join within the next two years.

Anyone who believes they will have a hard time submitting their intent to formally transfer into the Space Force by the end of May can email Towberman about their situation. “I want to know the details,” he said. “We don’t want anybody caught and wondering and not being able to make a decision.” The initial window for volunteers is tight, but

the 30-day cutoff means military leaders will have a better idea sooner of how many people to account for in short-term planning. DOD expects the Space Force will include about 16,000 members, most of whom are already assigned to the new service as employees of the former Air Force Space Command.

“Every one of the services knows their end strength, they know how many people they have,” Towberman said. “We don’t have those answers until we get through this window and we get people to raise their hand and say ‘I’m in’ or ‘I’m out.’ We can’t plan accessions, we can’t plan recruiting strategies, we can’t plan retention levers, we can’t plan affiliations, we can’t do any of the normal planning that any service needs to do if we don’t know how many people are in.” The Space Force will be staffed by a combination of members who are officially part of the new service and Air Force personnel who are assigned to the Space Force for jobs like installation security, but whose resources still come from USAF. Civilian employees will remain part of the Department of the Air Force but can be assigned to the Space Force, just as Department of the Navy civilians can work for the Marine Corps. Eligible civilians who want to join the Space Force as officers or enlisted members could start that process late this summer to come in during fiscal 2021.

Space Force officials are soliciting ideas about how to make that patchwork of a workforce feel like a cohesive organization. The Air Force will value people who spend time with the Space Force in the same way that it regards other joint assignments, Towberman said. Raymond and Towberman pledged that the service will develop the same sort of career advancement opportunities that are already available in the Air Force.

Towberman said a new legislative affairs program will bring enlisted space operators to Capitol Hill next year. There’s no news yet on what those enlisted operators will be called, however. The Space Force is still figuring out what to name its members instead of Airman, and that decision will change enlisted ranks like Airman 1st class. Towberman said they are getting close on certain cultural considerations like the titles, but that he’s hesitant to celebrate those milestones while the service tackles priorities and larger concerns related to the coronavirus pandemic. [Source: Air Force Magazine | Rachel S. Cohen | April 20, 2020 ++]

\*\*\*\*\*

## **Navy Terminology, Jargon & Slang** **‘Horse-cock’ thru ‘Hydraulic Sandwich’**

**Horse-cock** - Sandwich meat, usually served at MIDRATS or during relaxed states of GQ, made with mystery meat masquerading as bologna or other lunch meat. The legendary 'tube steak.' Aka 'cylindrical sirloin', 'fillet of mule tool.'

**Horse Latitudes** – An area of variable and fickle winds in the region of the doldrums. Sailing ships which were becalmed here often had to throw live cargo such as livestock over the side to conserve water. The bloated carcasses sometimes floated for quite some time, and were often seen by other ships.

**Hot Rack** (or Rack) – Sharing of beds due to a lack of living space aboard ship.

**Hot Run** – A torpedo which lodges in its tube when fired, or which activates itself without being fired. A very dangerous situation, as the torpedo’s warhead could easily "cook off" from the heat buildup.

**Hot Runner** – A high performer, one who consistently does well.

**Hot, Straight, and Normal** – (Submarine) A report from the sonar operator that torpedoes just fired are running hot (proper ignition of the engine has occurred), straight (not malfunctioning and steering in a circular run), and normal (no unusual noise are being emitted). Originally used to report performance of steam torpedoes, ca. WWII.

**Hotel Services** – Power, water, and steam used for cooking, heating, laundry, or other non-engineering or non-propulsion purposes.

**HPAC** – See Hi-Pac.

**HS** – Helicopter anti-submarine warfare squadron.

**HSL** – Helicopter anti-submarine squadron (light).

**Huffer** - A cart used to provide start air to an aircraft.

**Hull Down** – The term for a ship when viewed at such a distance that only her upper works (structure above the weather deck level) can be seen.

**Hull Up** – The term for a ship which is sufficiently close that her weather decks may be seen.

**Hum Job** – Blowjob.

**Hummer** - (1) E-2 Hawkeye, so-called for the sound of its turboprop engines. (2) Any propeller-driven aircraft.

**Hunter-killer** – (1) A SAG whose primary mission is ASW; a term coined in WWII. (2) FAST ATTACK sub.

**Hydraulic Sandwich** – Liquid Lunch.

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> | April 30, 2020 ++]

**\* Military History \***



## WWII Doolittle Raid

### Update 01: Buoyed American Spirits 78 Years Ago

The April 18, 1942, Doolittle Raid on Japan early in World War II bolstered American spirits just months after the surprise attack on Pearl Harbor and the loss of the U.S. territories of Guam and the Philippines. The other goals of the mission were to bomb Japanese war industries and to lower the morale of the Japanese people. The problem was that the U.S. didn't have long-range strategic bombers that could take off from Hawaii on their bombing run to Japan and then return. So with the help of the Navy, a plan was hatched. The Army Air Force's North American B-25B Mitchell was selected as the best bomber available that could take off from an aircraft carrier. The commander of the raid, Army Lt. Col. Jimmy Doolittle, planned to fly his squadron from a carrier to the Soviet city of Vladivostok after the bombing run.



But they would not return to the carrier. B-25B tests showed that it had difficulty landing on the deck of a carrier, as it was meant to be a land-based runway aircraft. Also, the carrier group could get out of harm's way quickly enough, as enemy planes and ships were anticipating such an attack and had positioned vessels at sea to spot U.S. warships. The bombers also lacked radar. Although the Soviet Union was a U.S. ally against Germany, it had signed a nonaggression pact with Japan, so it declined an offer to participate. To get within range of Japan, the plan was to sail the carrier USS Hornet within 400 miles of mainland Japan, launch the 16 aircraft with a crew of 80 airmen and quickly sail out of harm's way, along with the carrier Enterprise; a cruiser; eight destroyers and two oilers.

However, when the task force was 750 miles from Japan, they were spotted by a Japanese patrol vessel, which the cruiser USS Nashville, promptly sank. However, the patrol vessel had time to radio a warning to the Japanese military, so the decision was made to launch the 16 B-25B's immediately and get out of the area as quickly as possible. Six hours after launch, the aircraft bombed military and industrial targets in Tokyo and other large cities on the main island of Honshu. Of the 16 planes, 15 crash-landed in China and one aircraft, which was low on fuel, landed in the Soviet Union, which was closer. Crew members from that plane were detained because the rules of neutrality were such that the men couldn't be returned. However, they all managed to escape.

In total, three crew members were killed in action. Another three were executed by the Japanese, and one died in captivity. This was considered a relatively low fatality rate for such a risky mission. One of the survivors, Doolittle, received the Medal of Honor in 1942 from President Franklin D. Roosevelt. One of those who was captured by the Japanese, Army 2nd Lt. George Barr, was treated horribly while in custody, and at one point was near death. After the war and after recovery, he returned to Japan as a missionary, serving there for 30 years. The Doolittle Raid, while doing relatively minor damage to Japan, did serve to greatly boost the morale of the American people, which was the primary aim. [Source: DOD News | David Vergun | April 18, 2020 ++]

\*\*\*\*\*

## **WWII Last Airborne Deployment**

### **Operation Varsity**



In the early morning hours of March 24, 1945, a massive WWII airborne operation known as Operation Varsity launched with an attempt to deploy 17,000 American and British Airborne troops across the Rhine River. It was the largest single-day airborne operation in history. In the final months of WWII, Western Allied Forces advanced east into Germany. This meant crossing numerous rivers, many of which no longer had standing bridges. The Rhine River was especially treacherous, with steep banks and swift currents, providing German forces with a natural defensive barrier.

Planning got underway to deploy airborne forces on the east side of the Rhine. The principal mission was to seize and hold the high ground five miles north of Wesel, Germany, and to facilitate the ground action and establish a bridgehead. The soldiers would then hold the territory until the advancing units of the British 21st Army Group joined

them, allowing them to advance to northern Germany. Extensive photo reconnaissance identified suitable drop zones. This operation would be part of Operation Plunder and would involve troops from the 17th Airborne Division and the British 6th Airborne Division.

On the night of March 23, British ground troops crossed the Rhine and launched an intense assault near Wesel, securing nine small bridgeheads. At 6:00 a.m. on March 24, airborne troops were given the green light. A huge armada consisting of more than 1,500 American aircraft and gliders carrying more than 9,000 soldiers, rendezvoused with the British airborne armada of 1,200 aircraft and gliders carrying 8,000 soldiers. They met in the skies near Brussels, Belgium, and formed a column two-and-a-half hours long. To draw away enemy fighters during the operation, the 15th Air Force consisting of 150 heavy bombers, flew one of its longest missions and bombed Berlin.

Paratroopers filed out over the drop site while gliders cut loose over the landing area. Concealed flak positions, sniper and mortar fire, caused casualties. After landing, the soldiers fought off German attempts to infiltrate their defensive positions. In the process, they captured German prisoners. Stuart Stryker served in the 513th Parachute Infantry Regiment, 17th Airborne Division. During Operation Varsity, he parachuted to a landing near Wesel. When his company attacked a strongly defended building, another platoon became pinned down by intense fire. Stryker voluntarily ran to the head of the unit calling for soldiers to follow him. He charged the German position and was killed just 25 yards from the building. His attack provided a diversion that allowed other soldiers to take the position, where they captured over 200 soldiers and freed three American airmen held as prisoners. Stryker was posthumously awarded the Medal of Honor. In 2002, the US Army named its new armored fighting vehicle "Stryker" in his honor.

Operation Varsity was deemed a success, and soldiers captured bridges, strongholds, and secured towns, allowing troops to advance to northern Germany. British and American casualties were lower than military experts anticipated but still numbered more than 2,000. The two divisions also captured 3,500 German prisoners. [Source: Together We Served | April 2020 ++]

\*\*\*\*\*

## WWII Bomber Nose Art [53] Georgie's Gal



\*\*\*\*\*

## Military History Anniversaries 01 thru 15 MAY

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 MAY**". [Source: This Day in History [www.history.com/this-day-in-history](http://www.history.com/this-day-in-history) | April 2020 ++]

\*\*\*\*\*

## Medal of Honor Citations

**Harold A. Furlong**



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

*To*

**HAROLD A. FURLONG**

**Rank and organization:** *First Lieutenant, U.S. Army, 353d Infantry, 89th Division.*

**Place and date:** *Near Bantheville, France, 1 November 1918*

**Entered service:** *Detroit, Michigan*

**Born:** *August 25, 1895 in Pontiac, Mich.*

### Citation

Immediately after the opening of the attack in the Bois-de-Bantheville, when his company was held up by severe machinegun fire from the front, which killed his company commander and several soldiers, 1st. Lt. Furlong moved out in advance of the line with great courage and coolness, crossing an open space several hundred yards wide. Taking up a position behind the line of the machineguns, he closed in on them, one at a time, killing a number of the enemy with his rifle, putting 4 machinegun nests out of action, and driving 20 German prisoners into our lines.



**Furlong storming a machine gun nest on November 1, 1918**

After earning the Medal of Honor, he joined the Michigan National Guard, retiring in May 1946 with the rank of Colonel. He died on July 27, 1987 (aged 91) and was interred at Oak Hill Cemetery in Pontiac, Michigan.

[Source: <http://www.cmohs.org/recipient-detail/2527/furlong-harold-a.php> | April 2020 ++]



## TRICARE Prime

### Update 42: 36,000 Enrollees to Get Refunds

About 35,000 military retirees will soon receive cash refunds from Tricare, thanks to a policy change made last year that affects how Tricare calculates annual out-of-pocket maximum payments. The rebates impact retirees with Tricare Prime who paid more than \$2,400 out of pocket towards their annual maximum payment in 2018 and 2019. They do not impact Tricare for Life or Tricare Retired Reserve users. The annual maximum out-of-pocket payment, or "catastrophic cap," for any retiree family with a service member who joined the military before Jan. 1, 2018, is set at \$3,000. For those who joined after Jan. 1, 2018, the annual retiree cap is about \$3,600. Those who joined before 2018 pay about \$600 per year for plan enrollment, while those who joined after 2018 will pay about \$1,000.

A set of sweeping Tricare reforms ordered in 2018 directed that the annual fee paid by retirees to use Tricare Prime no longer counted toward the yearly out-of-pocket max. That meant some families were faced with an increase of about \$600 in their yearly Tricare spending, up to \$3,600 for most retirees. But that change was reversed last summer, retroactive to 2018, allowing the enrollment payment to count toward the cap once again and reducing the amount of money retirees might pay out of pocket each year by about \$600 for most users.

Retirees should watch their mailboxes for refund notification letters from Tricare's contractors, HealthNet in the west region and Humana in the east, Tricare officials told Military.com today. The letters will start going out April 20, they said. The reimbursements will be in the form of an account credit automatically applied to future enrollment fees, officials said. Retirees will also have the option of requesting a cash refund, they said.

The Defense Health Agency, which oversees Tricare, announced a plan early this year to bar retirees from access to many on-base medical facilities, instead requiring them to be seen off base. That means retirees on Tricare Prime will increasingly be paying out of pocket for care -- and coming closer to hitting that annual out-of-pocket maximum. While retirees using Tricare Prime face no out-of-pocket costs if they are seen by an on-base providers, they do cost shares when seen off-base, including \$20 per primary care visit and \$31 for specialty care. [Source: Military.com | Amy Bushatz | April 17, 2020 ++]

\*\*\*\*\*

## TRICARE Factual Appeal

### Use if You Disagree With your Payment Amount

Under the H.R. 6201, the Families First Coronavirus Response Act recently signed into law, TRICARE will waive copays for approved COVID-19 testing that is ordered by a doctor. Beneficiaries are not responsible for copays for tests (and related provider services and supplies) furnished on or after the date of enactment. Claims that were filed with a copay will be reprocessed to remove the copayment or cost share. Beneficiaries who already paid a copay for now-covered tests can file for reimbursement by filing a factual appeal.

A factual appeal is the action you take if you don't agree with a decision made about your benefit when TRICARE denies payment for services/supplies you received or stops payment for services or supplies that were previously

authorized. To File a Factual Appeal send a letter to your [contractor's address](#). Make sure the postmark is within 90 days of the date on the explanation of benefits (EOB) or other decision.

- Include a copy of the EOB or other decision.
- Include any supporting documents.
- If you don't have all the supporting documents, send the appeal with what you have. Make sure to state that you'll send more information soon.

Your contractor will review your appeal and send you an appeal decision. If the amount you're appealing is less than \$50, the decision is final. If the amount is \$50 or more and the letter says the [Defense Health Agency](#) is the next level of appeal, you can request a formal review. To Request a Formal Review send a letter to the Defense Health Agency. Make sure the postmark is within 60 days of the date on the appeal decision and include copies of the decision, and any supporting documents.

The Defense Health Agency reviews and issues a formal review decision. If the disputed amount is less than \$300, the decision is final. If the disputed amount is \$300 or more, you can request an independent hearing. To request an Independent Hearing send a hearing request to the Defense Health Agency. Make sure the postmark is within 60 days of the date of the formal review decision and include a copy of the formal review decision plus any supporting documents you haven't submitted before. The independent hearing takes place at a location convenient to both the requesting party and the government. An independent hearing officer issues a recommended decision. The final decision is issued by the Defense Health Agency director (or designee) or the Assistant Secretary of Defense for Health Affairs. [Source: <https://tricare.mil/ContactUs/FileComplaint/Factual> | April 25, 2020 ++]

\*\*\*\*\*

## **Health Information Exchange**

### **Health Data Sharing HIE Capability Launched**

On 18 APR, the Federal Electronic Health Record Modernization (FEHRM) program office, U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DOD) launched a modernized health data sharing capability, enhancing both departments' ability to securely exchange records with community health care partners. The joint DOD and VA health information exchange (HIE) allows providers in both departments to quickly and securely access electronic health record (EHR) data for their patients seen by a participating community partner or health system. Equally important, participating community providers now have a single point of entry to request and access DOD and VA electronic health records for use in their treatment of those patients.

“The recent COVID-19 pandemic underlines the importance for clinicians on the front lines to quickly access a patient's health record, regardless of where that patient previously received care,” said Dr. Neil Evans, the interim director of the Federal Electronic Health Record Modernization program office. “As the DOD and VA implement a single, common record, the joint health information exchange and the associated expansion of community exchange partners is a critical step forward, delivering immediate value to all DOD and VA sites.” The benefits of the new joint HIE capability are currently available to all VA and DOD care providers and to all participating community partners. The joint HIE also provides a platform for future interoperability expansion, including connecting to CommonWell, a network of more than 15,000 community providers, expected later this year.

As part of an effort to transform health care delivery for Service members and Veterans, the departments are implementing a new electronic health record system at all their care facilities. By implementing the same EHR system and sharing the same health care data source, VA and DOD will document care from the time the patient enters the military through veteran care in one single, common health record. The joint HIE capability honors patient consent, so that health records of patients who opt out of sharing will not be exchanged through the HIE. For more information about VA and DOD's electronic health record modernization program, visit <https://www.ehrm.va.gov>,

\*\*\*\*\*

## Cleaner Combination No Nos

### Take Care You Don't Get Hurt

Is the warming weather triggering your spring cleaning impulses? Or maybe sheltering in place has got you scrubbing. Cleaning feels like a healthy impulse, but take care you don't get hurt. That's easier than you'd imagine, as cleaning products often contain chemicals — including bleach, ammonia, acids and hydrogen peroxide — that should never be used together. Below, are outlined some dangerous combinations of common household chemicals.

But first a word of caution. Before using any cleaning products, always read their labels. The Missouri Poison Center also advises leaving each product in its own container to help avoid mistakes and confusion. In case you have a chemical accident, act quickly: Call the American Association of Poison Control Centers hotline at 800-222-1222 to reach your local poison control center. Then, look for a toll-free telephone help number on a product's label and check a product's website for information.

#### Never mix chlorine bleach and ammonia

You probably have a gallon jug of chlorine bleach in your laundry area. It makes laundry whiter — and can be used to sanitize a home against the spread of the coronavirus, as are detailed in "[5 Household Cleaners That Can Kill the Coronavirus](#)." Ammonia is another familiar household cleaner. You may have it on hand for cleaning windows, for instance.

But combining bleach and ammonia — or cleaning products that contain bleach and ammonia — creates dangerous *chloramine gas*. Exposure to this gas can cause chest pain, coughing, shortness of breath, nausea and irritation to your eyes, nose or throat. It can even cause pneumonia and fluid in the lungs. The active ingredient in chlorine bleach is sodium hypochlorite, which is found in many disinfectants as well as household bleach, according to the Washington State Department of Health. So, if a cleaning product says "sodium hypochlorite" or "bleach" on its label, do not mix it with ammonia. Ammonia may be found in glass and window cleaners as well as paint (both interior and exterior). If you are uncertain whether such a product contains ammonia, be safe and don't use it with bleach.

#### Never mix chlorine bleach and acids

When the chlorine bleach combines with an acid it can create another dangerous substance, *chlorine gas*. The Washington State Department of Health warns:

"Chlorine gas exposure, even at low levels, almost always irritates the mucous membranes (eyes, throat and nose), and causes coughing and breathing problems, burning and watery eyes, and a runny nose. Higher levels of exposure can cause chest pain, more severe breathing difficulties, vomiting, pneumonia, and fluid in the lungs. Very high levels can cause death."

In late 2019, a restaurant manager in Burlington, Massachusetts, died after a cleaning product containing high-strength sodium hypochlorite (the active ingredient in bleach) was used on a floor where a cleaning product containing phosphoric acid and nitric acid had been spilled. The Utah Department of Health says acids may be present in:

- Vinegar
- Drain cleaners
- Toilet bowl cleaners
- Window and glass cleaners
- Automatic dishwasher detergents and rinses
- Products for removing lime, calcium and rust

- Concrete and brick cleaning products

If you're unsure whether a product contains an acid, don't use it with bleach or products that list bleach or sodium hypochlorite on their label.

### **Never mix vinegar and hydrogen peroxide**

Vinegar is acidic — its key ingredient is acetic acid. Vinegar is also an amazingly versatile and environmentally friendly product. You can use it in your home to replace expensive chemical cleaners and pesticides like those we identify in "[27 Money-Saving Ways to Use Vinegar in Every Room of Your Home](#)" Hydrogen peroxide, also an acid, is used as a disinfectant and antiseptic as well as a bleaching agent. In fact, it is found in many OxiClean products. But do not combine vinegar or products that contain vinegar with hydrogen peroxide or products that contain hydrogen peroxide. The Missouri Poison Center warns:

*"When vinegar of any kind is mixed in the same container with hydrogen peroxide, periacetic acid is formed. Periacetic acid is used as a sanitizer, but in high concentrations it is corrosive and can cause irritation of the skin, eyes and respiratory system."*

### **Never mix vinegar and Castile soap**

Castile soap, available in liquid or bar form, is named after olive oil-based soaps originating in Castile, Spain. Other soaps may use animal fat, but Castile soap contains only vegetable oils. Castile soap is used as a household cleaning agent for its simple ingredients. It is particularly good at cutting through grease. Vinegar, too, is often by preferred by households looking for simple, healthy cleaners. But don't use them together, cautions Lisa Bronner, whose family members run Dr. Bronner's Magic Soaps. She is a granddaughter of the company founder, Dr. Emanuel Bronner.

It's not dangerous to combine acidic (lower-pH) cleaning agents like vinegar or lemon juice with a base or alkaline (higher-pH) cleaner like Castile soap. But the acid and base, when combined, react to neutralize each other's useful properties. Bronner explains: "The vinegar 'unsaponifies' the soap, by which I mean that the vinegar takes the soap and reduces it back out to its original oils. So you end up with an oily, curdled, whitish mess." It's safe and preferable, Bronner says, to use Castile soap and vinegar in sequence: Clean with Castile soap and follow that with a vinegar rinse to remove any soap film.

[Source: MoneyTalksNews | Marilyn Lewis | April 18, 2020 ++]

\*\*\*\*\*

## **Depression**

### **Update 08: Spravato Available to Tricare Beneficiaries by 18 MAY**



Spravato, the controversial ketamine-based nasal spray used to treat severe depression, will be available to Tricare beneficiaries on a case-by-case basis beginning May 18, Defense Health Agency officials announced Friday. The medication, a synthetic version of the anesthetic ketamine, will be available to patients with treatment-resistant depression who receive prior authorization from Tricare. The move comes a little over a year after the U.S. Food and Drug Administration fast-tracked approval of the drug, which has a similar makeup as the hallucinogenic club drug known as Special K.

Shortly after Spravato received FDA approval, President Donald Trump touted it a potential solution to addressing the problem of veterans suicide. Trump stumped for the drug as he has recently for hydroxychloroquine to treat COVID-19, saying Spravato had shown "tremendously positive" effects in early testing and was a miracle drug. "It really takes that horrible anxiety, whatever causes somebody to be so desperate to commit suicide...and its results are incredible," Trump told veterans at the American Legion convention in Louisville, Kentucky, last summer. "I've instructed the top officials to go out and get as much of it as you can."

From its inception, Spravato was widely hailed as a breakthrough treatment that relieves symptoms in hours or days rather than weeks, the first major antidepressant medication to hit the market in 30 years. It is intended for patients who have not had success after trying at least two antidepressant medications for major depressive disorder. Treatment requires the patient to receive the medication from a provider at a medical facility. A typical dosing involves twice-weekly visits in the first month, followed by a single dose weekly or biweekly as needed. As with any drug, however, Spravato carries risk. FDA officials said they fast-tracked the medicine due to the limited availability of effective antidepressants for difficult-to-treat patients. But the drug also carries a boxed warning for dangerous symptoms such as blood pressure spikes and disassociation, including feelings of physical paralysis and out-of-body experiences, as well as suicidal thoughts and behaviors.

A report last year by The Guardian and the Center for Public Integrity raised concerns over the FDA's rapid approval for Spravato and VA's quick endorsement. According to the report, Spravato proved no better than a placebo in two of three short-term trials. The article also charged that during the trials, six people died, three of them from suicide. Studies also have raised questions as to whether the medication is effective in males and patients ages 65 and over -- notable concerns for the VA, where 90 percent of patients are men, with an average age of 63. The media reports also found that Johnson & Johnson, owner of the pharmaceutical subsidiary that makes Spravato, worked with the members of Trump's Mar-a-Lago Club in Palm Beach, Florida, to influence the president and the VA to consider the medication. Shortly after the report, a VA panel voted to place limits on its use within VA, requiring approval on a case-by-case basis.

An estimated 16 million Americans have had at least one major episode of depression, and of those, 1 in 3 are considered treatment-resistant. The number of active-duty personnel diagnosed with a depressive disorder from 2007 to 2017 was 281,289, making depression second only to anxiety disorders among mental health diagnoses in U.S. service members. At DoD, Spravato has not been considered by the advisory panel that reviews and votes on medications to be added to the Pentagon's formulary, the list of medications that are covered by Tricare. Instead, it has been offered as a medical benefit that will require prior authorization through a physician from Tricare. [Source: Military.com | Patricia Kime | April 17, 2020 ++]

\*\*\*\*\*

## **Medical Supplies**

### **Legislation Needed to Lower U.S. Dependence on China**

Each year Congress is supposed to pass two pieces of legislation regarding the Department of Defense. Normally, these would not be something The Senior citizens League (TSCL) would be involved with or report on. However, we have all learned the hard way that health care is, in some circumstances, an issue of immediate national security. As has been widely reported, the U.S. is dangerously dependent on China for certain prescription and non-prescription drugs and other necessary medical clothing and equipment. Between 80 percent and 90 percent of U.S. antibiotics, 70 percent of acetaminophen and about 40 percent of heparin are manufactured in China, in addition to most of the personal protective equipment that medical personnel need.

In early February of this year former U.S. health officials testified before the Senate Homeland Security and Governmental Affairs Committee and warned that the United States' ability to respond to an epidemic within its borders is critically hampered by its reliance on China for pharmaceutical products and insufficient funding for

preparedness. At that hearing the woman who led medical and biodefense preparedness in President Trump’s National Security Council (NSC) until 2019, testified that the US had failed to protect the supply of essential medicine and medical equipment. The hearing was held as Senators were grappling with the Trump administration budget plan that proposed sweeping cuts to areas including health, scientific research and the environment for next year, including the health agencies charged with leading the response to the contagion.

Ominously, the Chinese government-run news agency that's considered to be a mouthpiece of the Chinese Communist Party recently “claimed that China could impose pharmaceutical export controls which would plunge America into 'the mighty sea of coronavirus.'” Because of that, there is now a provision in the fiscal year 2021 National Defense Authorization Act that would reduce some of that dependence. In addition, several members of Congress have introduced legislation that would do the same thing.

As long ago as last October, Rep. John Garamendi (D-CA) introduced a bill – H.R. 4710 – that would direct the Secretary of Defense to “include in each national defense strategy steps to strengthen the United States industrial base and to assure an uninterrupted supply of medicines . . .”. More recently Rep. Mike Gallagher (R- WI) and Sen. Tom Cotton (R-AK) introduced bills that would task a Food and Drug Administration registry with tracking drug ingredients, ban the federal government from buying drugs with a supply chain that originates in China, require drugs to be labeled with the name of the country where they came from and provide benefits to manufacturers who make their drugs or medical equipment in the U.S. Other bills to reduce dependence on China for pharmaceuticals have also been introduced by Sen. Marsha Blackburn (R-TN), Sen. Bob Menendez (D-NJ) and Sen. Josh Hawley, (R-MO).

Clearly, something needs to be done. But the problem is complicated by the fact that China and the U.S. have a massive amount of trade with one another. We in the U.S. have grown accustomed to buying much less expensive items that are made in China, while China buys a huge amount of our agricultural exports, among other things. TSCL is going to watch this closely in the coming weeks and months because seniors are now, and will continue to be, affected by what happens regarding these Chinese-manufactured drugs. [Source: TSCL Weekly Update | April 22, 2020++]

\*\*\*\*\*

## Thyroid Disease

### Update 03: 60% of People With it Don’t Know They Have It

Many of us worry about being diagnosed with a life-threatening illness. Cancer, heart disease and Type 2 diabetes loom large in our fears, especially as we grow older. But we often overlook one generally less life-threatening but still potent condition, thyroid disease, which is more common than heart disease or diabetes, according to the University of Michigan. In fact, up to 60% of Americans with thyroid disease — as many as 12 million people — don’t realize they have the illness. People who are at a greater risk of developing thyroid disease include women, people over age 60 and people with a history of an autoimmune disease or a family history of thyroid disease. The thyroid is a small gland that sits in your lower neck. Sometimes described as being shaped like a butterfly, this gland is important because it secretes hormones that impact nearly every organ in your body.

When something goes wrong with the thyroid, it can hamper regulation of the body’s metabolic processes and control of the body’s temperature. And plenty can go wrong with this gland. In some cases, your body secretes too much thyroid hormone. Known as “hyperthyroidism,” this condition speeds up body processes, leading to symptoms such as:

- Nervousness or anxiety
- Increased sweating and heart rate
- Trouble sleeping
- Weight loss

- Frequent bowel movements

By contrast, sometimes the body secretes too little thyroid hormone, a condition called “hypothyroidism,” which slows down body processes. Symptoms may include:

- Intolerance to cold
- Fatigue
- Dry skin
- Mood swings and depression
- Constipation

The only sure way to know if you have thyroid disease is to see your doctor and have your blood tested to measure your thyroid hormone levels. If the results show a problem, further testing may be necessary to find the cause of the issue. The good news is that most thyroid conditions are easily treatable, according to the University of Michigan. Medications often can correct the problem. In some cases of hyperthyroidism, you may require radioactive iodine treatment or surgery. [Source: MoneyTalksNews | Marilyn Lewis | April 17, 2020 ++]

\*\*\*\*\*

## **Dust Mite Allergy**

### **Triggered by Mite Feces (Poop)**

In dust mite allergies, it isn't the dust that causes the symptoms. Instead, the allergy is triggered by substances that are mainly found in the dust mites' feces (“poop”). The tiny particles of feces are attached to the dust and spread in that way. No home is completely free of dust mites. They are found in beds, carpets, rugs, upholstered furniture and curtains. Because of this, people who have a dust mite allergy have allergy symptoms such as sneezing and a runny nose all year round. If someone has an allergic reaction that affects their upper airways (nose, sinuses and throat), it is called “allergic rhinitis.”

#### **Symptoms**

People who have a dust mite allergy sneeze a lot, and have a runny or stuffy nose. If their symptoms are more severe, they might also feel weak and tired. Their eyes might water and itch, and they might have swollen eyelids. Asthma-like symptoms such as coughing, wheezing and shortness of breath may occur too. Dust mite allergies usually cause milder symptoms than hay fever (a pollen allergy) does. But they occur all year round, whereas hay fever is seasonal. The symptoms are typically worse at night and in the morning because dust mites tend to live in mattresses, pillows and bedding.

#### **Causes and risk factors**

Allergy symptoms arise when your body overreacts to particular substances that are usually harmless. These substances (allergens) trigger a chain reaction in the immune system. First, the body makes antibodies to fight the allergen, and the antibodies bind to specific cells. If these cells come into contact with the allergen again, they are then able to “respond” by releasing chemical substances such as histamine. These substances then set off an allergic reaction, causing symptoms such as sneezing or itchy eyes. It's almost impossible to avoid contact with dust. If dust is stirred up – for instance, by a draft of wind or when shaking up bedding – it floats through the air and is breathed in, together with the allergens on it. Sometimes a higher risk of allergies runs in families. Environmental factors such as air pollution and cigarette smoke can make them more likely too.

#### **Prevalence and outlook**

Allergic rhinitis affects about 1 out of 4 people in industrialized countries like Germany. Most people develop the symptoms before the age of 20. Dust mite allergies typically first develop in childhood or puberty, and never go away again. If people have allergic rhinitis for many years, the allergy might “move down” into the lower airways (lungs) too, causing asthma. Sometimes people become allergic to certain foods too after a while (a phenomenon known as

cross-reactivity). This is less likely to happen with dust mite allergies than it is with other allergies, like hay fever. But people who have dust mite allergies may become allergic to foods like shellfish and mollusks such as mussels, crabs, lobsters, shrimps or snails. Severe symptoms may increase the likelihood of developing other medical conditions such as sinusitis (inflammation of the sinuses). Allergic rhinitis often makes the mucous membranes that line the airways overly sensitive in general too. As a result, their nose may react more strongly to irritants like dry air in heated rooms and cigarette smoke.

### **Diagnosis & Prevention**

If you see a doctor, he or she will first ask you about your symptoms, circumstances in life, and medical history. The doctor can then do an allergy test (a skin prick test) to find out whether you are allergic to particular substances. This involves placing small drops of various allergens on the skin of your forearm, leaving enough space between them, and then gently pricking the surface of your skin where the allergens are, so the substances go into the skin. If the skin becomes red and swollen (like a big mosquito bite) where it was pricked, it's a sign that you're allergic to that substance. You might also need a blood test or something known as a provocation test. This is where the membranes lining the nose are exposed to extracts of the potential allergen using a nasal spray or drops. If the lining of your nose becomes swollen, you sneeze and your nose starts running, you are likely to be allergic to that substance.

The most effective way to prevent allergy symptoms is to avoid the substances that trigger the allergy. Although dust mites can't be completely avoided, contact with them can be reduced. Particularly in the bedroom, it may be helpful to combine a number of different approaches: wiping the bedroom floor with a damp cloth, using mite-proof mattress covers, removing "dust traps" such as upholstered furniture and curtains, and regularly washing your bedding at temperatures above 60°C (140°F). Dust mites survive longer in warm and humid conditions. So it can be a good idea to keep the bedroom temperature constant between about 18 and 20°C (about 64 to 68°F), and regularly open the windows to let fresh air in. Air humidifiers and plants can make it easier for dust mites to thrive, so it's best to keep them out of bedrooms. Dust mite sprays containing acaricides (pesticides against mites and ticks) could also help reduce the symptoms. They can be sprayed onto mattress covers, for instance. Special dust mite air filters are available too, but it isn't clear how effective they are.

### **Treatment**

Various medications are available for the treatment of allergy symptoms:

- Antihistamines
- Steroids (corticosteroids)
- Chromones (mast cell stabilizers)
- Leukotriene receptor antagonists
- Decongestant nasal drops and sprays

There are also non-drug alternatives such as saline (salt water) nasal sprays and nasal washes (nasal irrigation). Allergen-specific immunotherapy (also known as desensitization) can reduce your sensitivity to allergens over the long term. A bit like with vaccines, this treatment approach involves exposing people to small amounts of the allergen. Here it is done at regular intervals by either injecting the allergen under your skin or placing it under your tongue. Allergen-specific immunotherapy takes about three years to complete.

[Source: [www.informedhealth.org](http://www.informedhealth.org) | April 2020 ++]

\*\*\*\*\*

## **Hay Fever**

### **Do Not Confuse w/COVID-19 Symptoms**

The main signs of a pollen allergy are a stuffy nose and itchy eyes. A coronavirus infection typically causes a cough and fever. But a cough or shortness of breath can also occur in people who have asthma-like symptoms due to their

allergy. Many children and adults are affected by hay fever in the spring and summer months, when plants grow and bloom. Sneezing and itchy eyes can be a real problem, especially on days that are warm and dry. A lot of people who have allergies and asthma have more asthma attacks around this time of year too. Hay fever is an allergic reaction to pollen in the air, affecting the upper airways. The medical term for the symptoms it causes is allergic rhinitis.

People who have allergic rhinitis sneeze a lot and have a runny or stuffy nose. If their symptoms are more severe, they might also feel weak and tired. Sometimes people have watery and itchy eyes too, and their eyelids become swollen. The medical term for this is allergic rhinoconjunctivitis (allergic rhinitis combined with conjunctivitis). Other possible hay fever symptoms include itching and asthma-like symptoms such as coughing, wheezing, and shortness of breath. These symptoms only occur during the pollen season. They are usually much more noticeable than the symptoms of a dust mite allergy, but don't last the whole year.

### **Causes and risk factors**

Allergy symptoms arise when your body overreacts to particular substances that are usually harmless, such as pollen. These substances (allergens) trigger a chain reaction in the immune system. First, antibodies to the allergen are made, and they bind to specific cells. If these cells come into contact with the allergen again, they are then able to “respond” by releasing chemical substances such as histamine. These substances then lead to allergic reactions such as sneezing or itchy eyes. The following shows which plants commonly cause allergic reactions and when pollen from those plants is typically in the air:

- Hazel tree February
- Alder tree March
- Birch tree April
- Beech tree May
- Oak tree May
- Ash tree Mid-April to mid-May
- Grasses Mid-May to mid-August
- Mugwort Mid-July to late August
- Ragweed September

Sometimes a higher risk of allergies runs in families. Environmental factors such as air pollution and cigarette smoke can make allergies more likely. Allergies are quite common nowadays. This may be partly due to higher standards of hygiene and the fact that some infections have become less common in childhood. As a result, our immune systems are often not as “well trained” as they might have been in the past.

### **Prevalence and outlook**

Hay fever affects about 1 out of 4 people in industrialized countries like Germany. It usually first arises before the age of 20. The allergic rhinitis symptoms may “move down” into the lungs and develop into allergic asthma after several years. Sometimes people who have a pollen allergy become allergic to certain foods too after a while (a phenomenon known as cross-reactivity). Severe hay fever may increase the likelihood of developing other medical conditions such as sinusitis (inflammation of the sinuses). Hay fever often makes the mucous membranes lining the airways overly sensitive in general too. As a result, they may also react more strongly to irritants like dry air in heated rooms or cigarette smoke.

### **Diagnosis**

If you see a doctor, you will first be asked about your symptoms, your everyday life circumstances, and medical history. The doctor can then do a skin prick test to find out whether you are allergic to particular substances. This involves placing small drops of various allergens on the skin of your forearm, leaving enough space between them, and then pricking the surface of your skin where the allergens are, so the substances go into the skin. If your skin becomes red and swollen, like a big mosquito bite, you have had an allergic reaction to that substance. You might also need a blood test or something known as a provocation test. This is where the membranes lining the nose or the eyes (conjunctiva)

are exposed to extracts of the potential allergen using a nasal spray or drops. If the lining of your nose becomes swollen, you sneeze and your nose starts running, you are likely to have allergic rhinitis.

### **Prevention & Treatment**

It's nearly impossible to protect yourself from pollen, unless you travel to areas of the world where there is currently no pollen in the air. You can minimize the effects of pollen by keeping windows closed and washing your hair before going to bed. Local weather reports often provide information about pollen forecasts and current pollen counts. The symptoms can be treated with various medications:

- Antihistamines
- Steroids (corticosteroids)
- Chromones (mast cell stabilizers)
- Leukotriene receptor antagonists
- Decongestant nasal drops and sprays

There are also non-drug alternatives such as saline (salt water) nasal sprays and nasal washes (nasal irrigation). Although these products may relieve the symptoms, they usually aren't able to replace medication entirely. Allergen-specific immunotherapy (also known as desensitization) can reduce your sensitivity to allergens over the long term. Like with vaccines, this treatment approach involves exposing people to small amounts of the allergen. Here it is done at regular intervals by either injecting the allergen under your skin or placing it under your tongue. Allergen-specific immunotherapy takes about three years to complete.

[Source: [www.informedhealth.org](http://www.informedhealth.org) | April 2020 ++]

\*\*\*\*\*

## **Prescription Drug Costs**

### **Update 51: Congress Unlikely to Act Until COVID-19 Vaccine Developed**

The Senior Citizens League (TSCL) has been fighting for several years to get Congress to pass legislation to lower prescription drug prices for seniors. In addition, for the last several months we have been fighting for other legislation to stop the practice of surprise medical billing, whereby someone receives an unexpected bill for health care that they thought was covered by their health insurance. They knew it was going to be a tough fight to get both of those passed this year, with the possibility of surprise billing legislation being easier to pass than lower prescription drug prices. Nonetheless there was some hope that Congress would, in fact, pass legislation dealing with both issues by the end of May. But the rise of the coronavirus pandemic caused Congress to kick the can down the road until November 30.

This week TSCL participated in a conference call with Congressional reporters who now say that passing legislation for either of those is becoming less and less likely, at least until effective treatments for those affected by the coronavirus are developed and until a vaccine against the virus is available and our citizens are widely vaccinated. With the urgent need to develop both of those, lawmakers are hesitant to cut into the profits of the drug companies we are depending upon to come up with them. In other words, the drug companies have us over a barrel for the time being.

Regardless of that, TSCL will continue to keep up the pressure on Congress and the President to take some kind of action on both issues. Perhaps there are other measures that could be considered right now such as reducing the cost of co-pays for drugs. TSCL recognizes that pharmaceutical manufacturers serve a vital mission in keeping us all healthy, but making sure they don't take advantage of those who are dependent on prescription drugs for our health, and sometimes for our very lives, has to be a priority of our lawmakers. [Source: SCL Weekly Update | April 22, 2020 ++]

\*\*\*\*\*

## Prescription Drug Costs

### Update 52: Drugmaker Tripled Pill Price as It Pursued COVID-19 Use

In April, Jaguar Health more than tripled the price of its lone FDA-approved drug, right after asking the federal government to expand the use of its drug to coronavirus patients. Company executives argued the move was needed to stave off the company's collapse. Going into this year, the list price of a 60-pill bottle of Mytesi — an antidiarrheal medication specifically for people with HIV/AIDS who are on antiretroviral drugs — was \$668.52. On 9 AP, Jaguar Health raised the price to \$2,206.52, according to pricing data from Elsevier's Gold Standard Drug Database.

The price hike coincides with the company's push to get its drug to more patients — specifically those diagnosed with COVID-19. On 21 MAR, Jaguar Health asked the FDA to authorize emergency use of Mytesi for COVID-19 patients who were experiencing any diarrhea or "diarrhea associated with certain antiviral treatments" including [remdesivir](#), among others. Jaguar Health argued Mytesi, which is made from the sap of trees in the Amazon rainforest, should be used more widely because researchers suggested diarrhea was a common symptom in coronavirus patients. On 7 APR, the FDA denied that request. The agency declined to comment about why it denied the company's request. Jaguar Health is still in discussions with the National Institute of Allergy and Infectious Diseases about evaluating Mytesi's effectiveness against this coronavirus.

Jaguar Health disclosed earlier this month that "there is substantial doubt about our ability to continue as a going concern as we do not currently have sufficient cash resources to fund our operations" for another year. Mytesi generated less than \$6 million of revenue last year. Raising the drug's price threefold and shooting for a bigger patient population, especially coronavirus patients, would substantially increase revenue. Jaguar Health CEO Lisa Conte told Axios the company decided in December to raise the price of Mytesi in April because it was losing too much money. She also blamed health insurers for making the drug difficult for people to get.

"The reimbursement barriers are so huge. It's impossible for us to make a business out of it," Conte said. If the FDA granted emergency use for Mytesi during the coronavirus pandemic, the company would have held off on the price increase, Conte said. It delayed the price hike scheduled for April 1 until after it heard from the FDA. When asked if the company would have increased Mytesi's price after any emergency use period lapsed, she replied: "Likely." "[The price increase] is absolutely the right decision for everyone," Conte said. Jaguar Health isn't the only drug company that has raised prices amid the outbreak. The U.S. drugmaker of chloroquine doubled the price of its product last month, the [Financial Times](#) reported. [Source: [www.axios.com](http://www.axios.com) | Bob Herman | April 23, 2020 ++]

\*\*\*\*\*

## Canada/Mexico Prescription Drugs

### Update 03: FDA Seizures Impact Seniors during Pandemic



The Food and Drug Administration in the past month has stepped up seizures of prescription drugs being sent to American customers from pharmacies in Canada and other countries, according to operators of stores in Florida that facilitate the transactions. While seizures at the nation's international mail facilities have periodically spiked during the

past two decades, the latest crackdown is distressing many older customers whose goal is to stay home during the coronavirus pandemic.

“It’s very aggravating,” said Cabot Jaffe Sr., 83, of Maitland, Florida, who had his asthma drug seized by the FDA in March. He gets his inhaler through Canadian MedStore, a Florida storefront business that facilitates the sale from a Canadian pharmacy for Americans with prescriptions from their doctor for the medications. It is 35% cheaper than the cost from his local pharmacy, Jaffe said, saving him hundreds of dollars a year. The FDA notice he received said the drug, Breo, was not labeled correctly because it did not state for RX-only. “Foreign-made versions of U.S. approved drugs have generally not received FDA approval for use or sale in the United States,” the FDA letter said. But, Jaffe said, the drug he gets through Canadian MedStore looks exactly like what he previously bought at a pharmacy in Florida. Many drugs sold in the United States are made in other countries.

Bill Hepscher, co-owner of Canadian MedStore, said more than 200 of his customers have had drugs seized since early March. They have to reorder the medication or pay higher prices at their local pharmacy. “How can the FDA justify spending resources on this during a worldwide pandemic?” Hepscher asked. The latest seizures come as the Trump administration works with Florida, Colorado and other states to set up a system to help more Americans import drugs from Canada, where many brand-name medications are significantly cheaper than in the United States. About 2% of American adults say they buy drugs from outside the United States— either over the internet or during travels to Canada or overseas.

Gabriel Levitt, co-founder of PharmacyChecker.com, a private company that verifies international online pharmacies for consumers, said the seizures are affecting consumers nationwide. He surmised the crackdown could be related to federal efforts to scrutinize shipments of medications and substandard hand sanitizers claiming to help treat or prevent COVID-19, the illness caused by the novel coronavirus. The FDA has said that in most cases importing drugs for personal use is illegal, although it very rarely tries to stop Americans from bringing drugs across the Canadian border and it intercepts only a fraction of those sent by mail from foreign pharmacies.

In 2019, the FDA said it planned to screen 45,000 packages after recently increasing staffing at the mail facilities. Previously, the FDA was inspecting 10,000 to 20,000 packages annually, which amounts to fewer than 0.18% of the packages assumed to contain drug products. With additional resources, the agency said it planned to increase that number to 100,000 packages per year. Since 2003, the FDA has not stopped retail stores in Florida from helping consumers buy drugs from abroad. Nine storefronts were raided by FDA officials in 2017, although the FDA has allowed them to continue operating. Judy Vobroucek, owner of Discount Med Direct, which has storefronts in Florida and Illinois that help consumers with prescriptions order drugs from Canada and other countries, said about three dozen of her customers had had their medications seized in recent weeks. “It’s odd that during a pandemic the FDA is spending resources seizing packages,” she said.

As a result of the pandemic, Canada, New Zealand and other countries that sell to Americans will provide only a 30-day supply instead of the typical three months’ worth of a drug, Vobroucek said. Linda Gebhards, 69, of Gulfport, Florida, said she has been buying the hormone drug Premarin for more than two years from Canadian MedStore, which connects her to pharmacies in New Zealand or England. She pays \$97 for a three-month supply, compared with more than \$500 at a pharmacy in Florida. “It was really a shock when I got a seizure letter,” Gebhards said. “I only had three pills left.” [Source: Miami Herald | Phil Galewitz | April 20, 2020 ++]

\*\*\*\*\*

## Coronavirus

### Update 26: How to Sanitize Your Cellphone

You probably know that your mobile phone is nothing less than your connection to the world and home to precious data. It’s also likely to be an (ugh) breeding ground for all manner of bacteria and viruses. That includes the

coronavirus that causes COVID-19. If you're like most though, you probably don't know how to clean and sanitize your device in a way that doesn't damage it. You'll find plenty of articles on the web hawking erroneous or possibly harmful information. Fortunately, three recent bulletins — from Apple, Samsung and Consumer Reports — have cleared up a lot of confusion.

The main takeaway — contrary to previous advice you may have seen — is this: It's safe to wipe the screen and body of your iPhone or Pixel devices with alcohol-based wipes. Still, be careful with rubbing alcohol itself, warns CNET: "It can strip the oleophobic and hydrophobic coatings that keep oil and water from damaging your display and other ports."

**Apple:** The core of Apple's advice for disinfecting iPhones is: "Using a 70% isopropyl alcohol wipe or Clorox Disinfecting Wipes, you may gently wipe the exterior surfaces of your iPhone." Apple offers more detailed cleaning instructions for its specific devices, but the following general advice applies to all models:

- Shut down the device and unplug any cables before cleaning.
- Avoid getting moisture in any of the openings.
- Don't use bleach.
- Do not submerge devices in a cleaning solution.
- Don't use cleaning products like household cleaners or window cleaners.
- Don't use compressed air.

**Google:** A Google representative confirmed to Consumer Reports that it's also safe to clean Google devices (including Pixel smartphones) with isopropyl alcohol wipes. Samsung's site says you can clean Galaxy smartphones as well as tablets and watches with an alcohol-based solution that contains more than 70% ethanol or isopropyl alcohol. But you must apply the disinfectant to a microfiber cloth rather than applying a liquid directly to a device.

**Consumer Reports:** If you use a smartphone case or cover, Consumer Reports's chief scientific officer, James Dickerson, says you can remove it from your phone and wash it in the sink with soap and water. Don't worry — the CDC says, soap and water remove more germs than alcohol-based hand sanitizers do. Of course, you can't use this option if your case has a built-in battery.

### **Why you should sanitize your smartphone**

Consumer Reports says: "Studies have shown that smartphones are a breeding ground for germs and other pathogens, making it important to keep them clean." It stands to reason that we can spread the coronavirus by touching hard surfaces harboring the virus, which could happen, say, after someone infected sneezed into their hand and touched a doorknob. Research indicates that the coronavirus can live on surfaces for hours to days. To learn more, check out "[How Long Does Coronavirus Live on Surfaces?](#)"

[Source: MoneyTalksNews | Marilyn Lewis | April 17, 2020 ++]

\*\*\*\*\*

## **Coronavirus**

### **Update 27: DIY Disinfectants**

The Centers for Disease Control and Prevention has guidance for two DIY disinfectants. One uses bleach, the other rubbing alcohol, both effective on high-touch areas: doorknobs, light switches, phones, cabinet handles, etc. Debbie Sardone, owner of [www.pinterest.com/speedcleaning](http://www.pinterest.com/speedcleaning), follows her "Speed Cleaning Rule of Three" to make the most of DIY disinfectants.

**Rule 1:** Clean first, then zap. Before you grab the disinfectant, get rid of gunk, grime and crumbs with a regular cleaner or your hands. Now you can zap with a disinfectant.

**Rule 2:** Spray and stay. After you spray the surface, wait at least 90 seconds for that disinfectant to do its job, Sardone says. (Clorox advises two minutes on its bleach bottles.)

**Rule 3:** One and done. By the time you use that wipe on the third doorknob, you're doing more harm than good. Given the waste of "one and done," it's another reason our experts use machine-washable microfiber cloths. Those need to be washed after each side has been used, to avoid transferring germs from surface to surface. (Both Maker and Sardone sell their own brands of microfiber cloths online.) Dantas prefers reusable microfiber shop towels, like those sold in auto-supply stores.

### **Bleach**

"Bleach is an amazing disinfectant, but you have to dilute it," Sardone says. The CDC bleach recipe calls for a third-cup of bleach to one gallon of water. That's four teaspoons of bleach per quart of water.

- Take that solution and pour it in a deep container. Cut a roll of paper towels or shop towels in half, pull out the cardboard and submerge both halves. If you happen to have an empty Clorox wipes container, you can use that instead of a deep container. Or you can soak the paper towels and bleach solution in a Ziploc bag, and use it as a to-go bag. Bleach loses its disinfecting power after 24 hours, so only submerge the number of paper towels you'll use in that time period in the container. Make a new solution after 24 hours and plop another round of towels in.
- Whatever container you use, be sure to label it as bleach. "Whatever you do, don't use a water bottle - even if you don't have kids and think you'll remember it has bleach in it," Sardone says. "It's not worth the risk."
- And never mix bleach with ammonia, vinegar or any other solution. That's especially crucial to remember if you're repurposing empty bottles. Rinse the bottle clean with water until you see no suds from its former inhabitant, Maker says. Fill with fresh water and pump the trigger, spraying until suds-free water comes out.
- Disinfectants are your big guns, so use them cautiously, wearing a mask and gloves.

### **Alcohol**

There's "not an ounce of bleach in my house," says Maker, who prefers the CDC-approved alcohol solutions of at least 70 percent alcohol. This concentration disqualifies even the fanciest of vodkas (40 percent), so save the booze for a Zoom happy hour. If you have 70 percent rubbing alcohol, use it straight, no water. Dilute 90 percent alcohol with just a little water.

- If you have baby wipes or makeup wipes, saturate them fully with rubbing alcohol for another wipes option. Remember: You shouldn't mix bleach with anything but water, so stick to alcohol when turning premade wipes into disinfectants. For alcohol-based wipes, Maker suggests allowing the solution to sit for three to five minutes before wiping away with another cloth.
- Phones and computer keyboards are a great place to start (and end) the day with a disinfectant wipe. We're working, socializing, exercising and learning through our screens and machines, so treat them to frequent wipedowns, Maker says. (Do take care with touch screens, though, which could be damaged.)

### **Soap**

Everyday cleaners won't disinfect, but they will lift and remove dirt and grease. "Basic dish soap and water is a very effective cleaner for the majority of things in your house," Maker says. "Soap is designed to lift dirt and grease - fingerprints, footprints, jam, whatever your cat threw up on a hard surface. Soap and water can take pretty much whatever you throw at it." Maker's blend: Two cups of water, a half-teaspoon dish soap and an optional couple drops of essential oils to customize the smell. She sprays this on bathroom surfaces, granite kitchen counters and tables.

### **Vinegar**

- For glass, use vinegar mixed with water in equal parts. Newspapers stacking up? Color-free pages can stand in for paper towels, Dantas says.

- For floors, he uses a solution of 70 percent water and 30 percent vinegar. Don't have a mop or Swiffer? Grab a rag and do some core work on the floor! Tear up some old T-shirts after you've reorganized your drawers and make it a Throwback Thursday kind of cleaning fest.
- Got a shower head in need of its own bath? Soak it in vinegar for 30 minutes, Dantas says. Scrub it down with an old toothbrush.
- Not a fan of vinegar? Sardone uses distilled water as her everyday cleaner.

### Baking soda

Need abrasion for grime, stubborn pots and pans, or soap scum? Behold the humble baking soda. "You can't find yeast, can't find flour, but you can find baking soda - and it's inexpensive!" Maker says.

- To blend with water, add a tiny amount of soda until you have a thin paste.
- If you don't get enough grit, add more baking soda, Maker says. The mix doesn't keep well, so just mix just enough for the chore at hand.
- To clean his grill, Dantas uses three tablespoons of baking soda and a half-cup of warm water. "It's the fiercest thing we have to just get in there and scrub," Dantas says.

### Oil

- That fridge looking a little worse for all its sudden, unprecedented wear? Dantas uses olive oil or baby oil on greasy stainless steel appliances. Wipe down any excess dirt with water, and put a few drops of oil on a microfiber cloth for the first coat. Another wipe with a clean microfiber cloth will get rid of any oily residue.
- Kitchen table/schoolroom/work desk need some love? Dantas recommends a few drops of olive oil and lemon juice on a microfiber cloth or rag to give furniture an extra shine.

[Source: The Washington Post | Amanda Long | April 20, 2020 ++]

\*\*\*\*\*

## Coronavirus

### Update 28: Proning Made Easy at Keesler Air Force Base



COVID-19 has presented many challenges to the medical community. Among those challenges is treating patients with respiratory failure. Adult respiratory distress syndrome, or ARDS, is a complication of COVID-19 among intensive care unit patients. To address this issue, a team from the Air Force's 81st Medical Group, or MDG, at the Keesler Medical Center aboard Keesler Air Force Base near Biloxi, Mississippi, prototyped a "proning shelf" that can be attached to an ICU bed. The shelf helps ARDS patients rest in a position that allows easier breathing. "Our Keesler Medical Center medics are leading the way in innovating new care techniques for COVID-19 patients," said Air Force Col. Beatrice Dolihite, service commander of the MDG at Keesler. "The ability to place patients in a proning position was seen by our team as part of the medical care plan needed to treat COVID-19. We are very excited to have this capability in our ICU."

ARDS is a respiratory illness that reduces the working area of the lungs. That reduction causes low oxygen levels in the body. Patients with ARDS are placed on a ventilator and sedated for comfort. However, ICU patients rest on their backs in bed, causing gravity to pool fluids and increase pressure at the base of the lungs. Providers reverse that gravitational pull by placing patients in a "proned position," or face down. Placing a sedated, ventilated patient face-

down results in additional challenges, such as making sure ventilator tubes are secured and free from bends or obstructions. Hospitals normally lease specialty beds for the few patients that may need pronation. Now these beds are in short supply as the country combats the COVID-19 pandemic.

The MDG’s Education and Training Flight, led by Air Force Maj. Mark Gosling, developed instructions for how to use normal ICU beds to prone patients. The process uses pillows, multiple layers of sheets, and procedures to safeguard all IV lines and tubing necessary to treat the patient. "Our education department works with other departments on a routine basis, as we are a supportive department for the MDG," Gosling said. "My team is excellent at pulling together resources to solve problems."

The team later discovered that the prone position leaves the head and neck turned to one side. Long periods of time in such a position lead to problems for the airway and neck. Ideally the patient’s head would face straight down and still be supported. The position must also leave the airway tubing free and able to ventilate. Experts at the fabrication shop from the 81st Training Support Squadron at Keesler AFB were contacted for help. The team members were each working from home when the call came in. Led by Thomas Lassabe, the team arrived early in the morning to assess the situation and hatch a plan. "We’ve worked with Major Gosling’s team on multiple projects in the past to produce training items for the MDG Simulation Lab," Lassabe said, "so when the call came in to help with this request, the team jumped in and knocked it out."

Within two and a half hours, the team went back to the MDG Simulation Lab with a prototype shelf that used the support posts from patient headboards as attachments. This shelf, along with a gel head support from the surgery department, cradled the patient's head and neck in the proper position for easy breathing. With minor adjustments, the skilled craftsmen had produced seven more "proning shelves" by the end of the day. The team later discovered that the shelf needed an opening for ventilator tubing to pass through and not bend severely. With the help of the respiratory therapy department, the team modified the shelf to make room for tubing. The proning shelf project, started on a Tuesday morning, was fully operational and tested by close of business the next day. ICU nursing staff trained on the proning procedure and knew how to use the equipment the day after that. "As we started to create the prone positioning training, our simulation element knew the skills that the fabrication guys could bring to our team," Gosling said. "It was awesome to see this group quickly gel and put together not only training but design and build equipment specific for our program."

Keesler Medical Center remains ready to provide top notch critical care for the COVID-19 pandemic. That care involves dedicated teams who bring with them a can-do mentality and willingness to try out-of-box ideas. "We like to say that we have the best job on Keesler Air Force Base," Lassabe said. "It’s requests like this that solidify the important role we play in providing high-quality training devices and real-world requirements to Team Keesler and customers across the DoD." "A group commander once told me we need to have a 'why' story to tell the reason you joined the military," Gosling continued. "This is why, to work with outstanding people while making a difference in patients' lives." [Source: Health.mil | April 22, 2020 ++]

\*\*\*\*\*

## Coronavirus

### Update 29: CDC Symptom List Updated

The Centers for Disease Control and Prevention added six novel coronavirus symptoms to its list, suggesting that health experts are learning more about the growing number of ways physicians see the virus affecting patients. The new symptoms, which the CDC reports could appear 2-14 days after exposure to the virus, are:

- Chills
- Repeated shaking with chills
- Muscle pain
- Headache

- Sore throat
- New loss of taste or smell

Previously, the CDC listed just three known symptoms: shortness of breath, cough and fever. The additions confirm what patients and doctors have been reporting anecdotally for weeks. In particular, the loss of taste or smell has been known to appear in patients since at least mid-March when a British group of ear, nose and throat doctors published a statement amid growing concern that it could be an early indicator or a sign that someone is infected but otherwise asymptomatic. A study of European covid-19 patients found that between 85.6% and 88% of patients "reported olfactory and gustatory dysfunctions, respectively." In an Iranian study, 76% of covid-19 patients who reported a loss of smell said it had a sudden onset. In many of the cases, anosmia, as it's called, appeared before other symptoms.

"It scared the hell out of me," said Vallery Lomas, a 34-year-old champion baker, who feared that she would never get her senses of smell and taste back. "I could smell nothing for probably five days." Lomas was presumed positive for covid-19 in the midst of writing a cookbook. Smell and taste are intertwined, so some people who think they have lost both senses may have only lost their sense of smell. "What happens with loss of the sense of smell is you lose flavor," but not taste, said Jo Shapiro, a professor of otolaryngology at Harvard Medical School. Though not listed on the CDC website, fatigue has also been reported in people who have either tested positive, or who have been told to assume they have covid-19 when testing was not available. Hedy Bauman told NBC News that the fatigue hit her like a truck. Even reading was exhausting, she said. "My bathroom is maybe 15 steps from my bed," Bauman told NBC News. "I wasn't sure I could get from the bathroom to my bed." Bauman told NBC she had chills, but no fever.

Early reports of the virus suggested that it caused standard respiratory symptoms, though it is extremely contagious and deadly. But over the past few weeks, health experts have noted how covid-19 attacks many organs in the body. In some patients, physicians are reporting a blood-clotting complication that does not respond to anticoagulants. Some patients' lungs are filled with hundreds of microclots, autopsies have shown, and larger clots can break off and travel to the brain or heart, causing a stroke or heart attack. Evidence from the more than 80,000 coronavirus cases that have been reported in China indicates that symptoms in about 80% of patients are mild. The additional symptoms could make it easier for people to know when to ask for a test, and it could help physicians determine when patients need to be tested or at least be told to assume they have it and self-isolate.

**When to Seek Medical Attention --** The CDC continues to recommend managing your symptoms at home unless they include trouble breathing, persistent pain or pressure on the chest, new confusion or inability to arouse, or bluish lips or face.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

This list is not all inclusive. Consult your medical provider for any other symptoms that are severe or concerning to you. Call 911 if you have a medical emergency: Notify the operator that you have, or think you might have, COVID-19. If possible, put on a cloth face covering before medical help arrives. [Source: The Washington Post + [www.cdc.gov](http://www.cdc.gov) | Angela Fritz & Maura Judkis || April 27, 2020 ++]

\*\*\*\*\*

## Coronavirus

### Update 30: Home Caregiver CDC Guidelines

If you are caring for someone with COVID-19 in non-healthcare settings, follow this advice to protect yourself and others. Learn what to do when someone has symptoms of COVID-19 or when someone has been diagnosed with the virus. This information also pertains to people who have tested positive but are not showing symptoms.

### **Provide support and help cover basic needs**

- Help the person who is sick follow their doctor’s instructions for care and medicine. For most people, symptoms last a few days and people feel better after a week.
- See if over-the-counter medicines, such as acetaminophen, help the person feel better.
- Make sure the person who is sick drinks a lot of fluids and rests.
- Help them with grocery shopping, filling prescriptions, and getting other items they may need. Consider having the items delivered through a delivery service, if possible.
- Take care of their pet(s), and limit contact between the person who is sick and their pet(s) when possible.

### **Watch for warning signs**

- Have their doctor’s phone number on hand.
- Use CDC’s self-checker tool at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html> to help you make decisions about seeking appropriate medical care.
- Call their doctor if the person keeps getting sicker. For medical emergencies, call 911 and tell the dispatcher that the person has or might have COVID-19. Emergency warning signs include:
  - Difficulty breathing or shortness of breath
  - Persistent pain or pressure in the chest
  - New confusion or inability to wake up
  - Bluish lips or face

### **Limit contact**

COVID-19 spreads between people who are in close contact (within about 6 feet) through respiratory droplets, created when someone talks, coughs or sneezes

- The caregiver, when possible, should not be someone who is at higher risk for severe illness from COVID-19.
- Use a separate bedroom and bathroom: If possible, have the person who is sick stay in their own “sick room” or area and away from others. If possible, have the person who is sick use a separate bathroom.
- If you have to share space, make sure the room has good air flow. Open the window and turn on a fan (if possible) to increase air circulation. Improving ventilation helps remove respiratory droplets from the air.
- Avoid having any unnecessary visitors, especially visits by people who are at higher risk for severe illness.
- Eat in separate rooms or areas. The person who is sick should eat (or be fed) in their room, if possible. Wash dishes and utensils using gloves and hot water: Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves. Wash them with soap and hot water or in a dishwasher. Clean hands after taking off gloves or handling used items.
- Avoid sharing personal items. Do not share dishes, cups/glasses, silverware, towels, bedding, or electronics with the person who is sick.

### **When to wear a cloth face cover or gloves**

*Sick person:*

- The person who is sick should wear a cloth face covering when they are around other people at home and out (including before they enter a doctor’s office).
- The cloth face covering helps prevent a person who is sick from spreading the virus to others. It keeps respiratory droplets contained and from reaching other people.
- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is not able to remove the covering without help.

*Caregiver:*

- Wear gloves when you touch or have contact with blood, stool, or body fluids, such as saliva, mucus, vomit, and urine. Throw out gloves into a lined trash can.
- A caregiver may wear a cloth face covering when caring for a person who is sick, however the protective effects (how well the cloth face covering protects healthy people from breathing in the virus) are unknown.

- To prevent getting sick, make sure you practice everyday preventive actions: clean hands often, avoid touching your eyes, mouth, nose with unwashed hands, frequently clean and disinfect surfaces.
- During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to improvise a cloth face covering using a scarf or bandana. Learn more [here](#).
- Clean your hands often. Wash with soap and water for at least 20 seconds. Tell everyone in the home to do the same, especially after being near the person who is sick. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands.

### **Clean and then disinfect**

Around the house clean and disinfect “high-touch” surfaces and items every day: This includes tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics. Clean the area or item with soap and water if it is dirty. Then, use a household disinfectant.

- Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to kill germs. Many also recommend wearing gloves, making sure you have good air flow, and wiping or rinsing off the product after use.
- Most household disinfectants should be effective. A list of EPA-registered disinfectants can be found [here](#).
- To clean electronics, follow the manufacturer’s instructions for all cleaning and disinfection products. If those directions are not available, use alcohol-based wipes or spray containing at least 70% alcohol.

### *Bedroom and Bathroom*

- If you are using a separate bedroom and bathroom: Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the sick person.
- If they feel up to it, the person who is sick can clean their own space. Give the person who is sick personal cleaning supplies such as tissues, paper towels, cleaners, and EPA-registered disinfectant.
- If sharing a bathroom: The person who is sick should clean and then disinfect after each use. If this is not possible, the caregiver and household member should wait as long as possible before entering the bathroom and clean and disinfect the bathroom before use.

### *Laundry and trash*

- Do not shake dirty laundry. Wear disposable gloves while handling dirty laundry. Dirty laundry from a person who is sick can be washed with other people’s items.
- Wash items according to the label instructions. Use the warmest water setting you can. Remove gloves, and wash hands right away.
- Dry laundry, on hot if possible, completely. Wash hands after putting clothes in the dryer.
- Clean and disinfect clothes hampers. Wash hands after.
- Place used disposable gloves and other contaminated items in a lined trash can.
- Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined trash can. If possible, dedicate a lined trash can for the person who is sick.

### **Track your own health**

Caregivers and close contacts should monitor their health for COVID-19 symptoms. Common symptoms include fever, cough, and shortness of breath. Trouble breathing is a more serious warning sign that you need medical attention. Use CDC’s self-checker tool to help you make decisions about seeking appropriate medical care. If you are having trouble breathing, call 911. Call your doctor or emergency room and tell them your symptoms before going in. They will tell you what to do.

### **Ending Home Isolation**

People with COVID-19 or its symptoms who are recovering at home (or other non-hospital setting), and will not be tested to determine if they are no longer contagious can leave their “sick room” and home when:

- They have had no fever for at least 72 hours (that is three full days of no fever) without the use of medicine that reduces fevers, AND
- Other symptoms have improved (for example, when their cough or shortness of breath have improved), AND
- At least 7 days have passed since their symptoms first appeared

People with COVID-19 or its symptoms who are recovering at home (or other non-hospital setting), and will be tested to determine if they are no longer contagious can leave their “sick room” and home when:

- They no longer have a fever (without the use of medicine that reduces fevers), AND
- Other symptoms have improved (for example, when their cough or shortness of breath have improved), AND
- They received two negative tests in a row, 24 hours apart

People who DID NOT have COVID-19 symptoms, but tested positive who are self-isolating at home (or other non-hospital setting) can leave their “sick room” and home when at least 7 days have passed since the date of the first positive test and they continue to have no symptoms (no cough or shortness of breath) since the test. For 3 more days, this group of people should continue to limit contact (stay 6 feet or more away from others) and wear a face covering for their nose and mouth when other people are present (including at home).

[Source: [www.cdc.gov](http://www.cdc.gov) | Centers for Disease Control and Prevention | April 14, 2020 ++]

\*\*\*\*\*

## Coronavirus

### Update 31: Pet Owner Guidelines



There have been a few stories recently reported in the news about human to animal transmission of SARS-CoV-2, the virus that causes COVID-19. This has raised concerns with some pet owners about how to properly care for and safely interact with their pets during this time of social distancing and stay-at-home quarantines. The Army Public Health Center has updated its COVID-19 website with a number of pet-related COVID-19 frequently asked questions.

In early April, a Malayan tiger at the Bronx Zoo in New York tested positive for SARS-CoV-2. This was the first case of an animal testing positive for COVID-19 in the U.S. and public health officials presume this large cat became mildly sick after being exposed to a zoo employee who was actively shedding virus. Two dogs and one cat in Hong Kong, one cat in Belgium, and more recently, two cats in New York were reported to the World Organization for Animal Health (OIE) after testing positive for the virus that causes COVID-19. “In all cases, it is believed that the virus was transmitted to the animals after close contact with a COVID-19 positive human and animals showed very mild signs of disease,” said Lt. Col. Sara Mullaney, an APHC veterinarian and division chief for Veterinary One Health, which works with other health professionals on health education, and the prevention and surveillance of animal, zoonotic, and foodborne diseases. “At this time, there is no evidence that companion animals, including pets, can spread COVID-19 to people or that they might be a source of infection in the U.S.”

Studies are underway to investigate human to animal transmission in multiple animal species, said Col. Derron A. Alves, deputy director of APHC’s Veterinary Services and Public Health Sanitation Directorate. However, most of the studies so far have involved experimental infection of animals with SARS-CoV-2 that don’t always reflect natural conditions, so more studies are needed to better understand the infectious behavior of the virus between species under normal settings. “There are other types of coronaviruses that can make pets sick, like canine and feline coronaviruses,”

said Alves. “These relatively older viruses have been researched extensively, and we know they cannot infect people and are not related to the coronavirus responsible for the current COVID-19 outbreak. Army Veterinary Services is staying up to date to ensure personnel are fully informed on the latest data.”

These recent cases of cats likely contracting the virus from an infected human, though rare, have reinforced the importance of following the Centers for Disease Control and Prevention recommendations that people who are sick with COVID-19 restrict animal contact, said Mullaney. “Yes, the bond between people and their pets, particularly in lowering stress, increasing fitness, and bringing happiness is well documented and undeniable,” said Mullaney. “We also recognize that for many, the human-pet relationship may be more comforting now especially during the COVID-19 pandemic in which physical distancing has proven helpful in the overall public health disease transmission mitigation strategy. However, in an abundance of precaution, people who are sick with COVID-19 should practice physical distancing of **six feet from other people and pets.**”

In addition, because animals can spread other diseases to humans, it is ALWAYS a good idea to practice healthy habits around pets and other animals, such as washing one’s hands before and after feeding or petting and maintaining good hygiene, said Mullaney. These healthy habits are especially important in immunocompromised or ill individuals most susceptible to contracting other diseases. Mullaney said continuing veterinary medical care for pets, even during this pandemic, is especially important. “Most states have deemed veterinary practices ‘essential business’, so limited veterinary services should still be available for your pet,” said Mullaney. “Many veterinary practices are implementing social distancing and curbside procedures during this time. It’s best to call ahead to see what procedures your veterinary clinic is following to minimize human-to-human transmission, and what veterinary services are being offered.”

- Owners who are sick with COVID-19 should not take their pet to the veterinary clinic themselves. They should find an alternate caregiver to take the pet in or contact their veterinarian to see what telemedicine options or alternate plans might be available, said Mullaney. “It’s important to try to identify an individual who is willing and able to care for your animals if you contract COVID-19 or have any other health emergency,” said Mullaney.
- Animal owners should have an emergency kit prepared, with at least two weeks’ supply of food and medications, as well as copies of all animals’ medical records. Animals should be properly identified with ID tags, microchips, brands, and rabies/license tags as applicable. In the event your animal needs to be transported, the appropriate crates/carriers and/or trailers should be identified and available.
- “You should also have a list of people authorized to make medical decisions about your animals, if different from the caregiver,” said Mullaney. “Be sure to communicate your instructions for different levels of emergency medical care your animals may need in your absence. If you cannot identify an individual to care for your animals, there may be boarding facilities, local animal shelters or animal control facilities that can provide temporary emergency sheltering. There is no reason at this time to permanently surrender pets to animal shelters out of concern for COVID-19.”
- Mullaney says social distancing and stay-at-home orders doesn’t mean leave out exercise, which is good for human and pet health. “Keep up your walking routine, but ensure you following physical distancing for your dog, just as you would for yourself,” said Mullaney. “It’s also best to avoid dog parks and other public places where a large number of dogs and people gather.”
- For cat owners, the CDC recommends that cats be kept indoors when possible to prevent their interaction with other animals or people. Keeping cats indoors is also good practice regardless of COVID-19 to minimize their risk of injury or exposure to standard feline diseases.

Information regarding COVID-19 is being rapidly produced and disseminated as efforts continue around the world to understand all aspects of this virus and the disease it causes, said Mullaney. All that information can become overwhelming and even misleading at times so it’s important to stay tuned to reputable sources such as the CDC, U.S. Department of Agriculture and American Veterinary Medical Association to help navigate topics related to animals and pets. Those organizations bring together experts from across the spectrum to carefully weigh the scientific

evidence and how to apply it practically for the continued safety and welfare of animals and people. Installation veterinarians can also be a source of information for pet owners.

Answers to many pet owners COVID-19 frequently asked questions can be found under the heading “pets” at <https://phc.amedd.army.mil/topics/campaigns/covid19/Pages/Frequently-Asked-Questions.aspx>. [Source: Army Public Health Center | Douglas Holl | April 30, 2020 ++]

## \* Finances \*



## IRS 2020 Filing Season

### 10 Ways Your Taxes Will Change in 2021

If you have yet to file your tax return this year for 2019, you have more time than usual, as Uncle Sam and individual states themselves have extended their Tax Day deadlines due to the coronavirus pandemic. But regardless of whether you’ve filed your 2019 return yet, now is the time to start thinking about your 2020 return — the one due by April 2021. The sooner you learn about the credits, deductions and contribution limits available to you, the more time you will have to take advantage of them. So, here’s a look at some ways the federal tax return you will file in 2021 will differ from your prior return:

#### 1. Waived RMDs

The Coronavirus Aid, Relief, and Economic Security Act of 2020, better known as the CARES Act, waived required minimum distributions (RMDs) for 2020. RMDs generally count as taxable income. So, this one-time reprieve means that some retirees will have lower taxable incomes in 2020 and thus possibly owe less in federal income taxes in 2021.

#### 2. Higher standard deductions

Standard deductions generally rise each year on account of inflation. The IRS reports that for 2020, the standard deduction amounts for the following tax-filing statuses are:

- Married filing jointly: \$24,800 — up \$400 from 2019
- Married filing separately: \$12,400 — up \$200
- Head of household: \$18,650 — up \$300
- Single: \$12,400 — up \$200

The standard deduction reduces the amount of your income that’s subject to federal taxes. So, if a single person is eligible for and chooses to take the standard deduction (as opposed to itemizing deductions) on their 2020 tax return, they would not be taxed on the first \$12,400 of their income from 2020.

#### 3. A charitable deduction available to all

Usually, you can only write off tax-deductible donations to charity on your federal tax return if you itemize your deductions rather than take the standard deduction — and the latter has become far more common since the 2018 overhaul of the federal tax code. But in an effort to encourage Americans to donate money to charity during the coronavirus pandemic, the CARES Act enabled taxpayers to deduct up to \$300 in monetary donations in 2020 — even if they take the standard deduction.

#### 4. Higher income brackets

Income tax brackets also tend to rise annually. For 2020, the income brackets are as follows for folks whose tax-filing status is single:

- 37% tax rate: Applies to taxable income of more than \$518,400
- 35%: More than \$207,350 but not more than \$518,400
- 32%: More than \$163,300 but not more than \$207,350
- 24%: More than \$85,525 but not more than \$163,300
- 22%: More than \$40,125 but not more than \$85,525
- 12%: More than \$9,875 but not more than \$40,125
- 10%: Income of \$9,875 or less

For complete 2020 tax rate tables for all tax-filing statuses, see pages 5-7 of IRS Revenue [Procedure 2019-44](#). If you want to compare them with the 2019 tables, see pages 8-10 of Internal Revenue [Bulletin 2018-57](#).

### **5. Higher contribution limits for (some) retirement accounts**

You can save more money in several types of workplace retirement accounts in 2020, as we detail in “[These Retirement Account Limits Just Increased](#).” The base contribution limit for 401(k) plans, for example, is \$19,500 — up from \$19,000 for 2019. The limit for catch-up contributions, which taxpayers age 50 and older can make, is an additional \$6,500 — up from \$6,000. So, folks who are at least 50 can contribute a total of \$26,000 to a 401(k) in 2020. Unfortunately, 2020 did not bring any contribution limit increases for individual retirement accounts (IRAs).

### **6. Higher contribution limits HSAs**

Workplace retirement accounts are not alone. Contribution limits for [health savings accounts](#) (HSAs) also tend to increase each year — and 2020 is no exception. The 2020 contribution limits for folks who are eligible for an HSA and have the following types of high-deductible health insurance policies are:

- Self-only coverage: \$3,550 — up from \$3,500 for 2019
- Family coverage: \$7,100 — up from \$7,000

### **7. Higher income limits for the Saver’s Credit**

For 2020, the Saver’s Credit, formally known as the Retirement Savings Contributions Credit, has higher income limits. That effectively makes this little-known tax credit available to more people. You might be eligible for this credit in 2020 if your adjusted gross income, or AGI (found on your tax return), is not more than:

- Married filing jointly: \$65,000 — up from \$64,000 for 2019
- Head of household: \$48,750 — up from \$48,000
- All other tax-filing statuses: \$32,500 — up from \$32,000

To learn more about the Saver’s Credit, check out “[This Overlooked Retirement Tax Credit Gets Better in 2020](#).”

### **8. A more valuable adoption tax credit**

The tax credit for qualified adoption expenses is more valuable in 2020. The maximum allowable credit amount is \$14,300 — up from \$14,080 for 2019.

### **9. A more valuable Earned Income Tax Credit**

For 2020, both the income limits and the maximum credit amount for the Earned Income Tax Credit (EITC) are higher. You might be eligible for the EITC in 2020 if your AGI is not more than:

- Married filing jointly: \$56,844 — up from \$55,952 for 2019
- All other tax-filing statuses: \$50,594 — up from \$50,162

The maximum amount that the EITC is worth in 2020 is \$6,660 — up from \$6,557.

### **10. A higher cap on Social Security payroll taxes**

One bit of bad news for some folks: The maximum amount of a worker’s income that is subject to Social Security payroll taxes rose to \$137,700 for 2020 — up from \$132,900 for 2019.

\*\*\*\*\*

## **Social Security Q&A**

### **200401 thru 200430**

**(Q)** *Is it possible to get income from Social Security by claiming Social Security now if I need financial help during this period where people are being forced to stay home during the COVID-19 period?*

**(A)** *Using Social Security as a short-term loan* -- It is possible to claim Social Security benefits at any time after 62 (60 if you are a widow or widower), but normally a claiming decision is final. If you were planning to delay claiming so that you would receive higher benefits later, claiming Social Security benefits now could mean that your benefits will be lower for the rest of your life. There is a way around this, but it might not be satisfactory. If you claim benefits now, you still have the option of changing your mind for the next 12 months. That is, you could claim benefits now and receive benefits that might help tide you over for a short period of time, and then tell the Social Security Administration that you want to reverse that decision. There are two caveats, however:

- You are unlikely to receive your benefits immediately. So, if you have really pressing financial needs, you will still have to find another source of funds until your first check arrives.
- You will have to pay back any benefits that you received when you inform Social Security that you want to reverse your decision. Thus, this could be considered an interest-free short-term loan, but as with any loan, you will have to pay it back.

If your income is below certain limits, you can expect to receive the \$1,200 per person that is being sent out as part of the \$2 trillion federal stimulus package intended to support the economy during the coronavirus pandemic. How soon this money will arrive depends on whether the government has your bank information so it can send the money to you as a direct deposit. (In fact, you may have already received this money.) If the government has to write a check, it could take much longer to receive your money. If you receive a Social Security check through direct deposit, your money should come reasonably soon regardless of whether you file a tax return.

-o-o-O-o-o-

**(Q)** I was born in 1954, and my husband was born in 1957. So, my full retirement age (FRA) is 66 while my husband's FRA is 66.5 years. When I turn 66 in a few months, can my husband file for his benefits so that I can file for one-half of his benefits, using the restricted application strategy? Or, does my husband need to wait until his FRA to file for his own benefits in order that I might claim a spousal benefit using a restricted application?"

**(A)** *Restricted application option* -- As explained below, you are not eligible for the restricted application option. You missed being eligible for it by a few months. The restricted application strategy works as follows: One spouse — in this instance, let's say it's the wife — claims her own retirement benefits. Then, provided her husband has reached his FRA, he can claim a spousal benefit, letting his own retirement benefit continue to grow up to age 70. A restriction imposed by Congress in 2015 limits the use of the restricted application to those born prior to 1954. Ruxandra, since you were born in 1954, this limitation is the one that prevents you from using the restricted application option.

Some wrongly believe that both spouses need to have reached their FRA in order to use the restricted application option. This is not the case. The spouse claiming retirement benefits can be any age, provided it is at least 62. The spouse claiming spousal benefits using this option must have reached FRA. As you may have inferred, the restricted application option is being phased out. Those born in 1953 will be the last ones to use it. Anyone born in 1953 will turn 70 sometime in 2023. If a person is using the restricted application, once they reach 70 (if not before), they would switch from their spousal benefit to their retirement benefit. And that will be the end of the restricted application option.

Even though you do not qualify for the restricted application option, there is still the issue of timing. That is, to optimize your Social Security benefits, you need to make the right choice as to when you and your husband claim benefits. Optimal timing of your claims still matters. Getting some inexpensive expert advice about optimal timing may save you many thousands of dollars.

[Source: MoneyTalksNews | Jeff Miller | April 16, 2020 ++]

\*\*\*\*\*

## **FICO Credit Score**

### **Update 15: Car Repossession Impact**

**(Q)** “My daughter just had a truck repossessed. I’m helping her with her credit. Her score is 509 before the repo. How long will that stay on her credit?”

**(A)** A repossession, like most credit injuries, takes time to heal. Late payments, missed payments, repossessions: Nearly every black mark will stay on your credit history for seven years. After seven years, the law requires that most negatives, including repossessions, have to be removed. The good news, though, is that the older the injury, the less it hurts. So as things like late payments and repossessions age, they affect your credit score less. How much will a repossession affect your credit score? Well, keep in mind that a perfect FICO credit score is 850, and you typically need a score of 750-plus to get the best rates on loans. Having your car repossessed would probably cost you about 100 points, depending on where your credit score is at the time. If your score is high, the effect of a repossession would be greater. If your score is low, the effect would be less. Since the daughter’s score is already very low at 509, having her truck repossessed probably won’t cost her the full 100 points. Still, other than bankruptcy, foreclosures and repossessions are among the worst credit injuries.

A word of warning. Virtually everyone with a debt issue takes longer than they should to deal with it. They’re embarrassed. They don’t know what to do, so they freeze like a deer in the headlights. This is the worst thing you can do. If you’re unable to pay your bills, you could call the lender and try to work something out, or at least call a free, nonprofit credit-counseling agency for advice. But what do most people do? Nothing. They dodge the calls and leave the letters unopened. Result? Multiple wounds instead of one.

Take a car repossession, for example. First, you’re going to have late payments. That’s damaging your credit. Then, you’re going to have the repo. That’s damaging your credit more, as well as adding towing and storage fees to what you owe. Then, the vehicle is going to be sold at auction, likely for less than you owe on it. For example, if your loan is \$10,000 and the car sells at auction for \$8,000, now you owe another \$2,000. The lender gets a deficiency judgment. And guess where that goes? Into the public records section of your credit report. Yet another black mark. Ignoring a debt issue is like ignoring cancer. It’s not only not going away, it’s going to get spread and get worse. Bottom line? Don’t ever be embarrassed if you’ve got a debt problem. There are few money mistakes more common. But when you find yourself between the dog and the fire hydrant, the sooner you deal with it, the better you’ll sleep and the better off you’ll be. [Source: MoneyTalksNews | Stacy Johnson | April 20, 2020++]

\*\*\*\*\*

## **Coronavirus SITREP 8**

### **Banks Offering Help During the Pandemic**

Millions of Americans are unable to pay their bills, thanks to a wave of massive job losses tied to the coronavirus lockdown. Now, scores of banks want to ease that pain by letting customers delay payment of some key expenses. Some of these banks will let you defer credit card and mortgage payments, while others will let you tap into a CD

penalty-free. Stop by the American Bankers Association website for [a full list](#) of banks offering such flexibility to their customers. Following are a few highlights at major banks. Many of these institutions are offering relief that goes beyond what you see in this list, so contact your bank for more details.

**Ally** -- [Customers can defer](#) home and auto loan payments. Ally also is waiving fees for overdrafts until July 18.

**Bank of America** -- Customers unable to pay their credit card bill or auto or home loan can stop by the bank's website and [request payment deferral](#).

**Citi** -- Credit card customers [who request help](#) can skip minimum payments and avoid late fees for two statement cycles. Similar relief is available to those with personal loans. You also can withdraw money from a CD penalty-free through May 8.

**Fifth Third Bank** -- Payment deferrals [are available](#) for 90 days on mortgages, auto loans, credit cards and home equity products.

**Navy Federal Credit Union** -- The credit union is [waiving fees](#) associated with early CD withdrawal, as well as cash transfers.

**PNC** -- Assistance, ranging from payment deferrals to waiving and refunding fees, [is available](#) for various types of lending products, including credit cards and mortgages.

**U.S. Bank** -- Some customers [can defer mortgage payments](#) for up to 180 days. Personal loan rates have been temporarily reduced to 2.99% APR. Flexible payment options also are available for those with auto, boat or RV loans.

**TIAA Bank** -- Customers can get various types of [payment forbearance](#), including for mortgages and credit cards. Also, TIAA Bank is waiving fees for everything from wire transfers to having insufficient funds.

**Wells Fargo** -- On a case by case basis, the bank is offering payment deferrals and fee waivers associated with credit cards, auto loans and mortgages. You must [contact the bank](#) to ask for such assistance.

[Source: MoneyTalksNews | Chris Kissell | April 16, 2020 ++]

\*\*\*\*\*

## Coronavirus SITREP 10

### Vet Stimulus Checks

The U.S. Department of Veterans Affairs (VA) announced 17 APR it is working directly with the Internal Revenue Service (IRS) and U.S. Treasury Department to ensure delivery of 'Economic Impact Payments' to Veterans and survivors who receive Compensation and Pension (C&P) benefit payments from VA without additional paperwork or IRS filings.

The 'Economic Impact Payments,' authorized by the Treasury Department under the 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act, will be issued automatically to recipients of non-taxable VA benefits who did not file annual income tax returns for 2018 or 2019. VA and the IRS have been collaborating since the passage of the CARES Act to ensure Veterans receive their EIP. "Many have expressed concern that Veterans and their beneficiaries would be overlooked during the distribution of Economic Impact Payments from the CARES Act simply because they don't file an annual tax return," said VA Secretary Robert Wilkie. "This collaboration will ensure our Veterans receive CARES Act payments without any additional action or paperwork required."

Economic Impact Payments will be automatic for non-tax filing VA beneficiaries. For VA beneficiaries who filed a Form 1040 for 2018 or 2019, those payments will also be automatic. No further action is needed. They can track the status of their payments on the Get My Payment tool on IRS.gov at <https://sa.www4.irs.gov/irfof-wmsp/login>. For non-tax filing VA beneficiaries, please note their information will be loaded on this tool within the next few weeks. For VA

beneficiaries who didn't file a tax return in 2018 or 2019 and have a dependent, there is a special step they need to take, and the sooner the better. They should visit the Non-Filer: Enter Payment Info Here tool on IRS.gov. By quickly taking steps to enter information on the IRS website about them and their qualifying children, they can receive the \$500 per dependent child payment in addition to their \$1,200 individual payment.

VA recognizes that many non-tax filing beneficiaries have already begun using the IRS' EIP payment portal to provide the necessary data to IRS to receive their EIP. There will be no interruption to payments being processed using the IRS portal, and Veterans with internet access are encouraged to continue providing information and track their EIP through the IRS portal. For those who do not have access, or choose not to use the IRS portal, their EIP will be processed without further action on their part. While no date for distribution has been set at this time, VA is securely sharing necessary beneficiary data with Treasury which will allow Treasury to begin issuance of Economic Impact Payments. For more information on CARES Act 'Economic Impact Payments,' visit: <https://www.irs.gov/newsroom/economic-impact-payments-what-you-need-to-know>.

Following criticism over its handling of federal emergency payouts related to the coronavirus outbreak, the military-focused financial company USAA announced 16 APR it will no longer seize customers' checks to cover existing debts and will refund any past such actions. The move comes after a report in the American Prospect that the insurance and banking firm was taking veterans' and military family members' stimulus checks — some totaling \$3,000 or more — to settle existing account balances and debts. Company officials initially defended the move as permissible under federal rules.

USAA's decision to take the emergency funds drew instant criticism from veterans advocates and lawmakers. Just a few hours after the practice was made public, the company issued a new statement saying it would pause collections on negative account balances for 90 days.

"Beginning as early as today, we will apply this policy retroactively to any member accounts with a negative balance at the time the first stimulus checks were deposited, so that members will have access to their stimulus funds," USAA spokesperson Matthew Hartwig said in a statement to Military Times. Several watchdog groups have warned in recent days that the emergency payouts — up to \$1,200 per individual plus another \$500 per dependent, based on family earnings — could be vulnerable to seizure or interference from financial institutions. Most of the payouts delivered so far have been transmitted to the last bank account attached to individuals' 2018 tax returns, giving those companies power over access to the money.

Hartwig noted that USAA has launched several other initiatives designed to help customers during the coronavirus pandemic, including a 20 percent credit on two months of car insurance premiums. The firm boasts more than 13 million customers who are current and former military personnel, or their family members. Veterans advocates hailed the company's reversal. "Veterans Education Success congratulates USAA on fixing this problem so quickly and on prioritizing veterans and servicemembers who are struggling during this pandemic and economic hardship," said Mike Saunders, Director of Military and Consumer Policy for the group. "We hope the entire financial industry follows their lead." [Source: VA PR & MilitaryTimes | Leo Shane III | April 16 & 17, 2020 ++]

\*\*\*\*\*

## **Federal Reserve**

### **Update 04: Open Market Operations**

Open market operations (OMOs)--the purchase and sale of securities in the open market by a central bank--are a key tool used by the Federal Reserve in the implementation of monetary policy. The short-term objective for open market operations is specified by the Federal Open Market Committee (FOMC). Before the global financial crisis, the Federal Reserve used OMOs to adjust the supply of reserve balances so as to keep the federal funds rate--the interest rate at

which depository institutions lend reserve balances to other depository institutions overnight--around the target established by the FOMC.

The Federal Reserve's approach to the implementation of monetary policy has evolved considerably since the financial crisis, and particularly so since late 2008 when the FOMC established a near-zero target range for the federal funds rate. From the end of 2008 through October 2014, the Federal Reserve greatly expanded its holding of longer-term securities through open market purchases with the goal of putting downward pressure on longer-term interest rates and thus supporting economic activity and job creation by making financial conditions more accommodative.

During the policy normalization process that commenced in December 2015, the Federal Reserve will use overnight reverse repurchase agreements (ON RRP)--a type of OMO--as a supplementary policy tool, as necessary, to help control the federal funds rate and keep it in the target range set by the FOMC. For additional information, see: [http://www.federalreserve.gov/monetarypolicy/bst\\_openmarketops.htm](http://www.federalreserve.gov/monetarypolicy/bst_openmarketops.htm). The Federal Reserve Bank of New York publishes a detailed explanation of OMOs each year in its [Annual Report](#). For a description of open market operations during the 1990s, see the [article](#) in the Federal Reserve Bulletin. For additional information process refer to <http://www.federalreserve.gov/monetarypolicy/overnight-reverse-repurchase-agreements.htm> on how the Federal Reserve will use ON RRP during the policy normalization.

**FOMC's target federal funds rate or range, change ([basis points](#)) and level**

**2020**

Date	Increase	Decrease	Level (%)
March 16	0	100	0-0.25
March 3	0	50	1.00-1.25

**2019**

Date	Increase	Decrease	Level (%)
October 31	0	25	1.50-1.75
September 19	0	25	1.75-2.00
August 1	0	25	2.00-2.25

**2018**

Date	Increase	Decrease	Level (%)
December 20	25	0	2.25-2.50
September 27	25	0	2.00-2.25
June 14	25	0	1.75-2.00
March 22	25	0	1.50-1.75

**2017**

Date	Increase	Decrease	Level (%)
December 14	25	0	1.25-1.50
June 15	25	0	1.00-1.25
March 16	25	0	0.75-1.00

**2016**

Date	Increase	Decrease	Level (%)
December 15	25	0	0.50-0.75

**2015**

Date	Increase	Decrease	Level (%)
December 17	25	0	0.25-0.50

[Source: Federal Reserve | Board of Governors | March 16, 2020++]

\*\*\*\*\*

## **Coronavirus Financial Planning**

### **Update 06: Homeowner & Renter Eviction Protections**

It is important to know your rights during this challenging time. Following is a series of questions with answers regarding eviction protections The Coronavirus Aid, Relief, and Economic Security Act (CARES Act):

#### **Q-1) Who is eligible for eviction protection?**

Renters are eligible for eviction protection through the CARES Act if they live in a rental home that is receiving federal subsidies or if they live at a property with a federally backed mortgage. Specifically, this includes rental housing supported by the following federal housing programs:

- Public housing
- Section 8 Housing Choice Vouchers
- Section 8 Project-Based Rental Assistance
- Section 202 Supportive Housing for the Elderly
- Section 811 Supportive Housing for Persons with Disabilities
- Housing Opportunities for Persons with AIDS (HOPWA)
- McKinney-Vento Homeless Assistance grants
- Section 236 Preservation program
- HOME investment partnership
- Rural Development multifamily housing (Section 516 Farm Labor Housing Grants, Section 542 Rural Development Vouchers, Section 521 Rural Rental Assistance, Section 533 Housing Preservation grants)
- The Low-Income Housing Tax Credit (LIHTC) program

This also includes rental housing with a single-family or multifamily mortgage that is:

- Purchased or securitized by Fannie Mae or Freddie Mac;
- Insured by the Federal Housing Administration (FHA);
- Guaranteed, directly provided by, or insured by the Department of Veterans Affairs (VA), Department of Agriculture (USDA), or under HUD's Native American or Native Hawaiian Home Loan Guarantee programs

#### **Q-2) How can I check if my home qualifies for eviction protection?**

At <https://preservationdatabase.org/register-as-a-new-user> you can register for the National Housing Preservation Database (NHPD) and search for your property name and/or address to verify whether your home receives federal subsidies and is eligible for protections. The NHPD is an inventory of properties assisted by federal rental subsidies across the country. If your home address or property name appears in the NHPD and has a property status equal to active, you are covered under eviction protection through the CARES Act. However, please note that the NHPD does not include all housing programs eligible for federal eviction protection through the CARES Act.

Housing programs that are eligible for eviction protection the CARES Act that are included in the NHPD are.

- Public Housing
- Section 8 Project-Based Rental Assistance
- Section 202 Supportive Housing for the Elderly
- Section 811 Supportive Housing for Persons with Disabilities

- Low Income Housing Tax Credit (LIHTC)
- Section 236 Preservation program
- HOME investment partnerships
- Section 521 Rural Rental Assistance
- Mortgages insured by the Federal Housing Administration (FHA) – For multifamily with affordability restrictions only
- Mortgages guaranteed, directly provided by, or insured by the Department of Agriculture (USDA) – For multifamily only

Housing programs that are NOT eligible for eviction protection the CARES Act that are included in the NHPD.

- Section 8 Housing Choice Vouchers
- Housing Opportunities for Persons with AIDS (HOPWA)
- McKinney-Vento Homeless Assistance grants
- Section 516 Farm Labor Housing Grants
- Section 542 Rural Development Vouchers
- Section 533 Housing Preservation grants
- Mortgages purchased or securitized by Fannie Mae or Freddie Mac
- Mortgages guaranteed, directly provided by, or insured by the Department of Veterans Affairs (VA)
- Mortgages guaranteed under HUD's Native American or Native Hawaiian Home Loan Guarantee programs

**Q-3) My home isn't listed in the NHPD. Where else can I check to see whether I am eligible for eviction protection through the CARES Act?**

If your home isn't listed in the NHPD, you can check whether your state or city has passed additional eviction protections beyond the CARES Act (see Q-11). You can also contact your landlord to verify whether your apartment has a federally backed mortgage or is assisted by a housing program not tracked in the NHPD. Your landlord can use lookup tools to confirm whether the mortgage on your apartment is owned or securitized by [Freddie Mac](#) and [Fannie Mae](#). You can find more information on housing programs not listed in the NHPD below:

- Contact your local [Public Housing Agency](#) for Section 8 Housing Choice Vouchers or Housing Opportunities for Persons with AIDS (HOPWA).
- Contact your local [Continuum of Care](#) for McKinney-Vento Homeless Assistance grants.
- Contact your [USDA State Office](#) for Section 516 Farm Labor Housing Grants, Section 542 Rural Development Vouchers, or Section 533 Housing Preservation grants.
- Contact your landlord for Mortgages purchased or securitized by Fannie Mae or Freddie Mac, Mortgages guaranteed, directly provided by, or insured by the Department of Veterans Affairs (VA), the Department of Agriculture (USDA), or under HUD's Native American or Native Hawaiian Home Loan Guarantee programs.
- For Mortgages insured by the Federal Housing Administration (FHA) visit [HUD's Multifamily Insured Mortgages Database](#) to view additional FHA insured mortgages that do not have affordability restrictions.

**Q-4) My apartment complex includes multiple buildings with different addresses. Which address should I search for in the NHPD?**

Since the NHPD only includes one address per property, it's possible that the address listed in the NHPD may differ from your mailing address. If you live at a property that includes multiple buildings, try searching for your property by filtering by state, city, and street name or property name first. If you live at a property with multiple buildings spanning more than one road, try searching all street names your property is on.

**Q-5) What kind of relief is provided for renters under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)?**

For renters living in “[covered dwellings](#)” this bill provides a temporary moratorium on evictions as well as late fees for nonpayment of rent or other charges for a period of 120 days starting on March 27, 2020. Further, landlords would not be allowed to issue a notice to vacate until after this temporary moratorium and they would not be allowed to require a tenant to vacate the unit until 30 days after the notice is given. Renters should be advised that the moratorium only applies to evictions for nonpayment of rent, not for other causes.

**Q-6) If I'm eligible for eviction protection through the CARES Act do I still need to pay rent?**

Renters should be advised that although they may be protected from eviction proceedings temporarily under this bill, the bill does not treat nonpayment of rent during this period as forgiven and these unpaid amounts will accrue during this period even if fees are not assessed. Please know that the cities of [Riverside](#) and [Jurupa Valley](#) CA passed eviction moratoriums during the covid-19 outbreak.

**Q-7) What should I do if my landlord isn't complying with the CARES Act?**

Renters should not have to do anything to benefit from this prohibition on evictions and late fees. Renters who believe their landlord is out of compliance with these provisions should contact their local legal aid or the relevant federal agency (i.e. the agency providing subsidies or federal mortgage backing for the property; see Q-1 for more info).

**Q-8) Is there any other assistance provided that will actually lower rental payments?**

Renters receiving federal rental assistance can request an income recertification at any time to adjust their rent payment to account for any loss of income. Renters receiving federal rental assistance should contact their local public housing agency or landlord immediately to request an income recertification or a hardship exemption if they have experienced a loss of income.

**Q-9) Is my city or state providing additional relief to renters and homeowners?**

Some cities and states are offering eviction and foreclosure moratoriums to all renters and homeowners during the COVID-19 pandemic. For a list of states and cities with eviction and foreclosure moratoriums, visit <https://nlihc.org/eviction-and-foreclosure-moratoriums>. For additional information on the court, gubernatorial, and legislative actions taken in response to COVID-19 that impact evictions and foreclosures, visit <https://docs.google.com/spreadsheets/d/e/2PACX-1vTH8dUIbfnt3X52TrY3dEHQCAm60e5nqo0Rn1rNCf15dPGeXxM9QN9UdxUfEjxwvfTKzbCbZxJMdr7X/pubhtml>.

**Q-10) Where can I locate information on health and social services in my community?**

Use the 211 free service that connects people to health and human services in their community. Dial 211 or search for your local 211 branch at <http://211.org>.

**Q-11) Does the CARES Act offer any protections to homeowners?**

Homeowners with federally backed mortgages, which account for 70% of all mortgages, are protected by a 60 day foreclosure moratorium beginning March 18, 2020 through the CARES Act. [Click here](#) for more information on protections available to homeowners. Additionally, the CARES Act provides homeowners with federally backed mortgage loans with the following protections:

- For single family homeowners:
  - 60-day moratorium on foreclosures and evictions of homeowners, effective on March 18, 2020.
  - Up to 12 months of mortgage forbearance with no fees, penalties or extra interest - available in two 6-month terms.
- For multifamily rental property owners:
  - 90 days of forbearance with no fees, penalties or additional interest.
  - May not evict or charge penalties or late fees for tenants if the owner receives forbearance on the loan.

[Source: Representative Mark Takano | April 21, 2020 ++]

\*\*\*\*\*

## Coronavirus Financial Planning

### Update 07: SSI/VA Compensation & Pension Recipient Stimulus Checks

People who receive benefits through either the Department of Veterans Affairs or Supplemental Security Income who have children have a new deadline if they want to get all of the stimulus money that is due them. The government said on 24 APR that those beneficiaries who have children and who do not typically file tax returns need to update their information by 5 MAY in order for their eligible dependents to be counted in their stimulus payments. That goes particularly if you have not filed tax returns for the 2018 or 2019 tax years and you have children under age 17.

The government has set up a website (<https://www.irs.gov/coronavirus/non-filers-enter-payment-info-herefor>) non-filers where they can enter their information. Millions of stimulus payments of up to \$1,200 are set to be sent to individuals, while children stand to receive \$500. “They’ll get \$1,200 automatically, but they need to act quickly and use the Non-Filers tool on IRS.gov to get the extra \$500 per child added to their payment,” IRS Commissioner Chuck Rettig said in a statement. People who receive SSI or VA compensation and pension benefit payments should receive their automatic payments by mid-May.

Payments will begin arriving starting this week for people who receive Social Security retirement, survivors or disability benefits, as well as Railroad Retirement benefits. Those beneficiaries will automatically receive their \$1,200 payments, regardless of whether they file taxes or not. The money will arrive in the same way those individuals now receive their benefits, whether it be by direct deposit, paper check or Direct Express debit card. However, the deadline for those beneficiaries to submit information on eligible dependents has passed. That group can no longer use the non-filer tool. Those who miss the deadline will still get their \$1,200 payment. However, they will not receive the \$500 for their eligible dependents until they file for tax year 2020. [Source: CNBC | Lorie Konish | April 25, 2020 ++]

\*\*\*\*\*

## Census Scams

### Waiting for Your Stimulus Payment? Watch for This

The 2020 U.S. Census is coinciding with a global pandemic, shelter-in-place orders, and government stimulus payments. With so much going on at once, scammers are using the unique circumstances to sow confusion. Their goal is to get their hands on your personal information, which they can use to steal your identity.

#### How the Scam Works:

- You receive an unsolicited message via text, email, or a social media messenger. The message explains that in order to qualify for your stimulus payment, you need to first complete the 2020 Census. Whether or not you’ve completed the real Census, don’t click. It’s a scam!
- Some versions of the phony message include a link to a website “for more information.” If you click the link, you could unknowingly download malware onto your computer or phone. This virus can give scammers access to your usernames, passwords, and other personal information stored on your computer
- In other cases, the link may take you to a website that looks like it was created by the official Census Bureau. However, the website is a fake. You will be asked for personal information, such as your Social Security number and bank account information. The Census Bureau does not ask for this information!

#### Tips to Avoid Census Scams:

- Know how the Census Bureau communicates. The Census Bureau will only send you emails if you already signed up for them, and it will never ask you to send personal information in an email. In addition, the Census Bureau will never contact you on behalf of a political party.
- Only visit official websites. Valid U.S. government websites almost always end in “.gov”. You can find key information about the 2020 Census at <https://2020census.gov> and information about economic stimulus payments at [www.irs.gov/coronavirus](http://www.irs.gov/coronavirus).
- Never click on links in unsolicited messages. Phishing scams direct you to websites that look official, but these sites may be infected with malware. If you don’t know and trust the person who sent you the message, don’t click on any links.

**For More Information**

Get tips from the Census Bureau about how to avoid census related fraud and scams. Learn more about the stimulus payments here on IRS.gov. Read up on phishing scams at [www.BBB.org/PhishingScam](http://www.BBB.org/PhishingScam). Learn more about scams related to COVID-19 at [www.BBB.org/Coronavirus](http://www.BBB.org/Coronavirus). If you’ve been a victim of a scam related to the 2020 Census or economic stimulus payments, be sure to report it at [www.BBB.org/ScamTracker](http://www.BBB.org/ScamTracker). Your report can help others to spot a scam before it’s too late.

**Note:** The official website of the Census Bureau is census.gov; the homepage to take the 2020 Census is <https://2020census.gov> .

[Source: BBB Scam Alert | April 24, 2020 ++]

\*\*\*\*\*

## **Tax Burden for Arizona Retired Vets**

### **As of APR 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 **Arizona**.

**Sales Taxes**

**State Sales Tax:** The Arizona state sales tax rate is 5.6%, and the average AZ sales tax after local surtaxes is 8.17%. Groceries and prescription drugs are exempt from the Arizona sales tax, Counties and cities can charge an additional local sales tax of up to 5.125%, for a maximum possible combined sales tax of 10.725%

Arizona has 511 special sales tax [jurisdictions](#) with local sales taxes in addition to the state sales tax.

- Arizona has a transaction privilege tax (TPT) that serves as an alternative to a sales tax. This tax applies to vendor’s purchases rather than consumer purchases, but vendors are allowed to pass the tax (or part of it) on to their consumers.
- As of July 2011, consumers are also expected to declare and pay use tax on any items bought online or through mail order. This is similar to use tax requirements in other states with a traditional sales tax model.
- The Arizona sales tax was last changed in June 2013, when it was lowered to 5.6% following the expiration of a temporary sales tax increase.
- Arizona treats both candy and soda as groceries for sales tax purposes. Other items including gasoline, alcohol, and cigarettes are subject to various Arizona excise taxes in addition to the sales tax.
- The AZ sales tax applicable to the sale of cars, boats, and real estate sales may also vary by jurisdiction.

- Arizona does not allow local jurisdictions like cities or counties to collect a local sales tax. The Arizona state sales tax of 5.6% is applicable statewide. You can view the sales tax rates for various cities in Arizona at <http://www.tax-rates.org/arizona/sales-tax-by-county>.

### Excise Taxes

**Alcohol:** Liquor \$3.00 per gal | Wine: 84¢ per gal | Beer: 16¢ per gal. Note that the IRS also collects a federal excise taxes on alcoholic beverages, which are included separately from Arizona's alcohol taxes in the final purchase price.

**Cellphone:** The average tax collected on cell phone plans in Arizona is \$11.97 per phone service plan.

**Cigarettes:** \$2.00/pack of 20

**Diesel Fuel:** 42.4 cents/gallon (Includes all taxes – i.e. federal excise tax on diesel is 24.4 cents per gallon)

**Gasoline:** 36.4 cents/gallon (Includes all taxes - i.e. federal excise tax on gasoline is 18.4 cents per gallon)

**Vehicle:** A registration fee and a title fee is collected on the sale or transfer of cars and motorcycles,

### Personal Income Taxes

**Tax Rate Range:** Low – 2.59%; High – 4.50%

**Income Brackets:** Four. Lowest \$0 thru \$26,499; Highest – \$159,000+. Bracket levels are adjusted for inflation each year tax based on inflation as specified in the Consumer Price Index (CPI). All individuals earning more than \$15,000 gross income per year must file an Arizona Income Tax Return.

**Personal Exemptions:** Age 65 and Over \$2,100 | Blind \$1,500 | Qualifying Parents/Grandparents \$10,000

**Standard Deduction:** Single - 12,200 | Married - \$24,400 | Head of Household \$18,250 +

**Dependent Tax Credit:** Under 17 \$100 each | 17 and Over \$25 each

**Medical/Dental Deduction:** Allows deductions for all qualified medical and dental expenses.

**Federal Income Tax Deduction:** None

**Retirement Income Taxes:** Social Security and Railroad Retirement benefits are exempt. Up to \$2,500 total of federal government, civil service, and Arizona state/local government pensions are also exempt. All out-of-state government pensions are fully taxed.

**Retired Military Pay:** Up to \$3,500 of retired pay and/or survivor benefits excluded. For information on veteran's services, go to <https://dvs.az.gov>

**Military Active Duty Pay:** Exempt

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

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

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

### Property Taxes

Property taxes are collected on a county level, and each county in Arizona has its own method of assessing and collecting taxes. As a result, it's not possible to provide a single property tax rate that applies uniformly to all properties in Arizona. The median property tax in Arizona is \$1,356.00 per year for a home worth the median value of \$187,700.00. Counties in Arizona collect an average of 0.72% of a property's assessed fair market value as property tax per year. Arizona is ranked number thirty one out of the fifty states, in order of the average amount of property taxes collected.

Arizona's median income is \$59,367 per year, so the median yearly property tax paid by Arizona residents amounts to approximately 2.29% of their yearly income. Arizona is ranked 30th of the 50 states for property taxes as a percentage of median income. The exact property tax levied depends on the county in Arizona the property is located in. Pima County collects the highest property tax in Arizona, levying an average of \$1,614.00 (0.81% of median home value)

yearly in property taxes, while Greenlee County has the lowest property tax in the state, collecting an average tax of \$303.00 (0.46% of median home value) per year. For more localized property tax rates, refer to the county list at <http://www.tax-rates.org/arizona/property-tax#Counties>.

### **Inheritance and Estate Taxes**

There is no inheritance or gift tax and the estate tax does not apply to decedents whose date of death is on or after January 1, 2006. For further information, visit the [Arizona Department of Revenue](#) site. For questions about moving to Arizona, [click here](#). For other tax questions, call 602-255-3381.

### **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>).

-o-o-O-o-o-

For further information, visit the [Arizona Department of Revenue](#) site. For questions about moving to Arizona, [click here](#). For other tax questions, call 602-255-3381.

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

**\* General Interest \***



## **Notes of Interest**

**April 16 thru 30, 2020**

- **Coronavirus – Body Bags.** The Pentagon is seeking to provide as many as 100,000 military-style body bags for potential civilian use as the U.S. warns that deaths could soar in the coming weeks from the coronavirus pandemic.
- **Coronavirus – USPS.** The USPS projects it will lose \$2 billion each month through the COVID-19 outbreak while postal workers maintain the nationwide service of delivering essential mail and parcels, often doing so at a risk to their own health. Rep. Mark Takano is taking a survey on whether or not Congress should save it at <https://mail.yahoo.com/d/folders/1/messages/127666?.src=fp>. Indicate Yes or No if you agree.
- **Coronavirus – Military Face Masks.** The Defense Department has ordered three million cloth face masks for uniformed and civilian personnel, but the vast majority won't arrive until this summer, the Pentagon's top acquisition official said 20 APR.
- **Coronavirus – Elective Surgeries.** California Gov. Gavin Newsom lifted a statewide hold on hospital elective procedures 22 APR. California hospitals will be allowed to resume nonemergency surgeries and

procedures, including removing tumors, heart valve replacements and key preventive care services like colonoscopies. Purely cosmetic procedures are still banned.

- **Coronavirus – Mortgages.** More than 6.4% of U.S. mortgages (3.4 million) are in forbearance as Americans struggle to keep up with home loan payments amid the coronavirus pandemic, according to projections released 24 APR by financial data firm Black Knight.
- **Troop’s Savings.** More than a quarter of all military families — 27.4 percent — currently serving active duty, in the Reserves, or in the National Guard have less than \$500 socked away in emergency savings or could have no emergency savings set up, according to the latest Military Family Support Programming Survey released 23 APR.
- **Stimulus Checks.** The IRS will not call, email, or text you about your Payment. Go to <https://sa.www4.irs.gov/irfof-wmsp/notice> to track yours. If you were not required to file a 2018 or 2018 Income Tax Return go to <https://www.irs.gov/coronavirus/non-filers-enter-payment-info>. To verify the IRS has your bank account number to deposit your stimulus check into go to [https://www.irs.gov/coronavirus/get-my-payment?fbclid=IwAR0tuWBjvFwxq5wqaT-D6piWYkkw24020aswNBFdgrD4bOR9HtN-Uo\\_TUq8](https://www.irs.gov/coronavirus/get-my-payment?fbclid=IwAR0tuWBjvFwxq5wqaT-D6piWYkkw24020aswNBFdgrD4bOR9HtN-Uo_TUq8).
- **Congress.** The Senate will not return to Washington for regular legislative action before May 4, Majority Leader Mitch McConnell announced 14 APR. The move follows a Monday announcement that the House will also push back its expected return date until May.
- **USMC.** Less than 24-hours after the Marine Corps said there would be no Corps-wide suspension of the Physical Fitness Test the top Marine announced the semi-annual fitness test for the current period is canceled.
- **USNS Comfort.** The Naval hospital ship that was dispatched to New York City to assist with a surge in coronavirus patients will return to Virginia soon so it can be routed elsewhere, President Trump said 21 APR.
- **Census 2020.** To complete the census online, go to [www.my2020census.gov](http://www.my2020census.gov). To respond by phone, call 844-330-2020. Or go to <https://2020census.gov/en/contact-us> for non-English. Completing the census only takes about 10 minutes and will help your community for the next 10 years! Census participation determines each community's share of federal funding for healthcare, schools, roads, and more for the next decade.
- **Internet Sales Tax.** On 1 JUL, sales taxes levied on internet access in six states—Hawaii, New Mexico, Ohio, South Dakota, Texas, and Wisconsin—will become illegal under the provisions of the Permanent Internet Tax Freedom Act (PITFA). The states would have collected nearly \$1 billion in fiscal year 2021.
- **CA Income Tax.** California State Senator Ben Hueso’s office has informed us the SB-1007 Personal income taxes: exclusion: uniformed services: retirement pay is moving forward while SB 1071-Wilk, the other bill addressing military retirement tax will not be moving forward.
- **Drug Shortages.** Analysts are warning about potential drug shortages, but sorting out what’s true and what isn’t is difficult. If you take prescription drugs and are concerned about your ability to obtain them when their refill is needed you can determine their availability on the U.S. Food and Drug Administration website <https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>.
- **Assisted Living.** If you are considering utilizing an assisted living service and would like to learn more about what this involves check out the guide at <https://www.moneygeek.com/seniors/resources/how-to-move-to-assisted-living-guide>.
- **Courts.** A Supreme Court opinion this week banning non-unanimous verdicts in state criminal cases leaves the military as the sole American jurisdiction that allows them. Military courts require only a three-quarters majority for a conviction.
- **Navy E-4 Exams.** Navy officials announced 27 APR that the service would be canceling E-4 advancement exams for all active-duty and full-time support sailors. Advancement exams for E-4 through E-6 sailors were postponed in March with the intent to resume regular testing as early as May, but with COVID-19 mitigation efforts ongoing Navy officials opted to cancel the E-4 exams entirely.

[Source: Various | April 30, 2020 ++]

\*\*\*\*\*

## **U.S. Embassy Manila**

### **Health Alert 30 Apr – Stranded U.S. Citizens**

#### **U.S. Embassy and Philippine Airlines Partner to Assist Stranded U.S. Citizens:**

The U.S. Embassy and Philippine Airlines (PAL) have partnered together to **assist stranded U.S. citizens** who want to return to the United States. We are surveying passengers to determine if a special flight to bring home stranded U.S. citizens and Lawful Permanent Residents (LPRs) is feasible. This would be a commercial flight on 9 MAY from Manila to LAX on PAL on which U.S. citizens and LPRs will have priority. Available seats would be offered at-charge, on a first-come first-served basis. According to PAL, arranged airfare for the Manila to LAX flight would be USD \$1,200 (plus taxes and fees) and domestic sweeper flight costs would be USD \$200 (plus taxes and fees) per seat. Interested travelers must meet all Philippine exit requirements, including health certificates.

Please click [here](#) to begin the process to register your intent and purchase a ticket. **The deadline for registration is Sunday, May 3 at 8:00 PM.** This flight is contingent on meeting a minimum number of travelers, so please register your intent NOW. Please confirm the accuracy of your contact information before submitting. Once registration closes and a minimum number of travelers is met, a PAL representative will then contact you directly to arrange payment and confirm your seat. All flight arrangements will be made by PAL.

We are aware of the hardship the enhanced community quarantine is creating for U.S. citizens who need to get to the United States, particularly for those who require sweeper flights to connect to Ninoy Aquino International Airport (NAIA). For those who are not already in Manila, PAL has agreed to arrange sweeper flights from various cities to Manila to connect with the May 9, Manila-LAX flight. U.S. citizens and LPRs will have priority on these sweepers, but other seats will be made available to other nationalities. Each sweeper flight will be contingent on meeting a minimum number of travelers.

U.S. citizens who need a travel letter to assist with passage through checkpoints to the airport should send an email to the U.S. Embassy at [ACSInfoManila@state.gov](mailto:ACSInfoManila@state.gov), subject line TRAVEL LETTER REQUEST. We will do our best to respond as soon as possible. We are monitoring the situation and will continue to inform U.S. citizens of known sweeper flights through the Smart Traveler Enrollment Program (STEP).

#### **Department of Health (DOH) City or Municipal Health Office Certificates:**

Travelers may need additional requirements, such as a Medical/Health Certificate on quarantine status or fitness to travel. The DOH Bureau of Quarantine issues this certificate in larger cities, e.g. Cebu and Davao. For other areas, travelers should obtain a medical/health certificate from the City, or Municipal Health Office. Some local government Health Offices require a certification letter from the barangay stating the individual has stayed in their locality for at least 14 days to ascertain their quarantine status. In some cases, individuals may be asked to submit additional medical documentation, such as a chest X-ray. Check with your province, city, or municipality government website for more information on the Health Office in your area.

#### **The Department of Tourism:**

The Department of Tourism (DOT) coordinates with its Regional Offices to monitor and assist stranded foreigners. Travelers may also want to register with the DOT if they have not already done so. The DOT Directory of Regional Offices can be found at: [http://www.tourism.gov.ph/regional\\_offices.aspx](http://www.tourism.gov.ph/regional_offices.aspx). More DOT information is located at: <https://philippines.travel/safeph>. Each DOT Region also maintains a Facebook page with hotline numbers, which stranded U.S. citizens may call for assistance.

#### **Actions to Take:**

- 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 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: U.S. Embassy Manila | Health Alert |April 30, 2020 ++]

\*\*\*\*\*

## Iran Tensions

### Update 10: Renewed Threats over U.S. Persian Gulf Presence



Commander-in-chief Hossein Salami

A day after U.S. President Donald Trump warned Tehran over “harassment” of U.S. vessels the head of Iran’s elite Revolutionary Guards told state TV on 23 APR that Iran will destroy U.S. warships if its security is threatened in the Gulf. “I have ordered our naval forces to destroy any American terrorist force in the Persian Gulf that threatens security of Iran’s military or non-military ships,” Major General Hossein Salami said. “Security of the Persian Gulf is part of Iran’s strategic priorities.” Trump said on 22 APR he had instructed the U.S. Navy to fire on any Iranian ships that harass it at sea, but said later he was not changing the military’s rules of engagement.

Earlier this month, the U.S. military said 11 Revolutionary Guards naval vessels from the Guards navy came close to U.S. Navy and coast guard ships in the Gulf, calling the moves “dangerous and provocative”. Tehran blamed its longtime adversary for the incident. On Thursday, Iran’s Foreign Ministry summoned the Swiss ambassador in Tehran, who represents U.S. interests in the country, over the recent tensions between Tehran and Washington. “I am telling the Americans that we are absolutely determined and serious in defending our national security, our water borders, our shipping safety, and our security forces, and we will respond decisively to any sabotage,” Salami said. “Americans have experienced our power in the past and must learn from it.”

Tensions between Iran and the United States have escalated since 2018, when Trump withdrew from Tehran’s 2015 nuclear deal with six world powers and reimposed crippling sanctions. Animosity reached historic heights in early January when top Iranian military commander Qassem Soleimani was killed in a U.S. drone strike in Baghdad. Iran retaliated on 9 JAN by firing missiles at bases in Iraq where U.S. troops were stationed. Iranian Foreign Minister Mohammad Javad Zarif suggested that Trump should focus on saving U.S. service members from the new coronavirus outbreak. “The U.S. military is hit by over 5,000 Covid-19 infections. ...Also, U.S. forces have no business 7,000 miles away from home, provoking our sailors off our OWN Persian Gulf shores,” Zarif tweeted.

Iran’s clerical rulers consider the U.S. military presence in the Middle East a threat to the Islamic Republic’s security. Stoking antagonism over Tehran’s nuclear and missile programs, Iran’s Guards said on Wednesday they had successfully launched the country’s first military satellite into orbit. The announcement drew protests from Washington. The U.S. military says the same long-range ballistic technology used to put satellites into orbit could allow Tehran to launch longer-range missiles, perhaps someday with nuclear warheads. Tehran denies U.S. assertions that such activity is a cover for ballistic missile development and says it has never pursued the development of nuclear weapons. [Source: Reuters | Parisa Hafezi | April 23, 2020 ++]

\*\*\*\*\*

## Iran Space Program

### Update 02: More U.S. Concern Over Rocket than New Satellite



The Iranian rocket that carried a military satellite into space is an immediate concern for the U.S. military because of its implications for the regime's plans to develop long-range missiles, Air Force Gen. John Hyten said 22 APR. The U.S. has long suspected that Iran's efforts to put satellites into orbit are a cover for development of an intercontinental ballistic missile, and those suspicions were reinforced by Iran's launch 21 APR of what it called a "Noor," or "Light," satellite into low Earth orbit, powered by a three-stage rocket.

"We watch every rocket and missile that comes off the face of the Earth, and we track it and characterize it very precisely," Hyten, the former head of U.S. Strategic Command, said at a Pentagon briefing. "We did that with the most recent Iranian launch. I won't tell you exactly what the intelligence says [about the rocket], but what I can tell you is it went a very long way," Hyten said. "And if you have a missile that goes a very long way, whether it works or not or puts a satellite in space or not, it went a very long way." The apparent advancement in long-range missile technology suggests that Iran "has the ability to threaten our neighbors and allies, and we want to make sure they can never threaten the United States," he said. Hyten said it is unclear whether the satellite had achieved orbit and is in working order, but

Iranian state TV showed the launch and said that ground bases were receiving signals from the satellite circling Earth every 90 minutes.

The launch was the first by Iran's Islamic Revolutionary Guard Corps, or IRGC, to put a satellite into orbit, according to Iran's Tasnim news agency. "Today, the world's powerful armies do not have a comprehensive defense plan without being in space, and achieving this superior technology that takes us into space and expands the realm of our abilities is a strategic achievement," said Gen. Hossein Salami, head of the IRGC, Tasnim reported. Salami succeeded Qasem Soleimani, who was killed in a 3 JAN U.S. drone strike at Baghdad's international airport. The IRGC operates its own military apart from Iran's regular armed forces, and is answerable only to Supreme Leader Ayatollah Ali Khomeini.

Secretary of State Mike Pompeo charged that the Iranian satellite launch was in violation of a United Nations Security Council resolution intended to limit Iran's ballistic missile development. "Every nation has an obligation to go to the United Nations and evaluate whether this missile launch was consistent with that Security Council resolution," Pompeo told State Department reporters. "I don't think it remotely is, and I think Iran needs to be held accountable for what they have done." [Source: Military.com | Richard Sisk | April 23, 2020 ++]

\*\*\*\*\*

## **Excise Taxes**

### **Can States Close Pandemic Budget Deficits with Hikes?**

The pandemic-induced economic crisis will affect almost every meaningful source of state revenue. Historically, income taxes are more volatile than sales and excise taxes and fall more sharply during a recession, but this crisis is unique inasmuch as social distancing and shelter-in-place orders, along with mandatory closures of many nonessential businesses, have led to a sharp contraction of consumer spending. Moreover, the goods and services seeing spikes in demand, like groceries and digital entertainment, are less likely to be subject to state sales tax. The contraction in spending is affecting excise tax revenues and, in some cases, revenue may be eliminated entirely. Telework and other reductions in travel mean motor fuel taxes will plummet, as will special excise taxes on tourism and hospitality. Closures of casinos, bars, and other establishments responsible for considerable "sin tax" revenue will also impact states' bottom lines. The attachment to this Bulletin titles, "Excise Tax Hikes" article examines what to expect in terms of excise tax revenue and discusses why increased excise tax rates do not offer a sustainable solution to budget deficits. The article is split in three parts: travel-related excise taxes, sin taxes, and new excise revenue sources. [Source: Tax Foundation | Ulrik Boesen | April 15, 2020 ++]

\*\*\*\*\*

## **Illegal Aliens**

### **Update 02: Financial Burden on Taxpayers is nearly \$132B Annually**

Many states and the federal government are spending millions in taxpayer dollars on illegal aliens while veterans across the country still face a slew of issues like homelessness and long waits for primary care, a newly-released study found. While the federal government will spend roughly \$217 billion on the Department of Veterans Affairs this fiscal year, the net financial burden of illegal aliens on taxpayers annually is nearly \$132 billion, according to an analysis by the Federation for American Immigration Reform (FAIR). The study was exclusively provided first to the Daily Caller News Foundation.

"The War on Terrorism has resulted in more veterans who have experienced overseas combat deployments than at any time since the end of World War II," the study said, adding that this has resulted in more veterans than ever before needing services from the U.S. government. "But, due to America's foolhardy immigration policies, our government is now spending more and more money on services for illegal aliens — foreigners who have no right to be in the U.S.

— resulting in a squeeze on resources available for the citizens and lawful immigrants who were prepared to make the ultimate sacrifice for their country,” the study continued.

Homeless veteran. Shutterstock

FAIR looked at where the majority of homeless veterans lived and reported how much taxpayer funding illegal aliens in those localities received. There were an estimated 37,085 homeless veterans in January 2019, according to the Department of Housing and Urban Development. Over a quarter of these homeless veterans lived in California, another 1,585 lived in Washington, and 1,270 lived in New York. In California, it’s not always easy for veterans to obtain quality health care, the study found. Veterans in San Jose waited an average of 50 days before landing an appointment with a primary care VA clinic, and the average wait time in Modesto was 95 days, according to the study.

California, however, spends more than \$23 billion on undocumented individuals and their children every year, according to FAIR. In regards to health care, California lawmakers passed legislation in 2019 that sets aside taxpayer-funded health insurance to illegal aliens between the ages of 19 and 25 — an initiative that will likely cost \$98 million in its first year. Another state home to many homeless veterans has also chosen to prioritize the undocumented community.

State lawmakers in New York — which spends \$7.5 billion on illegal aliens annually — allotted \$27 million in college tuition assistance for the children of illegal aliens in April 2019, but didn’t add several hundred thousand dollars to an initiative that provides university education assistance to the children of disabled and deceased veterans. “That is perhaps the most egregious example of the way in which flawed immigration policies are putting veterans in competition with illegal aliens,” the authors said of New York’s educational priorities.

Beyond health care and education, the study also highlighted examples of jurisdictions doling out millions in legal assistance for the undocumented. In Oakland, California, a \$300,000 fund was established in 2018 to help undocumented immigrants fight removal from the country, according to the study. A larger fund was established in Los Angeles, which has so far spent over \$7 million in legal aid to those living unlawfully in the U.S. Baltimore approved \$200,000 in 2018 to support aliens facing deportation, and Montgomery County, Maryland, has allotted \$370,000, according to the study. Meanwhile, FAIR found that more than 6,000 veterans committed suicide in 2017, including 491 veterans in California and another 78 in Maryland. “If states cared more about veterans than illegal aliens, many of those 6,000 Americans may still be with us today,” the study stated.

Altogether, FAIR concluded that there were 14.3 million illegal aliens living in the U.S., posing a financial burden of \$132 billion annually for their health care, educational, and other welfare services. In comparison, there are 19.5 million veterans in the U.S., and their needs will cost the country \$217 billion this fiscal year. FAIR concluded that, should the illegal population continue to grow, the cost to meet their needs will surpass those of veterans. “Americans who care about the members of our armed forces should ask, ‘Why are we spending billions of dollars catering to illegal aliens when we aren’t properly taking care of the men and women who risk life and limb to protect us against all enemies foreign and domestic?’” the authors said. [Source: Daily Caller | Jason Hopkins | April 13, 2020 ++]

\*\*\*\*\*

## **USPS Mail Delivery**

### **Update 02: COVID-19 Putting it in Jeopardy**

With 97,000 veteran employees, the United States Postal Service is one of the country’s largest veteran employees — and it’s facing significant financial hardship at the hands of coronavirus. Postal workers are needed now more than ever to deliver essentials across the country including prescriptions, food, household necessities and — of course — mail. But the USPS has projected it will lose more than \$22 billion over the next 18 months as a result of the virus. Long term, that deficit could reach \$54 billion and “threaten our ability to operate.”

“As Americans are urged to stay home, the importance of the mail will only grow as people, including those in rural areas and senior citizens, will need access to vital communications, essential packages and other necessities,” Megan J. Brennan, postmaster general and CEO said in a statement 17 APR. “As Congress and the administration take steps to support businesses and industries around the country, it is imperative that they also take action to shore up the finances of the Postal Service, and enable us to continue to fulfill our indispensable role during the pandemic, and to play an effective role in the nation’s economic recovery,” Brennan added.

Despite the sharp drop in revenue, the USPS has not received any funding from Congress’ relief legislation so far. And according to the Washington Post, President Donald Trump communicated he would not sign any act that included measures specifically aimed to bail out the USPS. Instead, the most recent legislative effort, the CARES Act, included a \$10 billion loan for the USPS — rather than the \$13 billion bailout Trump rejected. There have been numerous past attempts by politically conservative parties to privatize the country’s mail system. The loan is still awaiting Treasury Department approval. But the postal service could run out of money as soon as 30 SEP.

So far, about 500 postal workers have tested positive for COVID-19, according to information USPS provided lawmakers, and 462 others are presumed to have the virus but have not received official confirmation. At least 19 have died and more than 6,000 are in quarantine because they were exposed. Now, Americans are buying stamps and posting tributes with the hashtags #SavetheUSPS to bolster mail carriers for as long as possible. The Washington Post predicts, without a bailout, the service will only be financially operational until September. [Source: ConnectingVets.com | Elizabeth Howe | April 14, 2020 ++]

\*\*\*\*\*

## Lost Property Where to Look for It



U.S. savings bonds were once so popular — and so often tucked away — that an estimated \$25 billion in matured savings bonds have never been claimed. These bonds have been caught in a prolonged legal battle between the federal government and states that want to take control of the bonds on behalf of their residents. In August 2019, a federal appeals court ruled in favor of the federal government, saying that only the rightful owner could redeem bonds that were missing, stolen, or destroyed (typically by providing serial numbers). However, the Treasury has allowed states to redeem bonds in their physical possession and hold the proceeds for their rightful owner. As this conflict illustrates, one of the challenges of finding lost property is knowing where to look.

- **State Programs**

Every state has an unclaimed property program that requires companies and financial institutions to turn account assets over to the state if they have lost contact with the rightful owner for one year or longer. It then becomes the state’s responsibility to locate the owner. For state programs, unclaimed property might include financial accounts, stocks, uncashed dividend and payroll checks, utility deposits, insurance payments and policies, trust distributions, mineral royalty payments, and the contents of safe-deposit boxes. State-held property generally can be claimed in perpetuity by original owners and heirs. Most states participate in a national database called Missing Money; searching on [MissingMoney.com](https://www.missingmoney.com) is free. You

might also need to check specific databases for every state where you have lived. For more information, see the National Association of Unclaimed Property Administrators at <https://unclaimed.org>.

- **Federal Programs**

Unclaimed property held by federal agencies might include tax refunds, pension funds, funds from failed banks and credit unions, funds owed investors from U.S. SEC enforcement cases, refunds from FHA-insured mortgages, and unredeemed savings bonds that are no longer earning interest. There is no central database for federal agencies, but you can find more information at [www.usa.gov/unclaimed-money](http://www.usa.gov/unclaimed-money).

Finding and receiving unclaimed property to which you are entitled should not cost you money. Though there are legitimate companies that may be paid to locate or offer to help rightful owners obtain property for a fee, you do not need to pay them in order to receive the property. Be on the lookout for scammers who claim to have property in order to obtain other information about you or your finances. If you have questions, contact your state's unclaimed property office. [Source: The Wall Street Journal | August 3 & 13, 2019 ++]

\*\*\*\*\*

## Online Shopping

### Update 03: Amazon Discouraging Non-Essential Purchases



It's rare for a retailer to encourage you to buy fewer items — but Amazon is doing just that. As shoppers stuck in their homes make a virtual stampede to Amazon to buy things for delivery, the online retailer has “taken a number of steps to get customers to put fewer items in their carts,” according to a Dow Jones & Co. report published by Morningstar. According to the report, which sources unnamed people familiar with the matter, Amazon has done the following to discourage buying:

- Removed most of its popular recommendation widgets. These widgets usually tell a shopper about additional purchases made by others who had the item in their basket.
- Reduced the number of coupons offered.
- Canceled Mother's Day and Father's Day promotions. Amazon has not publicly announced this move yet, according to the report.
- Postponed Prime Day.

Why is Amazon taking such unusual steps? It appears that a huge surge in orders tied to the coronavirus pandemic has overwhelmed the retailer. In a letter to shareholders that was included in an April 16 corporate report, Jeff Bezos, Amazon CEO, wrote that Amazon staffers were “working around the clock” to get ordered items delivered on time. He added:

*“The demand we are seeing for essential products has been and remains high. But unlike a predictable holiday surge, this spike occurred with little warning, creating major challenges for our suppliers and delivery network. We quickly prioritized the stocking and delivery of essential household staples, medical supplies, and other critical products.”*

For now, Amazon sources say the retailer wants customers to focus on purchasing essential items — such as hand sanitizer and toilet paper — rather than encouraging customers to make impulse or additional purchases. It may be more than two months before Amazon is back to running at pre-pandemic capacity, according to the Dow Jones report. Amazon’s unusual decision to discourage buying is just one of the many strange ways the coronavirus has changed our lives. While Amazon may be discouraging “retail therapy,” you can still get some great bargains right now — whether at Amazon or another store. To find out more about the sinking cost of some types of goods, read “[11 Things That Are Cheaper Due to the Coronavirus.](#)” [Source: MoneyTalksNews | Chris Kissell | April 21, 2020 ++]

\*\*\*\*\*

## Beans

### The Perfect Pandemic Food



Beans are cheap, filling, low-fat, high-protein and, when prepared well, delicious. They also can keep for up to a decade when stored well. In short, beans are one of the most worthwhile things to stockpile, or to buy during a months long pandemic that pushes you to pinch pennies. So, following is everything you need to know to embrace this perfect food and start working more beans into your diet — from how to avoid digestive gas to how to cook homemade beans.

#### Canned beans versus dried beans

Reach for canned beans when convenience is your priority. Pop open a can and sprinkle beans on your salad, throw them onto a tortilla with cheese, or toss them into a casserole, chili or soup. If cost or taste is more important to you than convenience, go with dried beans. If shelf life is key, go with dried beans as well: They can keep for up to 10 years, while canned foods usually expire within two to five years of their manufacture date.

You don’t have to cook beans every time you want to eat them, though. Cook up a batch and freeze the beans in small portions. You’ll enjoy the convenience of canned beans at a fraction of the cost. The Bean Institute ran the numbers a few years ago and found that a family of four eating beans once a week will save around \$80 a year by using dried beans over a national brand of canned beans. Here are the institute’s price comparisons for pinto beans:

- Dry — \$0.15 per serving
- Canned (store brand) — \$0.34 per serving
- Canned (national brand) — \$0.48 per serving

Homemade dried beans are also tastier than the canned equivalent. “Canned beans are never going to be as good as home-cooked dried beans, no matter how many seasonings you add to your pot,” raves The New York Times food writer Melissa Clark. “They’re like any other convenience food ... fine in a pinch but never transcendent.” Yet another advantage of dried beans is that you get to decide what else goes into the pot — which is important if you are trying to cut down on sodium.

#### Gas-free beans? Really?

Digestive gas that you might experience after eating beans is caused by fermentation in your digestive tract — specifically, fermentation of complex carbohydrates in the beans called oligosaccharides, says Berkeley Wellness. But there are many ways to avoid or decrease digestive gas and, ultimately, to condition your gut to welcome beans without this potentially embarrassing aftereffect. Here are a few tips:

- Rinse canned beans: It will reduce the amount of oligosaccharides present, Berkeley Wellness reports.
- Soak dried beans: This too will reduce oligosaccharides, according to Berkeley Wellness. The publication suggests soaking beans in water for at least six to eight hours — and as long as overnight — and changing the water at least once before cooking the beans. The Bean Institute recommends the hot soak method as the most effective step against gas and offers detailed soaking directions on its website.
- Try adzuki beans: They are relatively easy to digest and thus should not give you gas, according to the website of integrative health expert Dr. Andrew Weil.
- Try black-eyed peas: A 2011 study published in the Nutrition Journal investigated “perceptions of flatulence from bean consumption” by having participants eat a half-cup of pinto beans, vegetarian baked beans or black-eyed peas every day for at least eight weeks. The first week of the study, 50% of participants who ate pinto beans and 47% of those who ate baked beans reported increased gas — compared with only 19% of those who ate black-eyed peas.
- Eat beans regularly: In the 2011 study, the participants reported less gas over time. In fact, at least 70% of the participants who experienced gas reported that it dissipated by the second or third week of daily bean consumption. Berkeley Wellness reports similarly: “If you eat beans on a regular basis, your body will learn to handle them more efficiently over time. But increase your intake gradually.”
- Consider enzymes: Products like Beano or generic equivalents contain an enzyme that helps break down oligosaccharides, Berkeley Wellness says.

### **Cooking couldn't be simpler**

As you'd guess, dry beans are an excellent excuse to get out the crockpot. Turn it to low to cook them for three to six hours, depending on your cooker and on the beans. Or use the stove-top. Or a pressure cooker. Or even a rice cooker. These instructions apply, regardless:

- Cover with water: Combine your soaked or unsoaked dry beans with an extra 2 inches or more of water or broth. Keep an eye on them while they cook, and add liquid if necessary.
- Add salt at the beginning: Salting early penetrates the beans better than if you wait until they're cooked. In fact, salting the soaking water breaks down beans' skins, speeding up cooking, food writer Melissa Clark says. At any rate, salting the cooking water won't prevent beans from cooking, as some hold.
- Let them simmer: Boiling will break beans apart. Low and slow is the way to go for creamy, well-cooked beans.

### **Bean-a-licious recipes**

With a little attention, beans can help both your health and your food budget — and make a delicious addition to the dinner table. To get started, try some of these sources for bean recipes:

- [Epicurious](#)
- [Serious Eats](#)
- [Food Network](#)

[Source: MoneyTalksNews | Marilyn Lewis | April 25, 2020 ++]

\*\*\*\*\*

## **Energy Bills**

### **Mistakes That Send Them Soaring**

Heating your living space accounts for about 43% of a home's energy bills on average, and air conditioning eats up another 8%. That's according to the most [recent](#) Residential Energy Consumption Survey by the U.S. Energy Information Administration. Bills can vary greatly, of course, depending on your home, fuel type and weather in your part of the country. Your costs could be higher, especially if you are neglecting easy, low-cost adjustments and maintenance tasks that can run up your energy bill in no time. Here are some tips on how to cut energy consumption on heating and cooling for a big payoff.

### 1. Neglecting to program the thermostat

Save up to 10% a year by setting your thermostat 7 degrees to 10 degrees lower for eight hours a day, such as when you are away or asleep, says [Energy.gov](#). Likewise, raise the temperature as much as possible on hot days, to save on energy use from air conditioning. Or just set and forget temperatures by using a programmable thermostat.

### 2. Forgetting to use cold water for laundry

Use cold water instead of hot to do your laundry. Many laundry loads can be done with cold for the wash and rinse cycle. There are times when you need hot water for the wash cycle, but you can always switch to cold water for the rinse, says [Energy.gov](#).

### 3. Setting the water heater too high

Hot water is a big energy user. The U.S. Department of Energy recommends keeping your water heater's thermostat [set at 120 degrees](#) Fahrenheit. Anything higher is unnecessary. Water that's too hot can even be dangerous. Every 10-degree reduction in your water heater's thermostat can shave 3% to 5% off your bill.

### 4. Failing to clean outdoor air conditioner units

During the summer, check your unit outdoors for debris at least once a month. Plants, leaves, high grass and debris located close to your outside unit can reduce your AC's performance. Before you start running your AC, cut the grass, clean out any debris and consider removing plants that block the unit.

### 5. Ignoring cracks and leaks

There are many places where warm air can seep out of a house, allowing cold air to creep in. Thoroughly check the interior and exterior of your home for cracks and gaps, paying particular attention to areas around chimneys, furnace flues, pipes, electrical outlets, windows and doors. Fill small leaks with caulk. The Department of Energy [explains how](#) to caulk leaks the right way.

### 6. Missing the big gaps



Use spray foam — find it in cans at the hardware store — to close up openings that are too big to be sealed with caulk. [Energy.gov](#), in [instructions on sealing](#) a home's air leaks, says: "Use foam sealant on larger gaps around windows, baseboards, and other places where air may leak out."

### 7. Skipping insulation on the attic door

Even if your attic is insulated, it's easy to overlook the attic door. Add a layer of insulation to the inside of the door to prevent expensively heated air from rising from living spaces into the attic.

### 8. Failing to shrink-wrap windows

Windows — especially inefficient windows — account for a large proportion of the heat that escapes from your home as warm air is lost to the cold glass. According to [Energy.gov](#): *Heat gain and heat loss through windows are responsible for 25%–30% of residential heating and cooling energy use.* Yet replacing windows — or even adding energy-efficient honeycomb shades or thermal lined draperies — can be prohibitively expensive. One cheap way to reduce heat loss is to install window film. It resembles plastic wrap and helps retain heat indoors and reflect the sun's heat from outside, helping with cooling in warmer climates, says Lowe's, which sells the film. Home Depot also sells it. Apply it to the inside of the glass, and it can be easily removed when spring rolls around so you can open the window. See Lowe's for [application instructions](#).

### 9. Leaving the damper open

Enjoy the fireplace. But when you are not using it, keep the damper closed so your expensively heated interior air doesn't escape up the chimney. That is true when you are running air conditioning, too, according to [Swede Chimney Sweep](#) in San Diego.

### 10. Using a ceiling fan incorrectly

Using ceiling fans in summer can keep you cool. They also can help keep you warmer in winter. But that won't work unless you set the fan correctly. Most ceiling fans also have a switch so you can set the blades to rotate in reverse. In winter, you want to push warm air near the ceiling down toward the floor so you stay warmer. In summer, the fan blades can be set to do the reverse. Find the switch on the body of your fan. In winter, set the blades to turn clockwise. In summer, reverse the direction so the blades move in a counter-clockwise direction, [Home Depot explains](#). Since fans consume electricity, turn them off when you leave the room.

### 11. Not changing furnace filters

Replace furnace filters regularly — even monthly, depending on the type you buy and how much the furnace is running. Dirty furnace filters make a furnace work harder and consume more energy than necessary to heat or cool the home, says [Angie's List](#). Read your appliance's manual to find the replacement schedule and type of filter, as well as installation instructions.

### 12. Ignoring dirty air conditioner filters



Your air conditioner works overtime to keep you cool when outdoor temperatures rise. Return the favor by keeping it working efficiently. The bonus: An efficient HVAC system keeps your energy bills down. Changing the air conditioner filter is probably the easiest form of air-conditioning maintenance. The filters should be replaced every month or two during the cooling season so your AC runs smoothly, says the [U.S. Department of Energy](#). You can order new filters through Amazon, Walmart, Target and other retailers.

[Source: Money Talks News | April 25, 2020 ++]

\*\*\*\*\*

## Have You Heard?

Words | Retirement Destination Guide | Muslim Terrorists Suicides

### Words

1. The meaning of opaque is unclear.
2. I wasn't going to get a brain transplant but then I changed my mind.
3. Have you ever tried to eat a clock? It's very time consuming.
4. A man tried to assault me with milk, cream and butter. How dairy!
5. I'm reading a book about anti-gravity. I can't put it down.
6. If there was someone selling marijuana in our neighborhood, weed know about it.
7. It's a lengthy article about ancient Japanese sword fighters but I can Sumurais it for you.
8. It's not that the man couldn't juggle, he just didn't have the balls to do it.

9. So what if I don't know the meaning of the word 'apocalypse'? It's not the end of the world.
10. Police were called to the daycare center. A 3-year old was resisting a rest.
11. The other day I held the door open for a clown. I thought it was a nice jester.
12. Need an ark to save two of every animal? I Noah guy.
13. Alternative facts are aversion of the truth.
14. I used to have a fear of hurdles, but I got over it.
15. Atheism is a non-prophet organization.
16. Did you know they won't be making yardsticks any longer?
17. I used to be allergic to soap but I'm clean now.
18. The patron saint of poverty is St. Nickless.
19. What did the man say when the bridge fell on him? The suspension is killing me.
20. Do you have weight loss mantras? Fat chants!
21. My tailor is happy to make a new pair of pants for me. Or sew it seams.
22. What is a thesaurus's favorite dessert? Synonym buns.
23. A relief map shows where the restrooms are.
24. There was a big paddle sale at the boat store. It was quite an oar deal.
25. How do they figure out the price of hammers? Per pound.

-o-o-O-o-o-

### **Retirement Destination Guide**

Retire to Phoenix, Arizona where...

1. You are willing to park 3 blocks away because you found shade.
2. You've experienced condensation on your bottom from the hot water in the toilet bowl.
3. You can drive for 4 hours in one direction and never leave town.
4. You have over 100 recipes for Mexican food.
5. You know that "dry heat" is comparable to what hits you in the face when you open your oven door.
6. The 4 seasons are: tolerable, hot, really hot, and ARE YOU KIDDING ME??!!

OR You can retire to California where...

1. You make over \$250,000 and you still can't afford to buy a house.
2. The fastest part of your commute is going down your driveway.
3. You know how to eat an artichoke.
4. You drive your rented Mercedes to your neighborhood block party.
5. When someone asks you how far something is, you tell them how long it will take to get there rather than how many miles away it is.
6. The 4 seasons are: Fire, Flood, Mud, and Drought.

OR You can retire to New York City where...

1. You say "the city" and expect everyone to know you mean Manhattan.
2. You can get into a four-hour argument about how to get from Columbus Circle to Battery Park, but can't find Wisconsin on a map.
3. You think Central Park is "nature."
4. You believe that being able to swear at people in their own language makes you multi-lingual.

5. You've worn out a car horn.
6. You think eye contact is an act of aggression.

OR You can retire to Minnesota where...

1. You only have four spices: salt, pepper, ketchup, and Tabasco.
2. Halloween costumes fit over parkas.
3. You have more than one recipe for casserole.
4. Sexy lingerie is anything flannel with less than eight buttons.
5. The four seasons are: winter, still winter, almost winter, and construction.

OR You can retire to the Deep South where....

1. You can rent a movie and buy bait in the same store.
2. "Y'all" is singular and "all y'all" is plural.
3. "He needed killin'" is a valid defense.
4. Everyone has 2 first names: Billy Bob, Jimmy Bob, Mary Ellen, Betty Jean, Mary Beth, etc. etc.
5. Everything is either "in yonder," "over yonder" or "out yonder." It's important to know the difference, too.

OR You can retire to Colorado where....

1. You carry your \$3,000 mountain bike atop your \$500 car.
2. You tell your husband to pick up Granola on his way home and so he stops at the day care center.
3. A pass does not involve a football or dating.
4. The top of your head is bald, but you still have a pony tail.

OR You can retire to the Midwest where...

1. You've never met any celebrities, but the mayor knows your name.
2. Your idea of a traffic jam is ten cars waiting to pass a tractor.
3. You have had to switch from "heat" to "A/C" on the same day.
4. You end sentences with a preposition: "Where's my coat at?"
5. When asked how your trip was to any exotic place, you say, "It was different!"

OR FINALLY you can retire to Florida where...

1. You eat dinner at 3:15 in the afternoon.
2. All purchases include a coupon of some kind -- even houses and cars.
3. Everyone can recommend an excellent dermatologist.
4. Road construction never ends anywhere in the state.
5. Cars in front of you often appear to be driven by headless people

**-o-o-O-o-o-**

### **Muslim Terrorists Suicides**

Everyone seems to be wondering why Muslim Terrorists are so quick to commit suicide. Let's have a look at the evidence:

- ✓ No Christmas
- ✓ No television
- ✓ No nude women
- ✓ No football
- ✓ No pork chops
- ✓ No hot dogs
- ✓ No burgers
- ✓ No beer
- ✓ No bacon
- ✓ Rags for clothes
- ✓ Towels for hats

- ✓ Constant wailing from some guy in a tower
- ✓ More than one wife
- ✓ More than one mother in law
- ✓ You can't shave
- ✓ Your wife can't shave
- ✓ You can't wash off the smell of donkey
- ✓ You cook over burning camel shit
- ✓ Your wife is picked by someone else for you and smells worse than your donkey

Then they tell you that "when you die, it all gets better. Well no sh\*t Sherlock!.... It's not like it could get much worse

\*\*\*\*\*



## Thought of the Week

"Compromise: The art of dividing a cake in such a way that everybody believes he got the biggest piece."

--- Sherry Rothfield

**FAIR USE NOTICE:** This newsletter may contain copyrighted material the use of which has not always been specifically authorized by the copyright owner. The Editor/Publisher of the Bulletin at times includes such material in an effort to advance reader's understanding of veterans' issues. We believe this constitutes a 'fair use' of any such copyrighted material as provided for in section 107 of the US Copyright Law. In accordance with Title 17 U. S. C. Section 107, the material in this newsletter is distributed without profit to those who have expressed an interest in receiving the included information for educating themselves on veteran issues so they can better communicate with their legislators on issues affecting them. To obtain more information on Fair Use refer to: <http://www.law.cornell.edu/uscode/17/107.shtml>. If you wish to use copyrighted material from this newsletter for purposes of your own that go beyond 'fair use', you must obtain permission from the copyright owner.

**TO READ and/or DOWNLOAD THE ABOVE ARTICLES, ATTACHMENTS, OR PAST BULLETINS GO Online To:**

- <http://www.nhc-ul.org/rao.html> (PDF Edition w/ATTACHMENTS)
- <http://www.veteransresources.org> (PDF & HTML Editions w/ATTACHMENTS)
- <http://frabr245.org> (PDF & HTML Editions in Word format)
- <http://veteraninformationlinksasa.com/emos-rao.html> (PDF & HTML Editions w/ATTACHMENTS)
- <http://www.veteransresources.org/rao-bulletin> (past Bulletins)

**Note: The above websites are blocked by some, if not all, USAF & USCG military commands for security purposes. To gain access you may need to open them using a non “...@us.af.mil” / “...@uscg.mil” source. Contact [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net) if you are unable to do this.**

**Notes:**

1. The Bulletin is provided as a website accessed document vice direct access. This was necessitated by SPAMHAUS who alleged the former Bulletin's size and large subscriber base were choking the airways interfering with other internet user's capability to send email. To avoid removal of my email capability by them I notified all subscribers of the action required to continue their subscription. This Bulletin notice was sent to the 19,313 subscribers who responded to that notice and/or have since subscribed. All others were deleted from the active mailing list.
2. Bulletin recipients with interest in the Philippines, whether or not they live there, can request to be added to the Bulletin's Philippine email directory for additional receipt of notices on Clark Field Space 'A', U. S. Embassy Manila, and TRICARE in the RP.
3. New subscribers and those who submit a change of address should receive a message that verifies their addition or address change being entered in the mailing list. If you do not receive a message within 3 days it indicates that either I never received your request, I made an error in processing your request, or your server will not allow me to send to the email addressee you provided. Anyone who cannot reach me by email can call (858) 842-1111 to ask questions or confirm info needed to add them to the directory.
4. If you have another email addressee at work or home and would like to receive Bulletin notices there also, just provide the appropriate addressee to [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net).
5. Past Bulletin articles are available on request to [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net). Bear in mind that the articles were valid at the time they were written and may have since been updated or have become outdated. To request provide original article title. If unknown provide subject the article was addressing.
6. The Bulletin is normally published on the 1st and 15th of each month. To aid in continued receipt of Bulletin availability notices, recommend enter the email addressee [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net) into your address book. If you do not receive a Bulletin check to see if its posted on <http://veteraninformationlinksasa.com/emos-rao.html>, [www.nhc-ul.org/rao.html](http://www.nhc-ul.org/rao.html), [www.veteransresources.org](http://www.veteransresources.org), or <http://frabr245.org> before sending me an email asking if one was published. If you can access the Bulletin at any of the aforementioned sites it indicates that something is preventing you from receiving my email. Either your server, considers it to be spam or I have somehow incorrectly entered or removed your addressee from the mailing list. Send me an email so I can verify your entry on the validated mailing list. If you are unable to access the Bulletin at any of these sites let me know.
7. Note that if you are using the Sbcglobal email server, they allow some, but not all, of their users to receive the Bulletin if sent to them in its normal fashion. For those it does not allow I maintain a separate mailing list to send in an alternate manner for these subscribers affected to receive their Bulletin notices. If you are impacted by this let me know so I can add you to that mailing list.

8. Articles within the Bulletin are editorialized information obtained from over 100 sources. At the end of each article is provided the primary source from which it was obtained. The ++ indicates that that the information was reformatted from the original source and/or editorialized from more than one source. Because of the number of articles contained in each Bulletin there is no why that I can attest to their validity other than they have all been taken from previously reliable sources. Also, just because an article appears in the Bulletin it does not necessarily mean I support its content. If an article is based on the author's opinion vice a government entity I try to note that after the author's name. Readers who question the validity of any article's content are encouraged to go to the source provided to have their questions answered or express their opinions. I am always open to comments but, as a policy, shy away from anything political. Too controversial and time consuming.

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

== To subscribe first add the RAO email addree [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net) to your address book and/or white list. Then send to this addee your full name plus either the post/branch/chapter number of the fraternal military/government organization you are currently affiliated with (if any) "AND/OR" the city and state/country you reside in so your addee can be properly positioned in the directory for future recovery. Subscription is open at no cost to all veterans, dependents, military/veteran support organizations, and media.

== Anyone who wants to remove or change their email addee from the Bulletin mailing list can the automatic "UNSUBSCRIBE" or "Change of Address" tabs at the bottom of this message or send a message to [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net) with the word "DELETE" or "COA" in the subject line.

-o-o-O-o-o-

**RAO Bulletin Editor/Publisher:**

Lt. James (EMO) Tichacek, USN (Ret) Tel: (858) 842-1111 Email: [raoemo@sbcglobal.net](mailto:raoemo@sbcglobal.net)  
Bulletin Web Access: <http://www.nhc-ul.org/rao.html>, <http://www.veteransresources.org>, <http://frabr245.org>  
, and <http://veteraninformationlinksasa.com/emos-rao.html> [PDF & HTML Editions w/ATTACHMENTS]

**RAO Baguio Director:**

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

**RAO Baguio Office:** Mountain Lodge, 27 Leonard Wood Road, Baguio City, 2600 Philippines  
FPO Mail Pickup: TUE & THUR 09-1100 --- Outgoing Mail Closeout: THUR 1100

**Warning:**

DELETE the end-paragraph (i. e. UNSUBSCRIBE Option) of the Bulletin before you forward it to others. The option following this warning is required by law and offers the recipient an opportunity to "UNSUBSCRIBE", if they choose to. This "unsubscribe" link contains YOUR email address vice theirs and whoever receives your re-distribution has the opportunity, whether purposely or inadvertently, to terminate your future receipt of Bulletin messages if they should click on it.

