

RAO

BULLETIN

15 May 2020

PDF Edition



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2. Numbers contained within brackets [] indicate the number of articles written on the subject. To obtain previous articles send a request to raoemo@sbcglobal.net.
3. Recipients of the Bulletin are authorized and encouraged to forward the Bulletin to other vets or veteran organizations.

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DOD Watch

Being Maintained Despite Pandemic

While the coronavirus pandemic has reshaped U.S. government priorities, Americans must remember that the world remains a dangerous place, Defense Secretary Dr. Mark T. Esper said during a Brookings Institution webinar. Americans need to concentrate on the virus, but other threats and nations may take advantage of COVID-19 to further their interests, the secretary told Brookings senior fellow Michael O'Hanlon in today's virtual conversation. "We're still seeing all the same bad behavior out there that we saw before," Esper said.

The secretary noted that Russia is probing air defenses in Alaska and over the North Sea and that the Chinese in the South China Sea are "more pushy" of late. Both Russia and China are confronting COVID-19, but it is impossible to know the truth about the extent of the pandemic in those countries, Esper said. "They are not reporting it as much, but we know that they're concerned about it," he added. His message to DOD personnel is to remain vigilant. "These are uncertain times. You don't know how states or militaries will act," he said. "So we [have] got to remain vigilant out there on the front lines."

Esper noted that a key tenet of the National Defense Strategy is dynamic force employment. "It's a way by which you maintain a degree of strategic predictability to ensure the readiness of your force, but garner a higher degree of operational unpredictability," he explained. The military — even as it's countering the coronavirus — is still taking steps to implement the strategy, the secretary said. Russia and China are the two main threats to the United States and its allies, followed by Iran, North Korea and violent extremism, Esper said.

To counter China, the United States has changed the bomber presence in Guam, has done more freedom-of-navigation floats and flights and simply has made things more unpredictable for the Chinese, he said. U.S. Indo-Pacific Command has "done a good job in terms of maintaining that show of force, that deterrence, that capability and readiness that we need in the ... region," Esper said. Some of the Chinese provocations may be unprofessional conduct by pilots or sea captains, he said, but some bad behavior is "aggressive actions that are outside the norms of the international rules, whether they're claiming territory or space that simply is not theirs." "We want to make sure that we maintain, again, the laws of the sea, and the international rules that have sustained us all very well for decades now," the secretary said. "And we see the Chinese continue to try and bend those, to change those and then to shape them in their own favor."

The Russians remain a problem in Europe, Libya and Syria, the secretary said. "I would say with regard to NATO, the alliance has held strong," he said. "I've talked to many of my counterparts from Europe about their state of readiness, how we can help them, etc. But over the last few years, I think we've seen NATO readiness increase. I think overall, the trend for NATO readiness has been positive in terms of capacity, capability and the ability to deploy in a timely manner."

Iran has been hit very hard by the coronavirus, and it's had an impact on the economy and on society, Esper said. "As we've been saying, if they pay more attention to their people, divert their funds to helping the population instead of funding malign activities from Africa all the way through the Middle East, ... if they focus their attention, resources on their people, it could be a much better place for the Iranians," he said. [Source: DOD News | Jim Garamone | May 4, 2020 ++]

Coronavirus Disinformation

China's Exploitation of the Pandemic



China is exploiting the coronavirus to sow discord among Western allies while building itself up, the Cybersecurity and Infrastructure Security Agency warned recently. "China and other authoritarian governments have promoted false claims about the origins of the virus in an attempt to shift blame overseas and divide free societies against themselves," reads CISA's May 8 "[insights](#)" sheet. "Common tactics they use include censoring news, injecting false narratives onto social media platforms, and promoting slick government-produced videos." CISA also called attention to what it said was Chinese state-backed media using a variety of social media platforms to promote content emphasizing claims their country is rapidly controlling the virus, and suggesting the U.S. and other Western countries have failed in their response.

CISA took on the role of combating disinformation following reports from the intelligence community that Russia was interfering in the 2016 presidential contest and the designation of elections as critical infrastructure. The agency has pushed social media companies to take more responsibility for content promoted on their platforms. Today's CISA 8 MAY notice seemed to take a stance on an issue that caused some vacillation among tech leaders. "False information about COVID-19 treatments continue to circulate on social media, including potentially extremely harmful suggestions to drink bleach or chlorine dioxide, to use vitamin C or boiled garlic, or that illicit drug activity can 'cure' the virus," CISA wrote. During an 23 APR press briefing, President Trump famously suggested that injecting disinfectant, and introducing ultraviolet or powerful light under a person's skin, could get rid of a COVID-19 infection "in one minute."

Trump himself could have been a victim of disinformation. According to the New York Times, Facebook CEO Mark Zuckerberg a month before in March said posts promoting the use of bleach as a cure for the disease would be removed from the platform as they clearly threaten public health. But the Times reported that the number of social media posts making similar claims ballooned following the president's remarks. And that Facebook as well as Twitter and YouTube, refused to take down posts echoing the comments. The companies said this is because the president was not directly instructing the public to follow the suggestion.

The claims that fifth-generation networking technology spreads the virus, and that the National Guard Bureau would be "supporting nationwide quarantines" also made CISA's list. Among mitigations for the disinformation threat around COVID-19, CISA suggested going to trusted websites such as www.coronavirus.gov, and thinking before linking. "Take a moment to let your emotions cool down before sharing anything online," the agency advises. [Source: Defense One | Mariam Baksh | May 11, 2020 ++]

PCS Moves

Update 10: 30,000 Military Families to Move during Stop-Movement Order

More than 30,000 military families are expected to start the moving process between now and the end of June despite a Defense Department directive prohibiting such moves during the coronavirus pandemic, defense officials said 6 MAY. “So those are the families who have been approved or authorized to move, if conditions allow, will proceed with their [permanent change of station],” Rick Marsh, director of the Defense Personal Property Program for U.S. Transportation Command, said during a Pentagon news conference on military moves during the pandemic. The most recent stop-movement order issued 20 APR by Defense Secretary Mark Esper ends 30 JUN, but it allows priority personnel to receive a waiver to the policy through their chain of command so they can move to their next duty station during the halt.

TRANSCOM is tracking these families in their shipment system and they are in various stages of the process to have their household goods picked up sometime before 30 JUN, Marsh said. So far, more than 12,500 families have moved since early March when travel restrictions were first put in place, Marsh said. These moves were 30% of the volume that they typically have during that time, he said. In a normal year, about 400,000 service members, DOD civilians and their families are moved, with 40% of moves happening between 15 MAY and 31 AUG, according to the Pentagon. Marsh said they expect moves to continue through the fall and winter due to the demand, and it was possible that more families could be added to their queue before 30 JUN. Shipment and delivery of the household goods are conditions based, including whether families feel it’s not yet safe at the new location, he said.

TRANSCOM also announced 6 MAY that companies helping military members move must have their personnel follow more safety measures during the packing and shipment of household goods. Families will be emailed details about these safety protocols during the moving process, according to Marsh. “Because the relocation process is intrusive with moving personnel working inside homes along DOD personnel and their families, DOD has directed that industry personnel adhere to Centers for Disease Control [and Prevention] health protection protocols,” Marsh said. Movers must wear face coverings while in the home, clean frequently touched surfaces and sanitize their hands. There will also be fewer movers working at the residence in order to ensure social distancing requirements, according to Marsh. Service members are also asked to limit family members in the home or restrict them to one room in the home during the packing and moving process, according to a TRANSCOM document on the new safety measures.

Companies also must certify their personnel have been screened for symptoms according to CDC guidelines and present documentation to the family when they arrive to the home, Marsh said. Families are also asked to comply with these safety measures and reschedule moves if they are sick or are in self quarantine. Service members can question movers about whether they are following the safety measures and can deny them from entering their home. They can also stop the move entirely if they feel the movers are “compromising their safety,” according to a TRANSCOM statement. The service member would work with their local transportation office and chain of command to reschedule their move. “Families are empowered to make decisions, they’re not alone. A duty representative will contact every DOD member during every move — in person or virtually — to ensure protocols are being followed,” Marsh said. [Source: Stars & Stripes | Caitlin M. Kenney | May 6, 2020 ++]

DOD Immigrant Soldier Citizenship

Lawsuit | Promise Broken by U.S.

Six soldiers have filed a class-action lawsuit charging that the U.S. promise of citizenship for service -- dating back to the nation's founding -- has been broken by the Pentagon's restrictive policies on naturalization. The six non-citizen

troops, who all enlisted in the Army under the Military Accessions Vital to the National Interest program, or MAVNI, alleged that new and lengthy security checks for possible terrorist ties and other measures have effectively blocked them from obtaining citizenship. The suit, filed on their behalf by the American Civil Liberties Union, charges that Defense Department policies enacted in 2017 "unlawfully obstructed the ability of thousands of service members to obtain U.S. citizenship, placing them in a state of personal and professional limbo."

"I took an oath to protect this country, and I'm doing my best to live up to the values of the Army," said Pfc. Ange Samma, originally from Burkina Faso and one of the plaintiffs in the suit. "It's been frustrating and heartbreaking not to obtain my citizenship as promised, but I will continue to honor my commitment," Samma, now serving with the 339th Quartermaster Company at Camp Humphreys in South Korea, said in a statement accompanying the suit. Government lawyers signaled they would vigorously contest the suit, which was initially filed 24 APR in federal court for the District of Columbia and names the DoD and Defense Secretary Mark Esper as defendants. The government challenged requests by two of the MAVNI plaintiffs to remain anonymous, citing fears of retribution, and the court agreed. The suit was refiled 27 APR, naming all six plaintiffs, said Scarlet Kim, one of the ACLU lawyers.

She said the first motion in the suit was to get a court ruling on the ACLU's request for a preliminary injunction to halt the restrictions before the case proceeds, but a ruling on the request is not expected for months. The suit alleges that DoD and Esper "have adopted an unlawful policy of withholding certifications of plaintiffs' honorable service, which they require to apply to naturalize based on their ongoing military service." "As a result, defendants are denying thousands of men and women in uniform the U.S. citizenship that Congress has long promised to non-citizens serving in our military," the suit said.

From the Revolutionary War through the wars in Afghanistan and Iraq, "U.S. laws enacted during periods of armed conflict have permitted non-citizens to naturalize almost immediately upon entering service and prior to deployment," but the new rules have made that nearly impossible, the suit charges. The basic requirement for a military application for naturalization has been the completion of the N-426 form for U.S. Citizenship and Immigration Services (USCIS) certifying honorable service. Past practice was that the form could be completed almost immediately after reporting to basic training, but the DoD changed the rules in October 2017, the suit charges.

"The new criteria require service members to complete additional DoD background screening; pass a 'military service suitability determination,' which purports to determine a service member's security risk to the military; and serve for a minimum of 180 days for active duty service members and one year for service members in the Selected Reserve" before they can get N-426 certification, according to the suit. "DoD's subversion of the statutory scheme is so significant that it is now harder for many service members to naturalize through the expedited process than through the ordinary civilian process," the suit charges. However, the DoD said in a statement when the new rules were announced that, while the department "recognizes the value of expedited U.S. citizenship achieved through military service, it is in the national interest to ensure all current and prospective service members complete security and suitability screening prior to naturalization."

From 2008 to 2016, about 10,400 foreign nationals were recruited through the MAVNI program, which is designed to bring in non-citizens with language skills or health care and technology expertise needed by the military, according to the DoD. Two previous lawsuits have been filed against the policy for MAVNI service members from the Selected Reserve, but the ACLU described the current suit as the first to represent all non-citizen service members. In addition to Samma, the plaintiffs in the lawsuit include:

- Pfc. Abner Bouomo, with the 25th Infantry Division at Schofield Barracks, Hawaii.
- Pvt. 2nd Class Ahmad Isiaka, serving in the Selected Reserve with the 644th Transportation Company in Houston, Texas.
- Pvt. 2nd Class Michael Perez, with 2nd Battalion, 377th Parachute Field Artillery Regiment, at Joint Base Elmendorf-Richardson, Alaska.
- Pvt. 2nd Class Sumin Park, also serving with 2nd Battalion, 377th Parachute Field Artillery Regiment, at JBER.

- Spc. Yu Min Lee, serving at Schofield Barracks.

[Source: Military.com | Richard Sisk | May 5, 2020++]

Military Medicine

Update 02: Congress Must Stop the Attempt to Dismantle

The Department of Defense (DOD) continues its relentless attempt to cut 18,000 medical positions in its current budget submission. The cuts would represent a 20 percent reduction in medical personnel across all the services. Congress directed a pause last year to ensure DOD conducted an assessment on the impacts such cuts may have on support to beneficiaries. But as we learn from the coronavirus pandemic, Congress needs to halt the reform in its tracks. The military's response to the COVID-19 public health crisis provides substantial justification.

Since the pandemic began its global scourge, nearly 4,400 military medical personnel have surged to augment the courageous civilian medical personnel at medical facilities across the U.S. This number does not include the more than 57,000 active-duty, Reserve and National Guard personnel who also have supported the response. The military medical responders have worked at numerous hospitals on the East Coast and in Michigan and Louisiana. The Army also has deployed four active-duty field hospitals and established alternative care facilities in New York and Washington state. Fortunately, our nation's military has not had to face a battlefield conflict requiring a surge of medical personnel while simultaneously supporting the coronavirus response.

Secretary of the Army Ryan McCarthy has expressed concern over how the manpower cuts might impact medical research activities with resultant battlefield consequences. In an internal memo last year in which he addressed the potential cuts, McCarthy referred to the research done at the Army's Medical Research and Development Command located at Fort Detrick, Md. The command manages and executes research in several areas, including infectious diseases, combat casualty care, military operational medicine and chemical biological defense. "As conditions during war may change rapidly, medical research and development is essential to respond quickly and effectively to support warfighter capabilities and survivability. If medical research and development assets are not left with the Army, the Army's ability to fulfill its Title 10 responsibilities and integrate medical capabilities with warfighting systems for service members will be degraded and at risk," he wrote.

Noted foreign affairs professor Walter Russell Mead supports Ryan's concern with a clear warning. Mead says that in a post-COVID world, there will be non-state actors who will seek the capacity to create plagues. Every country will need to defend against them. "The ability to recognize new diseases quickly and to develop treatments and vaccines has become a cornerstone of national defense," Mead says. The Fort Detrick facility, as one may expect, is one of those facilities that would be doing the work Mead refers to — just as it is working to develop a vaccine for the coronavirus.

One of the issues overlooked when it comes to military medicine is the progress that has been made on the battlefield during the past two decades of war. The achievements made as a result of the wars in Iraq and Afghanistan have been extraordinary. These achievements are a result of not only experience on the battlefield but the incredible research the military undertakes. Medical research and development is essential if we are to be able to respond quickly and effectively to support warfighter capabilities and survivability. For example, the military's development of freeze-dried plasma demonstrates how significant a role military medical research plays. Fort Detrick began work with a civilian research firm in 2014 to develop freeze-dried plasma. The Marine Corps began using it in combat situations in 2017. The Marines were so eager to use the product that they requested permission to obtain it from a French firm until it was approved by the Food and Drug Administration (FDA).

Accordingly, a fair question to ask is, "What will be the impact on military medical research if these cuts are approved?" Is this something our military personnel, whom we ask to go into combat, deserve? How do these cuts impact readiness? Any cuts to military medicine also will have a dramatic impact on the medical care we promise our

military personnel, their families and retirees. A survey of 10,000 military families done last year by the nonprofit military support group Blue Star Families clearly showed concerns about their health care in the military health care system. Two-thirds of the respondents cited health care benefits as one of their top reasons for remaining in the military. But their satisfaction with their ability to access care in a timely manner was a concern, citing long waits and rushed care — not a good incentive for reenlisting. Reducing 18,000 medical personnel certainly would not be an inducement.

Congress needs to examine any proposed cuts to military medicine very closely before it approves authorizations or appropriations. Several questions must be asked:

- Can the services absorb these reductions and still support combat operations, humanitarian aid and relief missions (e.g., another pandemic or a bioterror event)?
- What will be the impact on current medical forces — more frequent deployments? And how about the impact on the retention of military medical professionals?
- Will reductions compromise the military health benefit to a point where there is no longer a benefit to joining or staying in?

The DOD proposal has the potential to affect 200,000 beneficiaries, along with eliminating 48 medical treatment facilities. What will be the effect on the civilian communities located near these military facilities? Does the capacity exist to handle more workload resulting from military personnel, their families and retirees who may lose care? The coronavirus pandemic has made it clear that any continuation of cuts to military medicine would be reckless and misaligned with our national security objectives. Congress must weigh in to halt these cuts.

Tom Jurkowsky is a retired Navy rear admiral who sits on the board of the nonprofit Military Officers Association of America (MOAA), which advocates for a strong national defense and for military service members.

[Source: The Hill | Tom Jurkowsky | May 5, 2020 ++]

Marine Corps Readiness

Update 04: Forming a First-of-its-Kind Regiment in Hawaii

A new "Marine Littoral Regiment" coming to Hawaii--the first of its kind in the Marine Corps--represents a major shift for the service in the "great power " competition playing out in the Western Pacific and preparation for a high-tech missile war in the region. Instead of training for low-tech counterinsurgency missions in Afghanistan and Iraq, which defined the Corps for nearly two decades, littoral, or nearshore, Marines will become specialists in ship-to-shore capabilities in austere conditions to, among other things, sink ships at sea using missiles fired from unmanned vehicles that look like bulked-up Humvees. The unmanned vehicles will operate inside the range of extremely capable enemy missiles fired back at them while trying to move about quickly to avoid being targeted.

Additional Marine Littoral Regiments may be based in Japan and Guam, but the first Hawaii-based unit is expected to have 1, 800 to 2,000 Marines carved out mainly from units already here, including one of three infantry battalions at Kaneohe Bay, according to Maj. Joshua Benson, a spokesman for Marine Corps Combat Development Command. As an exception, most of the companies and firing batteries that will make up a littoral anti-air battalion will come from units not currently stationed in Hawaii, Benson said in an email. Reflecting the importance of the new formation, the 3rd Marines headquarters will be re-designated the 3rd Marine Littoral Regiment headquarters. The Hawaii regiment has about 3,400 Marines.

The new Hawaii unit is part of sweeping changes the Marine Corps wants to make over the next decade as it reorganizes its forces to deter war with either China or Russia, but win if it comes to that. The naval expeditionary force wants to shrink its numbers by 12,000 (186,000 are in the Corps now); get rid of its tanks, leaving that capability

to the Army; and specialize in the littoral. Divestiture of traditional capabilities would result in a potential savings of \$12 billion--to be reallocated toward emerging threats posed foremost by China. "The Marine Corps is at an inflection point, and we must change," Commandant Gen. David Berger told the Marine Corps Association and Foundation in November. The Corps is purpose-built for large-scale conventional land-borne operations. "Think Desert Shield, Desert Storm," Berger said. "We are built, ideally, for 1990."

The redesign of the Marine Corps "is driven by China's pivot towards the sea, and that primary front which they have opened up has renewed great power competition--and you can add Russia, of course, to that equation, " Berger said. Advances by China's missile forces means that "presumptive sea control is no longer something that the United States can rely on. We will compete for it," the commandant said. Enter what the Marine Corps calls "expeditionary advanced base operations," or EABO, a concept being pursued to distribute highly mobile Marines across Pacific islands and arm them with advanced missiles that can aid the Navy by sinking ships in contested choke points. The "inside force" would operate within range of enemy missiles in places like South China Sea islands under the theory that they would be hard to detect. "Here's what this means," Berger said. "Our peer adversaries need to perceive a bunch of small, mobile Marine units in their backfield with low signatures, bad attitudes and toolkits full of disruptive capabilities."

Carl Schuster, a retired Navy captain and adjunct faculty member at Hawaii Pacific University, said the Marines can conceivably cover a lot more Pacific territory with the approach. "In a way, it's a counter to the Chinese putting bases in the South China Sea," Schuster said. "We may not have enough ships to cover the ground, but we have enough firepower and a concept to cover that ocean." The three-year setup plan for the Hawaii Marine Littoral Regiment foresees the use of the Navy Marine expeditionary ship interdiction system, or NMESIS, with Naval Strike Missiles that have a range greater than 115 miles launched from joint light tactical vehicles, including unmanned vehicles.

The Marine Littoral Regiment "will utilize multiple small but long-range landing craft as its primary method of tactical and theater-wide mobility," Benson said. After the establishment of the new regiment, "it will immediately begin training and experimenting with leased naval craft such as the stern landing vessel and offshore support vessel while a more permanent fleet of similarly capable small landing craft are procured," he said. [Source: The Honolulu Star-Advertiser | William Cole | May 12, 2020 ++]

MilSpouse Money Mission

New DoD Website for Military Spouses



The Defense Department's new [MilSpouse Money Mission](#) answers a lot of financial questions unique to the military life, as well as providing basic information geared to help families get out of debt, and to help them get their finances in order — and keep them that way. It includes timely information on how to protect your finances during this COVID-19 pandemic, and resources for those in the military community in financial need, whether it's because of the pandemic, or other needs. Created by the DoD Office of Financial Readiness, the website offers sections of

information on topics starting with Money Ready 101 through Money Ready 401, with explanations, videos, articles and blogs, financial calculators and quizzes.

Whether you're a newbie at balancing a checkbook or a dedicated saver, you should find something in this resource that could help strengthen your finances. Take a quick look around the site to get an idea of what's there, and you can come back when you need some reliable information about a certain topic — for example what to consider when you're thinking about making a big purchase. You can take it a step at a time, at your own pace, with opportunities to delve deeper into subjects. There's information on how to calculate your debt-to-income ratio, and steps to consider when you're deciding whether to borrow money, including calculating how much the loan will cost you over the life of the loan. Military OneSource has long offered resources on a variety of financial topics pertinent to military life, but this expands on the resources and provides one more separate resource for military spouses. MilSpouse Money Mission also offers a social media community of support and motivation, on Facebook, Instagram, Twitter, YouTube and Pinterest.

DoD officials have recognized that spouses are often the chief financial officer of the family, taking the reins of finances in the family to provide continuity because service members are gone so much of the time. And if spouses aren't involved in the family finances, they should be — and not just when the service member is deployed. [Source: MilitaryTimes | Karen Jowers | May 12, 2020 ++]

POW/MIA Recoveries & Burials

Reported 01 thru 15 May 2020 | Ten

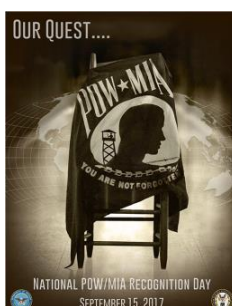
“Keeping the Promise“, “Fulfill their Trust” and “No one left behind” are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century as of FEB 2019 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. Burl Mullins**, 23, was a member of Heavy Mortar Company, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action on Nov. 30, 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 Mullins.](#)

-- **Army Pfc. Clarence W. Brotherton**, 20, of Gibson City, Illinois, was assigned to Company C, 1st Battalion, 60th Infantry Regiment, 9th Infantry Division. His unit was engaged in battle with German forces near Germeter, Germany, in the Raffelsbrand Forest, when he was killed in action on Oct. 14, 1944. Brotherton could not be recovered because of the on-going fighting. Interment services are pending. [Read about Brotherton.](#)

-- **Army Pfc. Glenn E. Collins**, 21, was a member of Heavy Mortar 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. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Collins.](#)

-- **Army Staff Sgt. Raymond C. Blanton**, 19, was assigned to Company C, 1st Battalion, 60th Infantry Regiment, 9th Infantry Division. His unit was engaged in battle with German forces near Germeter, Germany, in the Raffelsbrand Forest, when he was killed in action on Oct. 14, 1944. Blanton could not be recovered because of the on-going fighting. Interment services are pending. [Read about Blanton.](#)

-- **Marine Corps Cpl. Raymond J. Tuhey**, 24, of Chicago, 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. Tuhey died on the fourth day of battle, Nov. 23, 1943. Interment services are pending. [Read about Tuhey.](#)

- **Marine Corps Reserve Pvt. Howard E. Miller**, 22, was a member of Company A, 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. Miller 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 Miller.](#)

-- **Marine Corps Reserve Pfc. Robert D. Jenks**, 20, was a member of Company D, 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. Jenks died on either the third or fourth day of battle, Nov. 22-23, 1943. Interment services are pending. [Read about Jenks.](#)

-- **Navy Seaman 1st Class Maurice V. Spangler**, 20, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS

Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Spangler. Interment services are pending. [Read about Spangler.](#)

-- **Naval Reserve Seaman 1st Class James C. Williams**, 20, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Williams. Interment services are pending. [Read about Williams.](#)

-- **Navy Fireman 1st Class Samuel C. Steiner**, 20, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Steiner. Interment services are pending. [Read about Steiner.](#)

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

* VA *



Memorial Day

VA National Cemeteries to Commemorate 22 May

The U.S. Department of Veteran Affairs' (VA) National Cemetery Administration (NCA) announced 13 MAY it will commemorate Memorial Day this year with solemn wreath laying ceremonies. Another offering is a new online memorial feature allowing the public to pay tribute to Veterans interred in VA national cemeteries across the country. "This year, by necessity, will be different from past Memorial Day observances," said VA Secretary Robert Wilkie. "While the department can't hold large public ceremonies, VA will still honor Veterans and service members with the solemn dignity and respect they have earned through their service and sacrifice."

Each VA national cemetery will conduct a brief wreath laying ceremony, accompanied by a moment of silence and the playing of Taps. In keeping with CDC [guidelines](#) to limit large gatherings, the ceremonies will not be open to the public. Secretary Wilkie will preside over the wreath laying at [Quantico](#) National Cemetery in Virginia on Memorial Day. Acting Deputy Secretary of Veterans Affairs Pamela Powers will do the same at [Culpeper](#) National Cemetery in Virginia, while Under Secretary for Memorial Affairs Randy Reeves will lay a wreath at [Riverside](#) National Cemetery in California Friday, May 22, and at [Calverton](#) National Cemetery in New York on Memorial Day. Live streaming, recorded video and photographs from these and other ceremonies will be shared on NCA's [Facebook](#) and [Twitter](#) pages.

Other public events typically associated with Memorial Day at national cemeteries, including group placement of flags at gravesites, will not take place. However, all VA national cemeteries will be open Memorial Day weekend from dawn to dusk for public visitation. Cemetery visitors are asked to adhere to health and safety guidelines and maintain physical distancing while visiting. Visitors are also urged to consider visiting Friday, Saturday or Sunday to avoid possible crowds on Memorial Day. Families may continue the tradition of placing flowers and small American flags at their Veteran's gravesite.

VA will also be launching a new way for the public to pay tributes to Veterans at the [Veterans Legacy Memorial](#) (VLM). The site, originally launched in 2019, contains a memorial page for each Veteran and service member interred

in a VA national cemetery. Starting Thursday, May 14, VLM will permit online visitors to leave a comment of tribute on a Veteran's page, introducing a new way to observe Memorial Day. The tribute allows visitors to voice memories and appreciation for a Veteran's service. All comments will be reviewed for appropriateness prior to being posted.

As it has in years past, VA is again partnering with [Carry The Load](#) this Memorial Day to honor select "Veterans of the Day" with remembrances on social media from May 11-25. [Source: VA News Release | May 13, 2020 ++]

VA Operations

3-Part Plan to Resume Full Services

As the number of active COVID-19 cases among its patients declined slightly this week, the Department of Veterans Affairs announced a three-part plan for resuming operations at its facilities in the coming months. The effort will largely depend on local COVID-19 conditions, including a declining number of patients with symptoms, a reduction in those testing positive and widespread availability of testing. While the VA's Central Office has drafted a tiered plan for operations, decisions will be made at the local level and may not be in line with other state or federal reopening goals, VA officials said. "A central planning solution for resuming regular operations makes no sense here because some areas of the country will take longer to recover, while other areas have seen minimal cases," VA Secretary Robert Wilkie said in a release. "That's why we're letting local conditions dictate our next steps."

The first phase, to occur within the next month, will largely consist of assessments by VA facilities to determine the risks and impact of increasing operations, such as non-emergency procedures like clinical visits and lab tests and admissions to spinal cord injury units. Officials will also explore the capacity for community health care providers to resume seeing veteran patients. In this phase, the Veterans Benefits Administration will increase virtual hearings and formulate plans to resume face-to-face compensation and pension exams, while the National Cemetery Administration will prepare for resuming memorial services and burials that will be held later.

Phase 2 will include expanding non-emergency procedures and medical visits to hospitals and clinics; reopening the department's Fisher Houses; resuming memorial services and burials with military honors, with limited attendance based on local conditions; and in-person services at VBA regional offices, by appointment. The final phase will build on the others: resuming visitor access to all VA health facilities, including nursing homes, expanding services at VHA and VBA locations, and resuming all other normal operations. VA officials said the work will be done with employee health and safety in mind, and all criteria and parameters "must be met before starting the phases and may precipitate a return to an earlier phase."

"The pandemic is not over, and VA continues to provide response efforts," the plan notes. "The timeline for moving through this transition process will be dependent on the ability to minimize and control exposure and infection levels and maintain a constant decrease over time." VA's cemeteries, benefit administrators and Board of Veterans Appeals will use the same approach in determining when and how to resume activities such as interments and face-to-face meetings with veterans about their status, it said.

As of 8 MAY 8,137 veteran VA patients were confirmed to have contracted the novel coronavirus since the start of the pandemic and 619 had died. An additional 212 veterans deaths were reported to the VA. The number of new patient cases at VA facilities declined in the past week, with no new cases reported on 8 MAY from the previous day and 56 cases between 6 and 7 MAY. On 4 MAY, the VA reported 261 new cases in 24 hours. More than 1,200 VA employees have been diagnosed with the illness, including 26 who have died. [Source: Military.com | Patricia Kime | May 9, 2020 ++]

VA Coronavirus Preparations

Update 05: Rising Capacity, Supplies, & Staffing 8 weeks In

On 13 MAY, the U.S. Department of Veterans Affairs (VA) announced it has maintained an increasing supply of beds for both Veterans and COVID-19 patients, steady supplies across the nation and a stable staffing situation in the vast majority of VA locations nearly two months into the national emergency.

As of late April, VA had the capacity to take in 12,215 critical and non-critical patients, up from 9,840 in March. That increase was the result of a decision to defer elective surgeries in anticipation of a rising number of patients infected with COVID-19. It created capacity that has allowed VA to take in non-Veteran patients across the country. This early preparation has allowed VA's overall occupancy rates to remain steady at 35-40% nationwide in both acute care and intensive care units (ICUs), well below the crisis capacity levels that some feared as the virus spread. "VA's team has managed its resources wisely during this crisis," said VA Secretary Robert Wilkie. "By deferring elective surgeries, the department opened ample space for COVID-19 patients and has been able to serve its 'Fourth Mission' of caring for all Americans during this crisis."

VA's stock of medical supplies remains robust with millions of N95 masks on hand, along with plenty supplies of hand sanitizer, gloves, gowns and eye protection. April 30 VA took possession of another 4.5 million masks the department purchased with the aid of New Hampshire Gov. Chris Sununu and inventor Dean Kamen who helped facilitate the medical supplies being flown to his home state in the face of this crisis. VA also had 1,943 ICU ventilators on hand as of April 24, along with 826 transport ventilators and 1,218 anesthesia machines. VA has been testing more and more people as America's overall testing capacity has increased. As of late April, VA tested more than 132,900 people, resulting in more than 92,000 negative tests and about 9,400 positive tests. The remainder are pending results. About 63% of the Veterans who tested positive are now at least 14 days from that test result and most of them are recuperating at home.

While about 2,200 VA employees had tested positive for the coronavirus in late April, VA is still able to provide care to Veterans across the country, while helping 38 states and territories care for COVID-19 patients, either through missions assigned by the Federal Emergency Management Agency or by working directly with state officials. Additionally, VA has been bringing on new personnel at a record pace to bolster staff at its facilities. Between March 29 and April 28, VA hired 9,338 medical staff, including 2,147 registered nurses and thousands of additional staff are expected to join VA into early May. [Source: VA News Release | May 13, 2020 ++]

VA COVID-19 National Summary

Update 01: Reporting Summary Tool Enhanced

The U.S. Department of Veterans Affairs (VA) announced 5 MAY that it enhanced its National COVID-19 Report Summary website that provides a real-time look at the status of COVID-19 patients who have been tested or treated at VA facilities. "The accelerating pace of VA's response to the national emergency required VA to leverage the department's unique national data infrastructure and informatics capabilities to create a timely, automated biosurveillance process," said VA Secretary Robert Wilkie. "The public-facing report displays all known VA COVID-19 cases that are tested or treated in VA facilities."

As an integrated health care system with a common electronic health record, VA can extract and compile information in near real-time from all its facilities. Several complementary approaches are then applied to this information to identify and validate COVID-19 cases. These approaches are subject to ongoing human review by clinical experts in infectious disease, public health and critical care to validate and refine VA's approach. As of 5 MAY, the relaunched site divides COVID-19 case counts into the following categories:

- VA COVID-19 cumulative cases – Running total of all patients tested or treated at a VA facility for known or probable COVID-19. This includes Veterans, employees and non-Veterans.
- Active cases – Patients tested or treated at a VA facility for known or probable COVID-19 who have neither died nor reached convalescent status.
- Convalescent cases – Patients tested or treated at a VA facility for known or probable COVID-19 who are either post-hospital discharge or 14 days after their last positive test, whichever comes later.
- Known deaths – All deaths among patients tested or treated at a VA facility for known or probable COVID-19. The reference “inpatient” indicates the death occurred in a VA hospital; “known other” indicates the death was reported to VA but occurred elsewhere.

VA is grouping active and convalescent cases into the following categories: Veteran, employee, veteran-employee and all other which includes civilians admitted to VA hospitals as humanitarian cases, Tricare patients, active-duty military and other groups. The reporting tool reflects the most accurate and timely information that VA can assemble at this time. The data represented is updated from VA’s automated biosurveillance system every hour. For more information, visit website <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>. [Source: VA News Release | May 5, 2020 ++]

VA COVID-19 National Summary

Update 02: More Than 5,000 Veterans Are in Recovery

At <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary> the Department of Veterans Affairs reported this week in its first public count of recovered patients that more than 5,000 veterans are in recovery after becoming infected with the coronavirus. As of 5 MAY about 65% of the department’s nearly 10,000 cases (5,185 veterans & 760 VA employees) were in recovery from the virus. The department defined being in recovery as having been discharged from the hospital or having made it 14 days after a positive coronavirus test and not needing hospitalization. The number of recoveries was included in the VA’s dataset starting 4 MAY, following a nearly four-day period during which the department posted no public updates about its coronavirus cases. VA Secretary Robert Wilkie said in a statement that the data now shows “all known COVID-19 cases that are tested or treated in VA facilities.”

According to the new data, the VA’s death toll jumped 62% in one week, from 482 on April 29 to 779 on 6 MAY. Besides VA inpatients, the count now includes VA patients who died at their homes or in community hospitals. Previously, those veterans were omitted from the department’s data. The death toll doesn’t include VA employees. In a separate datasheet, the VA reported that 24 employees had died of the virus as of 5 MAY. During the same week, the total number of positive cases increased from 7,903 to 9,823. In addition to veterans and employees, the VA added in other people who were admitted to VA hospitals, including civilians, Tricare patients and active duty service members.

Thousands of veterans remain hospitalized with the virus. The New Jersey VA Health Care System had 283 active cases as of 6 MAY, followed by the New York Harbor Health Care System and the Philadelphia Health Care System, which each had 140. The North Chicago VA Health Care System and the VA in Washington, D.C., were each treating more than 100 coronavirus patients Wednesday. The New York Harbor system, which encompasses parts of New York City, had experienced the most deaths, with 86. In New Jersey, 71 veterans had died, and 59 veterans had died at the Bronx VA. New Orleans, Detroit, Boston and Indianapolis each reported more than two dozen deaths at their facilities.

As part of its “fourth mission” to serve as America’s backup medical system during national crises, the department is helping to treat civilian patients in 38 states. The VA has focused some of those efforts toward nursing homes, many

of which have experienced outbreaks of the virus. More than 80 VA medical workers were sent to aid 26 nursing homes in Florida, and 90 VA nurses went to help two nursing homes in New Jersey. Other staff were sent to state-run nursing homes in Alabama, Massachusetts and Tennessee. The department committed to opening 1,500 beds at VA hospitals to treat civilian patients. [Source: Stars & Stripes | Nikki Wentling | May 6, 2020 ++]

VA Referrals

Update 03: Agency Probe Requested on COVID-19 Handling



Rep. Andy Biggs (R-AZ), the chairman of the conservative House Freedom Caucus, is calling for an investigation into the Department of Veterans Affairs (VA) over its handling of referrals for veterans to receive care amid the coronavirus pandemic. In a letter to VA Inspector General Michael Missal on 5 MAY, Biggs noted that a top VA official in March instructed leadership at regional care systems "to pause the use of access standards to authorize referrals to the Veterans Community Care Program (VCCP)."

The Arizona Republican said that the guidance from the VA's deputy under secretary for health for operations and management "lacked reference to the specific legal authority for the decision" and appeared to be unlawful under the VA Mission Act of 2018. "I respectfully request that the Inspector General investigate the VA's handling of referrals to the Veterans Community Care Program during the current coronavirus outbreak," Biggs wrote. The GOP lawmaker has asked the watchdog to provide answers on whether the VA limited or denied referrals to the VCCP even when individuals met the eligibility requirements and whether veterans can request a nonclinical appeal. He also inquired on what legal authority the VA is using to deny or delay care to veterans, who is tasked with making the decisions on whether to delay or deny care and whether "geographic differences in the spread of the coronavirus [have been] taken into consideration."

Biggs questioned whether "authorizations to outside care [have] been denied because of the lack of willing community providers to deliver care, or simply because the VA refused to authorize care," what percentage of referrals for outside care were unfilled and whether the guidance was still in effect, what process the agency is following to ensure eligible veterans waiting for access for care are receiving "appropriate follow up and care options" and whether there is a review process for those denied care. He inquired whether the VA consulted with third-party administrators to determine "if capacity existed in the community to deliver care," whether a process for reevaluating authorizations for community care referrals is in place and whether there is access to telehealth through the VA or VCCP. Biggs also called for answers on whether the VA is educating veterans on their options and what specifically they are doing to ensure veterans don't face any interruptions to their care.

"The VA MISSION Act created an abundance of new options for veterans to seek access to care outside of the traditional VA health care system to meet their unique individual needs. The VA should not create artificial barriers to care without legal authority, and which do more harm," he wrote. "The current coronavirus outbreak is certainly unprecedented, and the VA is facing significant hurdles in ensuring veterans can safely access care, however, it is vitally important that the VA follow the law and not arbitrarily limit or deny health care options for veterans."

The VA, in response to an inquiry from The Hill about Biggs's letter, said it is not pausing or stopping the MISSION ACT, adding that the agency is committed to ensuring veterans receive proper care. "We are facing a public health crisis. Our job is to make sure Veterans are cared for properly and ensure they are not contracting COVID-19," a VA spokeswoman said in a statement. "That's why VA is taking into account whether referrals for community care are clinically appropriate during the COVID-19 outbreak." [Source: The Hill | Juliegrace Brufke | May 6, 2020 ++]

Homeless Vets

Update 100: CARES Act Funding Expands VA Support Services



The U.S. Department of Veterans Affairs (VA) announced 6 MAY that it has expanded support services enabled by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to make available immediate relief for Veterans experiencing or at risk of homelessness during the coronavirus disease 2019 (COVID-19) pandemic. The CARES Act allocates \$17.2 billion for the Veterans Health Administration, \$300 million of which will be used this fiscal year to address the challenges faced by homeless and at-risk Veterans. "A significant percentage of homeless Veterans or those at risk of homelessness are uniquely vulnerable to COVID-19 due to their living conditions, age and chronic health complications," said VA Secretary Robert Wilkie. "The funds from the CARES Act are vital and will allow VA to continue working diligently to prevent the spread of infection in communities and keep Veterans safe and on the pathway to permanent housing during this perilous time."

Funding is provided for three critical VA programs to assist with the emergency response needed for Veterans living without safe, stable housing.

- *Supportive Services for Veteran Families Program* - \$202 million has been allocated to provide emergency housing and homelessness prevention assistance to very low-income Veteran families to mitigate the expected wave of evictions and potential homelessness that will result from extensive unemployment. Funds for this program will also assist the Housing and Urban Development-VA Supportive Housing program in placing Veterans in safe housing to isolate them from the virus.
- *Grant and Per Diem (GPD) Program* - Grants from the GPD program usually consist of a capped per diem payment from VA to community organizations to provide transitional housing and supportive services to Veterans. \$88 million has been allocated to this program, which allows VA to waive per diem limits during the crisis and help GPD grantees to provide all needed emergency housing and supportive services, including emergency placement for Veterans who need to be isolated for their safety or the safety of others.
- *Health Care for Homeless Veterans Program* - \$10 million has been allocated to provide emergency shelter and supportive services during the crisis, including placement in hotel rooms for Veterans needing emergency shelter or isolation to avoid spreading the virus. Housing will be paired with care, treatment and rehabilitative services.

To learn more about how VA is working to protect Veterans during the COVID-19 pandemic and VA's homeless programs refer to <https://www.va.gov/homeless>. [Source: VA Office of Public and Intergovernmental Affairs | May 6, 2020 ++]

Homeless Vets

Update 101: COVID-19 Aid Bill Creates Tent Cities in VA Parking Lots



Tent cities for homeless veterans would go up in Department of Veterans Affairs hospital parking lots under a proposal included in a massive COVID-19 aid bill offered up this week by House Democrats. The proposal by Rep. Mike Levin (D-CA) would authorize the VA "to set up temporary encampments on the grounds of [VA Medical Centers] to allow homeless veterans to stay temporarily in VA parking lots," according to a release 12 MAY from the House Veterans Affairs Committee. Although the tent city plan may seem far-fetched, it has precedent. Last month, the VA's Greater Los Angeles Healthcare System set up temporary pup tents for homeless veterans at the West Los Angeles VAMC at the urging of veterans advocates and local city and county officials.

The proposal by Levin, head of the House Veterans Affairs Committee subcommittee on economic opportunity, was included in legislation offered up by Rep. Mark Takano, the committee chairman, to aid veterans during the novel coronavirus pandemic. Takano's proposals were part of a massive \$3 trillion coronavirus relief bill shaped by House Speaker Nancy Pelosi (D-CA) that is expected to be voted on as early as 15 MAY. Pelosi, who has a track record of never sending a bill to the floor for which she doesn't have the votes, said 12 MAY, "We must think big for the people now, because if we don't it will cost more in lives and livelihood later." She told reporters in the Capitol, "We're presenting a plan to do what is necessary to deal with a chronic crisis and make sure we can get the country back to work and school safely."

The Health and Economic Recovery Omnibus Emergency Solutions, or HEROES, Act, includes nearly \$1 trillion in assistance to state and local governments, hazardous pay for VA and other health care workers, forgiveness of student debt and funding to shore up Medicaid and Medicare. The more than 1,800-page bill also included a second round of \$1,200 direct cash aid to individuals, increased to up to \$6,000 per household, and would create a \$175 billion housing assistance fund to help pay rents and mortgages. However, Senate Majority Leader Mitch McConnell (R-KY) said there is no urgency in the Senate to move on the House bill. At a livestream event Tuesday, he said it is time to "hit pause" on new coronavirus relief proposals.

Takano's package of proposals would approve VA health care for all veterans who lost their health insurance due to the pandemic and give prior VA authorization for any emergency care sought by veterans at non-VA hospitals. In addition, veterans would not have any copays or cost-sharing for preventative treatment or services related to COVID-19. "The HEROES Act is critical," Takano said in a statement. "By supporting homeless veterans, suspending debt collection, expanding health coverage, and caring for our most vulnerable, we can help ensure that those who have served our country have an opportunity to succeed."

The pup tents at the West Los Angeles VA were the latest attempt by the facility to ease the plight of homeless veterans in California. Last May, the nonprofit Safe Parking L.A. partnered with the VA to offer homeless veterans living out of their vehicles parking stalls on the West Los Angeles VA's campus for overnight stays and a place to wash up. In an address last May to the National Coalition of Homeless Veterans, VA Secretary Robert Wilkie recalled a visit to the West Los Angeles VA and "the saddest sight I have seen." "I watched at dusk cars come into that wonderful, wonderful facility, and veterans did not get out of the cars," he said. "I was told that they all had jobs. They

were contributing to the tax base and the prosperity of America's second largest city, but because of government policy there was no place for them to afford a decent living."

At a virtual House Veterans Affairs Committee hearing on homeless veterans last month, Rep. Phil Roe (R-TN), the ranking member of the committee, framed the problem for homeless veterans during the stay-at-home restrictions of the pandemic with a question: **"How do you stay at home if you don't have a home?"** In her testimony at the 28 APR hearing, Kathryn Monet, executive director of the National Coalition of Homeless Veterans, praised the outreach by the VA and the work to get homeless veterans into rentals through vouchers from the Housing and Urban Development-Veterans Affairs Supportive Housing Program, but said the problem has only worsened during the pandemic. She called on Congress to provide more assistance to advocacy groups and community providers to get more homeless veterans off the streets and into shelters. The pandemic "has truly created financial strain for these organizations on the front lines of this fight," Monet said. "Given the infection rates at congregate housing across the country, any further delay is putting homeless service providers in the impossible position of making life-or-death decisions based on insufficient resources," she added.

At the hearing, Rep. Conor Lamb (D-PA) pointed to the work of the nonprofit Veterans Leadership Program in the Pittsburgh area in getting homeless veterans into shelters and rentals. In a phone interview, Christine Pietryga, VLP's chief operating officer, said the organization is working with \$1 million in assistance from the VA to get homeless veterans, and those who have been "couch surfing" after losing jobs, into shelters and vacant hotel rooms. One problem is that some of the veterans worry about the possibility of contracting COVID-19 from the lack of social distancing at shelters, she said. "The VA has done a really good job" at addressing the homeless veterans issue through HUD-VASH and other programs, said Joy Ilem, deputy national legislative director at Disabled American Veterans. But "we're likely to see more veterans become homeless in the months ahead" as unemployment spikes in the epidemic, she added.

In a phone interview Tuesday, Ilem, a former Army medic, said the DAV is also concerned with veterans' mental health issues in the coronavirus era. Last week, the VA announced an expansion of services through the \$17.2 billion in funding to the Veterans Health Administration under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. About \$300 million from the \$17.2 billion will go "to address the challenges faced by homeless and at-risk veterans," the VA said in a release. The total includes \$202 million for the Supportive Services for Veteran Families Program aimed at low-income veteran families "to mitigate the expected wave of evictions and potential homelessness that will result from extensive unemployment," the VA said.

Since 2010, the effort, begun under then-VA Secretary Eric Shinseki to end veteran homelessness, has resulted in about a 50% reduction in the number of homeless veterans, currently estimated at about 40,000, according to the VA and HUD. As a result, 77 communities and three states nationwide have declared an effective end to veteran homelessness, HunterKurtz, assistant secretary for public and Indian housing at HUD, said at an Aug. 22 field hearing in San Diego of the House Veterans Affairs Committee's subcommittee on economic opportunity. [Source: Military.com | Richard Sisk | May 13, 2020 ++]

VA Mobile Apps

Update 02: COVID-19 Coach Available for Download

The COVID Coach app was created for everyone, including veterans and service members, to support self-care and overall mental health during the COVID-19 pandemic. Features include education about coping during the pandemic, tools for self-care and to improve emotional well-being, trackers to check your mood and measure your growth toward personal goals, and graphs to visualize progress over time. COVID Coach can be used as a stand-alone tool or as a supplement to professional mental health care. You can mark your favorite coping tools and track your mental health over time. Set reminders to visit the app each day and work toward your goals. The app can also help you create your

own personal support network. NOTE: COVID Coach is not intended to replace needed professional care related to COVID-19 or mental health conditions, such as PTSD.

To download go to https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp. Several of the questionnaires used in COVID Coach, including the PTSD Checklist (PCL-5), are reliable and valid self-report measures used across VA, Department of Defense (DoD), and the community, but they are not intended to replace professional evaluation. Any data created by the user of this app are only as secure as the phone/device itself. Use the security features on your device if you are concerned about the privacy of your information. Users are free to share data; as the self-monitoring data belong to each user, HIPAA concerns do not apply while the data are stored or shared. If the user were to transmit or share data with a health care provider, the provider must then comply with the HIPAA rules.

COVID Coach was created by VA's National Center for PTSD. To view the full list of VA Mobile APPA available for download go to <https://www.ptsd.va.gov/appvid/mobile/index.asp>. The [National Center](#) for PTSD has information and resources for managing stress during COVID-19 outbreak. [Source: VFW Action Corps Weekly | May 8, 2020 ++]

VA Veteran Homes

Update 01: Senate Probe Sought After COVID-19 Deaths

A group of U.S. senators is seeking an investigation into the Department of Veterans Affairs' oversight of homes for aging veterans amid a spate of coronavirus deaths at the state-run centers. In a letter sent 5 MAY, the senators asked the head of the Government Accountability Office to look into the VA and states' roles in ensuring veterans get proper care at the homes and whether the agency or states have a system to "capture real time spikes in mortality rates," among other things. "Given the importance of State Veterans Homes in VA's overall portfolio for providing institutional care to veterans and our ongoing concerns about VA's role monitoring states' operation of these facilities, we would like GAO to conduct a more detailed examination of VA's oversight of State Veterans Homes' quality of care," wrote Democratic Sens. Elizabeth Warren and Ed Markey of Massachusetts; Bob Casey of Pennsylvania; and Jon Tester of Montana, the ranking member of the Veterans' Affairs Committee.

Their request comes as outrage builds over the death of more than 70 veterans sickened by the coronavirus at a home in Massachusetts. State and federal officials are now investigating the deaths at the Soldiers' Home in Holyoke, where an additional 80 veterans and 81 staff members have tested positive for the virus. It's one of the deadliest known outbreaks at long-term care facilities in the U.S. Veterans Affairs Spokeswoman Christina Noel said that "while there is always room to improve VA processes and procedures, the department does not run, manage or have control over the operations of state Veterans homes." "That responsibility lies with individual states, and for questions about the performance of state-run Veterans homes, we refer you to individual states," she said in an email. Veterans homes have also been hit hard by the virus in other states.

- In New York, the Long Island State Veterans Home has reported 53 deaths, including 48 confirmed and five presumed COVID-19 deaths. The New York State Veterans Home at St. Albans in New York City has reported 33 deaths.
- In Pennsylvania, conflicting reports about the number of COVID-related deaths at the Southeastern Veterans' Center have prompted calls for an investigation into the facility, one of six veterans nursing homes run by the state Department of Military and Veterans Affairs. Last week, the agency reported 16 deaths across all six homes, but the Chester County coroner has said 27 deaths at Southeastern alone were reported to her office.



Holyoke Soldiers' Home in Holyoke, Mass.

Veterans homes are owned operated by the states, but the VA pays for veterans to receive care in them and inspects them each year to ensure they are up to the agency's standards. A 2019 Government Accountability Office review found that the VA did not regularly monitor the performance of its contractor doing the inspections. As a result, the “VA does not know whether, or to what extent, VA’s contractor needs to improve its ability to identify (state veterans homes’) compliance with quality standards, which increases the possibility that quality concerns in some SVHs could go overlooked, potentially placing veterans at risk,” according to the report. Noel said the agency has since established a quarterly monitoring of the contractor that reviews state veterans homes. [Source: Associated Press| Alanna Durkin Richer | May 5, 2020 ++]

Burn Pit Toxic Exposure

Update 76: Airborne Hazards and Open Burn Pit Registry Update



More than 204,000 veterans and service members have signed on to the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry, VA announced 5 MAY. The registry was established in June 2014 and allows current and former service members to self-report toxic exposures and health concerns using an online questionnaire. That registry and their responses can be used to discuss health issues with doctors and other providers. “Concerns about the long-term effects of exposure to burn pits remain a priority,” VA Secretary Robert Wilkie said in a statement. “By joining the registry, veterans, service members and the department will further understand the impact of deployment-related exposures on health.”

VA credited the Defense Department with an extra push to put participation beyond the 200,000 mark, which it called a "major milestone." The Pentagon encouraged registry participation in a letter to more than 700,000 active-duty, National Guard and Reserve members, VA said. To participate in the registry, veterans and troops must complete the questionnaire and receive an in-person exam. Because of the COVID-19 pandemic, most VA facilities are deferring

those exams to prevent the spread of the virus. Veterans, advocates and lawmakers on Capitol Hill have raised concerns during the pandemic that veterans exposed to toxins during service -- including those exposed to burn pits, Agent Orange and other hazards -- were not being warned about their vulnerability to infection, or were otherwise not being cared for properly by VA. They made sure to mention that the 200,000 registry members were likely only a fraction of the total number of veterans and service members exposed to airborne toxins. VA has estimated that number at as many as 3.5 million.

Some veterans on the registry have reported that they received an email from the department about toxic exposures and COVID-19, but others on the registry said they did not. "We do know that veterans who are over the age of 65 or who have underlying health conditions such as asthma, chronic lung problems or other underlying medical issues may be more susceptible and experience more severe symptoms if infected with the coronavirus as is seen in the general population," the email read. When Iraq and Afghanistan Veterans of America launched its burn pits campaign in 2018, Tom Porter, an IAVA spokesman, said the registry had just 140,000 members. "(This is a) good byproduct of VSOs and Congress stepping up the conversation around toxic exposures," Porter said. When veteran service organizations appeared before members of Congress earlier this year to share their top legislative priorities, almost all listed toxic exposures as one of their main focuses. [Source: ConnectingVets.com | Abbie Bennett | May 05, 2020 ++]

VA COVID-19 Deaths

Update 01: African American & Hispanic Warning

Veterans Affairs officials are warning African American and Hispanic veterans that they may face a greater health risk from the coronavirus outbreak as the total number of positive cases in the department's health system topped 11,000 over the weekend. While the number of positive coronavirus tests has risen steadily over the last two months — reaching 11,036 on 11 MAY — but the number of active cases within the VA system has decreased each day over the last week. Currently, VA medical staff is monitoring 2,642 active coronavirus cases among patients, a decrease of about 11 percent from one week ago. That total includes veterans who use VA health care, VA employees being treated within the system, troops and military family members referred from Defense Department doctors, and civilian patients transferred to VA from overwhelmed local systems.

In recent days, VA officials have sent out warnings through mail and telephone calls that preliminary testing data has shown African American and Hispanic Veterans are testing positive for the fast-spreading virus at higher rates than other veterans. The Department declined to provide specific data showing the trend. In a statement, VA press secretary Christina Noel said that "while VA's testing data is not yet statistically significant, we are using it to target outreach to veterans" in an effort to help limit the virus' impact. She also noted that the preliminary data also shows that "survivability of COVID-19 in VA care, from the time of testing, does not differ by race." The VA findings echo national trends showing substantially higher risks from the virus for both African Americans and Hispanic Americans.

In a statement last week, Centers for Disease Control and Prevention officials noted that "New York City" identified death rates among Black/African American persons (92.3 deaths per 100,000 population) and Hispanic/Latino persons (74.3) that were substantially higher than that of white (45.2) or Asian (34.5) persons." Nationally, more than 78,000 individuals have died from the coronavirus across the United States. Within the VA system, the death total reached 869 on 11 MAY. That number has doubled in the last two weeks. About 30 percent of those fatalities have occurred at four New York City area VA medical centers. Across the country, 101 facilities have seen at least one death. The fatality rate among VA patients who have contracted coronavirus is about 8 percent, well above the national rate of about 5.8 percent for all positive virus reports.

But VA officials in a statement said the mortality data for their patients "cannot be used to compare VA infection or mortality rates with the community because of differences in population risk, test availability, and follow-up." In addition to the patient deaths, 26 VA employees have also died from complications related to the virus. Nearly 1,300

VA staffers have tested positive for coronavirus in recent weeks. In late April, the department reported more than 2,000 cases among employees, but later revised that number down after concerns that some individuals were being double-counted in local facility reports. [Source: MilitaryTimes | Leo Shane III | May 11, 2020 ++]

Agent Orange Exposure Locations

Update 03: White Paper Identifies Guam 13 Year Exposure Period

Veterans who served in Guam from 1962 to 1975 were likely exposed to toxins including Agent Orange and should receive Department of Veterans Affairs benefits, according to a new report released this week. The white paper from the National Veterans Legal Services Program and Veterans Legal Services Clinic at Yale Law School shows that those veterans satisfy the VA's legal standard for exposure to Agent Orange and other herbicides. "The conclusion is based on an exhaustive review conducted over nearly two years of government, private, archival and oral history evidence of herbicide use in Guam during the Vietnam era," the groups said 11 MAY in a news release accompanying the report. "This white paper confirms the reports of countless veterans who served in Guam but whose claims the VA has wrongly rejected," said Bart Stichman, executive director of NVLSP. "It is time that the VA acknowledge the strong evidence of toxic herbicide exposure in Guam and care for veterans exposed."

At the height of bombing operations during Vietnam, more than three-quarters of all U.S. B-52 aircraft available for operations were based in Guam. The rapid buildup of U.S. airpower in Guam, along with climate conditions on the island, housing and water shortages and other challenges, prompted military leaders to work to prevent fires and control tropical growth using the herbicides. "Service members have said for years that they sprayed Agent Orange and other toxic herbicides all across Guam," said Brian Moyer, a Marine veteran who served in Guam from 1974 to 1976 and leads the group Agent Orange Survivors of Guam, a section of Military Veterans Advocacy. "So many of us were exposed and, sadly, many have already passed away—with no recognition from the VA."

The report says that the evidence collected over two years establishes, at minimum, "as likely as not" veterans who served on the island during those years were exposed to Agent Orange and other toxic herbicides. Widespread exposure is supported by evidence including contamination tests by the Environmental Protection Agency and the Defense Department in the 1980s and 1990s, according to the report. As a result, those veterans should be presumptively entitled to disability benefits for any diseases VA has associated with exposure to those toxins. "Like many of the early veterans' Agent Orange claims dismissed by the VA in the 1970s and 1980s, Guam veterans have been fighting for overdue recognition of their in-service disabilities," said John Rowan, National President of Vietnam Veterans for America. "Guam veterans now have an overwhelming case that will require the VA to finally recognize these meritorious claims."

"Official government accounts of herbicide mishandling, improper hazardous waste disposal, and high concentrations of dioxin across Guam establish exposure pathways to support claims of service connection based on herbicide exposure," said James Campbell, a law student in Yale's Veterans Legal Services Clinic. "We hope that veterans advocates and lawmakers will build on this report to address unremediated health risks and military pollution in Guam." Veterans exposed to Agent Orange are still waiting on VA to decide to add four additional diseases to the list of covered conditions, including bladder cancer, hypertension, Parkinson's-like symptoms and hypothyroidism. VA has delayed those decisions repeatedly. Senators earlier this year introduced a bill to force the issue, but that legislation has not come up in committee or received any votes so far.

Go to <https://images.radio.com/connectingvets/2020.05.08 - NVLSP-VLSC White Paper.pdf> to read the White Paper dated May 8, 2020. [Source: ConnectingVets.com | Abbie Bennett | May 11, 2020 ++]

VA Cemeteries

Update 22: Gravestones Bearing Nazi Swastikas Removal Request Rejected

Veterans Affairs officials are rejecting calls to remove gravestones bearing Nazi swastikas at a pair of federal veterans cemeteries, saying they have a duty to preserve the historic markers. But officials from the Military Religious Freedom Foundation called the continued presence of the offensive symbols alongside the resting place of American veterans “shocking and inexcusable” and are demanding a public apology from VA leaders. “Secretary Robert Wilkie must immediately replace the gravestones of all German military personnel interred in VA national cemeteries so that absolutely no Nazi-era symbols ... will ever again be allowed to appear on such gravestones,” said Mikey Weinstein, chair of MRFF.

At issue are three grave sites at two VA cemeteries: Fort Sam Houston National Cemetery in Texas and Fort Douglas Post Cemetery in Utah. Both were used to inter dozens of unclaimed remains of enemy troops following World War II. While most of the foreign troops’ grave markers list only names and dates of death, the three in question are also engraved with a swastika in the center of an iron cross and in inscription in German which reads “He died far from his home for the Führer, people and fatherland.” Veteran Affairs officials in a statement said the headstones date back to the 1940s. Army officials oversaw both cemeteries at the time and approved the inscriptions and inclusion of the swastika. “The National Historic Preservation Act of 1966 assigns stewardship responsibilities to federal agencies, including VA and Army, to protect historic resources, including those that recognize divisive historical figures or events,” National Cemetery Administration spokesman Les' Melnyk said in response to questions about the graves. “For this reason, VA will continue to preserve these headstones, like every past administration has.”

Some veterans call that stance offensive. One retired senior officer who occasionally visits the grave of his Jewish grandfather at the Fort Sam Houston site said he only recently discovered the offensive grave markers, and was appalled that anyone would approve the use of the swastika on VA grounds. “This is the hallowed ground of people who gave their life for this country,” said the man, who asked his name be withheld due to fear of reprisal from extremist groups that still use the swastika today. “To be buried next to people they fought displaying that symbol of hate is disgusting.” Weinstein said VA’s policy on the historic nature of the headstones needs to be re-examined in light of the rise of extremist groups in recent years, which could make the sites a kind of rally point for anti-Semitic groups. He said his group is looking into legal action to force their removal.

“VA only adds more despicable fuel to the spreading conflagration of anti-Jewish bigotry and prejudice by saying to the world that ‘the Nazi grave markers have been there for a long time so they get to say,’” he said. “The VA’s pathetic and feckless response here is disingenuous at best and dishonest at worst.” The Department of Veterans Affairs took over the Fort Sam Houston site in 1973 and the Fort Douglas site in 2019. Officials did not respond to questions regarding whether the swastika symbol has prompted similar comments in the past, or if leadership has discussed adding any new signage to explain why the gravestones were approved at the cemeteries.

Military and VA officials in the past have fought expansion of religious symbols for use on headstones at official ceremonies, including years-long litigation in the early 2000s to block Wiccan followers from displaying the pentagram on federal property. Those restrictions have been loosened some in ensuing years. [Source: MilitaryTimes | Leo Shane III | May 12, 2020 ++]

VA Fraud, Waste & Abuse

Reported 01 thru 15 MAY 2020

Beckley, West Virginia —A federal grand jury in Charleston, West Virginia, on 12 MAY returned a seven-count indictment charging **Dr. Jonathan Yates**, 51, with federal civil rights and abusive sexual contact offenses. Yates, a

doctor of osteopathic medicine who formerly worked at the Veterans Affairs Medical Center in Beckley, West Virginia, is charged with five counts of depriving veterans of their civil rights under color of law, in violation of Title 18, United States Code, Section 242, and two counts of abusive sexual contact, in violation of Title 18, United States Code, Section 2244(b). He was previously charged in a criminal complaint with depriving a veteran of his civil rights under color of law.

The indictment alleges that between September 2018 and February 2019, while working at the Veterans Affairs Medical Center, Dr. Yates examined six male patients, identified in the indictment as Veterans One through Six, and sexually molested them during their appointments. The indictment alleges that Yates temporarily immobilized two of the veterans – one by cracking his neck, and the other with the use of acupuncture needles – and sexually molested them while they were incapacitated. The indictment also alleges that his abuses caused five of the veterans to suffer bodily injury. This conduct, performed while Dr. Yates was acting under color of law in his capacity as a federal employee at the VAMC, deprived Veterans One through Five of their constitutional right to bodily integrity. The indictment also alleges that Yates knowingly engaged in sexual contact with Veterans Two and Six without their consent.

This investigation remains ongoing. Anyone with additional information is encouraged to contact the FBI at 1-800-CALL-FBI (225-5342). An indictment is merely a formal accusation of criminal conduct. The defendant is presumed innocent unless and until he is proven guilty beyond a reasonable doubt in a court of law. If convicted, Yates faces a statutory maximum sentence of life in prison. Related court documents and information may be found on the website of the District Court for the Southern District of West Virginia at <http://www.wvsc.uscourts.gov> or on <http://pacer.wvsc.uscourts.gov>. [Source: DoJ Dist. of W. Virginia | Public Affairs Office | May 12, 2020 ++]

*** Vets ***



Airborne Hazard & Burn Pit Registry

Steps for Completing

All veterans who served in eligible locations should include their information in the Airborne Hazards and Open Burn Pit Registry. Participation in the registry is very important as it will allow VA to track burn pit exposure and draw inferences regarding associated adverse health effects. Exposure to burn pits may be associated with respiratory conditions such as asthma, emphysema, chronic bronchitis, and chronic obstructive pulmonary disorder (COPD). Recently, VA stated that veterans with underlying respiratory conditions may be at greater risk for developing complications related to COVID-19. Service members and veterans who have already signed up for the registry should make sure that their contact information, phone number, address, and email are up-to-date.

Steps to Take

1. Go to <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home>

2. Obtain a premium DS logon level 2 account. This logon is not unique to the Department of Veterans Affairs (VA) and is used with many VA and Department of Defense (DoD) applications and websites such as eBenefits. The best place for information on the DS Logon is at <https://mobile.va.gov/content/how-obtain-ebenefits-premium-account-ds-logon>.
3. There are two parts to Airborne Hazards and Open Burn Pit Registry (AHOBPR) participation. PART #1 is the online AHOBPR questionnaire. PART #2 is the voluntary, in-person AHOBPR medical evaluation. One must complete part #1 to be eligible for part #2.
4. Once logged into the AHOBPR, the system pulls available deployment history from your DoD records. You should ensure that all administrative elements, such as your address and email, are complete. Eligibility covers: Iraq, Afghanistan, Kuwait, Saudi Arabia, Bahrain, Djibouti, Gulf of Aden, Gulf of Oman, Oman, Qatar, United Arab Emirates, and waters of the Persian Gulf, Arabian Sea, and Red Sea.
5. Some Veterans or Servicemembers may have airborne hazard or burn pit concerns but are not eligible for this program as outlined above. They should make an appointment with their health care provider to discuss their concerns.
6. Some Veterans eligible for the program will not have the automatic linkage to their deployment records. This is common for Veterans who deployed prior to 1998. If this is the case for you, then you will be prompted to enter self-reported deployment information. Once entered, select "REQUEST REVIEW." Self-reported deployment history can take up to 30 days for VA to review for eligibility. Once the review is complete, an automated notification will be forwarded to the email address you provided. The AHOBPR Help Desk (1-877-470-5947) can assist Veterans with general questions concerning the registry, including DS Logon issues, modifying deployment segment dates, and basic maneuvering around the tool.
7. Once you have access to the AHOBPR, complete the entire questionnaire and submit it. This should take about 40 minutes. The questions were designed by epidemiologists to be broad-based and to look at the issue of possible health conditions from burn pits from many angles. The registry can be completed in steps. You need to save at the last screen. If you leave the questionnaire before completing it, the system will bring back where you left off when you return.
8. Print out and save your completed questionnaire for your records. It will be important for the next step of the process.
9. The Veteran or Servicemember needs to complete the online questionnaire to move to the next step of the process which is the optional clinical exam.
10. If you are a Veteran and already enrolled in the VA Health Care System, and you have completed the questionnaire, you may schedule an optional no-cost in-person medical evaluation. Please contact your primary health care provider or your Patient Aligned Care Team to schedule this medical evaluation. If you have any difficulties in making this appointment, please contact your local Environmental Health Coordinator (EHC). The EHC is your point of contact for any issues or questions not including questionnaire login problems, and can help you schedule your medical exam with your provider or an Environmental Health Clinician. You can find a local EHC by visiting <http://www.publichealth.va.gov/exposures/coordinators.asp>.
11. If you are not enrolled in the VA Health Care System, you can still get a no-cost, in-person medical evaluation. Please contact an EHC near you to schedule an appointment (see above link).
12. Reserve Component Members (Army and Air National Guard, and Reserve): whether you separated or are still serving, you are eligible for a no-cost VA medical evaluation, just like other Veterans. Please contact a VA EHC near you.
13. You should bring your printed-out questionnaire to your exam because it may be helpful to the provider conducting your exam.

14. The VA electronic medical record note template entitled “Airborne Hazard/Burn Pit Registry Initial Evaluation Note” captures your information so it can be matched to your questionnaire data in the registry.

[Source: VFW Action Corps Weekly | My 8, 2020 ++]

Vet Jobs

Update 263: Remote Work Opportunities for Vets & Spouses

Remote work from home opportunities are exceptionally useful during tough economic times. It offers the type of flexibility that is required of military spouses since there’s no way of ever knowing where the next duty station will be. Remote work also offers veterans the chance to explore new career choices while staying rooted in their forever home. Now more than ever, the internet can help connect spouses and veterans with exciting careers that used to be unavailable. More companies than ever before are exploring remote work choices – making now the ideal time to pursue a telework career.

For some military spouses and veterans, sourcing the opportunities can be difficult. Before you start your search, it might be helpful to narrow down the type of work you want to do. It’s true that a job is a job, especially in uncertain times, but finding something that’s suited to your tastes, interests, and experience can often mean the difference between just getting a paycheck and finding a role that excites you. If you’re not sure what kind of work you want to do, or if you’re like most military spouses and veterans you likely have a [diverse resume](#) full of experience that stretches across several industries. If that sounds like you, consider starting your employment search with an employment placement agency or [military-friendly](#) employer.

National Remote Work Opportunities

It used to be that self-identifying as a military spouse was an instant mark against a potential job applicant. Companies are now recognizing the myriad of strengths and unique [skill sets](#) that military spouses bring to organizations – namely the ability to course-correct mid-stream and to successfully manage several projects at once. Now, that’s no longer the case. Large corporations like [Amazon](#) and [American Express](#) all have veteran and spousal preference programs in place to help offset the challenges that come with the military lifestyle. Because their businesses are not located in physical buildings many of these opportunities are remote. Many companies are actively looking for military spouse and veteran employees to fill in-person and remote roles:

- **AT&T:** In 2018, almost ten percent of AT&T’s hires were veterans and military spouses. The company also actively contributes to [NPower](#), a program that connects veterans with training opportunities and job placement. [Learn more at AT&T.](#)
- **Enterprise Rent-a-Car:** Enterprise has a long history of supporting the military. Its founder, Jack Taylor, was a WWII Navy veteran. That’s why you’ll always find an Enterprise at every duty installation! Remote work opportunities include arranging car pick up and drop off along with other duties. Find out more [here](#).
- **Hilton Hotels:** In 2019, Hilton [hired](#) 30,000 veterans and military spouses to serve in remote roles. The hotel chain has one of the largest commitments to our military community. Their ongoing mission is to continue to staff their hotels with military-affiliated workers.
- **Instant Teams:** [Instant Teams](#) (IT) builds and manages remote teams for companies across the country and around the world. Founded by military spouses, IT is the premier first stop on your employment search for several reasons. Because it’s so military friendly, the staff at IT will work with you to find something that fits your current availability, expertise, and time zone. This is especially useful for anyone searching for virtual remote positions OCONUS. It recognizes that you, as a military spouse or veteran, are highly educated and have skills that stretch far beyond what’s shown on your professional resume.

- **Xerox:** The company has a well-established Heroes At Home [program](#) that connects qualified military spouses and veterans with remote work.

Remote Work in Niche Markets

Big corporations are great, but what if you don't want to be just another employee? Fortunately, the internet has provided several different career outlets that allow you to work with people directly.

- ***Teaching English Online:*** One of the more popular work from home opportunities is teaching English to international students. [VIPKID](#) is one of the fastest-growing English-as-a-second-language schools, and many military-affiliated teachers are currently employed with them. You can earn up to \$22 an hour teaching online with VIPKID. There are some requirements, including:
 - Bachelor's degree from a US or Canadian University
 - Experience with children such as: teaching, mentoring, coaching, tutoring, babysitting, etc.
 - High-speed internet, computer & webcam/microphone
 You can learn more at the [VIPKid website](#).
- ***Proofreading and Editing Services:*** Do you have a passion for the written word? Does Do spelling and grammar errors make you cringe? Then you may have what it takes to earn money by offering proofreading and editing services. There is an ever-growing demand for these services, and not only do they allow you to work from home, but they often pay well. The issue can be establishing a name for yourself and finding clients. You can do the latter on freelance services such as [Fiverr](#) or [Upwork](#). But if you are looking for a guiding hand, then it may be worth investing in a course to teach you the ropes. The Proofread Anywhere [course](#) can help you learn how to become an excellent proofreader and help you find your first clients. There is a webinar to help you decide if this is a good opportunity for you. There is also an upfront cost for the course, but it can be worth it if you have the interest and don't know where to start. If you are already experienced, then check out Fiverr or Upwork. Learn More at [Proofread Anywhere](#)..
- ***Online Teaching & Tutoring:*** Online tutoring/teaching is a growing industry as more and more schools explore new ways of reaching their students. This educational boom means there are always companies hiring teachers – if you have the experience and credentials they're looking for. The requirements vary depending on where you teach or tutor. Many of these organizations require a teaching certification or higher-level degree to teach elementary through college-level courses. However, many tutoring roles may have different requirements such as practical on the job experience. Check out [Tutor.com](#), [Kaplan University](#), or [DODEA](#) job listings.
- ***Travel Agent:*** If you're the type who loves to explore new cities, a dream job might be becoming a travel agent. American Express has several remote work opportunities for Travel and Lifestyle Service representatives. Joining the AmEx [Talent Community](#) gives you early access to any new job postings.
- ***Transcription Services:*** Transcription services offer flexible working hours and the convenience of working from home. These roles often involve transcribing recorded messages from a variety of professions into written format. Check out [Act 1 Group](#), [Kaiser Permanente](#), or [Robert Half](#) for more details and to explore current openings. If that doesn't sound exciting enough, there are always employment vacancies for closed caption transcription services from companies like [VITAC](#).
- ***Customer Service and Virtual Assistant Positions:*** Virtual Customer Service Representative (CSR) roles give you the chance to work directly with the public, and unlike jobs that require higher education and lots of experience, being a CSR is generally pretty straightforward. Several well-known companies offer remote CRS jobs, including T-Mobile, [Capital One](#), and [Aetna](#). CSR roles are often a great way to get your foot in the door and might lead to a long-term career. Virtual Assistant roles often require that you be flexible, able to problem solve, and have strong organizational abilities – all skills that mil spouses and veterans possess. Currently, [Disney](#) has current openings for Virtual Assistant (VA) jobs. As a VA, you'll be responsible for answering calls and providing guest services and resourcing guests with information.

- Remote work positions are ideal for many of us in the military community. These WFH positions offer the flexibility we need, while [appreciating that military spouses](#) and veterans bring unique skills, experiences, and a commitment to excellence that isn't always seen with the civilian workforce. Make sure you thoroughly explore and vet companies that interest you to ensure it's the right fit and aligns with your current and future career goals.

[Source: The Military Wallet | Jessica Evans | May 7, 2020 ++]

Vet Jobs

Update 264: Part-Time Work from Home



Tired of staring at the same four walls? Turn the lockdown into something positive by working part time from home. At least 20 companies are trying to fill substantial numbers of part-time positions that offer the flexibility to work remotely, according to [FlexJobs](#). The subscription service for job seekers recently combed its database to identify the companies offering the greatest number of these jobs. The FlexJobs [analysis](#) defines part-time jobs as those that require you to work less than 35 hours a week. The top 20 companies — and some positions for which they have been hiring — are:

- Appen — search engine evaluator, social media evaluator.
- Crimson Education — IB Japanese tutoring, UCAT tutor, GAMSAT tutor.
- Doctor on Demand — licensed clinical social worker, master level therapist, nocturnist in telemedicine.
- FlexProfessionals — digital marketing specialist, paralegal, web-based development project manager.
- Grand Canyon University — adjunct in global business, adjunct in managerial accounting, adjunct in advanced taxation.
- Independence University — computer science tutor, algebra adjunct instructor, writing tutor.
- K12 — High school teacher in ELA, high school teacher in social studies, French teacher.
- Kelly Services — project lead-digital migration, sales marketer-appointment setter.
- Lionbridge — U.S. personalized ads evaluator, personalized internet ads assessor, web content judge.
- Pearson — test center manager, test administrator.
- Prof360 — adjunct faculty for business law, adjunct faculty for career development in psychology, adjunct faculty for human development across the lifespan.
- Rasmussen College — adjunct instructor for color theory, adjunct instructor for motion graphics, adjunct instructor for humanities.
- Robert Half International — bookkeeper, media buyer, call center representative.
- Rosetta Stone — German language learning content editor, English online language tutor, Italian online language tutor.
- Search Guru — operations assistant, digital marketing lead strategist, content strategist.
- Southern New Hampshire University — adjunct faculty in anthropology, adjunct faculty in sociology, adjunct faculty in human services.

- Strayer University — teaching assistant in mathematics, adjunct faculty in security, teaching assistant in English.
- Supporting Strategies — accountant, manager in remote accounting services, bookkeeper
- VocoVision — speech language pathologist, teacher for the deaf and hard of hearing, teacher for the visually impaired.
- Walden University — Contributing faculty for mental health counseling, contributing faculty for nursing/nurse practitioner, faculty for psychology (industrial and organizational).

How to find a work-from-home position

FlexJobs provides one of the best resources for finding legitimate part-time, remote, flexible-schedule or freelance work. The subscription-based job board specializes in postings for these types of positions. It also screens jobs to make sure no work-from-home scams appear on the site. Right now, you can cut the subscription cost of FlexJobs by as much as half. To get your savings, simply enter the code JOBS at checkout. Even if you don't sign up for a subscription, FlexJobs offers a free blog and email newsletter. For more on FlexJobs, check out "This Job Board Specializes in Remote Work and Flexible Gigs."

Note: This is not an endorsement to subscribe to FlexJobs. It is merely intended to advise readers of some options available to earn money while they are stuck at home during the pandemic. (Bulletin Editor)

[Source: MoneyTalksNews | Chris Kissell | May 13, 2020 ++]

Vet Jobs

Update 265: PAVE | Employment Services for Vets, Caregivers & Military Spouses

Paralyzed Veterans of America's employment program, Paving Access for Veterans Employment (PAVE), has helped more than 4,100 Veterans, military spouses and caregivers find meaningful work. PAVE provides free employment support and vocational counseling assistance to ALL Veterans, transitioning service members, spouses and caregivers. In February, PAVE started a new virtual resource – PAVE Connect – to reach Veterans and their families when and where they need it most.

What is the resource?

PAVE Connect is an online resource for Veterans and their families to access relevant career information, 24/7, from any device. PAVE Connect also offers small group sessions and virtual engagements with the latest career information and opportunities. These presentations also focus on question and answer sessions as well as group discussions. PAVE Connect sessions are hosted by PAVE staff and employment experts to cover topics such as: resume building, interview skills, LinkedIn profile tactics, crafting job search strategies, and identifying network opportunities in the desired community. Some sessions may also be hosted directly by employers and PAVE network partners.

Who is eligible?

Paralyzed Veterans of American is offering this resource to ALL Veterans, transitioning service members, spouses, and caregivers.

How to register?

Register for PAVE Connect sessions at www.pva.org/paveconnect.

What to expect after registering for PAVE Connect?

After registering, a Zoom with a session link will be sent with a follow up email from a PAVE team member. Important note: PAVE's support does not end at employment. PAVE is committed to being a partner for life and will continue to support career development as needed.

Additional career development resources from PAVE are available in its [Transformational Toolkit](#). This kit covers:

- [Resume Writing Tips](#)
- [Tips for Writing a Federal Resume](#)

- [Generic Resume Template and Sample](#)
- [Cover Letter Writing Tips and Sample](#)
- [Interview Tips](#)
- [Top Interview Q&As](#)
- [Best Questions to Ask Your Interviewers](#)
- [Tips for Writing a Thank You Note](#)
- [Crafting Your Elevator Pitch](#)
- [Networking Ins and Outs](#)
- [Making the Most of a Hiring Event](#)

[Source: VAntage Point | Tim Hudek | May 13, 2020 ++]

Homeless Vets

Update 99: Sleeper Effect Delay



Homelessness among U.S. military veterans rarely happens immediately after discharge, but instead can take years to manifest with the risk becoming greater over the next 15 years, according to a new study published in the American Journal of Preventive Medicine. The findings reveal that this “sleeper effect” delay is often seen among veterans who served before the Persian Gulf War era, as well as in more recent groups from the post-9/11 conflicts in Afghanistan and Iraq. “The study points to the long-life cycle leading to homelessness among veterans,” said clinical psychologist Dr. Jack Tsai, research director for the U.S. Department of Veterans Affairs, National Center on Homelessness Among Veterans in Tampa, Florida. “It often takes years for problems stemming from military service to build up before a veteran becomes homeless. The team and I found that the risk increases exponentially over time in the period 5-15 years post-military discharge.”

For the study, the research team looked at data from two nationally representative samples, including the records of 275,775 homeless veterans who used the Department of Veterans Affairs (VA) services from 2000-2019, as well as a 2018 population-based community survey of 115 veterans with a history of homelessness. The average time between discharge and homelessness was found to be 5.5 years in the VA sample and 9.9 years in the survey sample. Major factors linked to longer discharge-to-homelessness periods include service in the Vietnam War, younger age at military discharge, income, and chronic medical and psychiatric conditions (e.g., depression and alcohol abuse). The findings reveal that some medical and psychiatric conditions take time to develop and do not quickly lead to homelessness but follow a more chronic course that, if untreated, can eventually lead to homelessness.

Deployments to the post-9/11 conflicts in Iraq and Afghanistan were significantly linked to shorter duration between discharge and homelessness, a phenomenon that is increasing. Among homeless VA service users discharged from 2000 to 2008, it took 10 years or more for 10 percent to become homeless; among those discharged from 2009 to 2014, more than 10 percent were homeless seven years after discharge. This finding reflects earlier research showing that veterans returning from Iraq and Afghanistan experience considerable difficulties with social adjustment. “Understanding what happens to people after they leave the military and at what point they become homeless is important for policymakers, service providers, veterans, and their family members in order to prevent new generations

of veterans from becoming homelessness,” said Tsai. “Those who end up homeless have very low quality of life, and developing strategic early interventions at various stages after military discharge can mitigate that risk.”

Interventions focused on chronic health conditions and social adjustment are crucial to prevent homelessness among these veterans. The research also highlights the effect of certain socioeconomic issues, such as the lack of affordable housing, unemployment and barriers against subgroups (women veterans with children and veterans with cognitive impairments). [Source: PsychCentral | Traci Pedersen | May 7, 2020 ++]

Alaska Native Vietnam Vets

Free Land Eligibility | Act Now

The Alaska Native Veterans Program of 2019 will provide the opportunity for eligible Vietnam-era veterans or their heirs to select 2.5 to 160 acres of Federal land in Alaska. Eligible veterans cannot apply yet, but they can act now to ensure they receive applications later this year:

- Update your mailing address and phone number with your [BIA Realty](#) Tribal Service Provider and personal representative, (if applicable). Enrollment Verification: (907) 271-4506 | BIA Realty: (800) 645-8465
- Ensure you have a copy of your DD-214. Visit the [Alaska](#) Department of Military and Veterans Affairs Office of Veterans Affairs or the [US Department of Veterans Affairs](#) to request it.
- Coordinate a personal [representative](#) appointed by an Alaska State Court, if needed.
- Review the [interactive map](#) of currently and potentially available lands for selection by eligible individuals. It will be updated regularly to account for changes as more lands become available and once allotments are applied for over the course of the program.

Once you update your contact information and receive your DD-214, ask yourself the following questions:

- Where are you keeping those documents?
- Does anyone else know where to find them?
- Who would you like to represent you & do they know you want them to?
 - Do they know what lands you want to select?
 - Did you list them in your will as a representative?

To read the law go to the Alaska Native Vietnam era veterans land allotment section (Sect. 1119) of the John D. Dingell, Jr. Conservation, Management, and Recreation Act (Dingell Act) at <https://www.congress.gov/bill/116th-congress/senate-bill/47/text>. [Source: VFW Action Corps Weekly | Bureau of Land Management | May 8, 2020 ++]

Vet Unemployment

Update 21: Up to Nearly 12% amid Coronavirus Crisis



Veterans unemployment jumped to nearly 12 percent in April as the country's total jobless rate rose to its highest levels since the Great Depression because of the ongoing coronavirus pandemic. More than 1 million veterans filed for jobless benefits last month, according to the Bureau of Labor Statistics. At 11.7 percent, the unemployment rate for veterans was two points higher than its peak during the 2008 recession, and nearly triple the reported level just two months ago (3.5 percent in March). Younger veterans seeking jobs were hit even harder last month. Federal researchers reported a 13 percent unemployment rate for veterans of the post-9/11 era. Nearly half of all unemployed veterans in America left the service in the last two decades. By comparison, veterans of the first Gulf War era posted an unemployment rate of 7.1 percent last month.

The negative veterans news still outpaced the unemployment rate of the nation as a whole. April was the first full month of reports tracking the effects of the coronavirus pandemic, which has forced the temporary (or permanent) closing of thousands of businesses nationwide and left much of the country in self quarantine since mid-March. BLS officials said that total non-farm payroll employment for the United States fell by 20.5 million individuals in April, pushing the unemployment up to 14.7 percent. In February, that figure was 3.5 percent. In an interview on Fox News Friday morning, President Donald Trump called the grim jobs news "totally expected, it's no surprise" but vowed to repair the national economy in coming months.

Nathalie Grogan, a research assistant at the Center for a New American Security's Military, Veterans and Society Program, said the spike in veterans unemployment was predictable given the larger problems facing the country. "This is another reminder that veterans live as part of their local communities, so as problems happen for other parts of the country, veterans are likely to be impacted too," she said. Still, in coming months she and other researchers will be closely monitoring certain aspects of corporate hirings and firings to see if recovery from the downturn could be more difficult for veterans than non-military job seekers. "Veterans tend to be concentrated in specific types of jobs," she said. "Nearly 12 percent of veterans working in the private sector are in manufacturing. So if the recovery lags there, veterans could be more severely affected." BLS officials said manufacturing employment alone dropped by 1.3 million jobs in April.

Rosalinda Maury, director of applied research at the Institute for Veterans and Military Families at Syracuse University, said the impact on older veterans is also of concern. Individuals who served in the Vietnam era or earlier saw a 17 percent unemployment rate last month, higher than any other veterans group or the country as a whole. "We haven't seen the older population see a fluctuation like that," Maury said. "The younger veterans have had some swings in the past, but I'm surprised to see the older generations hit that hard." Women veterans were also hit harder than men in the latest jobs report. About 14 percent of that group filed for unemployment benefits last month, in comparison to 11.4 percent for men. Nearly 9 million veterans were employed across the country last month. [Source: MilitaryTimes | Leo Shane III | May 8, 2020 ++]

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Frederick Kroesen | 3 War Veteran Passes



Retired Gen. Frederick Kroesen, who fought his way into Germany as a World War II infantry officer and survived a Cold War assassination attempt as the Army's commander in Europe, died at the age of 97. Kroesen also fought in Korea and Vietnam, and served as Army vice chief of staff during his 40-year career. He died after a long illness on April 30, the Association of the United States Army said on its website. Retired Gen. Carter Ham called Kroesen "the conscience of our Army" in a statement 1 MAR. "He was wise, caring, unselfish. One of the Army's great leaders," said Ham, the president of AUSA, where Kroesen was a senior fellow. "I will miss him. We will all miss him."

Kroesen was born in Phillipsburg, N.J., in 1923, AUSA said. He graduated from Rutgers University in 1944 and shipped to Europe with the 63rd Infantry Division, 254th Infantry Regiment. There he fought near Colmar in eastern France and advanced after months of winter fighting through the Siegfried Line, a German defense that ran along the country's western borders. Kroesen called the fighting "an animal existence" in a 1998 interview with Rutgers historians. "I had a shower in December and I never had another one until ... I guess, in the month of March," he said. During the Korean War, he served with the 187th Regimental Combat Team, a unit that made several parachute assaults into communist-held territory. He held several positions in Vietnam, including as head of the First Regional Assistance Command. Afterward, he commanded the 82nd Airborne Division and held senior Pentagon posts before taking over U.S. Army Europe in 1979.

On Sept. 15, 1981, Kroesen and his wife were traveling through Heidelberg on their way to the dentist when their armor-plated Mercedes was hit by a rocket-propelled grenade and automatic rifle fire. "I remember looking at my husband and seeing the blood run down his neck," Rowene Kroesen told Stars and Stripes in 2005 phone interview from Alexandria, Va., where she and her husband retired. The attack was claimed by the Red Army Faction, a far-left group that conducted assassinations and bombings in the 1970s and 1980s. The two were taken to the hospital, where bits of glass were removed from their skin and clothes. Then her husband went to Fulda to give a talk, and Rowena Kroesen went to the dentist anyway, she said.

Kroesen remained an advocate for service well after his retirement, making appearances at commemorations and memorials. On the 74th anniversary of D-Day in 2018, he swapped stories with veterans and honored the fallen at the National World War II Memorial in Washington. "We owe (veterans) our freedom," Kroesen told Stars and Stripes. "If we don't sustain that through our willingness to sacrifice in wars if it is necessary ... It's still worth the cost. We have to generate that kind of understanding among your generation." [Source: Stars & Stripes | Erik Slavin | May 5, 2020 ++]

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Alexander Ewanchuk | Lifetime of Naval Service



Alexander Ewanchuk enlisted in the Navy Sept. 1, 1938, at the age of 18. After completing basic training, he served as a gunner's mate aboard USS Philadelphia and by 1939 as a striker on gun turret four. In 1941, Ewanchuk transferred

to USS Decatur, a Clemson-class destroyer. He and his fellow sailors served in the North Atlantic, guarding convoys traveling between the East Coast, Nova Scotia and across to Europe. On the night of Oct. 17, 1941, while stationed off the coast of Reykjavik, Iceland, Ewanchuk, and the USS Decatur received a request for help from English ships under attack by German U-Boats. The attack sunk 10 ships in the convoy and damaged the destroyer USS Kearny. On their approach to the site of the attack, USS Decatur encountered and destroyed a disabled German U-Boat.

When the U.S. officially entered World War II, Ewanchuk and USS Decatur guarded convoys traveling between Panama and Newfoundland. In addition to transporting convoys, he and his fellow sailors sought out and destroyed German submarines. In 1943, he transferred to USS Santa Fe in the Pacific where he and his crew bombarded Japanese occupied islands, disabling their airfields and destroying their bases. USS Santa Fe also participated in the Battle for the Marshall Islands, providing naval fire support for Marines landing on the beaches.

After the end of World War II, Ewanchuk transferred to the Naval Ordnance Laboratory in Washington, D.C., where he achieved the rank of chief petty officer. He continued to serve with the Navy as a career sailor until retiring March 25, 1958. After retiring from the Navy he continued his education, graduating from Michigan State University with a degree in electrical engineering. He worked at the Westinghouse Defense Plant, where, through various contracts, he continued his relationship with the Navy. Ewanchuk passed away on Feb. 26, 2017, at the age of 96. We honor his service. [Source: Vantage Point | Nicholas Rogers-Dillon | May 5, 2020 ++]

Afghan Vets 10

Robert J. Reeves



Navy Veteran, Senior Chief Special Warfare Operator (SEAL) Robert J. Reeves grew up in Shreveport, Louisiana, and attended Caddo Magnet High School. Reeves attended Louisiana State University for a year before attending basic training at the Naval Training Center in Great Lakes, Illinois. He took additional training at the Fleet Combat Training Center in Dam Neck, Virginia, from November 1998 to January 1999. Reeves next attended Basic Underwater Demolition/Sea Land training at NAB Coronado, California, from February to December 1999. After becoming a Navy SEAL, Reeves went to Jump School at Fort Benning, Georgia, for a month before transferring to SEAL Team 5. He served with the team from February 2000 to June 2001, and then transferred to SEAL Team Seven in June 2001.

He would go on to cheat death on numerous occasions, both in combat and in peacetime. One of those occasions took place while on a six-month training deployment to the island of Guam in 2003. Rob and a few other SEALs were out celebrating Christmas at a local bar when they got into an altercation with two men. After leaving, the two men followed the SEALs and opened fire at their taxi from their own vehicle. Rob was struck in the back of the neck and a second SEAL was shot in the head. He would go on to make a full recovery.

A couple of months after being shot, Rob would go to Virginia to attend selection and training (S&T) for entrance into the famed counter-terrorism unit, SEAL Team 6/DEVGRU. He successfully completed the selection process in late 2004 and was subsequently assigned to Gold Squadron where he would serve honorably for the next seven years as an assaulter and later, sniper. On April 4, 2010, DEVGRU conducted a nighttime direct-action raid against a high-value Taliban target. During the raid, Reeves, acting as the squadron's sniper, climbed onto the roof of the target building to protect his teammates. A rocket-propelled grenade hit underneath his firing position. The back blast caused

the roof to collapse internally. Reeves fell directly onto five Taliban insurgents. After escaping the building, Reeves threw a fragmentation grenade into the house and killed the fighters.

In 2011, Reeves deployed to Afghanistan in support of Operation Enduring Freedom. On 5 AUG, the battalion conducted a direct-action raid in the village of Jaw-e-Mekh Zareen, in Wardak. Their target was a Taliban insurgent Qari Tahir. The battalion secured the compound but was unable to take out Tahir. On 6 AUG. Reeves was on a CH-47D Chinook helicopter with other team members returning to base, call sign "Extortion 17." A rocket-propelled grenade round hit the aft-rotor assembly and sent the helicopter to the ground. All onboard died.

In his 13 years of service, eleven of which were spent as an active-duty SEAL, Reeves deployed over a dozen times, earned the rank of E-8, and earned countless achievement medal. His decorations included four Bronze Star Medals with "V" device for valor, a Joint Service Commendation Medal with "V" device, and a Navy and Marine Corps Achievement Medal with "V" device. He also posthumously received a fifth Bronze Star Medal with "V" device, a Defense Meritorious Service Medal and a Purple Heart. Reeves was buried at sea off the coast of Virginia Aug. 24, 2011. We honor his service. [Source: Vantage Point & Spec Op Magazine | Wilson Miles | May 7, 2020 ++]

Military Retirees & Veterans Events Schedule

As of 15 May 2020

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

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

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

Note that events listed on the Military Retirees & Veterans Events Schedule may be cancelled or rescheduled. Before traveling long distances to attend an event, you should contact the applicable RAO, RSO, event sponsor, etc., to ensure the event will, in fact, be held on the date\time indicated. Also, attendance at some events may require military ID, VA enrollment or DD214. Please report broken links, comments, corrections, suggestions, new RADs and\or other military retiree\veterans related events to the Events Schedule Manager, Milton.Bell126@gmail.com [Source: Retiree\Veterans Events Schedule Manager | Milton Bell | May 15, 2020 ++]

Vet Hiring Fairs

Scheduled As of 15 MAY 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 15, 2020 ++]

State Veteran's Benefits

Arizona 2020

The state of Arizona provides a benefits to their veteran residents in the categories listed below. To obtain more information on them refer to the attachment to this Bulletin titled, “**Vet State Benefits– AZ**”. For a more detailed explanation of each of the below benefits refer to <https://dvs.az.gov>.

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

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

Tricare Pharmacy Copay

Update 20: H.R.6573 | Help Our Heroes Access Medicine Act of 2020

If you're a TRICARE beneficiary and you need to reup on meds, a new bill in Congress could save you some cash and a trip to the pharmacy at a time when leaving your house might expose you to novel coronavirus (COVID-19). The Help Our Heroes Access Medicine Act of 2020, would temporarily waive copayments for TRICARE beneficiaries (i.e. service members, retirees, survivors and their families) to get their medicine mailed home. Currently, beneficiaries have to pay a \$10 copay for a 90-day supply of a generic drug and \$29 for name-brand drugs via mail order, explained Rep. Elaine Luria (D-VA), in a press release promoting the legislation, which Rep. Lisa Blunt Rochester (D-DE) introduced on 21 APR.

Under the existing program beneficiaries don't have to shell out that copay when they pick up their prescription in person at a Military Treatment Facility. The policy incentivizes in-person pick-ups, which is a problem in a time of COVID-19 when people are supposed to minimize their time around others and when some bases are closed to retirees or survivors. "A lot of the local bases have restricted access to retirees and those eligible because of the COVID outbreak, which has impacted their ability to access medications," said Jill Lynch, a Virginia member of Veterans of Foreign Wars, on a phone call with reporters hosted by Luria on 29 APR.

The \$10 or \$29 copays for ordering drugs in the mail get pricey over time, explained Lincoln Smith, vice president of the Virginia chapter of the Military Officer Association of America. "Many military families, particularly those with special needs, wounded warriors, Medicare-eligible retirees and their spouses, they take multiple maintenance medications every day," Smith said on in their phone call on 29 APR. "The Defense Health Agency, DHA, just doesn't have the authority to modify TRICARE pharmacy copays, so we join you in advocating for a legislative fix," Smith said to Luria, endorsing the bill on behalf of MOAA.

The bill would amend Title 10 of the U.S. Code to temporarily waive TRICARE copays on prescription drugs during a public health emergency or national emergency such as the COVID-19 pandemic. If the bill passes, you can order your meds to arrive at home while you rewatch The Pacific for the fifth or sixth time without paying a penny extra and without needlessly exposing yourself to COVID-19. The waiver would end "on the date of the termination" of the public health emergency, though it's unclear at this point when the COVID-19 emergency will end. Luria said the bill was a "common-sense" measure, and it has support from MOAA, VFW, 11 other veteran service organizations, and 11 cosponsors in the House of Representatives.

However, it might still be awhile before the bill is actually considered on the House floor. "I think the obstacles right now are that there is so much need in so many sectors of both the economy and health care," Luria told reporters. For example, Congress is currently fighting over CARES II, another trillion-dollar aid package that would help cities and states through the COVID-19 crisis. The first CARES act was worth \$2 trillion when it passed last month, and other relief bills passed since then bring the total aid funding to nearly \$2.8 trillion, The Hill reported on 27 APR.

"There's just a lot on the plate right now, and a lot of need out there," Luria said. "So this is one of many initiatives that we're supporting to try to get after a whole range of issues that are important for our community." This issue in particular hits close to home for Luria, who is a 20-year Navy veteran. On top of that, she said one in five of her constituents are either active duty, a veteran or a family member thereof. "There's a lot of people here in Hampton Roads who could benefit from this if they do require prescription drugs during this time," the congresswoman said. [Source: Task & Purpose | David Roza | April 30, 2020 ++]

Agent Orange Eligibility

Update 01: S.1381 | VA Treat Thailand & Vietnam Exposure the Same

On May 9, 2020, Senator Boozman (R-AK), a member of the Senate Veterans Committee introduced S.1381 a bill to modify the presumption of service connection for veterans who were exposed to herbicide agents while serving in the Armed Forces in Thailand during the Vietnam era, and for other purposes. The VA Secretary shall ensure that if the Secretary creates a presumption of service connection between the occurrence of a disease and exposure to a herbicide agent while serving in the Armed Forces during the Vietnam era at a military base in Thailand, such presumption also applies to exposure to a herbicide agent while serving in the Armed Forces during the Vietnam era at any military base located in Thailand without regard to where on the base the veteran was located or what military job specialty the veteran performed. [Source: VVA Government Affairs | May 11, 2020 ++]

Servicemembers Lease Protections

S.3637/H.R.6767 | Stop Movement Orders Exemption

With thousands of military families in limbo during a virtual halt of permanent change of station moves, lawmakers introduced legislation 6 and 8 May to address financial losses some families are facing. Specifically, the proposals would change the law to allow service members — without penalty — to terminate a residential lease they’ve already entered into at a new location in anticipation of a PCS move, when that service member is affected by a stop movement order in response to a local, national or global emergency for a period of at least 30 days. The proposal would amend the Servicemembers Civil Relief Act, or SCRA.

The bipartisan proposal was introduced in both the House and the Senate, and would also apply to vehicle leases. This is one step in the process before the proposal could become law, although there appears to be bipartisan support. In the current stoppage of PCS moves in the coronavirus pandemic, many military families have been caught having to pay housing costs for two residences— their current location, and at another location where they had rented housing in preparation for their PCS move before the initial stop movement order was issued in March. The stop movement has now been extended through June, with some exceptions. The legislation would be retroactive to 1 MAR, providing relief to families who had been paying rent for a residence they can’t yet occupy.

Under the long-standing Servicemembers Civil Relief Act, or SCRA, service members are allowed to terminate their residential and vehicle leases when they need to leave the current area because of deployment or PCS orders, when certain conditions are met. This proposal would extend those protections to the leases entered into at a new location, in anticipation of a PCS move, when that PCS move is stopped under the conditions outlined. “These families are stuck — unable to relocate to their new duty station, while getting double billed and paying rent twice over,” said House Veterans Affairs Committee Chairman Mark Takano (D-CA) in a statement. “By helping slow the spread, these military families have suffered unintended financial hardship due to their service...”

About 12,500 military members have moved since the stop movement order in March, and 30,000 have asked for exceptions to be able to move. Lawmakers have asked DoD for information on how many service members have been affected financially by the stop move order; information was not immediately available about how many service members this proposal could potentially help. “While I appreciate the Defense Department’s efforts to keep service members safe during this pandemic, it’s unacceptable that some military families have been forced to pay for a second home that they can’t even move into due to the stop movement order,” said Rep. Mike Levin (D-CA) in a statement.

He introduced the legislation 8 MAY, along with Takano and ranking member Rep. Phil Roe (R-TN). Levin is chair of the Veterans Committee's subcommittee on economic opportunity.

Similar legislation was introduced 6 MAY in the senate by Senate Veterans Affairs Committee Chairman Sen. Jerry Moran (R-KS) and ranking member Sen. Jon Tester (D-MT). "No service member or their family should have to worry about whether they will face an added financial burden because of the sop movement order DoD put in place to stop the spread of COVID-19," said Roe. "By allowing them to cancel a lease for a new car or house without penalty, this legislation would give them the flexibility and peace of mind they need during these trying times." [Source: MilitaryTimes | Karen Jowers | May 8, 2020 ++]

VA Health Care Eligibility

Update 02: H.0000 | Heroes Act

A new massive \$3 trillion coronavirus stimulus package includes aid for veterans who lost their health insurance, homeless veterans, native veterans and Department of Veterans Affairs employees. The nearly 2,000-page Heroes Act introduced by House Democrats Tuesday includes another \$3 trillion in funding for pandemic aid. Buried in those thousands of pages is a section dedicated to veterans and service members. Chief among the aid headed to veterans, the bill authorizes VA to provide health care for all veterans who lost their employer-sponsored health insurance because of the pandemic. For 12 months after the bill passes, VA is expected to provide hospital care and medical services to veterans who are "unemployed or lost access to ... group health insurance coverage" because of the public health emergency. There will be some income limitations, however.

The legislation also calls for increased Department of Veterans Affairs disability benefits for certain veterans. The temporary boost proposed in the legislation would provide a 25 percent increase to existing disability benefits for some qualifying disabled vets, such as amputees, veterans who have lost their sight or hearing, veterans with caregivers and disabled vets in nursing homes. The increase would start when the bill passes into law and end "60 days after the last day of the emergency period ... resulting from the COVID-19 pandemic," the legislation reads. The increase would apply to disability benefits that were in place before the bill passes into law.

The multiple measures aimed at expanding or increasing veterans' benefits comes as veteran unemployment spikes and the Department of Veterans Affairs faces more than 11,000 COVID-19 cases and at least 923 veterans deaths from the virus so far. "As veteran unemployment skyrockets to 12 percent and VA steps up to serve both our nation's veterans and civilians through its Fourth Mission, it is clear that the COVID-19 pandemic requires immediate, bold action," House Veterans Affairs Committee Chairman Rep. Mark Takano, D-Calif., said Tuesday. "The Heroes Act is critical. By supporting homeless veterans, suspending debt collection, expanding health coverage, and caring for our most vulnerable, we can help ensure that those who have served our country have an opportunity to succeed."

Estimates for the cost of the different measures in the bill, which totals \$3 trillion and includes broad federal aid proposals, were not immediately clear. The massive funding package still faces an uphill climb in Congress before passage and must have support from the House and the Republican-controlled Senate to have a hope of passing into law. In March, VA received nearly \$20 billion in emergency aid for medical, IT and other needs, which followed \$60 million for VA COVID-19 testing provided by Congress previously. The new bill provisions aimed at veterans include further healthcare changes, help for homeless veterans, native veterans and VA employees.

- **Health care** -- In addition to providing health care for veterans who lose their health insurance because of the crisis, the stimulus package would prevent VA from requiring veterans pay "any copayment or other cost ... for qualifying coronavirus preventive services" during the pandemic. In emergencies, the legislation requires the VA to pay for eligible veterans to receive emergency treatment at non-VA facilities without

having to seek permission from VA first, and requires the department to hire a contractor to process claims for those emergency visits so veterans aren't mistakenly left in debt.

- **Homeless veterans** -- As shelters shut down, homeless veterans are struggling more than ever, and advocates are predicting a "huge spike" in homelessness for veterans because of the pandemic. The stimulus bill includes measures to provide more flexibility to the Veterans Affairs Secretary on providing food, shelter, transportation and other needs to homeless veterans during the pandemic. One of those measures would allow the VA Secretary to use the department's parking areas "as temporary shelter locations for homeless veterans." The bill includes a boost to funding available to help homeless veterans, particularly those with dependent children. VA Secretary Wilkie is granted the ability to waive some inspection and safety requirements to provide grants to organizations that could quickly identify temporary sites for homeless veterans to live where they can social distance or isolate. The legislation gives Wilkie the option to make telehealth available to eligible homeless veterans, too. To help house more veterans, the bill calls on the Department of Housing and Urban Development and VA to work together to streamline the process and make sure veterans are able to use housing vouchers to find permanent shelter while also social distancing and loosens some restrictions aiming to get more veterans housed more quickly.
- **Native veterans** -- The bill expands covered care for native vets during the pandemic, requiring VA and the Defense Department to reimburse Indian Health Services regardless of whether the eligible veteran received care from the IHS or a contracted health provider.
- **VA employees** -- The bill includes a provision to provide emergency paid sick leave for Department of Veterans Affairs doctors and nurses if they're exposed or diagnosed with the virus, provide hazard pay for healthcare workers and first responders and guarantee federal employees who become ill from the virus are covered when filing a workers' compensation claim. So far, more than 1,300 VA employees have tested positive for the virus and at least 28 have died.
- **Mental health care** -- National Guard and Reserve members deployed in support of COVID-19 missions for more than 14 days will be eligible for mental health services at VA Vet Centers.

To read the untitled bill submission refer to <https://images.radio.com/connectingvets/Heroes%20Act.pdf>. [Source: ConnectingVets.com | Abbie Bennett | May 12, 2020 ++]

*** Military ***



CNO

Message To The Fleet | 6 May 2020



The events of the past week have been difficult for our Navy and our nation. We will learn from them. But make no mistake, we are moving forward. The Navy has our orders and we are executing them.

As I write, we have thousands of Sailors on mission, above, under, and on the seas as well as here at home on the front lines of the coronavirus crisis. We're operating far forward on 90 ships, including three aircraft carriers and two big deck amphibious ships. Navy Cyber teams are defending our networks. Seabees are converting commercial buildings into medical facilities across six states. Three thousand Navy doctors, nurses and corpsmen, including hundreds of reservists, are caring for our fellow Americans on USNS MERCY, COMFORT, in New York City's Javits Center, and in civilian hospitals. Hundreds more deployed to treat the sick in Dallas and New Orleans. The NIMITZ carrier strike group and her air wing at Lemoore are in 14 day Restriction of Movement (ROM) as they ramp up to deploy. Same for our SSBN crews. Countless more Sailors are leaning in to support them – across our fleet staffs, intelligence centers, training facilities, and supply depots. More than six thousand recruits at Great lakes are preparing to head to the fleet.

Given this, I have three priorities for us right now. First, our health and safety. Second, ongoing fleet operations and our support to the coronavirus effort. Third, continuing to generate the enormous amount of support required to keep #1 and #2 on track. I know much of that effort is behind the scenes and out of the limelight – but every bit of it is critical.

We must ensure the health of the force. And we must be laser-focused on the Fleet – from manning to maintenance, and from training to warfighting. Operational readiness is our job... and every one of us has a role. Nobody sits the bench.

Everyone must pull together. And in this new environment of coronavirus, we're all learning, adapting, and improving by the hour. There is no better example of this than USS THEODORE ROOSEVELT – staring down an invisible enemy – dedicated in their efforts – making phenomenal progress, and providing lessons for the Navy and beyond.

America. Has. A. Great. Navy. Our nation counts on you and so do I. Never more proud to be your CNO.

[Source: Undersea Warfare News Week | Adm. Mike Gilday | May 6, 2020 ++]

South China Sea Ops

Navy Ships Enter to Counter Beijing 'Bullying'



Littoral combat ship Montgomery steams near the drillship West Capella in the South China Sea.

Two U.S. Navy ships sailed into the South China Sea 7 MAY in a show of support for a Malaysian drill ship that's been getting hassled by Chinese vessels as Beijing continues its attempts to claim the resource-rich sea as its own. The littoral combat ship Montgomery and the dry cargo ship Cesar Chavez each steamed near the Malaysia-contracted

West Capella, which has been harassed by Chinese fishing vessels and coast guard ships in recent months, according to the Center for Strategic and International Studies' Asia Maritime Transparency Initiative. The West Capella has been conducting exploratory drilling in two oil and gas fields, Malaysian moves that have irked a Chinese government that has increasingly tried to lay claim to the region. Similar disputes have arisen in the past year with neighboring Vietnam as well. Both U.S. ships were already underway in the region at the time of the maneuver.

“We are committed to a rules-based order in the South China Sea and we will continue to champion freedom of the seas and the rule of law,” Pacific Fleet commander Adm. John Aquilino said in a statement. “The Chinese Communist Party must end its pattern of bullying Southeast Asians out of offshore oil, gas and fisheries. Millions of people in the region depend on those resources for their livelihood.” The Navy regularly sends ships into the contested waters. The so-called freedom of navigation operations, or FONOPs, are intended as a gray-hulled signal to Beijing that the United States seeks to keep those waters open and international. “Through continued operational presence in the South China Sea, the U.S. Navy supports transparency, the rule of law, freedom of navigation and overflight, the principles that underpin security and prosperity in the Indo-Pacific, so that all nations in the region may benefit,” the command said. [Source: NavyTimes | Geoff Ziezulewicz | May 8, 2020 ++]

Military Hazardous Duty Pay

Approval Sought for Coronavirus Response Troops

One of the most prominent veterans serving in Congress is pushing her colleagues to approve hazard pay for troops working on the front lines of the, arguing the risk warrants that designation. Sen. Joni Ernst (R-IA), a retired lieutenant colonel from the Iowa National Guard who served in the Middle East during the Iraq War, is introducing legislation this week to provide tax-free hazardous duty pay for all guardsmen currently deployed on pandemic-related missions. That would include back pay for deployments dating back to the start of March. “Whether it’s delivering personal protective equipment, food, or medical supplies, our National Guardsmen and women have answered the call to help during COVID-19,” Ernst said in a statement. “I could not be more proud of their tireless and selfless efforts. That’s why I believe Congress should take this small step to recognize the hazardous work they’re doing during this pandemic and provide them the pay they deserve.”



Her proposal would also extend to active duty service members and other military medical corps professionals on coronavirus operations. Currently, more than 46,500 National Guard troops and about 7,000 active-duty troops have been activated for state and federal response to the coronavirus outbreak. More than 67,000 Americans have died from complications related to the illness. Hazardous duty pay could total at least \$150 a month, depending how lawmakers define the deployments under existing Defense Department rules. No estimate was given for what the move could cost. But the idea follows several pitches by lawmakers in recent weeks to award more money to public servants and essential private-sector employees for their continued work amid the coronavirus threat. Last week, Sen. Mitt Romney (R-UT) proposed bonuses of up to \$12 an hour for three months for employees at hospitals, grocery stores and health manufacturing firms.

Military advocates hailed Ernst's proposal as a way to recognize service members for their contributions. "Our National Guard men and women have been called upon, once again, by the nation's leadership to help combat the novel coronavirus pandemic in America. The risks are great; so are the hazards," said retired Sgt. Maj. Frank Yoakum, executive director of the Enlisted Association of the National Guard of the United States. Pentagon officials said Monday that the armed forces are on pace to pass 5,000 coronavirus cases among troops this week. [Source: MilitaryTimes | Leo Shane III | May 5, 2020 ++]

USS Kidd (DDG-100)

COVID-19 Lessons from USS Roosevelt Outbreak Helped

The Navy destroyer USS Kidd was heading east across the Pacific from Pearl Harbor when it added an unusual twist to its transit — a quarantine-and-isolation drill. The practice was part of a new protocol built on lessons from a coronavirus outbreak aboard an aircraft carrier soon to be sidelined with sickness. "That ... actually helped us quite a bit to prepare for what was to come," the Kidd's commanding officer, Cmdr. Nathan Wemett, said in a telephone interview 30 APR from aboard the ship. What was coming a few weeks later for Wemett and his crew of about 330 was a COVID-19 outbreak that is just the second aboard a Navy ship at sea. Nearly one-quarter of the Kidd's crew has the virus. Still, lessons learned from the outbreak aboard the aircraft carrier, the USS Roosevelt, has allowed the Kidd to avoid a similar spectacle of crisis.

The Kidd's circumstance is not completely comparable to that of the nuclear-powered Roosevelt, whose crew of 4,900 is far larger and whose presence in the Pacific is a bigger symbol of American power. But Wemett says his ship benefited from information and guidance derived from the unfolding and unforeseen disaster aboard the aircraft carrier. For example, on 20 APR, the Kidd received new medical guidance on additional symptoms to be watching for as indicators of possible coronavirus. "That drove us to report our first case" that same day, Wemett said. The ill sailor was medically evacuated to a medical facility in San Antonio two days later for testing, and the following day a positive result was reported. By this time the ship was putting its at-sea drills to use by placing some crew members in isolation.

Even before the first test result was known, the Navy assembled a medical team in the United States and dispatched it to the Kidd. The team leader, Cmdr. Michael Kaplan, the director of medical services at Naval Hospital Jacksonville in Florida, said he was not standing by in anticipation of such a mission. "We had no heads up whatsoever," Kaplan said. But the team was on its way in a few hours and arrived aboard the Kidd by helicopter the same day. By evening the doctors had tested about 25 people, and within 24 hours nearly a quarter of the crew had been tested. The Navy also diverted an amphibious assault ship, the USS Makin Island, to provide additional support to the Kidd. The Makin Island has fully equipped medical facilities, including an intensive care unit.

Kapan' said his team also made a point of testing sailors without coronavirus symptoms, drawing on the Roosevelt experience, which initially tested only those with symptoms, not realizing that asymptomatic people can be transmitters of the virus. Kaplan had the asymptomatic cases isolated on board. "We didn't know how long it would take to get back on land, and we wanted to do everything we could to try to minimize the spread on the ship," Kaplan said. As of 30 APR, 78 members of the Kidd's crew had tested positive. None were hospitalized.

Not all aspects of the medical and operational response taken aboard the Roosevelt are known publicly, and that entire episode is now under investigation, including questions about how the virus got aboard in the first place. Just over 1,100 members of the Roosevelt crew have tested positive, and one died of complications from the disease. The Roosevelt's skipper, Capt. Brett E. Crozier, was fired for distributing a letter pleading for faster Navy action to protect his crew, and the official who ordered his removal from command, Thomas Modly, resigned a few days later as the acting Navy secretary. At the outset of the Roosevelt's problem, senior Navy officials appeared to underestimate their

ability to contain it and keep the warship from being sidelined. Touting the Navy's response, Modly told reporters on 24 MAR, two days after the first case was confirmed: "This is an example of our ability to keep our ships deployed at sea, underway even with active COVID-19 cases."

In contrast, the Kidd ended its Central America mission shortly after getting its first coronavirus case, based on a plan made in advance by the U.S. Navy 4th Fleet organizers of the counterdrug operation. Once a ship had a certain number of symptomatic sailors, it was to head for the nearest appropriate U.S. port. Wemett declined to be more specific than to say the triggering number was less than 10. The Kidd headed for San Diego, where it arrived 5 MAY and moved most of the crew ashore to off-base housing. The paths of the Kidd and the Roosevelt diverged in a more literal sense. They initially deployed together on 17 JAN after the Kidd, home ported at Everett, Washington, joined up with the Roosevelt and the rest of its strike group in San Diego. But the Kidd made it no further than Hawaii, ordered to break off from the strike group and head east again to participate in the Central America counterdrug operation. The Roosevelt and the rest of its strike group, meanwhile, headed to East Asia. [Source: The Associated Press | Robert Burns | 1 May 2020 ++]

Military Recruiting

Update 14: Interim Coronavirus Survivor Eligibility Policy

The command in charge of processing new recruits into the services has updated its policy for accessing coronavirus survivors, loosening restrictions banning anyone who has been diagnosed to only those who were hospitalized because of complications. The change came days after an original memo circulated on Twitter, causing an uproar in the face of a pandemic that will touch millions of Americans, according to public health estimates. That guidance was part of an "interim" memo, which characterized a COVID-19 diagnosis as a no-go, updated on 6 MAY, a defense official told Military Times. "During the medical history interview or examination, a history of COVID-19, confirmed by either a laboratory test or a clinician diagnosis, is permanently disqualifying ..." the memo reads.

Military Entrance Processing Command will now accept recruits who have previously tested positive for coronavirus as long as they haven't been hospitalized, the official confirmed, a clarifying update of what is still interim guidance. The official, who was not authorized to speak on record about the policy, did not provide any specific definition of hospitalization, which could include layers of severity from an emergency room visit, to supportive care like oxygen and fluids, to intubation for a ventilator to facilitate breathing. Though the services are testing all new basic trainees for coronavirus upon arrival, there are several layers of screening a recruit goes through before swearing-in, as a matter of practice, the services filter out issues that could affect individual and unit readiness down the line before that point.

MEPCOM is responsible for medical exams to determine fitness for duty, including a detailed medical history that might find any disqualifying illnesses, including physical disqualifiers like heart defects or asthma, as well as behavioral conditions like clinical depression or attention deficit disorder. With so little research available on the long-term implications of a COVID-19 infection, MEPCOM is erring on the side of caution. Preliminary studies have found significant lung damage in COVID-19 patients, which could affect fitness for combat in a service member. There are also questions as to whether the antibodies provide any protection against re-infection, or if one bout with coronavirus could make a person more susceptible to another.

While a COVID-19 diagnoses might prevent someone from joining the military, it won't have an affect on currently serving troops, including those who have been part of the outbreaks on the aircraft carrier Theodore Roosevelt and destroyer Kidd. Enlistment and re-enlistment standards vary significantly, as troops are routinely first diagnosed with medical or behavioral issues after they've been in uniform, including service-connected conditions and injuries that do not prevent reenlistment or require involuntary separation. [Source: MilitaryTimes | Meghann Myers | May 7, 2020 ++]

Military Recruiting

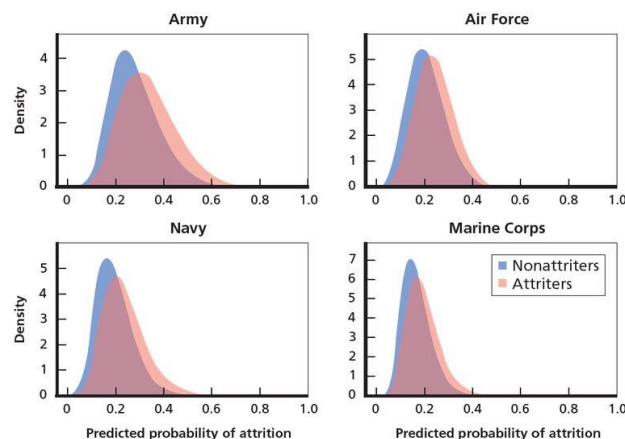
Update 15: Wash-Out Screening

It takes tens of thousands of dollars to get a new service member through recruiting and initial training, and costs the services hundreds of millions a year when new troops are discharged from the military before the end of their first contracts. While there are some indicators as to the likelihood that someone will drop out, they vary across the individual services and they aren't always foreseeable before someone has signed up, making early attrition tough to predict. That's the conclusion of a Pentagon-funded study by Rand Corp. released in April, studying first-term attrition across the four DoD services from 2002 to 2013, totalling more than 2 million subjects.

"Ensuring force readiness requires the ability to identify recruits who are of sufficiently high quality and who will also fulfill the requirements of their first term of service," James Marrone, the study's author, wrote. The cost of these early attritions ranges from about \$200 million a year in the Navy to upwards of \$400 million in the Army, when the cost of recruiting, enlistment bonuses, pay, housing and training are all figured in, according to the study. Past research has shown some common factors in who tends to wash out, Marrone said, but no study had tried to use predictive calculations to verify them.

What he found is that while some characteristics — such as sex, ethnicity, education and marital status — were somewhat correlated with risk of washing out, the numbers were different across the services and likely had more to do with the events and circumstances of each individual's service. "In terms of differences across services, women are more likely to attrite in the Army than in the other three services; those without a high school diploma or equivalent are most likely to attrite in the Navy," according to the report. "These differences highlight the potential importance of institution-specific characteristics, implying that personal characteristics may interact with institutional policy, peer groups, duties, or other aspects of military life and induce different rates of attrition in different services."

Figure 3.2
Distributions of Predicted Probabilities of 36-Month Attrition, by Service



The study also took a special interest in first-term Marine Corps attrition, because at the time the data was collected, the service still segregated men and women in boot camp. One reason used in the past to uphold this tradition is that all-female boot camp units helped build the women up, particularly their physical fitness, so that they were more on par with their male counterparts once they graduated. Marrone found that this segregation didn't affect their first-term attrition, however. "The Marine Corps does not stand out from the other services," he wrote. "In the first three months, across all services, women have a 1-to-3-percentage-point higher probability of attrition than males. In the first six months, the results across services start to disperse, but the marginal effect is still between 3 and 7 percentage points."

The study also looked at other factors, including whether a recruit was married or if they needed a waiver because of unfavorable results of a background check. In the first instance, the study found that “married recruits are more likely to attrite during the first 12 months, but those who make it past that point are less likely than other recruits to attrite later.” In the other, it found that those waived recruits “are no more likely than others to attrite during the first six months but are more likely to attrite after that time.” In short, the report found that while there are some personal factors that could make a recruit more likely to wash out, there’s no accounting for how that will collide with their experiences in the military, making it difficult to predict whether experience will strengthen their resolve to serve or push them to a breaking point. “This suggests that a major cause of attrition relates to factors that are either unobservable (or, at least, not currently recorded during the enlistment process) or occur after accession,” according to the report.

Marrone concluded that it’s “unlikely” that screening policies could accurately and cost-effectively predict this attrition from the get-go. However, knowing that some of these personal characteristics can affect at what point a recruit washes out within their first term of service could help leadership zero in on when they might be most vulnerable. “Based on what is known at accession, it may not be possible to predict with a high level of confidence that a given recruit will attrite, but it could be possible to predict their highest-risk period,” the report found. It would also be worth further study, according to the report, to analyze how some of these predictive factors interact with a service member’s experience once they’ve completed initial training and reported to their first units, to see if there are particular jobs, duty stations, promotions, deployments or other circumstances that can affect the likelihood of washing out. [Source: MilitaryTimes | Meghann Myers | May 11, 2020 ++]

Navy Terminology, Jargon & Slang

‘Idler’ thru ‘Iron Lung

Idler – One who stands no watches.

IFR – (1) Instrument Flight Rules. Derisively, 'I Follow Roads'. An FAA-defined set of flight rules where the aircraft is under positive radar control. Legal responsibility for safe flight and collision avoidance rests with the Air Traffic Control center, although a certain amount of legal and moral responsibility always rests with the pilot(s). Has nothing to do with meteorological conditions. (2) In-Flight Refueling – q.v.

I&I – Intercourse and Intoxication. A takeoff on R&R

Illuminate, illumination - (1) The targeting of an object with radar, especially for weapons guidance purposes. Differs from 'PAINT' (q.v.) in that painting is generally used to denote detection and tracking, while illumination is generally for targeting and/or guidance of weapons. (2) The lighting-up of an area with flares, often abbreviated 'illum' (pronounced to rhyme with 'room').

Illumination Round - Star shell

IMC - Instrument Meteorological Conditions. A set of FAA-defined criteria for inflight visibility.

Indexer – (Aviation) In most common usage, the indicator lights mounted on an aircraft’s glare shield to indicate AOA during an approach to landing. The light array consists of a red ‘fast’ indication (an upward-pointing chevron) at the bottom of the array, a green ‘slow’ indication (a downward-pointing chevron) at the top, and a yellow on-speed indication (a circle) in the center. It is generally only active while the landing gear are deployed. The same light pattern is sometimes echoed on an external array on or near the nose gear, so that aircraft AOA can be determined by the LSO.

Indirect Fire – Gunnery and fire control where the fall of shot is not directly visible from the firing unit. Shell impacts must be observed by someone other than the firing unit, whether an aircraft or a team on the ground.

In-flight Arrestment - Occurs during an arrested landing if the hook engages the CROSSDECK PENDANT while the main landing gear are not on deck. Generally the result of a significantly non-excellent approach or a too-close waveoff, visually it looks like what happens to the running cartoon dog when he reaches the end of the chain. Aircraft damage can result.

In-Flight Refueling – Replenishing an aircraft’s fuel supply in flight. US Navy systems (as well those of numerous other countries) use the "probe and drogue" system where a hose is streamed aft of the tanker aircraft. The receiving aircraft then plugs into the drogue (also called ‘the basket’) and receives fuel. The US Air Force uses the "boom" method, which has a much higher rate of fuel delivery. In this method, the receiving aircraft flies in close formation aft of and just below the tanker aircraft. A boom operator ("boomer") aboard the tanker aligns the boom via control surfaces and plugs it into a receptacle on the receiving aircraft.

Influence Mine – A mine which does not require physical contact to detonate. A magnetic or acoustic mine.

Influence Pistol – An exploder for a mine or torpedo which uses acoustic or magnetic sensing to activate.

INT – Spoken as "eye-en-tee." Short form of the radio pro-word "Interrogative". Also used as a phrase in flag or Morse comms.

Irish Pennant - (1) (RN) Loose mop strings left in the flat. May be seen as ‘Irish Pendant.’ (2) (USN) More generically, any dangling or loose thread on a uniform, or lines left adrift or dangling from the upper works or rigging of the ship.

Iron Lung - (RN) Soda dispenser filled with beer.

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> | May 15, 2020 ++]

* Military History *



USS Nevada (BB-36)

Update 01: Sunken Hulk Found

The sunken hulk of the USS Nevada has been found off the coast of Hawaii, where the battleship — dubbed “unsinkable” for its endurance through World War II — lay since 1948. Two private firms working together, Search Inc. and Ocean Infinity, discovered the Nevada almost three miles underwater and about 65 nautical miles southwest of Honolulu, the firms said in a statement 11 MAY. Search Inc., a cultural resource management firm, specializes in archaeology; Ocean Infinity surveys the seabed with marine robotics, according to their websites.

The Nevada’s lifespan was exceptional, given the troubled waters in which it sailed. It stayed afloat through two world wars and two nuclear-bomb tests. “Nevada is an iconic ship that speaks to American resilience and stubbornness,” James Delgado, the lead maritime archaeologist on the mission, said in the statement. “Rising from its watery grave

after being sunk at Pearl Harbor, it survived torpedoes, bombs, shells and two atomic blasts. The physical reality of the ship, resting in the darkness of the great museum of the sea, reminds us not only of past events, but of those who took up the challenge of defending the United States in two global wars.” Photos and video of the excursion show portions of the ship, such as an anti-aircraft gun and hatch for a 5-inch gun room, still intact. Portions of the hull number are visible, as are inscriptions in the steel, all preserved because of the lack of light and oxygen at the extreme depth.



Underway near the U.S. Atlantic coast Sept. 17, 1944 (left) and USS Nevada's foremast top which would have towered more than 100 feet above the sunken battleship's deck (right).

The Nevada was commissioned in 1916 and headed to Great Britain during World War I, according to an account posted online by the Naval History and Heritage Command. It spent the interwar years cruising everywhere from the Caribbean to Australia. In the late 1920s, the ship was modernized, including installation of new anti-aircraft guns and other beefed-up firepower. After operating in the Pacific for most of the 1930s, the Nevada was moored at Pearl Harbor, Hawaii, when the Japanese Imperial Navy launched a surprise attack on the Pacific Fleet on Oahu on the morning of Dec. 7, 1941. The attacking aircraft concentrated on Battleship Row in Pearl Harbor, sinking or crippling most of the ships, which had been moored closely together.

The Nevada took one torpedo and several bomb hits during the first of two attack waves. Moored at the end of Battleship Row, the Nevada took advantage of the lull after the first wave to get underway. But it had not made it to sea before the second wave of aircraft descended on the harbor, striking the ship with a half-dozen bombs. The crew was forced to beach the sinking ship at the head of the channel. After frenzied temporary repairs, the Nevada sailed on its own power to the U.S. West Coast in April 1942, where it spent the next year being repaired and overhauled. It returned to combat during the Battle of Attu in the Aleutian Island in May 1943 and was then transferred to the Atlantic for the D-Day invasion in June 1944. It sailed back to the Pacific and became part of the Iwo Jima and Okinawa invasions in 1945. In the latter battle, the ship was hit by a kamikaze plane and an artillery shell.

It was preparing to be part of the invasion force on the Japanese mainland when the war ended in September 1945. With the end of World War II, the Navy deemed the three-decade old battleship too ancient for the fleet. Its final job was to serve as a target during two atomic bomb tests at Bikini in the Marshall Islands in 1946 – though even that dirty work left the ship only badly damaged and radioactive, not sunk. The ship was decommissioned in August 1946, and two years later it was towed to sea off the Hawaiian islands and used for target practice for other Navy ships. Even that four-day pummeling didn't sink the battle-scarred ship. It was finally scuttled by an aerial torpedo.

Although the Navy was aware of the vicinity of the ship's sinking, its exact resting spot was unknown until now. The search for the USS Nevada was conducted aboard Ocean Infinity's Pacific Constructor vessel, which had set sail for a range of tasks in early 2020, well before the coronavirus had morphed into a pandemic. "As a result of the global health crisis, the ship has remained at sea on a range of taskings," Ocean Infinity said in the statement. [Source: Stars & Stripes | Wyatt Olson | May 11, 2020 ++]

Military History Anniversaries

16 thru 31 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 16 thru 31 MAY”**. [Source: This Day in History www.history.com/this-day-in-history | April 2020 ++]

Medal of Honor Citations

Frank Gaffney | WWI



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

To

Frank Gaffney

Rank and organization: Private First Class, U.S. Army, 108th Infantry, 27th Division, Co G

Place and date: Near Ronssoy, France, 29 September 1918

Entered service: Niagara Falls, N.Y.

Born: December 18, 1883 in Buffalo New York

Citation

Pfc. Gaffney, an automatic rifleman, pushing forward alone, after all the other members of his squad had been killed, discovered several Germans placing a heavy machinegun in position. He killed the crew, captured the gun, bombed several dugouts, and, after killing 4 more of the enemy with his pistol, held the position until reinforcements came up, when 80 prisoners were captured.





General John J. Pershing said Gaffney's deeds placed him among the top heroes of the war. Similarly, Maj. Gen. John F. O'Ryan, commanding officer of the 27th Division, paid Gaffney high honors. "No man has performed more daring exploits or exercised a bigger influence upon those around him by the gallantry of his conduct." [2] O'Ryan also reportedly called PFC Gaffney "the human hurricane." Gaffney also received the Purple Heart, the British Distinguished Conduct Medal, the French Médaille militaire and Croix de Guerre, the Italian Croce di guerra al merito, the Montenegrin Medal for Military Bravery and the Portuguese Medalha da Cruz de Guerra, Third Class. Gaffney, who was known as "the second bravest man in the U. S. Army," later lost his left arm in fighting at St. Souplet on October 15, 1918.

Pfc. Gaffney died on May 25, 1948 at age 64. He was buried in the United German and French Cemetery Buffalo, New York.

[Source: <http://www.cmoahs.org/recipient-detail/2528/gaffney-frank.php> | May 2020 ++]

WWII Nazi Germany Battleship Fleet

Why Hitler Never Built One

At first glance, the Battle of the Barents Sea seems insignificant. The encounter took place in the middle of the months-long polar night and both the German and British forces were scattered and unsure of the positions of the rest of their own forces, much less their opponent. The battle became a rather confused affair and sometimes it was not clear who was firing on whom or how many ships were engaged. Despite this German attack on convoy JW 51B, all 14 of its merchant ships reached their destinations in the USSR undamaged. The New Year's Eve skirmish in frozen Arctic waters convinced Hitler that he should scrap *all* of his capital ships and had far-reaching consequences on the leadership of Nazi Germany. To learn more on its impact on Hitler refer to the attachment to this Bulletin titled, "**Why Nazi Germany Never Built a Battleship Fleet**." [Source: The National Interest | Sebastien Roblin | April 26, 2018 ++]

* Health Care *

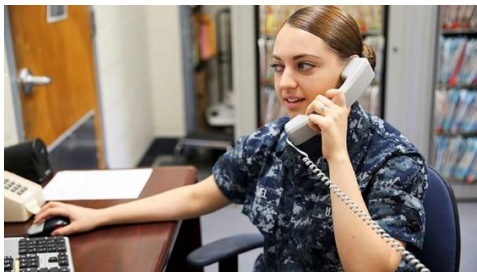


MHS Nurse Advise Line

Update 01: Proves Invaluable During COVID-19 Pandemic

When news broke of the novel coronavirus entering U.S. shores, thousands of military beneficiaries dialed the Military Health System's [Nurse Advice Line](#), or NAL, with questions and concerns. Call volume to the advice line increased fourfold in a short period, with the highest day seeing more than 10,000 calls. Wait time to speak to a nurse exceeded an hour. With effort, call volume has lowered by 50% and nurse wait times were decreased from sometimes over 100 minutes down to three to four seconds by March 30. While call volume to the hotline remains higher than normal, the NAL is still able to answer patients' questions and provide advice on when and where to seek care.

The NAL offers eligible beneficiaries telephone access to a registered nurse for triage services, self-care advice and general health inquiries. For the COVID-19 response, the NAL has adjusted its triage protocols in real time according to guidelines from the Centers for Disease Control and Prevention. The NAL is now able to book virtual visits made available by military treatment facilities or MTFs. This practice allows the team to provide care to the patient while minimizing risk of exposure. Patients can be brought in on a case-by-case basis, as clinically indicated.



Regina Julian, chief of DHA's Healthcare Optimization Division, said that providing a reliable source of information to patients is the priority for health care organizations amid a health crisis like COVID-19. The HOD released a comprehensive response plan to address COVID-19, focused on continuing education to the public about the disease. Another tenet of the plan was for MTFs to increase access to both the NAL and patients through their appointment lines, [secure messaging](#) and availability of virtual-phone visits. "We have three goals with this plan," she continued. "We want to alleviate patient concerns, provide multiple sources of evidence-based advice for our patients and protect our patients and medical staff by offering telephone and in some cases video visits if needed."

MTFs are using this guidance to help their beneficiaries learn more about COVID-19. If patients need in-person visits, they will be instructed on where to go by the nurse or provider to minimize unnecessary exposure for patients and staff. Julian emphasized the fast responses of MTFs to the outbreak. "I am really impressed at how the military hospitals and clinics are stepping up to address the pandemic, leveraging the NAL and all other options like their own registered nurses working in primary care clinics, local hotlines, and [using] secure messaging," she said. Along with virtual visits, secure messaging is a way for providers to educate and contact patients directly with resources about the disease. Messages created by health care providers and pushed to beneficiaries have already increased over 10 times compared to the same period last year.

Secure messaging is also a convenient and easy way for patients to reach out to their health care teams privately via email. Beneficiaries receiving care at an MTF can use secure messaging to ask questions and get non-emergency health advice directly from their health care team. Patients can receive education information about a variety of topics like coronavirus. Patients can also use secure messaging to send pictures, files and forms to their provider. Information provided through secure messaging gets added to the patient's electronic health record. Patients who have difficulty in registering for secure messaging or who do not receive an answer within 24 hours should contact their hospital or clinic patient advocate for assistance. Contact information for patient advocates can be found on each MTF's webpage.

Many military hospitals and clinics have their own hotline numbers that patients can call for direct contact with providers. MTFs are increasing the supply of virtual appointments available with providers to ensure that patients have access to care. These appointments may be booked by calling the central appointment line or by visiting the TRICARE Online and MHS GENESIS patient portals. While the MHS has many options for its patients, the NAL is still a great resource with a very short wait time. The NAL is available 24 hours a day, seven days a week and is toll-free in the United States and countries overseas where an MTF is located. Almost 40% of all calls are handled successfully by the registered nurses using self-care advice. Call volume to the NAL is the highest between 8 and 10 a.m., so calling throughout the day will reduce wait times. Beneficiaries can contact the NAL at

- U.S, Guam, & PR: Visit MHSNurseAdviceLine.com (<https://mhsnurseadvice.com/home>) for web chat and video chat or dial 1-800-TRICARE (874-2273) and select Option 1.

- *Oversea Military Hospitals & Clinics:* Contact your local facility or visit [MHSNurseAdviceLine.com](https://mhsnurseadvice.com) for web chat, video chat, or to find country-specific numbers.

“The MHS recognizes that sometimes, patients are nervous about the current pandemic or any other health care issue,” Julian stated. “Because of this, the NAL nurses are available to answer your general health questions, even if you don’t feel ill. If you do need care, the nurses are trained to identify the correct source of care for you, which may be an emergency room, an urgent care clinic, or an appointment in a MTF.” No matter what advice or care is needed, the MHS is committed to meeting patients’ needs. As an alternative to using the NAL, both [Health.mil](https://health.mil) and [TRICARE.mil](https://tricare.mil) have updated their websites with the latest information on COVID-19. Additional information can be found on the CDC coronavirus website <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. [Source: Health.mil | May 7, 2020 ++]

Vaccines

Update 02: Scientists Must Understand COVID-19 Building Blocks to Find a Vaccine

The key to finding a vaccine or effective treatment against COVID-19 may lie in its genetic code. Researchers around the globe are searching for clues to unlock the secrets of the novel coronavirus as the epidemic continues to spread worldwide. The Air Force Genetics Center of Excellence at Keesler Air Force Base in Biloxi, Mississippi, is aiding in that scientific research effort to sequence the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) genome, the virus strain that causes COVID-19.

As the reference genetic testing laboratory within the DoD, Keesler knows genetic sequencing. Researchers at the lab have contributed to overall readiness efforts in testing for a wide variety of genetic markers, from rare causes of sudden cardiac death to hereditary cancers. Testing also includes pharmacogenomics, which predicts a patient’s response to drug therapy based on their genetic makeup. “From a readiness perspective, that’s a service member who’s ready earlier to go back to the fight instead of waiting two to three months to get on the right medication,” explained Air Force Maj. (Dr.) Mauricio De Castro, the director of the molecular genetics laboratory at the Genetics Center.

Keesler responded as soon as the overall COVID-19 response effort began. “Because we have broad expertise and capabilities when it comes to genetics testing, I volunteered our lab to take on this challenge,” said De Castro, noting that the benefit of being a military lab means being flexible in times of crisis. The molecular diagnostic lab at Keesler is just one member of a large group of collaborators working together to decipher the SARS-CoV-2 genome. Keesler has partnered with the Centers for Disease Control and Prevention, the National Institutes of Health, academic institutions, and other DoD labs, including the 711th Human Performance Wing at Wright-Patterson AFB in Ohio. In coming weeks, the Keesler lab plans to conduct sequencing of the SARS-CoV-2 virus obtained from positive cases. Sequencing of one viral genome takes anywhere between six to 12 hours. Data from the novel coronavirus will provide critical information to researchers as the virus continues to change over time.

A genome is a long string of information that contains the blueprint genetic material of any organism, explained De Castro. Sequencing is the process that scientists use to read the string of letters (nucleotides) within the genome to decipher patterns and mutations, or changes, within the virus over time. The SARS-CoV-2 genome has between 29,000 and 30,000 letters, according to De Castro. For reference, the human genome contains over 3 billion letters. “If you know the genomic sequence, you can know what to target for treatment, medications, vaccines, etc.,” De Castro said.

To date, scientists around the world have shared over 10,000 viral genome sequences of the novel coronavirus. As the virus continues to change and spread, sequencing more SARS-CoV-2 genomes becomes vital because the cumulative data help researchers view the rate of change over time and track the ongoing outbreak. Similar to pattern recognition, when comparing the genomes letters against each other, researchers were able to draw conclusions on the most likely origins of the virus to that found in bats. They also recognized specific sequences within the virus that have

remained constant, and largely free of mutations, which is vital in figuring out how to attack the virus, De Castro explained.

Parts of the genome in each organism serve such critical functions that those features seldom ever undergo significant change, De Castro said. “If you target parts of the virus that don't change as much, you have a much better chance of coming up with an effective treatment or vaccine. And so that's where knowing the specific proteins, the sequence of the proteins and what they do and how they have changed, is important,” he added.

Previous research from other coronaviruses has given researchers an advantage in the race to find a vaccine for COVID-19. “Studying closely related coronaviruses that have caused epidemics in humans before, like Severe Acute Respirator Syndrome (SARS) in 2003 and Middle East Respiratory Syndrome or MERS in 2012, will aid pharmaceutical companies in more quickly developing an effective vaccine,” De Castro said. “The key will be in deciphering the differences between the novel coronavirus and closely related viruses, as it appears that small changes to its genomic sequence have made it more lethal and contagious.” For the latest information about COVID-19 from the DoD, visit the MHS coronavirus webpage <https://health.mil/Military-Health-Topics/Combat-Support/Public-Health/Coronavirus>. [Source: Health.mil | May 6, 2020 ++]

Health Mistakes

7 Deadly Ones after Age 50

As we age, our health risks increase. After all, none of us is going to live forever. However, we all can improve the odds of a longer, more healthful life simply by avoiding the following deadly health mistakes people tend to make after age 50. One note: Consult your doctor before undertaking some of the practices suggested in this article.

1. Letting social connections dwindle.

Loneliness can kill. A 2018 study found that isolation may double a person's risk of dying of cardiovascular disease. The National Institute on Aging also notes that social isolation is linked to increased risk of depression, cognitive decline, obesity and a weakened immune system. Men are at greater risk of suffering from social isolation. As we reported in “[8 Surprising Facts That Nobody Tells You About Retirement](#),” a survey found just 48% of retired men living alone were very satisfied with the number of friends they had. By contrast, 71% of retired women living alone were very satisfied with their number of social connections. So, keep the ties that bind securely fastened as you move through your golden years.

2. Continuing to eat high-sodium foods.

In most Western countries, individual blood pressure readings tend to rise with age, but in other nations, this does not happen. Why not? The Centers for Disease Control and Prevention says residents of the latter group of nations consume diets that are lower in salt. About 90% of the sodium we consume comes from salt. In addition, 90% of Americans ages 2 and older consume too much sodium. Reduce your sodium intake, and your blood pressure should fall within a couple of weeks, helping to lower your risk of deadly heart disease and stroke, the CDC says.

3. Putting off colorectal cancer screening.

The U.S. Preventive Services Task Force, a panel of experts in prevention and evidence-based medicine, recommends that all adults 50 to 75 schedule colorectal cancer screening. (For adults who are older than 75, whether to screen is a more individualized decision, as risks and benefits can vary.) Screening can find precancerous polyps, which are the main source of colorectal cancer. Screening also can find the disease itself in its early stages, when it is most treatable. Thanks to the Affordable Care Act, colorectal screening is among a list of preventive services that generally are free for people who have health insurance and are between the ages of 50 and 75. That eliminates the last reason for avoiding something that could save your life.

4. Skipping a daily aspirin.

Not everyone over 50 should take an aspirin every day. But it can make sense for those with certain potentially life-threatening health conditions. According to the Mayo Clinic: *“The U.S. Preventive Services Task Force recommends daily aspirin therapy if you’re age 50 to 59, you’re not at increased bleeding risk, and you have an increased risk of heart attack or stroke of 10 percent or greater over the next 10 years.”* Taking aspirin makes blood platelets less “sticky,” helping to prevent the clots that lead to heart attacks and strokes, explains Harvard Medical School. The Mayo Clinic says people ages 60 to 69 should talk to their doctor before starting a daily aspirin regimen. It also notes that more study is needed before recommending daily aspirin to people outside these age groups.

5. Avoiding the weight room.

As we age, the risk of the bone disease osteoporosis increases. About 10 million people have osteoporosis, and another 44 million have low bone density, which puts them at risk for the disease, according to the National Osteoporosis Foundation. If you have osteoporosis, your bones are weaker and at greater risk of breaking. Some of these breaks — such as a hip fracture — can be life-threatening. Nearly one-quarter of people 50 and older die within a year of fracturing a hip. Women are especially at risk for osteoporosis. In fact, 1 in 2 women will break a bone due to osteoporosis — which occurs more often in women than a heart attack, stroke and breast cancer combined. Getting enough calcium and vitamin D is key to preventing osteoporosis. Also, weight-bearing exercise is an overlooked way to strengthen bones. Using free weights, resistance bands or even your own body weight to exercise not only will strengthen muscles, but also can help you maintain bone density as you age.

6. Drinking too little water.

Everyone knows hydration is important — but is it really a matter of life and death? Yes. And children and older adults are most at risk for the most devastating consequences of dehydration. The Mayo Clinic notes that older adults carry a lower volume of water in their bodies. In addition, they are more likely to take medications that boost the risk of dehydration. Finally, their sense of thirst is less acute, making it easy for them to forget the need to drink. Severe dehydration can lead to:

- Life-threatening heatstroke
- Urinary and kidney problems
- Seizures
- Hypovolemic shock (low blood volume shock)

How much fluid do you need each day? It varies. However, as a general rule, the National Academies of Sciences, Engineering and Medicine give the following suggestions:

- 15.5 cups (3.7 liters) of fluids for men
- 11.5 cups (2.7 liters) of fluids a day for women

Note that about of 20% of daily fluid intake typically comes from food. The risk of dehydration increases significantly as you age, so get in the hydration habit now.

7. Not quitting smoking.

Kicking the nicotine habit pays dividends at any age. Even if you are north of 50, you can still improve your health — and possibly save your life — by quitting now. In fact, the improvements can be lightning fast. According to the American Cancer Society:

- Your heart rate and blood pressure drop 20 minutes after quitting.
- The carbon monoxide level in your blood drops to normal 12 hours after quitting.
- Circulation improves and your lung function increases two weeks to three months after quitting.

More improvements pile up over the next nine months. The upshot is that by one year after quitting, your excess risk of coronary heart disease is half that of a current smoker. Heart attack risk also drops dramatically.

[Source: Military.com | Amy Bushatz | April 17, 2020 ++]

TRICARE Prescription Limits

Imposed on Some COVID-19 Treatment Drugs

The Defense Health Agency and its Tricare pharmacy benefits manager, Express Scripts, are limiting prescriptions for several medications used by hospitals to treat patients with the novel coronavirus. Pentagon officials said last week they have limited prescriptions containing albuterol and levalbuterol, also known by the brand names ProAir, Proventil, Ventolin and Xopenex, to one inhaler every 30 days to prevent shortages of these medications, which also are used to help COVID-19 patients breathe. The drugs are widely prescribed to asthma sufferers for emergency respiratory use, as well as daily asthma control. The DHA's announcement coincided with Express Scripts placing limitations on hydroxychloroquine, also known as Plaquenil, a medicine commonly used to treat autoimmune disorders such as lupus and rheumatoid arthritis that President Donald Trump promoted as a promising treatment for COVID-19.

DHA officials said the restrictions are in line with guidance from health systems, the American Medical Association and other health organizations to ensure that these drugs remain available for all patients who need them. "Our goal is to provide you with the prescription drugs that you need," Air Force Col. Markus Gmehlin, DHA chief of pharmacy operations, said in a release. "We must be good stewards of health care resources during this national emergency."

- Under the restrictions on *albuterol* and *levalbuterol*, if a patient has available refills, they can get one starting on or after the 22nd day after filling their prescription. If a physician deems it medically necessary to have more than one inhaler, a pharmacist can provide it, according to Tricare.
- Mail-order quantities for new prescriptions for *hydroxychloroquine* are also limited to 30 days, although Express Scripts told the Military Officers Association of America that it is not experiencing shortages of the drug.

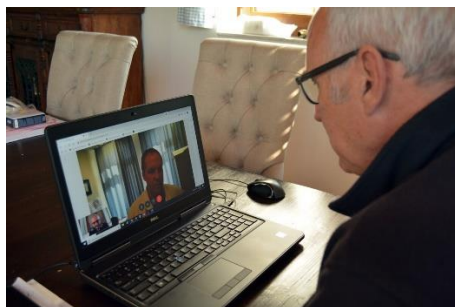
In March, Trump expressed support for hydroxychloroquine as a COVID-19 treatment after the results of a small non-clinical study in France showed it lowered the viral counts in coronavirus patients. The president continued to promote it for several weeks as the pandemic spread across the U.S. But last month, physicians began raising concerns about the use of the medication, which can cause an irregular heartbeat and death. An analysis of Department of Veterans Affairs patients last month showed that more veterans with COVID-19 died while taking hydroxychloroquine or a combination of hydroxychloroquine and azithromycin than those who received routine care. The study has yet to be peer reviewed or published, although the researchers said they had adjusted for the patients' concurrent medical conditions, other medications and additional circumstances.

The Food and Drug Administration, which granted an emergency authorization 28 MAR for physicians in hospitals to use hydroxychloroquine and chloroquine to treat patients with COVID-19, issued a warning last week about the risks of serious heart rhythm problems in patients receiving the medications in hospitals and as prescriptions. "Hydroxychloroquine and chloroquine have not been shown to be safe and effective for treating or preventing COVID-19. They are being studied in clinical trials for COVID-19," FDA officials said.

According to the DHA, co-payments for these medications will remain the same at retail network pharmacies and through Tricare Pharmacy Home Delivery; however, a prescription obtained through mail order will cover 30 days instead of the 90 days usually distributed through mail order, so co-payments actually will triple in cost across three months. Tricare officials said they will remove the limits as supplies become more plentiful. "We're monitoring the availability of these medications on a daily basis," Gmehlin said. "All manufacturers of these products are increasing production levels to meet this increased demand. There are no current long-term shortages projected." [Source: Military.com | Patricia Kime | May 4, 2020 ++]

TRICARE Telehealth Coverage

Effective Now Through the Pandemic



A public affairs specialist demonstrates a virtual health at-home visit

Tricare now covers telehealth visits by telephone, and has eliminated the patient co-pays and cost shares for telehealth options during the COVID-19 pandemic, a Tricare official announced during a virtual town hall meeting 12 MAY. The changes are effective today, through the pandemic, said Navy Capt. Edward Simmer, chief clinical officer of the Tricare Health Plan. Officials have also temporarily relaxed licensure requirements across state lines for health care providers, which will give military families access to more providers. This is in line with many states that have relaxed licensure requirements to allow providers to practice across state lines, Simmer said. Previously, providers had to have a license to practice in their own state, as well as in the state where the patient was located. This will especially help families in more rural areas with limited numbers of health care providers.

These changes will save money for patients and encourage them to use telehealth during this pandemic, but also allows them “to have access to health care without having to expose themselves unnecessarily” to the coronavirus, Simmer said, during the meeting convened by the COVID-19 Military Support Initiative, which provides resources and support to military families and communities affected by the health crisis. The initiative is a partnership of Blue Star Families, the Association of Defense Communities, and the White Oak Collaborative. The addition of audio telehealth for Tricare patients is in line with recently expanded Medicare coverage to include telephone-based telehealth. For several years, Tricare has covered the use of secure video conferencing to provide medically necessary services, allowing patients to connect with a provider using a computer or smartphone. Tricare has also expanded the medical services that are eligible for telehealth. But Tricare didn’t cover these telephone-based telehealth services.

Not every family or every health care provider has access to these secure video links, Simmer said. Adding the audio telehealth option “helps make sure families get care when and where they need it,” he said. Tricare officials have seen a spike in patients’ use of telehealth during the pandemic; in the past month, they’ve seen the highest number of telehealth visits in Tricare history, he said. While these changes are being made during the coronavirus pandemic, officials will evaluate whether they should be permanent, Simmer said. They’ll look at the impact on access to care and health care outcomes for military families. In addition to providing more access to health care for military families, the licensure and audio telehealth options could also help the financial viability of civilian health care providers, in the wake of financial strains currently being felt by many of these providers.

For now, Simmer said, the Tricare network of civilian providers is “still very robust. [The Tricare contractors] are still able to maintain our access-to-care standards. We’re watching that very closely. We’re working very closely with the provider community and managed care support contractors to ensure we continue to have a robust network,” he said. The change to allow Tricare coverage of audio telehealth follows a letter last week to the Defense Health Agency from Sens. Jeanne Shaheen (D-NH) and Martha McSally (R-AZ) who cited recommendations by the Centers for Disease Control and Prevention encouraging health care providers to increase the use of telephone, video,

conference or other telemedicine services, rather than in-person visits. [Source: MilitaryTimes | Karen Jowers | May 13, 2020 ++]

TRICARE Mammograms

3D Breast Cancer Screenings Available 29 MAY

The Defense Department will add 3D breast cancer screenings to its Tricare coverage after female veterans in Congress pushed the Pentagon to make it available to active-duty service members, retirees and their families. The permanent change will take effect May 29, according to a Pentagon policy memorandum issued last month. Tricare users over age 30 will be eligible for digital breast tomosynthesis, a 3D mammogram said to better detect breast cancer. “This is a major victory for our female service members and veterans covered under Tricare,” Sen. Martha McSally (RAZ) said 12 MAY in a statement. “Women in our Armed Forces now have access to the best preventative breast cancer screenings. I’m glad the Defense Department heard our repeated calls for change and implemented this commonsense policy.”

The Pentagon first made 3D mammogram available under Tricare starting Jan. 1, 2020, but only on a temporary basis. Tricare offered DBT in some instances for diagnosing patients but not for routine screenings. Thomas McCaffery, assistant secretary of defense for health affairs, said in December he could not approve the addition of DBT for screenings permanently because the United States Preventative Services Task Force doesn’t recommend the technology. It wasn’t immediately clear Tuesday what caused the Pentagon to make the change permanent starting May 29.

Digital breast tomosynthesis builds a three-dimensional image of a breast to better detect and diagnose cancer, especially for women with dense tissue. The technology is available to women who use Medicare or the Department of Veterans Affairs for their health care. Tricare, though, covered only mammograms with two-dimensional images, which McSally and other lawmakers contended was a suboptimal standard of care. Breast cancer is the most common type of cancer for women, with one in eight women developing it in their lifetimes, according to the American Cancer Society. DBT has been found to help radiologists detect breast cancer and to reduce the need for biopsies. [Source: Stars & Stripes | Nikki Wentling | May 12, 2020 ++]

Health Care Jobs

1.4 Million Lost in April

Healthcare lost 1.4 million jobs in April amid the COVID-19 pandemic, primarily in ambulatory healthcare services, according to the latest jobs report from the U.S. Bureau of Labor Statistics. The April count compares to 43,000 healthcare jobs lost in March. Within ambulatory healthcare services, April job losses included offices of dentists (503,300), offices of physicians (243,300), and offices of other healthcare practitioners (205,100). Hospitals lost 134,900 jobs last month, compared to the 200 positions they added to the U.S. economy in March.

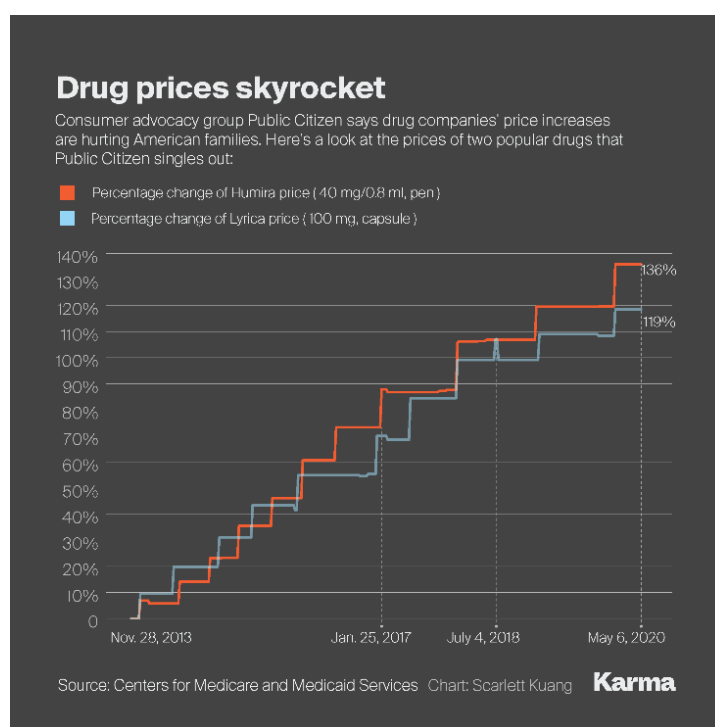
The April jobs report marks the second consecutive month that healthcare employment did not grow. In the 12 months prior to March — the month the World Health Organization declared the COVID-19 spread a pandemic — industry employment had grown by 374,000, according to the bureau. Bloomberg reported the number of healthcare workers has doubled to 16 million in the last three decades, and until March, the industry has lost jobs in only four months during that period. Overall, the U.S. lost 20.5 million jobs in April, and the unemployment rate reached 14.7 percent, the highest since the Great Depression, according to the bureau. The unemployment rate does not reflect

Americans still working who have had their hours or pay reduced, The New York Times noted. [Source: Beckers Hospital Review | Kelly Gooch | May 8, 2020 ++]

Prescription Drug Costs

Update 53: Pharmaceutical Sector Has Annually Raised Drug Prices

Public Citizen, a consumer advocacy group, urged pharmaceutical companies to freeze drug prices during the COVID-19 pandemic and says the U.S. government should step in to regulate the industry's product price-hikes. The Washington, D.C.-based non-profit says the U.S. pharmaceutical industry has been able to increase prices for existing drugs on a yearly basis, which causes hardships for Americans taking medication such as the rheumatoid arthritis drug Humira by AbbVie Inc. and Pfizer Inc.'s epilepsy treatment drug Lyrica. AbbVie and Pfizer did not respond to a request for comment. The cost of drugs is estimated to go up by an average of 5.2% this year, AARP reported.



The authorities need to step in, says Zain Rizvi, a law and policy researcher at Public Citizen. “The pharmaceutical industry is able to jack up prices on drugs that are already on the market year after year and it hurts consumers,” Rizvi told Karma. “The U.S. government has [to] step in and be willing to address the monopoly power of pharmaceutical corporations.” There are several pieces of legislation that would limit drug price increases and those should be adopted, say consumer advocates. The House of Representatives passed the Elijah E. Cummings Lower Drug Costs Now Act, in late 2019, but the measure has yet to clear the Senate. A spokesperson for Sen. Benjamin Cardin of Maryland said the bill “is stalled in the Senate thanks to Majority Leader Mitch McConnell.”

Meanwhile, Public Citizen sent about 20 letters to large pharmaceutical companies including GlaxoSmithKline PLC., in April, asking them to not raise drug prices during the COVID-19 outbreak and an economic slump that has led to the U.S. unemployment rate reaching almost 13% in mid-April and more than 16 million Americans filing claims for being out of work, according to the Department of Labor. The next jobs report is due on Friday. Public Citizen had not received responses from pharmaceutical companies as of 5 MAY.

Nonetheless, investors are voicing concerns about increasing drug prices. Impact investors have long encouraged companies to consider all stakeholders, including their customers who have to pay the rising prices, as well as their shareholders. Most recently, Tim Dewane, a representative for the School Sisters of Notre Dame Central Pacific Province, which is part of the umbrella organization the Interfaith Center on Corporate Responsibility, asked Eli Lilly & Co., if the company will refrain from increasing drug prices during the pandemic. Curbing rising drug prices has been a hot topic for voters and the Trump administration rolled out [a program](#) to tackle the matter in 2018. But Rizvi says the White House’s effort has fallen short of its stated goals. “The Trump administration has really failed to deliver on lowering prescription drug prices,” he said. [Source: Prescription Justice | Neanda Salvaterra | May 6, 2020 ++]

Prescription Drug Costs

Update 54: Congressional Drug Pricing Efforts on Post-Crisis Agenda

The global coronavirus outbreak has upended major agenda items on Congress’ priority list for health-care issues. But the crisis may also offer lawmakers a new perspective as they aim to tackle drug pricing, surprise medical billing, and drug supply chains when the nation recovers. Bloomberg Government’s Spring 2020 Hill Watch offers comprehensive coverage of all the issues and legislation on lawmakers’ agenda in the next several months. Read the report [here](#). Senators, as they return to Capitol Hill today, will be focused on negotiations on a fourth major stimulus package that may include more relief for hospitals and state and local government responses to the fight the virus, and health-focused members are seeking to use the measure to include health-care priorities that were sidelined by the pandemic.

In an effort to rein in surprise medical bills Senate Health, Education, Labor, and Pensions Chairman Lamar Alexander (R-TN) and House Energy and Commerce Chairman Frank Pallone (D-NJ) have been promoting bills to prohibit balance billing, in which a health-care provider might bill a patient for charges that their insurer won’t cover, and require doctors in some instances to accept a rate similar to what insurers pay other providers for the same service. Alexander and House Energy and Commerce ranking member Greg Walden (R-OR) have also been pushing to include surprise medical billing measures in one of the coronavirus relief bills, but have so far been unsuccessful. Alex Ruoff has [more on that](#) effort.

Prior to the crisis, House Democrats rallied around a bill ([H.R. 3](#)), endorsed by House Speaker Nancy Pelosi (D-CA) to empower the U.S. government to demand lower prices from drugmakers for many medicines. Likewise, House Democrats since the pandemic have been pushing for price controls on drugs and any vaccines developed for Covid-19. That bill faces competition from a bipartisan Senate package ([S. 2543](#)) by Senate Finance Chairman Chuck Grassley (R-IA) and top Democrat Ron Wyden (OR)—tepidly endorsed by the White House—to require drugmakers to offer customers Medicare inflation rebates while capping out-of-pocket drug costs for Medicare beneficiaries. Grassley has been pressing fellow Republicans to back the legislation to convince Majority Leader Mitch McConnell (R-KY) to allow a vote.

Grassley has sought to use “must-pass” extensions for health programs that were set to expire this month to push through his drug pricing legislation, but Congress included those extensions in a coronavirus stimulus package signed into law in March. Those programs, including Temporary Assistance for Needy Families, now expire 30 NOV. Danielle Parnass delves into the funding figures for the health programs. Meanwhile, the spread of the coronavirus has reignited the push in Congress to expand domestic manufacturing of drugs, and renewed concerns the U.S. relies too much on foreign medicine makers. The need for medications can be urgent during a pandemic and lawmakers on both sides of the aisle have raised alarms about possible shortages.

Rep. Anna Eshoo (D-CA), the chairwoman of the House Energy and Commerce Health Subcommittee, has been pushing for a bill to boost domestic manufacturing of pharmaceutical products. Reps. Eshoo and Susan Brooks (R-IN) unveiled a measure that would require the National Academies of Sciences, Engineering, and Medicine to “convene a

committee of experts to analyze the impact of U.S. dependence” on foreign medicines and to make recommendations to Congress. They cited Covid-19 as a critical example for the need to reassess the nation’s drug supply chain. Reps. John Garamendi (D-CA) and Vicky Hartzler (R-MO) want to use the fiscal 2021 defense authorization bill to strengthen U.S.-based pharmaceutical manufacturing and advance “make it in America” policies that favor domestic drug-production plants. Garamendi introduced a bill ([H.R. 4710](#)) that would direct the secretary of defense to include drug supply chains in the Pentagon’s national security strategy. [Source: Bloomberg Government | May 4, 2020 | Brandon Lee | May 4, 2020 ++]

HIV/AIDS

Update 06: Medicare Patient Drug Price Impact

While Medicare shoulders a large share of the cost of drugs for Americans aged 65 or older as well as those who have disabilities, the enormous expense of HIV drugs—including antiretroviral therapy (ART) and preexposure prophylaxis (PrEP)—means that Medicare recipients living with HIV may still have a tough time affording these medications.

A team of investigators from the University of Hawaii in Honolulu, Massachusetts General Hospital in Boston, and other institutions published an analysis in JAMA Network Open of formulary and pricing files for 3326 individual first-quarter 2019 Medicare Part D plans from across the country. They found that the median annual retail cost of ART was \$35,780, with patients expected to pay out of pocket as much as \$4350. For PrEP, the median annual retail cost was \$20,570, with patients responsible for \$2990. Taxpayer-financed Medicare paid the greatest percentage of drug costs, anywhere from half to two thirds; if patients were eligible for low-income subsidies, Medicare might cover about 76% of ART expenses and 65% of PrEP expenses.

HIV drug prices rose 34% between 2012 and 2018 and continue to climb, which experts say is a huge issue. “These drugs are lifesaving and should be just as affordable as medications to treat blood pressure or prevent heart disease,” study co-author Chien-Wen Tseng, MD, MS, MPH, a professor in the Department of Family Medicine and Community Health at John A. Burns School of Medicine, University of Hawaii, told Contagion®. “The problem is that these drugs have extraordinarily high prices—\$20,000 to \$40,000 per year—and patients pay a percentage of the drug price instead of a fixed-dollar copayment. So people get hit with a \$500 copayment instead of \$25 to fill a prescription.” The stratospheric price tag of HIV drugs means people simply may not fill their prescriptions if they don’t have money left after paying for essentials such as food and housing, Tseng said. “It’s safe to say that if taxpayers were not subsidizing most of the cost of high-priced ART and PrEP, many people couldn’t afford life-saving treatment.”

According to co-author Rochelle Walensky, MD, MPH, an infectious disease physician at Massachusetts General Hospital and professor of medicine at Harvard Medical School, pharmaceutical companies need to find a way to lower HIV drug costs. “The key issue is very high drug prices that keep going up without a clear or substantial improvement in the quality of the drugs,” Walensky said. “Insurance plans should carry more of the cost, but this will likely lead plans to raise premiums. The real need is for lower drug prices or, at the very least, [to] prevent the inflation in drug prices year after year; these increases are simply for industry profit at the expense of the patients and the public.”

Similar ART and PrEP regimens in countries that have generic options and negotiated pricing cost less than \$100 per year, Walensky noted. Federal law prohibits Medicare from engaging in price negotiations. The problem is likely to get worse as more HIV patients age into Medicare. Right now 25% of HIV patients are covered by Medicare, a number that is expected to rise as ART allows people with HIV to live normal or near-normal lifespans. According to Tseng, almost half of people currently living with HIV are 50 or older. Unless laws are changed to give Medicare the ability to deal directly with manufacturers and to encourage competition among multiple players, excessive costs are likely to hamper our quest to end HIV in the U.S. [Source: ContagionLive | Laurie Saloman | MAY 08, 2020 ++]

Appliances

Update 04: Respiratory & Cardiovascular Disease Risk w/ Gas Powered



Gas-powered appliances such as stoves, ovens and water heaters in your home can increase your risk of developing respiratory and cardiovascular diseases and may even lead to premature death, according to a new study. Researchers at the UCLA Fielding School of Public Health found that after just 60 minutes of using a gas-powered stove and oven at the same time in a home, levels of nitrogen dioxide exceeded both national and California ambient air quality standards more than 90% of the time. Nitrogen dioxide is one of the gases that contributes to smog formation. The report — which was commissioned by the Sierra Club — says: *“Exposure to the pollutants produced from gas appliances can be detrimental to human health; thus, one significant benefit of replacing natural gas ... appliances with electric appliances would be the elimination of indoor air pollution that comes from burning gas indoors.”*

The report notes that gas-powered appliances emit several air pollutants, including:

- Carbon monoxide
- Nitrogen oxides (including nitrogen dioxide)
- Particulate matter
- Formaldehyde

The researchers also say concentrations of carbon monoxide and nitrogen dioxide resulting from gas cooking are highest for smaller homes, like apartments. In addition, insufficient ventilation can exacerbate indoor air pollutant concentrations. Less than 35% of California residents use range hoods to improve ventilation when cooking, the researchers say. To combat the problem, the researchers suggest dumping gas-powered appliances for all-electric alternatives. According to the researchers, there would be 354 fewer deaths and 304 fewer cases of chronic bronchitis each year in California alone if all residential gas appliances were replaced with clean electric versions. [Source: MoneyTalksNews | Chris Kissell | May 14, 2020 ++]

Coronavirus

Update 32: CAMIC Use could Reduce PPE Shortages



A team of Army doctors may have found the answer to the personal protective equipment (PPE) shortages impacting health care workers who are on the front lines of the fight against the novel coronavirus (COVID-19). A new device, called the COVID-19 Airway Management Isolation Chamber (CAMIC), is the brain-child of military doctors and researchers at the Walter Reed National Military Medical Center in Maryland, the Madigan Army Medical Center in Washington State, and the Fort Belvoir Army Community Hospital in Virginia, among other institutions. Maj(P). Douglas Ruhl, the ENT clinic chief at Madigan and a head and neck surgeon with the 47th Combat Support Hospital, told Task & Purpose on 28 APR that the group was looking to create "a cheap, effective, safe product" that would help contain the virus and keep both the patient and those helping them, safe.

The device is essentially a frame made from material like PVC piping, complete with a clear plastic covering, that is placed over a patient's head to isolate the particles they could spread from coughing or sneezing. The chamber cycles out air through holes in the piping — pushing in fresh oxygen on one side, and vacuuming out viral particles through the other side. It can be attached to the bed if the patient is laying down, or sitting up, Ruhl said; it can even be mobile and attached to their shoulders, as long as they have an oxygen air delivery system and a suction attached. The CAMIC could help protect nurses and doctors working on COVID-19 patients who are at risk of being infected themselves, partly because of PPE shortages, by providing an additional barrier and reducing their exposure to harmful particles.

"The bottom line is, it's one, a barrier — the bag itself separates the provider from the patient," he explained. "And then two, it's an evacuation chamber so that when air and suction are turned on, it quickly removes the particles and cleans the air, so as they exhale, as they cough, as they sneeze, as they receive airway treatments or respiratory treatments, they're ... now decreasing the chance of spreading [particles] into the room and exposing others."

It all started when Maj(P). Steven Hong, the chief of head and neck surgery at Walter Reed National Military Medical Center, called "with an idea for a frame and a barrier," Ruhl said. And it's been a blur of innovation ever since. Ruhl and Maj. Paul Wistermayer, a senior resident at Madigan, have been testing different variations of the CAMIC since mid-March — tweaking things here and there, constantly communicating with the rest of the team about best practices, and testing the device over and over and over again. And it's not just for COVID-19, though that is of course the immediate need; the device could be used in the future to protect against any number of viruses, in any kind of "austere setting." The hope, Ruhl said, is to be able to use the CAMIC to create a negative-pressure environment around a patient's head in a place where there are no negative-pressure isolation rooms.

So could something like this be used somewhere like, say, an aircraft carrier jam packed with around 4,000 sailors on board? "That could be a potential use, definitely," he said. Wistermayer told Task & Purpose that a crucial part of their testing was finding that even with a hole in the bag covering — like during a procedure, during which the doctor would have to have access to the patient — the negative-pressure environment inside the bag "actually pulls air in from the outside and traps particles inside, preventing escape of any particles inside." Though the CAMIC hasn't been approved by the Food & Drug Administration yet, Ruhl said the administration was involved early in the process of creating the device, and the team is hopeful they'll receive emergency use authorization soon.

The team includes Ruhl, Wistermayer, and Hong, along with Capt. Timothy Blood, Jr., chief resident at Walter Reed; Capt. Jonathan Perkins, senior resident at Walter Reed; Maj. Charles Riley, chief of ENT at Fort Belvoir; Nathan Fisher from the Army's Telemedicine & Advanced Technology Research Center; and Joseph Krivda, a medical student at the Uniformed Services University of the Health Sciences. "We've accomplished months' and months' worth of work in a very short amount of time," Ruhl said. "And that's definitely due to ... people recognizing the problem, recognizing this as a viable solution, and everyone at multiple organizations working together to help facilitate and see this through." "I've been very impressed with it." [Source: Task & Purpose | Haley Britzky | April 29, 2020 ++]

Coronavirus

Update 33: Face Shields May Provide Better Option



Hundreds of millions of Americans heeded recent government advice and rushed to wear cloth face masks, hoping they might prevent transmission of the new coronavirus. But there's another option: The clear plastic face shield, already in use by many health care personnel. Now, a team of experts say face shields might replace masks as a more comfortable and more effective deterrent to COVID-19. "Face shields, which can be quickly and affordably produced and distributed, should be included as part of strategies to safely and significantly reduce transmission in the community setting," said a trio of physicians from the University of Iowa.

Reporting in the 29 APR Journal of the American Medical Association, experts led by Dr. Eli Perencevich, of the university's department of internal medicine, and the Iowa City VA Health Care System, said the face shield's moment may have come. While the U.S. Centers for Disease Control and Prevention began advocating the use of cloth masks to help stop COVID-19 transmission in April, laboratory testing "suggests that cloth masks provide [only] some filtration of virus-sized aerosol particles." According to Perencevich's group, "face shields may provide a better option." To be most effective in stopping viral spread, a face shield should extend to below the chin. It should also cover the ears and "there should be no exposed gap between the forehead and the shield's headpiece," the Iowa team members said. Shields have a number of advantages over masks, they added.

- First of all, they are endlessly reusable, simply requiring cleaning with soap and water or common disinfectants.
- Shields are usually more comfortable to wear than masks, and they form a barrier that keeps people from easily touching their own faces.
- When speaking, people sometimes pull down a mask to make things easier -- but that isn't necessary with a face shield.
- And "the use of a face shield is also a reminder to maintain social distancing, but allows visibility of facial expressions and lip movements for speech perception," the authors pointed out.

And what about the ability of a face shield to prevent coronavirus transmission? According to the Iowa team, large-scale studies haven't yet been conducted. But "in a simulation study, face shields were shown to reduce immediate viral exposure by 96% when worn by a simulated health care worker within 18 inches of a cough." "When the study was repeated at the currently recommended physical distancing distance of 6 feet, face shields reduced inhaled virus by 92%," the authors said. No studies have yet been conducted to see how well face shields help keep exhaled or coughed virus from spreading outwards from an infected wearer, Perencevich and his colleagues said, and they hope that studies on that issue will be conducted. And they stressed that face shields should only be one part of any infection control effort, along with social distancing and hand-washing. There will never be any intervention -- even a vaccine -- that can guarantee 100% effectiveness against the coronavirus, the authors said, so face shields shouldn't be held to that standard.

Dr. Robert Glatter is on the front lines of the COVID-19 pandemic in his role as emergency physician at Lenox Hill Hospital in New York City. Reading over the new report, he agreed that "common sense" measures are crucial in curbing infections. "One approach that makes the most sense, especially in light of the limitations of face masks and

face coverings, is the use of face shields," Glatter said. "While we don't have hard trials or data on the efficacy of face shields at this time, early data from their use in patients with influenza [which is droplet-spread] is promising," he noted. "What's clear is that their success in hospital settings provides the basis for their utility in the community setting as we relax physical distancing going forward." The U.S. Centers for Disease Control and Prevention has more on the [new coronavirus](#). [Source: U.S. News & World Report | E.J. Mundell | April 30, 2020 ++]

Coronavirus

Update 34: Symptoms & Steps to Help Ensure Full Recovery

Sore throat, aching muscles, stuffy nose – are you feeling sick because of seasonal allergies, a cold, or could your symptoms be a sign of COVID-19? Many people may be concerned about catching this new respiratory virus that leads to COVID-19 disease, and that's understandable. Since the first reports in late December, about 3 million people around the world have tested positive. That number includes approximately 981,000 confirmed cases in the United States as of 28 APR, according to the Centers for Disease Control and Prevention. The good news: Most people who become infected will recover, according to the CDC, and without needing special medical treatment. So there's no need to panic if you get sick. What's important is knowing what to do next to help ensure a full recovery and avoid infecting someone else.

The main symptoms of COVID-19 are fever at or above 100.4 degrees Fahrenheit, cough, and shortness of breath. The CDC says these symptoms can occur anywhere from two days to two weeks after becoming infected. Other symptoms may include muscle pain, headache, chills, sore throat, and a new loss of taste or smell. Emergency warning signs that require immediate medical attention include trouble breathing, chest pain or pressure, and bluish lips or face. The CDC advises anyone experiencing these symptoms to call 911. If possible, put on a face covering before medical help arrives. Some people may become seriously ill from COVID-19 and have difficulty breathing. The virus may be especially dangerous for people who have chronic or long-term health conditions that affect the immune system. Those conditions include heart or lung disease, diabetes, treatment for cancer, and HIV/AIDS.

For cases that are not emergencies, experts advise people to stay home. Don't go to a military treatment facility or urgent care clinic because that may expose others to the virus. Instead, contact the [MHS Nurse Advice Line](#). Registered nurses will screen for COVID-19 exposure or infection. They also will offer advice for self-care and, if appropriate, coordinate virtual appointments with health care providers. Nurses also may make a referral to visit a health care provider in person. "Virtual care has become valuable for health care providers and patients during the coronavirus pandemic," said U.S. Public Health Service Lt. Bobby Taylor, program manager for the MHS Nurse Advice Line. "This resource allows you to practice social distancing and still get the answers to your health questions and concerns."

The CDC offers [advice](#) for managing COVID-19 symptoms at home. It includes resting, staying hydrated, and monitoring symptoms to make sure they don't get worse. Sick people also should isolate themselves from others, including family members. That may require staying in separate rooms of the house and using a separate bathroom, if possible. Health care providers can offer guidance for when sick people can stop isolating. Typical guidelines include at least seven days since symptoms first appeared, improvement of symptoms, and at least three days with no fever while staying off fever-reducing medications. TRICARE beneficiaries can [sign up](#) for email updates and get the latest information on COVID-19, including emergency and urgent care options and pharmacy home deliveries.

Health care providers and military families at MTFs receive CDC-based guidance on COVID-19 through the Defense Health Agency, said Army Col. (Dr.) Jennifer Kishimori, director of chemical, biological, radiological, and nuclear medical countermeasures policy in the Office of the Assistant Secretary of Defense for Health Affairs. "We are working to communicate current CDC guidance for public health, hospital preparedness, patient evaluation, infection control, laboratory testing, and health risk communication, in coordination with the Joint Staff," she said.

This guidance ensures any patient with a risk of infection receives the proper care and testing, and that public health authorities are notified of all cases. [Source: Health.mil | MHS Communications Office | April 30, 2020 ++]

Coronavirus

Update 35: Army Answers Pet Owner FAQs

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. Also:

- 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.
- 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. 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>. The Army Public Health Center focuses on promoting healthy people, communities, animals and workplaces through the prevention of disease, injury and disability of Soldiers, military retirees, their families, veterans, Army civilian employees, and animals through population-based monitoring, investigations, and technical consultations. [Source: Health.mil | Douglas Holl | April 30, 2020 ++]

Coronavirus

Update 36: Financial Impact on Health Insurance Companies

UnitedHealth Group is providing members more than \$1.5 billion in discounts, including premium rebates, the healthcare company said 7 MAY. UnitedHealth said it is able to provide the discounts because claims related to routine or planned care have fallen due to the COVID-19 pandemic. The decline has left more premium revenue on the table than is needed to pay for medical care. UnitedHealthcare's insured individual and employer customers will receive between 5 percent and 20 percent credits applied to their premium billings in June. In addition, Medicare Advantage

customers won't have to cover cost-sharing when they access specialists and primary care physicians in an effort to remove financial barriers to care. Humana announced similar measures for its Medicare Advantage members.

Four other health care companies, who have not announced any discounts, reported their financial impact as:

- *Cigna* posted total revenues of \$38.5 billion in the first quarter of 2020, up from \$37.9 billion in the same quarter a year prior. Cigna ended the quarter with net income of \$1.2 billion, down from \$1.4 billion in the same quarter a year prior.
- *Anthem* reported first-quarter revenues of \$29.6 billion, up from \$24.7 billion in the same period a year before. Anthem ended the quarter with \$1.5 billion in profits, down slightly from \$1.6 billion a year prior.
- *Centene* saw first-quarter revenue grow year over year to \$26 billion, up from \$18.4 billion. The insurer saw its net income drop from \$522 million in the first quarter of 2019 to \$46 million this quarter.
- *Humana* saw its revenues grow in the first quarter of 2020 to \$18.9 billion, up from \$16.1 billion a year prior. The insurer ended the first quarter with lower revenue than the prior year at \$473 million, down from \$566 million.

[Source: Becker's Hospital Review | Morgan Haefner | May 7, 2020 ++]

Coronavirus

Update 37: Air Force Patient Transport Solution



The Air Force is making headway on a new method to transport COVID-19 patients aboard military cargo aircraft, thanks to a transport module called the Negatively Pressurized Conex, or NPC. According to the Air Force, the NPC proof of concept prototype showed it can prevent the virus from spreading to aircrew members or contaminating the aircraft, is accessible for aeromedical teams, and is safe to fly in military cargo aircraft like the C-17. “The goal of the NPC is to help us keep infectious organisms contained, in order to prevent the aircrew, and medical professionals onboard the aircraft from being exposed,” Capt. Alexis Todaro, NPC program manager, said in an Air Force news release. “The container is negatively pressurized; fans are continuously pulling the air from within the unit through high-efficiency particulate filters to prevent any exposure to the aircraft.”

Air Force Materiel Command and Air Mobility Command leaders first convened last month to carry a high volume of patients with COVID-19 safely in response to a Joint Urgent Operational Need, and solicited assistance from those in academia, contract partners, and DoD units to make the plan come together. Less than 10 days after the NPC prototype was first delivered to Joint Base Charleston for testing, the NPC exhibited it was capable of upholding safety standards during an in-flight demonstration on 30 APR. The Air Force has already moved COVID-19 patients using a modified technique first developed during the Ebola epidemic in 2014 called the Transport Isolation System. The process involved a tent-like, infectious disease containment enclosure and the Air Mobility Command used it to evacuate three U.S. government contractors who had tested positive for COVID-19 out of Afghanistan last month. But NPC allows the service to transport a greater number of COVID-19 patients, according to Air Mobility Command spokesperson 2nd Lt. Emma Quick.

“When the Coronavirus pandemic kicked off, the TIS was the only capability we had ‘in stock’ to transport COVID-positive patients, and that capacity was limited to moving a handful of patients at a time,” Quick told Air Force Times. “With the understanding we’ll likely be dealing with COVID for some time with frequent requests to move larger number of patients than what the TIS can handle, AMC and AFMC collaborated with nearly a dozen other organizations from academia to private industry to DoD to develop the NPC, and in less than 30 days, it went from an idea on a napkin to a proven concept,” Quirk said. Following the successful in-flight demonstration last month, the Air Mobility Command has now authorized moving ahead with full production and rapid procurement of the NPC and has the potential to purchase as many as 30 full-size NPCs for C-17 and C-5 aircraft, along with as many as 30 NPC-lite units for C-130 Hercules aircraft, Quirk said.

Additionally, the Air Mobility Command is now moving forward to make adjustments to guarantee the models hit certification requirements. The NPC is designed for inter-theater travel and can carry a maximum of 28 passengers, 24 ambulatory patients and up to 8 litters, while the NPC-lite will offer slightly less capacity for intra-theater movement, according to Quirk. An individual NPC module is expected to cost less than \$800,000. [Source: AirForceTimes | Diana Stancy Correll | May 8, 2020 ++]

* Finances *



Retirement Savings

How Much They Have Dropped Since COVID-19

Are you wondering how the changes in your retirement account balances lately stack up next to other savers’ results? Fidelity Investments’ latest quarterly analysis of trends in its customers’ retirement accounts can give you an idea. It includes account balances as of March 31 for millions of 401(k) plans, individual retirement accounts (IRAs) and other types of retirement accounts administered by Fidelity. That means these balances also reflect the initial financial ravages of the coronavirus pandemic — including a precipitous drop from which stock market benchmarks like the S&P 500 and Nasdaq composite have yet to recover fully.

- **Corporate 401(k)s: Down 19%.** Fidelity 401(k) accounts sponsored by corporate employers had an average balance of \$91,400 at the end of March. That’s a 19% drop from the all-time high of \$112,300 reached in 2019’s fourth quarter. Ten years ago, at the end of the first quarter in 2010, these accounts had an average balance of \$71,500.
- **IRAs: Down 14%.** Fidelity’s \$98,900 average IRA balance for the first quarter of this year is down 14% from the prior quarter’s average of \$115,400. Ten years before, the IRAs held an average of \$66,200.
- **403(b) and similar plans: Down 19%.** Generally, 403(b) plans are sponsored by public-school and nonprofit employers. Fidelity also groups similar retirement accounts — such as 457(b) plans, which are sponsored by state and local governments — in this category. At the end of the first quarter of this year, these plans had an average balance of \$75,700, representing a loss of 19% from the previous quarter’s average balance of \$93,100. The average balance for these accounts was \$50,000 one decade ago.

Other trends

These losses “were less than the overall market decline,” says Kevin Barry, president of Workplace Investing at Fidelity Investments, in the report. The report offered a handful of other observations from Fidelity’s data:

- Investors did not make significant changes to their asset allocations despite recent market turbulence. For example, only 7.3% of 401(k) account holders changed their allocations in those accounts in the first quarter of 2020, compared with 5.2% in the last quarter of 2019.
- Contributions continued. Most savers did not pull back on contributing money to their retirement accounts, and 15% of 401(k) account holders increased their contribution rate in the first quarter of 2020. The average employer contribution was 4.7%, up from 4.6% in the fourth quarter of 2019.
- Hardship withdrawals increased slightly. Only 1.4% of individuals took a hardship withdrawal from their 401(k)s in the first quarter of 2020, compared with 0.9% one year earlier.

Those hardship distributions from retirement accounts are temporarily less costly, by the law, under the Coronavirus Aid, Relief, and Economic Security Act, or CARES Act, a federal law enacted on March 27. The law allows people who were directly impacted by the coronavirus pandemic to withdraw up to \$100,000 from their retirement accounts in 2020 penalty-free. (This includes people diagnosed with the coronavirus infection and their spouses and dependents, as well as people who suffered financially due to being quarantined, furloughed or laid off in connection with the pandemic.) Fidelity Investments predicts more hardship withdrawals could follow the CARES Act.

Market losses are distressing, especially when you are near retirement. But you can thoughtfully manage the timing of your retirement. We explain more in “[7 Ways to Retire — Even When the Economy is Heading South](#).” The same’s true when claiming Social Security. Learn about getting a personalized report on the best times to claim Social Security benefits from Money Talks News partner [Social Security Choices](#). [Source: MoneyTalksNews | Marilyn Lewis | May 6, 2020 ++]

Social Security Q&A

200501 thru 200515

(Q) “My wife will be 62 next year. I am 62 presently. She has worked for about 15 years and became a stay-at-home mother. I have been working all my life and still do so presently. I am not drawing Social Security yet. If we both were qualified to, she would draw less than me. If she starts drawing at age 62, and I continue to work and not draw mine, but die before I begin collecting benefits, would she miss out on drawing mine instead of hers? I know that if we are both drawing, the surviving spouse gets the larger of the two checks. But what if one passes before drawing?”

(A) You have nothing to be concerned about here. Suppose you die before you claim your benefits. For calculating survivor’s benefits — also known as “widow’s benefits” — the Social Security Administration assumes you claimed benefits on the day that you died. As an example, assume that you die on your 69th birthday and that you had not claimed benefits. Your wife will receive a widow’s benefit equal to the amount you would have gotten had you applied on that day.

This provision discussed above provides an important incentive for the higher-benefit spouse to delay claiming benefits. The higher-benefit spouse of a traditional couple is typically the husband, who generally has a shorter life expectancy than the wife. Moreover, wives tend to be younger than husbands. So, the husband’s benefits may well outlive him for many years. Unfortunately, it has been my experience that a significant number of husbands fail to give little, if any, weight to survivor’s benefits when they make their claiming decision.

How surviving spouses get preferential treatment

There are several other ways that Social Security offers preferential treatment for surviving male or female spouses (and ex-spouses who were married at least 10 years). First, widows can claim benefits as early as age 60. In contrast, spousal benefits cannot be claimed until age 62. Of course, early claiming always carries a penalty with it.

Second, widows are permitted to switch between their own benefits and survivor's benefits when doing so is financially advantageous. For example, some widows claim survivor's benefits first, letting their own benefit grow, perhaps up to age 70. Alternatively, some widows claim their own benefit first and then switch to survivor's benefits at their full retirement age. In contrast to survivor's benefits, switching spousal and personal retirement benefits in this way is no longer available to spouses born in 1954 or later.

Another advantage available to widows is that they can remarry after turning 60 and not lose their survivor's benefits. Ex-spouses who are not widowed do not have this opportunity. If the new marriage makes them eligible for spousal benefits on the new spouse's record, then all spousal benefits coming from a previous marriage are lost. Clearly, these can be complicated issues. In general, people thinking about claiming Social Security benefits may well benefit from inexpensive professional help. [Source: MoneyTalksNews | Russell Settle | May 7, 2020 ++]

SSA COLA

Update 07: Buying Power Not Keeping Up Increases

Social Security recipients saw a 1.6% bump in their benefit payments this year on account of inflation. But it has done little to help counteract the erosion of Social Security benefits' purchasing power, according to an analysis by the Senior Citizens League. The organization's "2020 Loss of Buying Power Study" found that benefits have lost 30% of their buying power since 2000. That's an improvement of 3 percentage points from the prior annual study, which found that benefits had lost 33% of their buying power from 2000 to 2019.

Social Security cost-of-living adjustments (COLAs) are small increases to benefits that are based on a federal measure of inflation known as the Consumer Price Index for Urban Wage Earners and Clerical Workers. COLAs occur almost every year. Social Security benefits are losing buying power because retirees' expenses are increasing faster than Social Security COLAs, according to the Senior Citizens League. The organization reports: *"Between January of 2000 and January of 2020, Social Security COLAs increased Social Security benefits by 53 percent, but the costs of goods and services purchased by typical retirees rose almost twice as much — 99.3 percent."*

The study findings are based in part on an analysis of the cost of 40 goods and services that are typical purchases for people age 65 and older. Of those 40 expenses, 26 have increased at a greater rate than the COLA since 2000. Those that rose most sharply during that period are:

- Prescription drugs: The average annual out-of-pocket cost rose from \$1,102 to \$3,875.76 — an increase of 252%.
- Medicare Part B premiums: The average monthly premium rose from \$45.50 to \$144.60 — an increase of 218%.
- Homeowners insurance: The average annual cost rose from \$508 to \$1,389.90 — a 174% increase.

Folks who have already begun claiming their Social Security retirement benefits have only two main options for coping with a cost of living that is outpacing COLAs: either find a way to reduce spending or to increase income. Neither option is easy, especially for retirees, but both are possible, as are detailed in stories like ["15 Ways to Stretch Your Dollars in Retirement"](#) and ["20 Ways Retirees Can Bring in Extra Money in 2020."](#)

For folks who have yet to claim Social Security benefits, the Senior Citizens League's study underscores the importance of waiting as long as possible to apply for benefits or otherwise maximizing your benefits by taking time to determine the best claiming strategy for your situation before applying for benefits. As is explained in ["7 Social Security Blunders That Can Ruin Your Retirement"](#): "... once you claim benefits, you will be stuck with the same size payment for life. The amount of a person's monthly benefit typically will never increase except for inflation adjustments." [Source: MoneyTalksNews | Karla Bowsher | May 12, 2020 ++]

Coupons

7 Ways to Waste Your Money and Time



Clipping coupons is synonymous with saving money. Just mentioning frugal living brings to mind long hours hunched over the dining room table shredding the Sunday newspaper into a mound of money-saving coupons. But why? What's so great about coupons? It may sound blasphemous to some budgeters, but many gave up coupons years ago and still save a respectable amount on groceries, eating healthier, and their shopping is a breeze. Here are 7 reasons to hang up your scissors and quit clipping coupons:

1. **The cost/reward ratio is low**

In exchange for the modest savings it offers, traditional coupon clipping is a demanding taskmaster. By the time you buy a newspaper, clip the coupons you want, organize them, monitor the expiration dates and find stores that allow coupon stacking, it seems like you should just get the item for free.

2. **Coupons are manipulative**

It's no secret manufacturers and retailers want us to use coupons for one reason only: to expose us to products we wouldn't normally buy, encouraging habitual purchases. Once the savings go away, they expect that demand will stay and the price can gradually increase. For many former clippers, staying on budget means minimizing their wants and needs and shopping with greater intention. Most coupons are distractions that wrap new wants in a package of "savings." If you really want to check out coupon options, your time might be better spent accessing manufacturer coupons online.

3. **Coupons distract us from better deals**

Saving money shouldn't be an obstacle course. It's easier and more rewarding to simply stick to store brands, learn which generic products to buy, or wait for in-store sales. Store brands usually offer consistently better deals than coupons — without the hassle. Without the overhead of sexy ad campaigns, package designers and product innovators, generics are typically a much better value. Compare unit prices, instead. You just might never clip another coupon again.

4. **Coupons push pre-packaged and processed food**

When it comes to groceries, coupons often market convenience foods that are more expensive and less healthy. For example, coupons from your local paper this week include deals on pizza rolls, kids cereal, peanut butter, pancake mix and chocolate-covered cream puffs. Seriously, though, where are the coupons for fresh foods like broccoli or apples? If they exist, they are as rare as a coupon with no expiration date.

5. **Coupons encourage over-buying**

To take advantage of the savings, coupons often require the purchase of more than one item (“\$1 off any three,” for instance). This may be fine for products you know and love, but it’s risky otherwise. What if you don’t like the taste of the coffee, the flavor of the chips or the scent of the moisturizer? Instead of being out the cost of a single item, you’re out in multiples. Are you really saving if you have to buy more than you need, want or will use?

6. Coupons build brand loyalty

Part of the purpose of coupons is to establish a pattern of buying behavior and build brand loyalty. In matters of love, loyalty is a virtue. But when it comes to shopping, a little cheating can be a very good thing. Blindly sticking to one brand of yogurt, pasta sauce or toothpaste means you’re likely missing out on better deals or products you’ll like more. Brand loyalty may make shopping faster, but the benefits end there.

7. Coupons aren’t free

Don’t think those “free” coupons you get with your grocery receipt come without a cost. Most are generated as part of elaborate loyalty programs that track dozens of data points like what time of day you shop, how much you spend on average, which in-store services you use and whether you have kids. In addition to using it themselves, many stores sell your information at a steep profit. In exchange for those discounts, you’re handing over a big slice of your privacy.

[Source: MoneyTalksNews | Kentin Waits | January 2, 2020 ++]

Inheritance Tax

Update 01: Liability on Inherited Items You Sell

Q.) “I’m selling a house inherited from my mother. What kind of tax implications am I facing? I live in Texas where there is no state income tax.”

A.) When you inherit something, you don’t owe income tax. Gifts and inheritances aren’t considered taxable income. But if you sell something you inherited, you could owe tax on the gain. When you inherit things like real estate, odds are good it will be worth more than it was when the original owner bought it. In this case, for example, the questioner inherited a house from her mother. She is concerned that when she sells her inherited house, she’ll have a big gain and a big income tax bill to go with it. Thankfully, however, that’s not the case.

When you inherit real estate, its original purchase price, known as its “basis” for tax purposes, is increased to the value as of the date of death. This is known as a “stepped up” basis. Example: A mother buys a house in 1970 for \$100,000. When she passes away, the house is worth \$500,000. For tax purposes, the cost, or basis, of the house is now “stepped up” to \$500,000. If it is sold at that price, there is no taxable gain to report. If it is sold for less than that price, there may even be a taxable loss to report. This rule is also true when you inherit things like stocks (except if they are in vehicles such as a 401(k) or IRA) or other things that have a cost basis. Stepped up basis is why it’s typically better to inherit something than to get it as a gift.

Receiving a gift

When you’re gifted an asset, the good news is that, as when you inherit, there’s no income tax due. The bad news, however, is that you don’t get to step up the basis as you do with inheritances. When someone gives you something, your tax basis is the same as theirs. So if the mother had gifted the house rather than leaving it to the daughter, the daughter’s tax basis would have been \$100,000, the same as her mom’s. If she immediately sells the house for \$500,000, her \$400,000 profit would be taxed like all of her other income. That means she could pay up to 37% of her gain in taxes. On a \$400,000 gain, that’s \$148,000.

What could the daughter do in this case? Well, if she keeps her gift house for more than a year, she’d qualify for long-term capital gains treatment, meaning the profit would be taxed at a lower rate. If she kept the house for more than a year, the most she’d pay is 20%, or \$80,000. So, keeping the house for a year would save her \$68,000. There is one

last thing the daughter could do to lower her taxes, and you might be able to do it as well when you sell your house. It's called the home sale exclusion.

Here's how it works: If you live in your home for at least two of the last five years, you don't have to pay taxes on the first \$250,000 of the gain if you're single — or \$500,000 if you're married filing a joint return — providing you haven't already claimed the exclusion during the past two years. So think about this: If this were you who received this house as a gift and you decided to sell it, you could owe nearly \$150,000 if you sold it right away, \$68,000 if you wait a year, and potentially nothing at all if you move in and waits two years. [Source: MoneyTalksNews | Stacy Johnson | May 11, 2020++]

Coronavirus Financial Planning

Update 08: The Government is Helping You in 12 Ways

Right now, the COVID-19 pandemic is sweeping through the country and upending lives. However, the government recognizes the disruption of many Americans' finances right now. As a result, there are some big money moves being made by the government, primarily through new laws like the Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act. Following are some ways the federal government is helping individuals during the coronavirus crisis.

1. *Stimulus payments*

Under the recently enacted CARES Act, tens of millions of households already have received a one-time payment of up to \$1,200 per adult and \$500 for each child to help shore up their finances. However, not everyone is eligible for a stimulus payment, as we reported in "[5 Groups Who Won't Get Coronavirus Cash from Uncle Sam](#)."

2. *Mortgage payment relief*

The CARES Act offers two forms of [mortgage payment relief](#) to people with a federally-backed mortgage: a moratorium on foreclosures and mortgage forbearance — meaning a temporarily lower payment amount or a pause on payments. If you're worried about making your mortgage payments, talk to your servicer as quickly as possible to see what's available for you.

3. *Expanded unemployment relief*

For those who have lost or will lose their jobs due to the coronavirus pandemic, it's possible to see extra [unemployment benefits](#). For example, the CARES Act authorizes additional unemployment payments of up to \$600 extra per week for up to four months. On top of that, unemployment benefits can be collected for an additional 13 weeks, through the end of 2020.

4. *Required minimum distribution (RMD) waiver*

If you'll be 72 or older as of this year and you have a retirement account, you are likely subject to required minimum distributions (RMDs). That's a nice way of saying Uncle Sam will likely force you to withdraw a minimum amount of money from your retirement accounts each year so he can collect taxes on that income. You won't have to worry about RMDs this year, however: The CARES Act waives them for 2020. That means retirees who have seen their retirement account balances plunge due to the recent economic slowdown — or might see their balances plunge if we enter a recession or depression — will not have to withdraw retirement funds at a low point for their investments. Instead, retirees' balances will have another year to (hopefully) recover before they take their RMD for 2021.

5. *Extra time to contribute to IRAs*

Were you unable to contribute the full amount to your individual retirement account (IRA) for 2019? Well, if you want the chance to pump up your retirement account — to [as much](#) as \$6,000 or \$7,000, depending on your age — you have it. The IRA contribution deadline for 2019 has been [extended](#) for everyone, allowing you to make previous-year contributions to your IRA until July 15, 2020.

6. *Extended deadlines for tax returns*

Did the coronavirus pandemic slow down your ability to file your federal income tax return? Well, you have extra time — everyone does, in fact. The IRS [extended](#) the deadline for filing 2019 returns to July 15. On top of that, the payment deadline has also been extended until then, so you have a few extra months if you owe money.

7. *Early retirement withdrawal penalty waiver*

If you need to take an [early withdrawal](#) from your traditional retirement account in 2020 because you, your spouse or your dependent child were affected by the coronavirus, you can avoid the 10% early withdrawal [penalty](#). Plus, you get the chance to replace that money over the course of three years, without it affecting your contribution limits for those years. Finally, even though you do need to pay taxes on the early withdrawal, you can spread out that tax payment over three years.

8. *Student loan repayment help*

You can defer principal and interest [payments](#) on federally owned student loans for six months, interest-free, under the CARES Act. This gives you the chance to use that money for something else, without worrying about additional interest or penalties accruing. On top of that, the CARES Act enables employers to offer a student loan repayment benefit to employees in [2020](#) and have it excluded from the employee's income. In other words, employees who benefit from this will not owe taxes on the student loan repayment they receive from their employers.

9. *Paid sick leave*

Another recently enacted federal law, the Families First Coronavirus Response Act, requires certain companies to provide [paid sick leave](#) for up to two weeks if a worker has to be quarantined or is experiencing symptoms of a coronavirus infection and is seeking a medical diagnosis. There is also a provision for workers to receive paid sick leave if they are unable to work because they are caring for someone else.

10. *Lower interest rates*

The Federal Reserve made 2 big [cuts](#) to its benchmark federal funds rate in March. The latter of the two cuts brought rates all the way down to levels not seen since 2008. This move is bad news for savers because savings account return rates tend to drop after the federal funds rate drops. But for those with debt, a low federal funds rate can be a help: Interest rates on certain types of debt, including credit card APRs, tend to fall, which makes it cheaper to borrow money.

11. *Economic Injury Disaster Advance Loan*

Small-business owners can apply for a loan advance from the Small Business Administration related to hardship because of the coronavirus crisis. These loans [offer](#) up to \$10,000, and the loan advance will not have to be repaid by those who receive it. Small businesses are essential to many local economies, so those who need help because they've lost business due to the pandemic might benefit. Receiving a loan advance from the SBA has been easier said than done for many would-be applicants, however. Both the Economic Injury Disaster Advance Loan program and the SBA program detailed in the next section have been plagued by high-profile problems, including insufficient funding and crashing websites.

12. *Paycheck Protection Program*

Another program aimed at helping small businesses as well as self-employed individuals is the [Paycheck Protection Program](#) offered by the Small Business Association. With this program, it's possible to apply for a loan to help keep employees on the payroll. If a loan recipient keeps all employees on the payroll for eight weeks and uses the loan money for payroll, rent, mortgage interest or utilities, the loan won't have to be repaid.

[Source: MoneyTalksNews | Miranda Marquit | May 8, 2020 ++]

Catfishing Scam

Uses Servicemembers Identity Online to Swindle Money out of People

Up to 10 times a day, Mike Sency's phone pings with a message from someone angry he stole their money or abandoned their online romance. "How dare you to ever tell me you love me," read one recent Facebook message he received, explaining his actions had made the sender feel "completely empty inside." "I can't believe your (sic) going to play dumb." But Sency, a petty officer 1st class stationed in Virginia Beach, has never met or even communicated with any of these people before. The 30-year-old is the victim of a long-running series of scams that steal photos of service members and use them to swindle money out of people online. And with the coronavirus pandemic keeping people inside, it's gotten even worse.

"Everybody's bored at home so people are taking advantage," said Sency, whose story was first reported by NBC News. "It's not terribly difficult to steal pictures, form a romantic connection and then" use that to your advantage. It works like this: a scammer takes photos of someone like Sency, creates a fake social media account and develops a new online persona — sometimes using the real name of the person in the photo. Then the scammer will strike up online conversations with women around the world, many of them older or vulnerable, and pretend to be in a hard spot. "They like to use this sob story of, 'I'm deployed to some austere land and my wife and kid have left me ... My unit left me and I'm stuck in this country. I need money for the flight home,' " Sency said. "Which makes no sense if you know anything about the military."

The scammers often continue these digital romances over long stretches of time, gaining the victim's trust and prying out more money. Sometimes they solicit risqué photographs and use them as blackmail. Such online scams are known as "catfishing," and can be used for financial gain or abuse, among other things. The U.S. Army's Criminal Investigation Command receives hundreds of reports a month from victims who have been tricked by people impersonating a soldier online, according to its website. "Victims of these 'romance scams' report they became involved in an online relationship with someone they believed to be a U.S. Soldier who then began asking for money for various false service-related needs," according to the website. "Victims of these scams can lose tens of thousands of dollars and face a slim likelihood of recovering any of it."

The Naval Criminal Investigative Service is not actively investigating Sency's case. But Mack Hickman, acting special agent in charge of the Norfolk field office, said in an email that while officials have "not yet noticed a pattern regarding this specific kind of scam, NCIS is investigating various online scams targeting service members across all ranks around the world." Sency believes he knows why he's been targeted. In addition to being in the Navy, he co-hosts a popular military podcast called The Smoke Pit and maintains a sizable public presence for it online. Some of his social media accounts are public, allowing people access to plenty of photos of him. He's talked about the issue on the podcast, and fans and friends even helped track down some of the hoax accounts' IP addresses — numerical designations that reveal a computer's location. Many lead back to Nigeria.

That fits into a pattern documented in a New York Times [investigation](#) last year. Some of the scammers in Nigeria call themselves the "Yahoo Boys," the Times reported, and they told the newspaper that the "love hoaxes" are lucrative and low risk. "There are so many people out there that are lonely, newly divorced, maybe widowed," Kathy Waters, head of a group called Advocating Against Romance Scams, told the Times. "Everybody wants somebody to love and to listen to them and hear them. And these scammers know the right words to say." Sency said he knows others in the military who have been similarly affected, including soldiers at Fort Bragg and Marines at Camp Lejeune. But not everybody is vocal about it. "I'm kind of at the forefront of this," he said, explaining that many of them "are embarrassed and don't really want to talk about it."

Sency has grown used to the daily barrage of messages variously accusing him of terrible things or warning him he's being impersonated. "It's just been growing unfortunately," he said. "I've become kind of numb to it." Still, the people who reach out financially or emotionally devastated are the hardest to stomach. All he can do is tell them to report the account and contact the authorities.

Some lash out. "They'll become furious, say, 'We've been in love for years,' " he said. "You can't speak reason to people who have been catfished for years, I guess." The scariest are those who want to meet up in person. Spurned victims have also come after his girlfriend online, accusing her of trying to steal their man. "One of my buddies actually had a woman who flew in from another country, found out where he was stationed and tracked him down physically," Sency said. Facebook has been pretty good about quickly shutting down the hoax accounts, he said. Others have popped up on Instagram, TikTok and dating apps like Tinder.

The whole thing has been a lot to handle, Sency said. "At first its like, OK, obviously I empathize, I want to help as much as possible. But at this point I just say, 'Please report the profile,' and leave it at that." NCIS recommends service members adjust their social media privacy settings to limit information available to people they don't know, and report crimes at www.ncis.navy.mil. [Source: The Virginian-Pilot | Katherine Hafner | May 11, 2020 ++]

Blessing Loom Scam

This "Easy Investment" is Really a Pyramid Scheme

The COVID-19 pandemic has led to an uncertain economy, making money tight for many people. Who wouldn't be tempted by an opportunity to make several thousand dollars? No matter how much extra cash could be had, it's a wise idea to ignore social media invitations to join a "Blessing Loom." This pyramid scheme is causing many people to lose their hard-earned money.

How the Scam Works:

- A direct message arrives through social media – most often Instagram or Facebook – by a friend, family member, or possibly a stranger. They invite you to join a "Blessing Loom." The message explains that it's an excellent opportunity to earn money while also "blessing others."
- With a small investment of about \$100 paid through PayPal, Venmo, or another digital payment service, you can spread the wealth and see a huge return on the money you put in. All you need to do is recruit a few other people to invest. They will recruit even more people, and, as the circle widens, everyone makes loads of cash.
- Sounds great, right? The trouble is that this is a pyramid scheme. It relies on recruiting new individuals to keep the scam afloat. Once people stop participating, the money supply stops as well. That leaves lots of disappointed people who lose the cash they initially invested.

Tips to Avoid Social Media Schemes:

- Stay alert to pyramid schemes. Pyramid schemes promise quick profits for recruiting others. Scammers prey on the desire to make a lot of money with very little effort. But remember, pyramid schemes are illegal in the United States and Canada.
- Be skeptical. Before you accept any offer on social media, do your research. Just because something appears to be fun and was shared by a friend, doesn't mean there isn't an inherent risk. Many of these offers include extravagant promises that aren't kept.
- Monitor Friend Requests. Don't accept friend requests from people you don't know. Also be wary of a second friend request from someone you are already connected with; the second profile may be an imposter trying to access your data and your friends list.
- Ask questions and research the offer before joining any business venture. What appears to be a legitimate investment could still be a pyramid scheme. Check business ratings and reviews on BBB.org and other search engines before agreeing to work with or invest in any company or individual.

For More Information

To learn more about pyramid scams, how they work, and how to spot them, see the [BBB Tip: Avoiding Pyramid Schemes](#). You can also find general tips at [BBB.org/AvoidScams](#) and the [Top 10 Ways to Avoid a Scam](#). Learn more about scams related to COVID-19 at [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 [BBB.org/ScamTracker](#). Your report can help others to spot a scam before it's too late. [Source: BBB Scam Alert | May 1, 2020 ++]

Tax Burden for California Retired Vets

As of May 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 **California**.

Sales Taxes

The California state sales tax rate is 7.5%, and the average CA sales tax after local surtaxes is 8.44%.

Groceries and prescription drugs are exempt from the California sales tax. Counties and cities can charge an additional local sales tax of up to 2.5%, for a maximum possible combined sales tax of 10% California has 2558 special sales tax jurisdictions with local sales taxes in addition to the state sales tax. Combined sales tax rates for California cities and counties can be found at <http://www.tax-rates.org/california/sales-tax-by-county>.

California has one of the highest sales tax rates in the country, and had the highest for years until a tax reduction in July 2011. The California sales tax is as high as it is, relative to the other states, as compensation for reduced property taxes in California (which were introduced by Proposition 13 in 1978). The California sales tax applies to all sales of tangible goods, but does not apply to the sale of services. In addition to general sales tax exemptions for groceries and some prescription drugs, the sale of items such as livestock, some farm supplies, and alternative energy equipment may also be exempted from sales tax by specific legislation.

California has introduced several bills to help increase sales tax revenues, including a 2011 law passed to force large Internet retailers like Amazon.com to start collecting the California sales tax from their customers. The so-called "Amazon Tax" was effective for California residents in September 2012. California last raised the state sales tax by 0.25% in January 2013 with Proposition 30.

California doesn't collect sales tax on purchases of most prescription drugs and groceries. Some items may not be eligible for these reduced sales tax rates, such as expensive clothing, unhealthy food or drinks like soda, and certain non-essential pharmaceuticals. For sales tax purposes, California treats candy as a grocery, and does treat soda as a grocery. The CA sales tax applicable to the sale of cars, boats, and real estate sales may also vary by jurisdiction. Other items including gasoline, alcohol, and cigarettes are subject to various California excise taxes in addition to the sales tax.

Excise Taxes

Excise taxes are special fees collected by the government on the sale of certain products. Unlike a sales tax, an excise tax is usually a fixed amount (not a percentage of the purchase price), and excise taxes are only collected on the sale of specific taxable products rather than on all sales made within the state. Sin taxes exist not only to generate revenue for the government, but also to discourage certain behaviors or the overuse of certain products. Virtually all states collect sin taxes on alcohol and cigarettes, and many also levy excise taxes on purchases including gas guzzlers, firearms, entertainment tickets, soda, unhealthy food ("fat taxes"), and tanning salons.

Alcohol: Liquor \$3.30 per gal | Wine: 20¢ per gal | Beer: 20¢ per gal. Note that the IRS also collects a federal excise taxes on alcoholic beverages, which are included separately from California's alcohol taxes in the final purchase price.

Cannabis Tax: 15%

Cellphone: The average tax collected on cell phone plans in California is \$10.67 per phone service plan. The cellphone tax is already included in the service plan price you pay to your service provider, and may be listed as "Misc. taxes and Fees" or "Other" on your bill.

Cigarettes: \$0.87/pack of 20

Diesel Fuel: 36 cents/gallon (Plus federal excise tax on diesel @ 24.4 cents per gallon)

Gasoline: 36 cents/gallon (Plus federal excise tax on gasoline @ 18.4 cents per gallon)

Vehicle: California collects a registration fee and a title fee on the sale or transfer of cars and motorcycles, which are essentially renamed excise taxes. Unlike standard excise taxes, however, the end consumer must pay the tax directly to the California Department of Transportation and receive documentation (registration and title papers) proving the fees were paid.

Personal Income Taxes

Tax Rate Range: Low – 1.0%; High - 13.3%.

Income Brackets: Ten. Lowest 0 to \$8,808 & Highest \$1,000,000 to \$1,181,484. For joint returns, the taxes are twice the tax imposed on half the income. Bracket levels adjusted for inflation each year. Exemption credits phase out for single taxpayers by \$6 for each \$2,500 of AGI above \$178,706 and for MFJ by \$12 for each \$2,500 of AGI above \$357,417. The credit cannot be reduced to below zero

Personal Exemptions: none

Tax Credits: Single – \$122; Married – \$244; Dependent \$344 each; Over 64 \$122 each

Standard Deduction: Single – \$4,537; Married filing jointly – \$9,074

Medical/Dental Deduction: Same as Federal taxes

Federal Income Tax Deduction: None

Retirement Income Taxes: Social Security and Railroad Retirement benefits are exempt. There is a 2.5% tax on early distributions and qualified pensions. All private, local, state and federal pensions are fully taxed.

Retired Military Pay: Fully Taxed

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

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

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

Property Taxes

Property is assessed at 100% of full cash value. The maximum amount of tax on real estate is limited to 1% of the full cash value. Under the homestead program, the first \$7,000 of the full value of a homeowner's dwelling is exempt. The median property tax in California is \$2,839.00 per year for a home worth the median value of \$384,200.00. Counties in California collect an average of 0.74% of a property's assessed fair market value as property tax per year. For more localized property tax rates, find your county on the property tax map of California at <http://www.tax-rates.org/california/property-tax#Counties>.

Current law provides a basic exemption of \$100,000 on the principal place of residence for veterans with specified disabilities or for unmarried surviving spouses of deceased disabled veterans. A one-time filing is required. This exemption may be raised to \$150,000 if the applicant meets the income limit of \$40,000. Annual filing is required for the \$150,000 exemption. The income limit and both the exemption amounts are adjusted annually for inflation.

Proposition 13 (officially named the People's Initiative to Limit Property Taxation) is an amendment of the Constitution of California enacted during 1978, by means of the initiative process. The initiative was approved by California voters on June 6, 1978. It was upheld as constitutional by the United States Supreme Court in the case of Nordlinger v. Hahn, 505 U.S. 1 (1992). Proposition 13 is embodied in Article XIII A of the Constitution of the State of California. The most significant portion of the act is the first paragraph, which limits the tax rate for real estate: Section 1. (a) The maximum amount of any ad valorem tax on real property shall not exceed one percent (1%) of the full cash value of such property. Go to <http://www.boe.ca.gov/proptaxes/pdf/pub29.pdf> for more information on the property tax program.

Inheritance and Estate Taxes

There is no inheritance tax. In 2003 the estate tax was repealed for those deceased after January 1, 2005. However, there is a limited California estate tax related to federal estate tax collection.

Other State Tax Rates

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

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

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For further information visit the California Franchise Tax Board or the California State Board of Equalization site <http://www.boe.ca.gov> . [Source: <http://www.tax-rates.org/taxtables/sales-tax-by-state> | May 2020 ++]

*** General Interest ***



Notes of Interest

May01 thru 15, 2020

- **Coronavirus – U.S. Cases:** At <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> can be found the daily tally of current cases & deaths and the number of new cases & deaths since the previous day. Also a by state and county tally.
- **Coronavirus – U.S. Navy:** The Navy, with over 2,000 cases as of 3 MAY, has outpaced all other branches of the military with positive COVID-19 cases since the DoD began releasing numbers, more than doubling the number of positive cases identified within the branch with the second-highest infection numbers.
- **Coronavirus – Small Business.** More than 100,000 have permanently closed since March. In a survey 9-11 MAY about 41.4 percent of businesses said they were temporarily closed, and 1.8 percent said they were permanently closed due to the pandemic.
- **Coronavirus – Health Insurance.** An estimated 27 million Americans have lost employer-based health coverage during the pandemic, according to an analysis from the Kaiser Family Foundation.
- **Coronavirus – Stay-at-Homes.** About 25 million more Americans left their homes daily last week compared to the past month and a half, according to an analysis of cell phone data by The New York Times. The data comes from a representative sample of about 15 million smartphone users who have shared their location data with certain apps. In the week of 4-10 MAY the proportion of people staying home dropped in nearly every part of the nation, according to the analysis. The national share of U.S. residents staying home was 36.1 percent, or about 119 million people. This is compared to data from March 20 to April 30, when 43.8 percent of people (about 144 million) stayed home.
- **UFOs.** The Pentagon has declassified and released video taken by pilots of an alleged UFO. To view click on <https://twitter.com/i/status/1255172212585385985>. Refer to www.abcn.ws/3aKFyeP or more on their videos.
- **China Submarines.** Two new upgraded Type 94 nuclear-powered strategic submarines have gone into service in China in time for the 71st anniversary of the navy, according to Chinese military sources. The subs

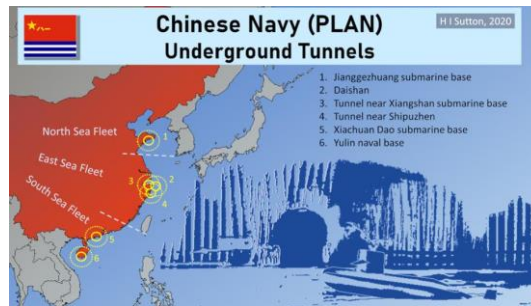
are the latest in a long list of hardware additions to the navy over the last year. The Type 096, China's next generation of SSBN, is under development.

- **Adult Children Help.** Parents spend \$500 billion annually to support their adult children, according to a 2018 Merrill Lynch study. That's money retirees, particularly those with meager savings, really can't afford to spend. While it's understandable that parents want to help their children, there are [ways](#) for you to lend a hand financially without paying their bills or handing over cash.
- **Generic Medicine.** Medications are one of the items you should always buy as a generic. The Food and Drug Administration says generic drugs must have the same active ingredients and strength as brand-name medications, and they can cost up to 85% less. Some stores will even give you [certain](#) generic prescriptions for free.
- **Stimulus Checks.** The Treasury Department said on 8 MAY that nearly half of the "economic impact" payments being sent to Americans had been distributed in the first five weeks of the program.
- **Coast Guard Kids.** Secretary of Defense Mark Esper has reversed course on his proposed restriction of children being allowed to attend Child Development Centers at military installations. One of the unintended consequences of this proposed change was that as many as 1,000 children of active-duty U.S. Coast Guard families would have lost their spots at base CDCs.
- **Space Force.** Go to <https://twitter.com/i/status/1258067536509317128> to view the first Space Force recruiting ad.
- **COVID-19 Detector.** In mid-APR, Iranian general Hossein Salami went on state-run television to make an extraordinary claim: His elite military unit, the Revolutionary Guard Corps, possessed a machine that could detect the coronavirus from 100 meters away. He displayed the "Mustaan," a handheld gizmo resembling a small satellite dish, and said its 80% success rate would help end the country's coronavirus ordeal. He called it "an astonishing scientific phenomenon." Iranian public health officials downplayed the claim, which was widely ridiculed on social media.
- **Useless Knowledge.** *Cascabel.* The round knob at the breach end of a cannon where ropes attach to arrest the recoil when it is fired.
- **Car Insurance.** The insurance comparison site 'The Zebra' reports insurers can expect to pay an average of \$1,688 to insure vans annually. That is less than the cost to insure other types of vehicles which is trucks \$1,731, SUVs \$1,934, and sedans \$2,275. In compiling its rankings, The Zebra looked at more than 73 million car insurance rates across the U.S.
- **VA Cemetery.** U.S. officials have signed off on a new 200 acre veterans cemetery outside of Albuquerque, New Mexico in Sandoval County. In recent years, there has been a push to add more cemeteries so military members can be buried closer to rural communities. The state opened its own veterans cemetery in Fort Stanton and Gallup, with one in Angel Fire opening soon. There are currently two national veterans cemeteries in New Mexico — in Santa Fe and Fort Bayard.
- **GI Bill.** Beneficiaries who are a surviving spouse or child of an active duty service member who died in the line of duty and need assistance with their education benefits can now contact a dedicated phone line at the Education Call Center to talk to a highly trained agent with specialized training in survivor benefits. Call 1-888-442-4551 and select Option 5 Monday – Friday from 7:00 a.m. to 5:00 p.m. CST.\
- **Donations.** The CARES Act allows you to deduct \$300 in contributions to nonprofits on your 2020 tax return if you take the standard deduction.
- **Smoking.** Tobacco-sale age will be 21 on U.S. military bases and ships in US ports starting 1 August 2020.

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

China's Submarine Program

Update 01: Vessels Protected by Underground Tunnels



China is a maritime nation with over 9,000 miles of coastline, dotted with ports. Compared to most other countries, it has a large number of naval bases. By dispersing its forces across many bases the Chinese Navy, formally known as the PLAN (People's Liberation Army Navy), is protecting them against surprise attack. But some of its bases go further, offering underground tunnels to protect key warships and submarines. In the age of precision strike cruise missiles and bunker buster bombs, tunnels may seem an outdated idea. But they still provide cover against some air attack and, perhaps more importantly, prying eyes. And they can also protect against nuclear attack, provided it is not a direct hit.

China's tunnels tend to be built directly into rocky outcrops which may provide many feet of overhead protection. The entrance is usually facing inland (but with water access) so that it is harder to hit from offshore. The best known of these tunnels are two which protect the strategic submarine force. One built at Jianggezhuang Naval Base near Qingdao provides a hiding place for ballistic missile submarines based there. And more recently one has been built at Yulin. This is where a new base for nuclear submarines was constructed around 12 years ago. Yulin allows Chinese submarines (and aircraft carriers) easy access to the South China Sea, an important operating area.

Some other PLAN bases also have tunnels which are less well known. The submarine base on Xiachuan Dao has a small tunnel just inside the harbor wall. And a shipyard where large warships and submarines are repaired, near the submarine base at Xiangshan, also has a tunnel. There are other tunnels which are physically removed from any naval bases. These may provide more dispersed protection, although it is also possible that some are not Navy related. For example there is quite a large tunnel in a mountain on an island south of Shipuzhen. There is a missile boat squadron nearby, but the tunnel appears separate from any PLAN naval base. Other less obvious tunnels include some near Daishan and along the coast from of Yalin.

China's tunnels are an interesting difference from U.S. Navy doctrine. They may provide some degree of protection against an unexpected attack. And they likely increase the survival of PLAN submarines in longer wars. The PLAN is not alone in valuing the defensive strength of rock. The Swedish Navy recently announced that it would reopen its Cold War super-base at Muskö outside Stockholm. That site can house several submarines or warships and has maintenance facilities. Other countries which appear to have submarine tunnels include Taiwan, North Korea and Iran. [Source: Forbes | H. I. Sutton (Aerospace & Defense) | May 5, 2020 ++]

NATO

Update 01: Germany Ruling Coalition Want U.S. Nukes Removed

Just days before Germany was set to celebrate the anniversary of its "liberation" from Nazi rule, leading members of the governing Social Democrats were demanding that the country be freed from what they consider another scourge — American nuclear weapons. "Nuclear weapons on German territory do not heighten our security, just the opposite,"

Rolf Mützenich, the leader of the Social Democrats (SPD) in the German parliament said in an interview with newspaper Tagesspiegel published on Sunday. “The time has come for Germany to rule out a future stationing.” Though not everyone in the SPD’s top ranks shares his views, Mützenich quickly won backing from co-SPD leader Saskia Esken. “Whoever thinks that glasnost and perestroika were made possible by the West’s nuclear deterrent missed something,” she tweeted. “Atomic weaponry on German soil, on German airplanes, is neither an end to itself nor desirable, not to mention very expensive.”

The SPD leadership’s demands reopen an old debate in Germany about whether to remain under the protective nuclear umbrella the U.S. has held over the country since the 1950s. On the left, many see the weapons as an unnecessary provocation toward Russia. Those tensions went on the boil in the early 1980s, when a U.S. plan to counter the threat posed by mid-range Soviet nuclear weapons stationed in Eastern Europe by placing similar weapons in Germany sparked a wave of intense street protests that became the defining moment for a generation of leftist politicians. Many in the SPD have long favored closer ties to Russia, a country they feel more cultural kinship to than the U.S. In their view, the late SPD Chancellor Willy Brandt’s policy of détente toward Moscow in the 1970s, the so-called Ostpolitik, laid the foundation to end the Cold War. They see the presence of U.S. nuclear weapons in Germany as a major hurdle toward improving relations with Moscow.

But as long as Angela Merkel’s Christian Democrats remain the major power in the governing coalition with the SPD, the Social Democrats’ wish for an American withdrawal won’t be realized. Germany’s center-right views the U.S. nuclear shield as the key to the country’s decades of peace and prosperity. Nonetheless, as Merkel’s junior partner, the SPD’s stance can’t be ignored. It’s also a reminder that if a left-wing alliance (a coalition between the SPD, the Greens and the Left party) were to gain power in Germany in the coming years, it would almost certainly demand a withdrawal of the American weapons.

The timing of Mützenich’s intervention was no accident. Germany is in the process of phasing out its aging fleet of Tornado fighter jets, the planes it relies on to fulfill its nuclear sharing obligations with the U.S. Under the deal, Germany has agreed to deliver warheads supplied by the U.S. in the event of a nuclear war. The pact has been a pillar of NATO’s nuclear deterrence strategy for decades. While Washington has similar agreements with other NATO members, the arrangement has proved to be particularly controversial in Germany, even as the U.S. has dramatically pared down its stockpile of nuclear warheads in the country.

What appears to have triggered Mützenich’s demand was an announcement two weeks ago by German Defense Minister Annegret Kramp-Karrenbauer that she supported purchasing U.S.-made F-18 aircraft to replace the Tornados in order to ensure that Germany could continue to meet its alliance obligations. Germany would require dozens of the aircraft, which would cost billions. Many in the SPD oppose increasing the defense budget to 2 percent of GDP — the spending goal Germany and other NATO members agreed to years ago in an effort to place less of a financial burden on the U.S. Germany, despite recent progress, remains far away from the spending target, a failure U.S. President Donald Trump has repeatedly used to cast the country as a freeloader.

The vast majority of Germans don’t trust Trump, however. Mützenich cited the perceived unreliability of the U.S. president as a central reason why Germany should insist on an American nuclear withdrawal. The original justification for the nuclear-sharing arrangement was that it would give Germany at least some influence over the weapons’ use, a hope that is no longer realistic, he said. “Does anyone really think that if Donald Trump were planning a nuclear assault that he would be held back by Germany just because we’re transporting a few warheads?” he asked.

Though a U.S. withdrawal appears unlikely in the short term, it’s not unrealistic. The U.S. could easily find another home for the weapons, be it in Poland or on the territory of another NATO ally. That said, such a redeployment could have serious consequences for Europe’s security. Russia would view any deployment of the weapons in Eastern Europe as a provocation and look for ways to retaliate, an outcome that could destabilize the whole region. More generally, the move could backfire on Germany if it is viewed as an unreliable ally. Many in the Trump administration already regard it as such. Given his past criticism of Germany, Trump might see the SPD’s latest demand as further evidence that Germany can’t be trusted and make good on threats to relocate U.S. forces stationed in the country. Given the budgetary

demands the U.S. faces to combat the coronavirus pandemic, the president may not need much convincing to reduce the U.S. presence in Germany.

Such a move would inevitably renew fears elsewhere in Europe of NATO's collapse. Put another way, the SPD should be careful what it wishes for. [Source: Politico Europe Online | Matthew Karnitschnig | May 3, 2020 ++]

Iran Military

Update 02: Another Missile Accident

For the second time this year, Iran appears to have fired a missile at the wrong target with deadly consequences, raising questions about its ability to control its weapons and increasing tensions in the Persian Gulf. On 12 MAY, a missile from an Iranian Navy frigate struck another Iranian naval vessel during a military exercise in the Gulf of Oman, killing at least 19 sailors and wounding 15, the navy said. In January, Iran's Revolutionary Guard Corps shot down a Ukrainian Airlines passenger plane with two missiles, killing 176 passengers and crew members. Iran blamed human error for that shootdown. Official details of the naval accident were scant on Monday, and it was not immediately clear whether it was the result of human error or faulty equipment. But once again, an Iranian missile had gone astray and taken with it Iranian lives.

"This mistake appears to be beyond sloppy," said Afshon Ostovar, assistant professor of national security affairs at the Naval Postgraduate School in Monterey, Calif. "There was either miscommunication or someone completely failed to follow protocols. Perhaps it was a combination of both." And that, Mr. Ostovar said, exposes the military's inexperience and lack of professionalism. "However powerful it believes itself to be, it continues to make costly fundamental mistakes," he said. Four people with knowledge of the accident told The New York Times that the Jamaran, a frigate that is one of the prides of the Iranian fleet, had fired a missile that struck the Konarak, a missile boat, on 5 MAY. By the morning of 7 MAY, Iran had not offered an explanation for the accident, saying only that during military exercises the Konarak "had an incident and a number of the navy's seamen were martyred." "The scope of the incident is under investigation by experts," Iran's Navy said in a statement.

The lack of information, even as Iranians mourned the dead crew members by sharing their photos and names on social media, had unmistakable echoes of the aftermath of the downed jetliner in January. Officials denied for days that Iran had fired the fatal missiles. "Once again there is a lack of transparency in informing the public, bringing back bitter memories of shooting down the Ukrainian plane," former Vice President Mohamad Ali Abtahi said 6 MAY on Twitter. Of the 176 people killed in that accident, 146 were Iranian. Iran's military has come under intense global scrutiny since the Ukrainian plane was shot down, and trust in the government was already at an all-time low because of missteps in handling a severe outbreak of the coronavirus. Iranians have criticized the government for not enforcing an early lockdown to battle the virus and not being transparent about the number of people infected. That led to an explosion of infections that made Iran a regional epicenter of the pandemic.

Reports of the latest accident drew criticism of the government on social media. "Firing at your own targets, whether military or civil, in such a short space of time is not human error," Maziar Khosravi, a journalist aligned with opposition politicians, wrote on Twitter. "It's a catastrophic failure of management and command." Military experts said that Sunday's episode was a significant setback for Iran's navy and its ambitions to project itself as a power player in the Persian Gulf and beyond. Together with the downing of the Ukrainian airliner, it undermines the effort by Iran to present its military as a force capable of countering the United States and its regional allies.

"Iranian armed forces have a systemic problem with coordination and command and control, whether it's air defense or naval warfare, whether it's the Revolutionary Guards or the army," said Farzin Nadimi, an expert on Iranian military and naval operations in the Persian Gulf with the Washington Institute for Near East Policy. These mistakes, he said,

raise the stakes for the United States and all fleets operating in the Persian Gulf and the adjoining Gulf of Oman, one of the busiest waterways in the world. “Iran is an unpredictable enemy, and this adds to the uncertainty in the region,” Mr. Nadimi said. “The U.S. military will have to be more careful.” The downing of the Ukrainian jetliner occurred during a time of high tension, and on a night when Iran launched ballistic missiles at American military targets in Iraq in retaliation for the assassination of a top general. Its forces were on high alert for an American response. The friendly-fire episode on Sunday, by contrast, came during a planned naval exercise in the Sea of Oman, near the Iranian port city of Jask.

Iran routinely conducts military exercises in the Persian Gulf and Sea of Oman with a dual purpose: testing new domestically produced equipment and showcasing its military might as tensions between Washington and Tehran escalate and the threat of military conflict looms. Last month, President Trump wrote on Twitter that he had instructed the United States Navy to shoot at Iranian boats if they harassed American ships in the Persian Gulf. Iran threatened to retaliate if it came under attack. Since Mr. Trump’s warning, Iran has placed its air defense forces on the highest alert and moved them to positions along its southern shores of the Persian Gulf, according to an Iranian military strategist.

The Konarak was hit as it was guiding a target out to the sea to help the Jamaran test-fire an anti-ship missile, according to Seyed Mohamad Razavi, a prominent media adviser to conservative politicians, and a Telegram channel affiliated with the Revolutionary Guards. The Konarak had not sufficiently distanced itself from the target when the missile was fired, they said. Instead of hitting the target, the missile slammed into the Konarak’s stern. Military experts said that either the officer in charge of launching the missile fired too soon, before the Konarak was safely out of range, or that the missile, with the capacity to determine its final target, identified the Konarak as the larger vessel and more immediate threat.

Experts said the exercise appeared to have violated several protocols used by militaries in the West for missile tests, which are rare because anti-ship missiles are expensive and testing at sea is dangerous. When they do conduct a test, jets or drones scan the area from the air to make sure there are no other targets in the missile’s range. An expensive, heavily crewed warship would be unlikely to be used to tow the target into position to reduce the cost of any potential human error. And such tests are typically carried out with constant communication among the vessels and commanders in charge. Iran’s navy appears to have failed to taken any of those measures, military experts said.

The consensus among experts both inside Iran and out was that these mistakes are happening at a time when Iran is striving to demonstrate resistance to the Trump administration’s maximum pressure campaign, a combination of economic and military actions aimed at forcing Iran to accept a tougher nuclear deal and curb its regional military activities. The chances of a mistake are high, they said, because Iran’s armed forces, particularly the Guards, are engaged in provocative behavior in the Persian Gulf, from downing U.S. drones to attacking oil tankers. But if Iran’s goal was to be provocative, it succeeded. “The U.S. Navy now knows that the Iran was testing an anti-ship missile,” Mr. Ostovar said. “This wasn’t a new missile, but the test was meant to send a political message. It was most likely intended to be a signal and a threat to the United States Navy, and even though it backfired, it still signaled a degree of intent.” [Source: New York Times | Farnaz Fassihi | May 10, 2020 ++]

Vaping

Update 01: Higher Tax Proposals

When Governor Gavin Newsom (D) submits his revised budget proposal on 14 MAY, it will include a vapor tax increase. California currently taxes vapor products at 59.27 percent of wholesale value, but the proposal would impose an additional tax at a rate of \$2 for each 40 milligrams of nicotine in the product. The tax would take effect January 1, 2021 and is forecasted to raise \$32 million in FY 2021. Collections would be allocated to administration, enforcement, youth prevention, and health care workforce programs. The budget summary also stipulates that the governor supports a statewide ban on all flavored nicotine products (including menthol cigarettes). The impetus for

this proposal is increased youth vaping in the state. A nationwide survey of high schoolers, published in the fall of 2019, found that 27.5 percent of students had vaped at least once in the prior 30 days, though only 10 percent of students were considered regular users (defined as vaping 20 days out the prior 30). While youth uptake is a very real concern which deserves the public’s attention, punitive level taxes and outright bans could impede historically high smoking cessation rates.

California is the latest state to try to increase vapor taxes. This year, Kentucky, Utah, Virginia, and Wyoming have already passed increases to vapor taxes, which means 25 states and the District of Columbia now tax vapor products. Gov. Newsom’s proposal would, if the tax is passed on to the consumer, increase the price of a JUUL 4-pack by \$8.25 (JUUL is the most popular vapor product)—not including the existing wholesale tax. Considering that cigarettes are taxed at \$2.87 per pack of 20, the proposal means that nicotine users could lower their tax liability by switching from vaping to smoking. This inconsistency goes against the concept of harm reduction, which is the approach that it is more practical to reduce harm associated with use of certain goods than avoiding it completely through bans or punitive level taxation. In the context of vapor products and cigarettes, it is important because the risk profiles for the two products are wildly different. Public Health England, an agency of the English Ministry for Health, concludes that vapor products are 95 percent less harmful than cigarettes.

Harm reduction is connected to excise tax design because cigarettes and vapor products are economic substitutes. With excise tax policy, increases or decreases in tax rates of certain goods can affect consumption of other goods that might be substitutes. That is to say, the effectiveness of cigarette excise taxes goes up when cheaper substitutes are widely accessible—and vice versa. In fact, research that looked at the effect of vapor taxes in Minnesota concluded that 32,400 people who would otherwise have quit smoking traditional cigarettes still smoked them as a result of the tax. Aside from harming public health, exceptionally high tax rates and flavor bans can create incentives for illicit activities. Cigarettes are already being smuggled into and around the country in large quantities, and nicotine-containing liquid is coming into the U.S. from questionable sources. Black market liquids and cigarettes have the problem of being extremely unsafe and cost governments billions in lost taxes. The recent serious pulmonary diseases, known as EVALI, have prompted the FDA to publish a warning about black market THC-containing liquid.

On top of the dangers to consumers, the legal market would suffer, as untaxed and unregulated products have significant competitive advantages over a limited selection of high-priced legal products. This would impact not only the large number of small business owners operating vape shops around the state but also convenience stores and gas stations relying heavily on vapers as well as tobacco sales. Policymakers should not lose sight of these unintended consequences as they set tax rates for nicotine products—especially in light of the strain businesses are already under due to the coronavirus pandemic. [Source: Tax Foundation | Ulrik Boesen | May 11, 2020 ++]

Generic Drug Pricing

Update 07: Apotex Admits to Fixing Price of Widely Used Cholesterol Medication

The Department of Justice announced 7 MAY that Apotex Corp., a generic pharmaceutical company headquartered in Florida, was charged with fixing the price of the generic drug *pravastatin*. According to the one-count felony charge filed in the U.S. District Court for the Eastern District of Pennsylvania in Philadelphia, Apotex and other generic drug companies agreed to increase and maintain the price of pravastatin, a commonly prescribed cholesterol medication that lowers the risk of heart disease and stroke. The conspiracy began in May 2013 and continued through December 2015.

The Antitrust Division also announced a deferred prosecution agreement (DPA) resolving the charge against Apotex. The company agreed to pay a \$24.1 million criminal penalty and admit that it conspired with other generic drug sellers to artificially raise the price of pravastatin. The single count charges that Apotex communicated with competitors about the price increase and subsequently refrained from submitting competitive bids to customers that

previously purchased pravastatin from a competing company. Under the DPA, Apotex has agreed to cooperate fully with the Antitrust Division's ongoing criminal investigation. As part of the agreement, the parties will file a joint motion, which is subject to approval by the court, to defer for the term of the DPA any prosecution and trial of the charges filed against the defendant.

"Now, more than ever, we recognize and appreciate the importance of life-saving medications," said Assistant Attorney General of the Department of Justice Antitrust Division, Makan Delrahim. "When the makers of those medications conspire to raise prices for profit, the most vulnerable among us suffer. That's why we at the Antitrust Division are committed to pursuing the prosecution of antitrust crimes by the generic pharmaceutical industry." "During these difficult times, it is more important than ever that our pharmaceutical companies conduct business with the well-being of the consumer in mind," said Special Agent in Charge Scott Pierce, U.S. Postal Service Office of Inspector General. "When generic drug companies conspire to fix prices and rig bids, they do so to the detriment of many who depend on these medications to maintain good health. Along with the Department of Justice Antitrust Division and our partners at the Federal Bureau of Investigation, the USPS Office of Inspector General will remain committed to investigating those who would engage in this type of harmful conduct."

Apotex is the fourth company to be charged in connection with antitrust violations in the generic pharmaceutical industry. The previous three corporate charges were resolved by deferred prosecution agreements. Four individuals have also been charged. Three entered guilty pleas and the fourth is awaiting trial. The charged offense carries a statutory maximum penalty of a \$100 million fine per count for corporations, which may be increased to twice the gain derived from the crime or twice the loss suffered by victims if either amount is greater than \$100 million.

The charge is the result of an ongoing federal antitrust investigation into price fixing, bid rigging, and other anticompetitive conduct in the generic pharmaceutical industry. Anyone with information on market allocation, price fixing, bid rigging, and other anticompetitive conduct related to the generic pharmaceutical industry should visit www.justice.gov/atr/contact/newcase.html or contact the Antitrust Division's Citizen Complaint Center at 1-888-647-3258. [Source: U.S. Department of Justice | Office of Public Affairs | May 7, 2020 ++]

Pandemic Fraud

COVID-19 Virus Unleashes Wave of Fraud



Unapproved COVID-19 tests seized from the DHL Express Consignment Facility at JFK Airport

A 39-year-old former investment manager in Georgia was already facing federal charges that he robbed hundreds of retirees of their savings in a Ponzi scheme when the rapid spread of COVID-19 presented an opportunity. **Christopher A. Parris** started pitching himself as a broker of surgical masks amid the nationwide scramble for protective equipment in the first desperate weeks of the outbreak, federal authorities said. He was soon taking in millions of dollars. Except there were no masks. Law enforcement officials say Parris is part of what they are calling a wave of fraud tied to the outbreak.

Homeland Security Investigations, an arm of the Department of Homeland Security, is leading a nationwide crackdown. It has opened over 370 cases and so far arrested 11 people, as part of "Operation Stolen Promise,"

according to Matthew Albence, acting director of U.S. Immigration and Customs Enforcement. “It’s incredibly rampant and it’s growing by the day,” Albence said. “We’re just scratching the surface of this criminal activity.” Parris was on pretrial release for the alleged Ponzi scheme when he was arrested last month in what authorities say was an attempt to secure an order for more than \$750 million from the Department of Veterans Affairs for 125 million face masks and other equipment. “He was trying to sell something he didn’t even have,” said Jere T. Miles, the special agent in charge of the New Orleans office of Homeland Security Investigations, which worked the case with the VA Office of Inspector General. “That’s just outright, blatant fraud.” Parris has not yet entered a plea to fraud charges and his lawyers did not respond to requests for comment from The Associated Press.

Nationwide, investigators have turned up more than false purveyors of PPE. They have uncovered an array of counterfeit or adulterated products, from COVID-19 tests kits and treatments to masks and cleaning products. Steve Francis, director of the National Intellectual Property Rights Coordination Center, which is overseen by Immigration and Customs Enforcement, says authorities have tracked counterfeits flowing into the U.S. from 20 countries and for sale through thousands of websites. “There are people popping up who have never been in the business of securing equipment on a large scale,” Francis said. Enter Parris. From his home outside Atlanta, he claimed to represent a company with 3M respiratory masks and other protective equipment for sale. At the time, there was a mad scramble for supplies that pitted state and local governments against each other.

As outlined in court documents and interviews, his pitch reached a company in Baton Rouge, Louisiana, that was trying to help government agencies acquire PPE. In late March, it contacted the VA, which was dealing with a critical shortage of protective equipment. The VA was suspicious of the price, about 15 times what it was paying amid the shortage, and alerted its inspector general, which brought in Homeland Security. That resulted in a sting that led to Parris. “He had no means of producing any PPE,” Albence said. “It was just a scam.” But it had some takers. Federal authorities say a Parris-controlled bank account received more than \$7.4 million, with most appearing to come from unidentified entities trying to buy safety gear in March and April, according to court documents. He wired some of the money to accounts overseas, including more than \$1.1 million to a Swiss company’s bank that authorities say may be a shell corporation. The U.S. government seized more than \$3.2 million from his accounts.

The Ponzi scheme was unrelated to the alleged attempt to defraud the VA but “is sufficiently similar to the conduct in this case that it is relevant to his plan, intent, and modus operandi,” according to a search warrant affidavit. In the earlier case, Parris and his partners are accused of defrauding about 1,000 people out of at least \$115 million from January 2012 to June 2018. They persuaded the victims to turn over their savings for what turned out to be nonexistent investments, according to the Securities and Exchange Commission. Another member of the partnership, Perry Santillo, pleaded guilty to fraud in November. As part of the alleged scheme, Parris and the others bought the businesses of investment advisers who were retiring and leveraged the trust those advisers had built up over the years to pitch the bogus investments, with relatively modest returns, to their newly acquired clients.

Florida attorney Scott Silver, who represented some investors who sought to get their money back after the SEC shut down the operation, said there was little to recover because Parris and the others spent most of it. He wasn’t surprised that Parris had been arrested in the COVID fraud case. “He’s already facing 20 years in prison,” he said. “What’s he worried about?” Parris, who was charged in the case in January, grew up in Rochester, New York, and worked as an insurance agent, owned a dry cleaner and got involved in local politics. He ran unsuccessfully for city council and said he was vice president of a local African American Republican committee. “So many people that know me, you know, trust me,” Parris said in a 2015 hearing with the Financial Industry Regulatory Authority, which later suspended his broker license.

One of Parris’ alleged victims in the Ponzi scheme, Jane Naylor, said she took guitar lessons from Parris’ father, a reverend at a local church and lost \$150,000 in the fraud. Naylor was dismayed when Parris was released on his own recognizance in the Ponzi scheme. When she learned he had been charged for PPE fraud, she said she was in shock, but also pleased. “I’m ecstatic,” she said. “I hope he goes to jail for life.” Parris is now jailed in Atlanta and is

expected to be transferred to Washington to face charges in the VA case. [Source: Associated Press| Ben Fox & Alan Suderman | May 12, 2020 ++]

Stockpiling

Food & Water Tips



Many of us are paralyzed by the job of planning for an emergency. It's hard to plan for the unknown. But stockpiling food and water is like buying insurance: Your household may never face a devastating natural disaster or pandemic — but if it does, and you are unable to get to a store, a cache of food and water and other supplies may prove priceless. So, if you have been procrastinating — perhaps while watching the latest news on the coronavirus — it's time to get on it. Following are some pointers to help you jump-start the process of building an emergency stockpile for your home. If you're preparing for a possible evacuation, also check out "[How to Prepare for an Emergency in 10 Steps](#)."

1. Set a goal and get started

How much do you want to store? Should you aim for three days' worth of supplies? Or enough for three months? Advice varies, depending on the kind of emergency that is most likely to strike where you live, and how long you anticipate being cut off from supplies. At the very least, the Department of Homeland Security recommends you have a basic emergency supply kit that includes enough food and water for each of your household members for at least 72 hours. Other supplies on their list include a flashlight, battery-powered or hand-cranked radio, and basic first-aid supplies. For an all-in-one shortcut, you can order 3-Day [Emergency Preparedness Kits](#) and other emergency supplies from the American Red Cross. You can also find emergency and survival kits galore on Amazon at <https://www.amazon.com/Emergency-Survival-Kits>. But you can be much more secure in a crisis if you go beyond the bare minimum of 72 hours. Once you hit that goal, move the goalposts to one or two weeks. Keep it up until you've reached your ultimate goal.

2. Prioritize water and store it safely

The Centers for Disease Control and Prevention (CDC) recommends storing 1 gallon per day for each person and each pet, and recommends creating a two-week supply if possible. "Unopened commercially bottled water is the safest and most reliable emergency water supply," according to the CDC. Alternatively, you can store tap water in your own containers. Either way, make sure to observe safety measures the CDC recommends:

- If you use store-bought water, check expiration dates and replace accordingly.
- Replace water you've stored yourself every six months.
- Keep a bottle of unscented liquid chlorine bleach with your emergency supplies for cleaning and sanitizing and for [disinfecting](#) water.
- Don't use bleach with color-safe or cleaning additives. Look for a label that says the product is safe for disinfecting water.

3. Buy in bulk

To stockpile affordably — especially if you have a large household or want a long-lasting stockpile — buy what you can in bulk. If you're unsure what to put on your bulk shopping list, check out "[10 Foods That Can Keep for Years](#)." If

you don't belong to a warehouse club, see what foods your local Walmart sells in economy sizes — such as a 4-pound jar of peanut butter for about \$5 — or check out the many foods that [Amazon](#) sells in bulk sizes.

4. Invest in nutritional and tasty foods

Eating from a stockpile can get boring. Real Simple lists foods that not only need no cooking and are nutritionally dense but also are tasty. They include:

- Peanut butter
- Whole wheat crackers (consider vacuum packing to prolong freshness)
- Nuts and trail mix
- Cereal (individually packaged to prolong freshness)
- Power bars and granola bars
- Dried fruit
- Canned meat such as tuna, salmon, chicken and turkey
- Canned vegetables such as beans, carrots and peas
- Canned soups and chili
- Sports drinks (avoid ones laden with sugar and artificial color)
- Sugar, salt and pepper
- Powdered milk

Remember to pack a can opener. For more ideas, see “[20 Things That Are Actually Worth Stockpiling.](#)”

5. Include seeds for sprouting

Vegetable, nut and grain seeds for sprouting are a good addition to your stockpile. The Micro Gardener [tells how](#) to grow vegetable sprouts in a Mason jar. Vegetarian Times [lists](#) grains and nuts that make good sprouts, and tells how to safely make and consume sprouts, avoiding bacteria.

6. Stock up on longer-lasting fresh items when possible

If you see trouble coming and are able to buy fresh foods, Real Simple recommends items that can last for weeks or even months if stored properly, such as:

- Apples
- Citrus
- Winter squashes such as acorn squash
- Potatoes and yams

7. Rotate food rations

To make sure your stored food is safe and nutritious when you need it, check the remaining shelf life of each item periodically. Rotate foods near the end of their shelf life by using them in your kitchen. Then, add fresh supplies to the stockpile.

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

Energy Bills

Update 01: More Mistakes That Send Energy Bills Soaring

Heating your living space accounts for almost half of a home's energy bills on average, and air conditioning eats up even more. 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 more tips on how to cut energy consumption on heating and cooling for a big payoff.

1. Failing to insulate the water heater

Wrap older water heaters in an insulating jacket to keep the heat from radiating out.

2. Not insulating hot water pipes



Insulating the hot water pipes that run from your water heater to your home's interior can raise your water temperature by 2 to 4 degrees compared with uninsulated pipes. Insulating the pipes reduces heat loss and lets you lower the water temperature setting, saving energy, as Energy.gov [explains](#) in instructions on insulating pipes.

3. Overlooking door sweeps

Prevent cold drafts of air from blowing in by installing a door sweep at the bottom of exterior doors. Some utility companies offer them free to customers, so call to inquire before you buy one.

4. Skipping weatherstripping

Installing weatherstripping around the edges of windows and doors is another way to plug chilly leaks from outside. Bob Vila [tells](#) how to apply weatherstripping to doors. Lowe's [shows](#) how to apply it to windows.

5. Not knowing how to use drapes correctly

Here's a simple fix: Reduce heat loss by keeping drapes closed at night, or when the sun is not streaming in. When it's sunny, open your blinds or drapes and let the sun's warmth pour into your home.

6. Not sealing the heat ducts

Sealing air ducts so they don't leak is especially important if the ducts are in an unconditioned attic or vented crawlspace. Minor duct repairs are easy to make, [says](#) Energy.gov. But "qualified professionals should seal and insulate ducts in unconditioned spaces to ensure the use of appropriate sealing materials."

7. Not insulating the basement

Up to 30% of a home's heat loss can be due to an uninsulated basement, [says](#) HouseLogic. HouseLogic says you can insulate in one of two ways:

- Treat the basement like an outdoor space by insulating only the basement ceiling, which prevents the home's heat from escaping into the cold basement.
- Treat the basement like a room in the home, insulating the walls instead of the ceiling. As a bonus, you gain more living area by insulating and enclosing walls.

8. Overlooking electrical outlets

Here's a surprise: Electric outlets, switches and electrical boxes can be sources of air leaks. The solution: insulate them and seal leaks. Family Handyman [shows](#) how to do this with illustrated instructions. At the least, just add premade foam gaskets to your wall outlets. Measure the outlet before you purchase and remember to turn off the power at the circuit breaker box when you do this job. Also, easily removable child-safety plugs placed in unused wall outlets can help plug leaky areas.

9. Ignoring outside-facing baseboards

Even baseboards along outside walls can be a source of cold air leaks. To prevent cold-air intrusion into your home, use clear caulk to seal joints where baseboards meet walls and floors.

10. Forgetting air conditioner condensation lines

The pipe that carries condensation away from your air conditioner can get clogged. If the pipe becomes clogged, it could back up into the air conditioner — or into your house — and you’ll have a messy problem and a big repair bill. To combat this, locate where the pipe drains out and make sure it’s draining properly. Energy.gov [tells](#) how to do clean the lines or coils and other parts.

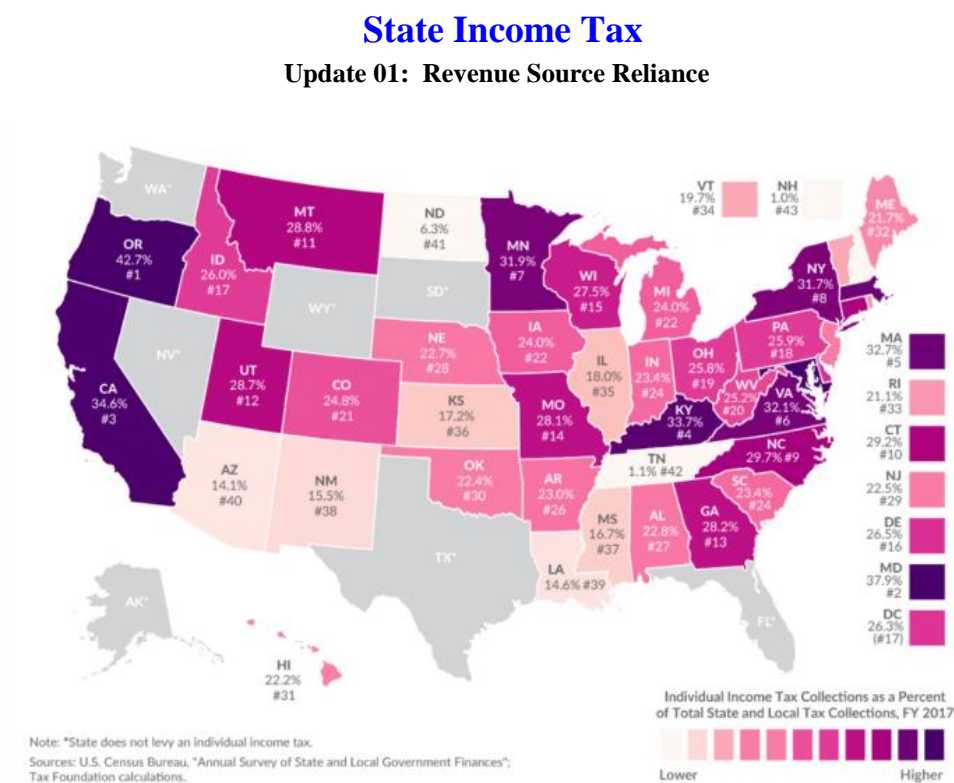
11. Neglecting air conditioner fins

Cleaning the fins on an outside unit will help your AC run better. To clean the fins, use a soft brush such as a toothbrush or small car cleaning brush. Gently run the brush across each fin, being careful not to bend the thin metal. If you do find that these thin metal fins are damaged, there are a variety of tools you can use to straighten them out, such as [this one](#) at Amazon.

12. Using older, inefficient lightbulbs

LED lightbulbs won’t help with home heating costs, but they sure will make a difference in your electric bills for lighting. Consult this [step-by-step](#) guide to choosing the right LED bulbs, and placing them where they will make the most difference.

[Source: Money Talks News | April 25, 2020 ++]



Sources of state revenue have come under closer scrutiny in light of the coronavirus situation, as a state’s combination of tax sources has implications for its revenue stability and economic growth. State and localities rely heavily on the individual income tax, which comprised 23.3 percent of total U.S. state and local tax collections in FY 2017, the latest year of data available. While the current crisis has caused consumption to drop dramatically, it is generally true that income taxes are more volatile than consumption taxes in an economic downturn and income taxes tend to be more harmful to economic growth than consumption taxes and property taxes.

Income taxes fall on labor and savings, while consumption taxes like the sales tax fall on what people spend instead of what they earn. As a result, income taxes tend to be less neutral than sales taxes. Of all the states, Oregon and Maryland rely most heavily on individual income taxes, which account for 42.7 percent and 37.9 percent of their total state and local tax collections respectively. Both are among the 17 [states](#) where localities also levy income taxes. Oregon has chosen not to collect sales taxes, a decision which contributes to that state's heavy reliance on the individual income tax. [Source: Tax Foundation | May 13, 2020 ++]

Have You Heard?

Husbands & Wives (3)

Earth Corners

Today's Short Reading from the Bible...

From Genesis: "And God promised men that good and obedient wives would be found in all corners of the earth."

Then he made the earth round...and He laughed and laughed and laughed!

#####

Speeding Ticket

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

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

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

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

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

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

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

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

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

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

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

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

#####

Marriage 10 Commandments

- *Commandment 1* - Marriages are made in heaven. But then again, so is thunder and lightning.
- *Commandment 2* - If you want your wife to listen and pay strict attention to every word you say, talk in your sleep.
- *Commandment 3* - Marriage is grand -- and divorce is at least a 100 grand!

- *Commandment 4* - Married life is very frustrating. In the first year of marriage, the man speaks and the woman listens -- in the second year, the woman speaks and the man listens-- and in the third year, they both speak and the neighbors listen.
- *Commandment 5* - When a man opens the door of his car for his wife, you can be sure of one thing: Either the car is new or the wife is.
- *Commandment 6* - Marriage is when a man and woman become as one; the trouble starts when they try to decide which one.
- *Commandment 7* - Before marriage, a man will lie awake all night thinking about something you said. After marriage, he will fall asleep before you finish.
- *Commandment 8* - Every man wants a wife who is beautiful, understanding, economical, and a good cook. But the law allows only one wife.
- *Commandment 9* - Marriage and love are purely a matter of chemistry. That is why one treats the other like toxic waste.
- *Commandment 10* - A man is incomplete until he is married. After that, he is finished.

#####

Ambidextrous

A group of men live and die for their Saturday morning golfs game. One transfers to another city and they're lost without him.

A new woman joins their Club. When she hears the guys talking about their golf round, she says, "I played on my college's golf team. I was pretty good. Mind if I join you next week? "

No one wants to say 'yes', but they're on the spot. Finally, one man says. Okay, but we start at 6:30 a.m. He figures the early tee-time will discourage her.

The woman says this may be a problem, and asks if she can be up to 15 minutes late. They roll their eyes, but say, "Okay".

She's there at 6:30 a.m. sharp, and beats all of them with an eye-opening 2-under par round. She's fun and pleasant, and the guys are impressed. They congratulate her and invite her back the next week.

She smiles, and says, "I'll be there at 6:30 or 6:45."

The next week she again shows up at 6:30 sharp. Only this time, she plays left-handed. The three guys are incredulous as she still beats them with an even par round, despite playing with her off-hand. They're totally amazed. They can't figure her out. She's very pleasant and a gracious winner. They invite her back again, but each man harbors a burning desire to beat her.

The third week, she's 15 minutes late, which irritates the guys. This week she plays right-handed, and narrowly beats all three of them. The men grumble that her late arrival is petty gamesmanship on her part. However, she's so charming and complimentary of their strong play, they can't hold a grudge.

This woman is a riddle no-one can figure out. They have a couple of beers in the Clubhouse, and finally, one of the men ask her, "How do you decide if you're going to golf right-handed or left-handed?"

The lady blushes, and grins. "When my Dad taught me to play golf, I learned I was ambidextrous," she replies. "I like to switch back and forth.

When I got married after college, I discovered my husband always sleeps in the nude. From then on, I developed a silly habit. Right before I leave in the morning for golf practice, I pull the covers off him. If his Willie points to the right, I golf right-handed; if it points to the left, I golf left-handed."

The guys think this is hysterical. Astonished at this bizarre information, one of the guys says, "What if it's pointing straight up?"

She says, "Then, I'm fifteen minutes late."

#####

State Fair Exhibit

My wife and I went to the state fair and one of the first exhibits we stopped at was the breeding bulls.

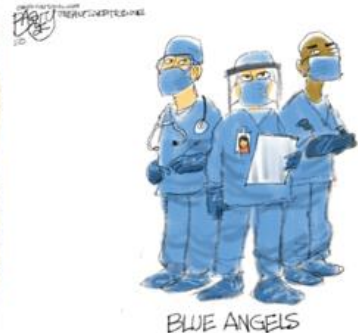
We went up to the first pen and there was a sign attached that said, 'THIS BULL MATED 50 TIMES LAST YEAR'. My wife playfully nudged me in the ribs, smiled and said, 'He mated 50 times last year.'

We walked to the second pen which had a sign attached that said, 'THIS BULL MATED 150 TIMES LAST YEAR'. My wife gave me a healthy jab and said, 'WOW! That's more than twice a week! You could learn a lot from him.'

We walked to the third pen and it had a sign attached that said, 'THIS BULL MATED 365 TIMES LAST YEAR'. My wife was so excited that her elbow nearly broke my ribs, and said, 'That's once a day. You could REALLY learn something from this one.'

I looked at her and said, "Go over and ask him if it was with the same old cow."

My condition has been upgraded from critical to stable and I should eventually make a full recovery.



Thought of the Week

"When one door of happiness closes, another opens, but often we look so long at the closed door that we do not see the one that has been opened for us." – **Helen Keller**

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