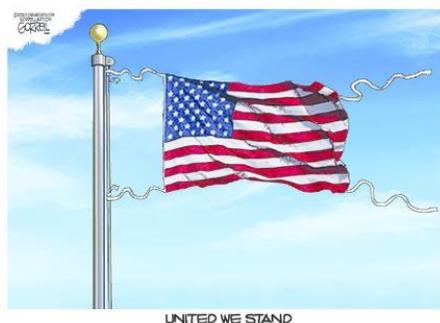


# RAO

# BULLETIN

## 1 June 2020

### PDF Edition



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**NOTE**

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

**\* ATTACHMENTS \***

- Attachment – California Vet State Benefits
- Attachment - Military History Anniversaries 01 thru 15 JUN (Updated)



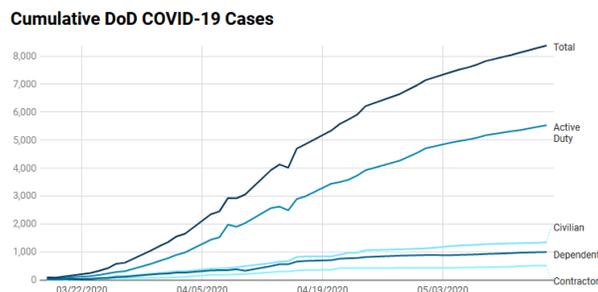
## DOD COVID-19 Preps

### Syringes Ordered for When Vaccine Developed

There may not be a COVID-19 vaccine yet, but the Department of Defense will be ready when there is one -- with \$138 million worth of prefilled syringes. The DOD and the Department of Health and Human Services signed the contract with ApiJect Systems America for their programs "Project Jumpstart" and "RAPID USA." The programs together promise a high-speed supply chain for pre-fillable syringes -- to be filled with the future COVID-19 vaccine. The program is working to upgrade existing facilities with "filling-line and technical improvements" so that 100 million prefilled syringes can be produced for distribution across the United States by the end of 2020. Jumpstart will begin with facilities in Connecticut, South Carolina and Illinois with the potential to expand to other areas of the country.

"RAPID's permanent fill-finish production capability will help significantly decrease the United States' dependence on offshore supply chains and its reliance on older technologies with much longer production lead times," Lt. Col. Mike Andrews said in a DOD news release. Ultimately, the contract promises a production goal of 500 million prefilled syringes in 2021. Of course, the timeline of this contract wholly depends on the successful production of a COVID-19 vaccine available for public distribution. And DOD and DHS are taking a gamble that the vaccine will be injection-based rather than oral or intranasal -- although it's taking those possibilities into consideration as well.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said during Congressional testimony this week that he had "cautious optimism" one of the various potential vaccines currently in testing would at least show signs of effectiveness in late fall or early winter of this year. As of this week, about 1.3 million Americans have tested positive for the virus according to the Johns Hopkins data tracker. More than 82,000 have been killed by it. Within the Department of Defense, approximately 8,200 cases of COVID-19 have been reported. The rate of increase has slowed over recent weeks, with each week resulting in fewer new COVID-19 cases than the last.



[Source: ConnectingVets.com | Elizabeth Howe | May 13, 2020 ++]

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## USSF Flag

### Unveiled at White House

Defense leaders presented the flag of the Space Force to President Donald J. Trump 15 MAY in the Oval Office. The flag of the newly created armed service will hang alongside those of the other military services at the White House.

"I just want to congratulate everybody and thank everybody," the president said. "Space is going to be ... the future, both in terms of defense and offense in so many other things."



Defense Secretary Dr. Mark T. Esper called the presentation of the flag historic. "The United States has been a spacefaring nation for decades," he said during the short ceremony. The creation of the Space Force was necessary because adversaries have "weaponized" space, he said. Space is a warfighting domain. "The United States is now doing what it needs to do to protect our assets in space and ensure that space remains the heavens by which we not only protect America, but we sustain our economy, we sustain our commercial capabilities, we sustain Americans' way of life," Esper said.

Army Gen. Mark A. Milley, the chairman of the Joint Chiefs of Staff, called space critical to the United States. "If we are going to sustain our way of life, and we're going to defend our nation, then we're going to have to defend ourselves in space," Milley said. Gen. John W. "Jay" Raymond, commander of the U.S. Space Command and the nation's first chief of space operations, thanked the president for his support of the 16,000 space professionals assigned to the Space Force. Those men and women come to work every day focusing on providing space capabilities for our nation for joint coalition forces and for the world, Raymond said. "We're proud of this flag. We're proud to have an opportunity to present it to you here for display in the White House," he said.

Air Force Secretary Barbara M. Barrett stressed the integral role space plays in everyday American life. "Most ... Americans, before their first cup of coffee in the morning, have used space, but very few people realize how important space is to everything that we do," she said. But the domain is vulnerable, and space-based equipment needs to be defended and toughened. "You've recognized that and built a force that will help to protect our assets in space, and deter aggressive action in space, and if deterrence doesn't work, to be able to defend our assets in space and those of our allies," she told Trump. "The U.S. Space Force is proud to present the official flag to the President of the United States, to our space professionals across the globe, and to the American public, thus establishing another piece of our culture," said Lynn Kirby, the Space Force spokesperson. The official flag of the Space Force is derived from key and central elements of the seal of the United States Space Force, she said. [Source: DOD News | Jim Garamone | May 15, 2020 ++]

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## PCS Moves

### Update 11: Pet Relocation Cost Reimbursement During Pandemic

Military members could be reimbursed for the extra costs of relocating their pets as part of a permanent change-of-station move during the pandemic, Pentagon officials said 13 MAY. In normal circumstances, service members must pay out of pocket to move their pets during a PCS. Troops moving stateside typically drive their pets or ship them on a commercial airline, an option that can also cost hundreds of dollars. Troops moving overseas can sometimes ship their pets with them as part of a Patriot Express flight. Doing so can cost around \$400. But space for pets on those flights is very limited, and only two pets are allowed per family.



But thanks to the COVID-19 pandemic, commercial airlines have suspended pet travel services. That means troops who are relocating must either snag hard-to-get Patriot Express space, drive their pets or, if that's not an option, hire a pet shipping service, which can cost thousands of dollars. Now, the Defense Department could reimburse troops for those expenses if they are incurred as a result of the pandemic stop-movement order, Ramón "CZ" Colón-López, senior enlisted adviser to Joint Chiefs Chairman Gen. Mark Milley, said during a town hall livestream 13 MAY.

"I know that every time we have had a situation where families were incurring costs because of the stop-movement and the limitation of assets, we have found a way to go ahead and compensate them or come up with a mechanism to be able take care of them," he said. "So if it's something that we have not done yet, we will look into it." That reimbursement would join a series of other COVID-related reimbursements for relocating troops, such as additional housing help and extra per diem payments. The stop-movement order is currently slated to end June 30. Officials are regularly reevaluating that date to determine whether an extension is warranted, Colón-López said during the livestream. "Trust that every day we are critically thinking about every possible way that we can go ahead and mitigate the risk to make sure that we go on to life in the new normal or as normal as possible," he said. [Source: Military.com | Amy Bushatz| May 14, 2020 ++]

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## **NDA 2021**

### **Rare Earth Minerals for Weapons Manufacture Proposal**

The Pentagon has proposed legislation that aims to end reliance on China for rare earth minerals critical to the manufacturing of missiles and munitions, hypersonic weapons and radiation hardened electronics, by making targeted investments. The proposed legislation would raise spending caps under the Defense Production Act to enable government to spend up to \$1.75 billion on rare earth elements in munitions and missiles and \$350 million for microelectronics. It would also eliminate caps when it comes to hypersonic weapons. The proposal, obtained by Defense News, was offered earlier this month for inclusion in the annual defense policy bill Congress has been drafting.

"To me, this is the biggest thing that has happened to rare earths in a decade," Jeffrey Green, a defense industry consultant and advocate for government intervention on rare earth materials, said 18 MAY. "The policy shift is the government is realizing they have to put serious bucks into this." The U.S. government recently awarded contracts for heavy rare earth separation and issued solicitations for the processing of light separation and for neodymium magnets, which are used in Javelin missiles and F-35 fighter jets. Under current law, DOD cannot invest more than \$50 million in DPA funds without additional congressional notification, but the Pentagon's legislative proposal would raise this cap to \$350 million, to invest in multiple projects.

These processes can be expensive, and the process for separating rare earth oxides can cost hundreds of millions dollars, Green said. "The recent awards are like a drop in the bucket, for very small scale pilot programs. It's nowhere near what they'd need to get a commercial facility, even to support DOD's very small volume," Green said. "They have to put big dollars in if they want to separate the oxide at a state-of-the-art facility that's going to be anywhere close to Chinese pricing." China accounts for at least 71 percent of rare earth production globally and is the largest

source of rare earth imports to the U.S., according to a Congressional Research Service report. The U.S. was once a major producer from the mid-1960s until around the late 1980s when China became a major low-cost producer and exporter. In August, Undersecretary of Defense for Acquisition and Sustainment Ellen Lord told reporters that the Pentagon was in early talks with U.S. ally Australia to have it process a significant portion of rare earth materials for the U.S. military. The Australian firm Lynas, which has a mine in Australia and a processing plant in Malaysia, was central to that plan.

In the wake of the coronavirus pandemic and rising tensions between Washington and Beijing, lawmakers have quickly introduced a range of measures aimed at creating domestic alternatives to Chinese supplies for protective equipment and medicines from China to the U.S. However, the DOD legislation is one link in a chain of actions in recent years by the Trump administration. “China is currently the sole source or primary supplier for many chemicals required to make ingredients in missiles and munitions end items. In many cases, there is no other source for these foreign sourced materials and no drop-in alternatives are available,” DOD’s proposal reads. “A sudden and catastrophic loss of supply due to restrictions from foreign suppliers, industrial accidents, natural disasters, or wartime damages would impact critical DOD programs for many years and severely disrupt DoD munitions, satellites, space launches, and other defense manufacturing programs.”

Texas Republican Sen. Ted Cruz made headlines last week with his own rare earths bill, called the Onshoring Rare Earths Act, to establish a supply chain in the U.S. and require the Defense Department to source these minerals domestically. Instead of direct investments, it includes tax incentives for buyers of rare earth minerals to source from U.S. suppliers’ — a detail that places the proposal within House Ways and Means Committee jurisdiction. “Our ability as a nation to manufacture defense technologies and support our military is dangerously dependent on our ability to access rare earth elements and critical minerals mined, refined, and manufactured almost exclusively in China,” Cruz said in a statement. “Much like the Chinese Communist Party has threatened to cut off the U.S. from life-saving medicines made in China, the Chinese Communist Party could also cut off our access to these materials, significantly threatening U.S. national security.”

Both Cruz and the DOD proposal accused China of predatory economic practices to secure its dominance in the rare earth elements market. [Source: DefenseNews | Joe Gould | May 18, 2020 ++]

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## **Base Stay-at-Home Policies**

### **Pentagon Issues New Guidance**



Almost two months after military installations around the world went into a partial lockdown to slow the spread of coronavirus, the Pentagon is issuing new guidance for local commanders in states where stay-at-home orders are gradually lifting. A 19 MAY memo lays out the plan for relaxing health protection conditions. Bases across the department have been at HPCON Charlie since late March, a level meant to respond to “sustained community transmission” of an illness, which prohibits non-essential workers and visitors and closes some base facilities. While local commanders have had the authority to set many of their own policies during the pandemic — including conducting formations, meetings and physical training — the “re-opening” of garrisons will be under higher authority.

“We’re going to look at things on two levels,” Defense Secretary Mark Esper told Military Times on 5 MAY. As states move past quarantine, installations will be beholden to Centers for Disease Control and Prevention, as well as White House coronavirus task force, guidelines and regulations. “That’s something that will not be made by installation commanders,” Esper said. Commanders will consult with their medical staffs, the memo says, considering local outbreak levels, CDC guidance and the advice of local public health authorities. “Commanders may set HPCON levels that are more stringent than surrounding community requirements based on mission and other risk considerations,” according to the memo, but if they want to loosen them further, the next step up in their chain of command will have to review them. These are the rules for making relaxing HPCON Charlie and beyond:

- Two weeks of decreases in locally reported COVID-like or flu-like illness.
- Two weeks of decreases in locally diagnosed COVID-19 cases.
- Adequate bed space and testing capacity at on-base or local civilian hospitals.

Also included with the memo is a handy reference chart with descriptions of each HPCON level and guidance for what kinds of on-base activities and facilities might be affected. For example, if downgrading to HPCON B, on-base spread of the virus should have all but stopped, but there might still be some new cases in the local community. That would still include work-from-home for some groups, including those with vulnerable pre-existing conditions or those who live with them, as well as social distancing measures in general (6-foot spacing, face coverings). Gatherings should be kept to no more than 10 people, common areas should continue to be regularly disinfected and schools and childcare centers should stay closed, while some elective outpatient medical procedures are good-to-go. [Source: MilitaryTimes | Meghann Myers | May 21, 2020 ++]

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## **Nuclear Weapons Treaty**

### **Update 01: Concerns Heighten over President’s Delay**

Time is running out on an arms control treaty that, if it’s allowed to expire, will leave the world with no legal restrictions on U.S. and Russian nuclear weapons for the first time in nearly half a century. If President Donald Trump doesn’t extend the New Strategic Arms Reduction Treaty — only remaining U.S.-Russia arms control pact — or succeed in negotiating a replacement treaty scheduled to expire next FEB. That’s just 16 days after Trump begins a second term or his successor is sworn into office. Russia has offered to extend New START for up to five years, but Trump is holding out. He thinks China, which is expected to double its stockpile of nuclear weapons in the next decade, should have to sign on to a nuclear arms control accord, too.

The future of New START was further called into question with the President’s announcement 21 MAY that the U.S. intends to withdraw from another treaty that permits observation flights over the U.S., Russia and more than 30 other nations. Trump voiced his desire for a three-way arms control agreement months ago, but that effort is still in the starting blocks. Marshall Billingslea, who was appointed last month as the president’s special envoy for arms control, said 21 MAY that he had his first secure phone call with his counterpart in Moscow, Russian Deputy Foreign Minister Sergei Ryabkov. Billingslea said they agreed to meet, talk about their objectives and find a way to begin negotiations "Suffice to say, this won't be easy. It is new," Billingslea said, adding that the U.S. fully expects Russia to help bring China to the table.

Russian officials and many arms control experts agree that China, as a rising power, should be part of a nuclear arms accord, but they are eyeing the calendar. "It's really hard to see how, in the midst of a pandemic that would make actual in-person negotiations quite difficult, you're going to get something done and ratified and in force before the New START treaty expires on Feb. 5, 2021," said Alexandra Bell at the Center for Arms Control and Non-proliferation. They note how Trump's reelection campaign, the coronavirus pandemic and the economic problems it has created are consuming a lot of time. Negotiating complex nuclear accords can take years, and even the president,

who has blamed Beijing for not stopping the spread of the virus, has said he's doesn't want to talk to President Xi Jinping right now.

A spokesman for the Chinese Foreign Ministry, Geng Shuang, said in January that China has "no intention to participate" in trilateral arms control negotiations. Billingslea, however, is optimistic that Beijing will want to joint in and be seen as a world power. New START imposes limits on the number of U.S. and Russian long-range nuclear warheads and launchers. If it were to collapse, it would be the first time in 50 years that the U.S. does not have the ability to inspect Russian nuclear forces, said Rose Gottemoeller, a former undersecretary of state for arms control and international security. "Every time they (the Russians) take a missile out of a silo and take it to a maintenance facility, they have to notify us that that missile's going to move. ... The intelligence community is simply going to have a much harder time knowing what's going on," she said.

But Trump has accused Russia of not living up to agreements. He cited Russian violations in his 21 MAY announcement that the U.S. would withdraw from the Open Skies Treaty. While the U.S. has officially given its required six-month notice of withdrawal, Trump hinted that he may reconsider and stay in the pact. Ten European Union countries on 22 MAY expressed regret at U.S. plans to withdraw from the Open Skies treaty and vowed to uphold the pact, as NATO envoys met to discuss developments. Trump also blamed Russian violations for his decision last year to pull out of the 1987 Intermediate-Range Nuclear Forces Treaty that banned production, testing and deployment of intermediate-range land-based cruise and ballistic missiles. Russia's Foreign Ministry on 22 MAY accused the U.S. of aiming to dismantle security pacts. Withdrawing from the Opens Skies Treaty "fully fits into (the U.S.) line on the destruction of the entire complex of agreements in the field of arms control and confidence-building in the military field," the ministry said.

Senior U.S. administration officials say Trump's willingness to withdraw from treaties shows he is serious about compliance and is evidence of how prominently arms control verification and compliance will feature in New START talks. "We are not in the business of negotiating new agreements, or extending old ones, if we cannot be assured that the other parties will hold up their end of the bargain," Billingslea said. "When it comes to Russia, we have little reason to be confident. Russia's track record is, to be frank, abysmal." The U.S. and Russia have about 91 percent of the world's nuclear warheads, according to the Federation of American Scientists. The U.S. has 3,800 in its stockpile and Russia has 4,310. China has 320 nuclear warheads, although the Defense Intelligence Agency predicted last year that China was likely to at least double the size of its stockpile during the next 10 years.

With the U.S. presidential election just five months away, the question is whether Trump has enough time to negotiate a grand, three-way deal, especially given China's reticence to participate. Timothy Morrison, an arms control expert and former adviser to Trump on Russia and Europe at the National Security Council, said at a nuclear weapons forum in January that as the months go by, Trump may be "left with a binary question of extend or not extend" New START. "Time is not on the president's side," he said. [Source: The Associated Press | Deb Riechmann | May 25, 2020 ++]

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

**Reported 16 thru 31 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. R.B. Cherry**, 19, was a member of Company G, 2nd Battalion, 24th Infantry Regiment, 25th Infantry Division. He was reported missing in action on Nov. 27, 1950, near Anju, North Korea. Using information provided by returned POWs after the war, it was determined that Cherry had been a POW in Camp 5 and died of pneumonia sometime in the winter of 1950. His remains were reportedly buried in a cemetery near the camp and were not recovered. Interment services are pending. [Read about Cherry.](#)

-- **Army Pvt. Charles Andrews**, 25, was assigned to Company K, 3rd Battalion, 28th Infantry Regiment, 8th Infantry Division. His unit was engaged in battle with German forces near Brandenburg, Germany, in the Hürtgen Forest, when he was declared missing in action on Dec. 4, 1944. Andrews could not be recovered because of the on-going fighting, and his status was changed to killed in action on Jan. 29, 1945. Interment services are pending. [Read about Andrews.](#)

-- **Army Sgt. William E. Cavender**, 20, was a member of Headquarters Company, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action on Nov. 28, 1950, when his unit was attacked by enemy forces near the Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Cavender.](#)

-- **Marine Corps Pfc. Mervin D. Galland**, 24, 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. Galland 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 Galland.](#)

-- **Navy Fireman 1st Class Louis J. Tushla**, 25, 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 Tushla. Interment services are pending. [Read about Tushla.](#)

-- **Marine Corps Reserve Pfc. Charles D. Miller**, 19, was a member of Company A, 1st Battalion, 6th Marine Regiment, 2nd Marine Division, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands, in an attempt to secure the island. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded, while the Japanese were virtually annihilated. Miller died on the third day of battle, Nov. 22, 1943. Interment services are pending. [Read about Miller.](#)

-- **Army Sgt. Jesse D. Hill**, 20, was a member of Company C, 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 Hill.](#)

-- **Marine Corps Reserve Pfc. Thomas F. Johnson**, 18, 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. Johnson died on the fourth day of battle, Nov. 23, 1943. Interment services are pending. [Read about Johnson.](#)

-- **U.S. Navy Metalsmith 1st Class Leonard F. Smith**, 29, 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 Smith. Interment services are pending. [Read about Smith.](#)

--**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. Interment services are pending. [Read about Miller.](#)

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

\* VA \*



## VA Services

### Update 03: VHA Partially Reopens Facilities

U.S. Department of Veterans Affairs (VA) Secretary Robert Wilkie announced the department will begin to reintroduce health care services in select VA facilities 18 MAY, as states reopen from COVID-19 shutdowns. Each Veterans Integrated Service Network (VISN) has selected Lead Sites to be the first to implement a phased approach to reintroducing select health care services while ensuring a safe environment. The lessons learned from these initial sites will help to inform how other facilities plan for expanding services in their facilities. Lead Sites introducing select services include:

- VISN 1-- White River Junction VA Medical Center (VAMC), VT
- VISN 2 -- Syracuse VAMC, NY
- VISN 4 -- Erie VAMC, PA
- VISN 5 -- Hershel “Woody” Williams VAMC, WV
- VISN 6 -- Salem VA Healthcare System (HCS), VA
- VISN 7 -- Ralph H. Johnson VAMC, SC
- VISN 8 -- West Palm Beach VAMC, FL
- VISN 9 -- James H. Quillen VA HCS, TN
- VISN 10 -- Louis Stokes Cleveland VAMC, OH
- VISN 12 -- Tomah VAMC, WI
- VISN 12 -- William S. Middleton Memorial Veterans Hospital Madison VAMC, WI
- VISN 15 -- Kansas City VAMC, MO
- VISN 16 -- Central Arkansas Veterans HCS, AR
- VISN 17 -- South Texas VA HCS, TX
- VISN 19 -- Fort Harrison VAMC, MT
- VISN 20 -- Puget Sound VAMC, WA
- VISN 20 -- Boise VAMC, ID
- VISN 21 -- VA Southern Nevada HCS, NV
- VISN 22 -- VA Southern Arizona HCS, AZ
- VISN 23 -- Fargo HCS, ND

Veterans should contact their VA medical facility or provider for information about the expansion of services at any of these sites. “The safety of Veterans and staff is the highest priority when we consider how we provide health care services and procedures during the ongoing COVID-19 pandemic,” said VA Secretary Robert Wilkie. “VA will take into account guidance from various agencies including federal, state and local government as we gradually expand health care services.” As a high reliability organization, safety is always paramount and will continue to guide our decision making. VA facilities may not be the first to reopen a full spectrum of care but in reintroducing services, VISNs and VA medical centers will consider unique circumstances of their state and local markets, environmental safety preparedness and clinical risk assessments.

VA has developed a risk-based framework to prioritize non-urgent procedures in addition to the urgent procedures currently being performed. Evaluation of such factors as patient health, staff safety and resource considerations will guide expansion, scheduling decisions and which services VA will reintroduce. VA will continue to track capacity needs for in-patient beds and other resources. Rigorous safety measures including employee and Veteran COVID-19 screening, physical distancing and appropriate personal protective attire such as face coverings, will remain in place at all facilities. Additionally, VA will continue to maximize the personalized virtual care options of telehealth, phone consults and wellness checks, as these services have been a valuable link to Veterans during this challenging time. [Source: VA News Release | May 20, 2020 ++]

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## VA Compensation and Pension

### Update 13: In Person Exams Resume at Select Locations

The U.S. Department of Veterans Affairs (VA) announced 28 MAY it will resume in-person Compensation and Pension (C&P) exams in concert with the reopening of VA lead medical centers in select locations across the country. VA Veterans Benefits Administration's (VBA) contracted medical examination providers will immediately begin contacting Veterans in select locations with claims pending C&P exams to schedule exam appointments. "Resuming C&P exams allows VA to continue delivering the benefits our Veterans have earned," said VA Secretary Robert Wilkie. "We're keeping the safety of Veterans and our medical providers as our highest priority and have put a robust set of measures in place to ensure medical providers can safely conduct these examinations."

Safety measures include COVID-19 screening for Veterans and employees, physical distancing and appropriate personal protective equipment to include face coverings and gloves. VA is working closely with its medical providers to ensure the safety of Veterans and providers remains a top priority. VA expects to start conducting in-person exams within the next few weeks based on the availability of Veterans in the following approved locations:

- White River Junction VA Medical Center, Vt.
- Syracuse VAMC, N.Y.
- Erie VAMC, Penn.
- Hershel "Woody" Williams VAMC, W. Va.
- Salem VA Healthcare System (HCS), Va.
- Ralph H. Johnson VAMC, S.C.
- West Palm Beach VAMC, Fla.
- James H. Quillen VA HCS, Tenn.
- Louis Stokes Cleveland VAMC, Ohio
- Tomah VAMC, Wis.
- William S. Middleton Memorial Veterans Hospital Madison VAMC, Wis.
- Kansas City VAMC, Mo.
- Central Arkansas Veterans HCS, Ark.
- South Texas VA HCS, Texas
- Fort Harrison VAMC, Mont.
- Puget Sound VAMC, Wash.
- Boise VAMC, Idaho
- VA Southern Nevada HCS, Nev.
- VA Southern Arizona HCS, Ariz.
- Fargo HCS, N.D.

Veterans outside of these service areas will continue to be served through telehealth appointments or the acceptable clinical evidence process, which includes a review of existing medical records to provide information needed to complete the claim, whenever possible. Veterans within resumed service areas who do not yet feel comfortable receiving in-person exams may opt to schedule their exam for a later date without impact to their disability claim. No final action will be taken on a claim while a required in-person exam is pending. VA expects to expand the list of available locations as conditions allow, with guidance from various agencies driving decision making. For more information, visit [VA benefits](#).

[Source: VA News Release | May 28, 2020 ++]

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## VA Hazard Pay

### VA Officials Say their Frontline Medical Employees Do Not Require It



For months, the Department of Veterans Affairs staff have reported supply shortages and rationing and said they feared going to work during the coronavirus pandemic. Some told Connecting Vets they were weighing their duty to veterans with fear for their families and considered quitting. Now, department officials have said frontline medical employees at VA do not require hazard pay. "Hazard pay is to compensate employees when risks cannot be reasonably mitigated and employees cannot be safely protected, and that is the opposite of the current environment at VA," VA Press Secretary Christina Noel told Connecting Vets 12 MAY. "(VA) has a much lower employee infection rate (less than one percent) than other health care systems."

So far, VA says more than 1,300 of its staff have tested positive for the virus and at least 28 have died, department data shows. VA previously dismissed VA staff reports of severe shortages and rationing of personal protective equipment such as masks, gowns and gloves. VA officials called employee accounts "false allegations" and repeatedly insisted that the department had adequate supplies, though internal VA memos echoed staff concerns. Federal union leaders accused the department of "endangering" veteran patients and staff, and those allegations prompted a Department of Labor investigation. But in recent weeks, department officials admitted shortages and "austerity measures." More recently, officials said they planned to lift previous limitations on supplies to allow some medical staff one mask per day, rather than one mask per week, and said each healthcare employee caring for patients directly would receive protective gear.

Previously, VA limited protective supplies only to medical staff treating COVID-19 and other high-risk patients. VA employees have also described staff shortages at some department hospitals and clinics across the country, putting a greater burden on the staff who remain. The American Federation of Government Employees, a union representing hundreds of thousands of VA employees, said VA's attitude about hazard pay was an insult to frontline medical workers. "It is preposterous to say that front-line VA employees are not due hazard pay because the VA has finally begun to provide employees with the protections they've been asking for since the beginning of this pandemic," AFGE National President Everett Kelley said in a statement 12 MAY. "That is a slap in the face to the employees who continue to put their health at risk each day, to the 1,300 employees who have tested positive for COVID-19, and to the 28 families who have lost a loved one due to being exposed to the virus at work."

VA did not immediately respond to Connecting Vets' request for further comment on hazard pay for frontline staff. Kelley accused VA of telling sick employees to continue to come to work after they were exposed to the virus, or to continue working until test results returned at VA hospitals in Alabama, California and Indiana. Kelley also accused VA of failing to report positive test results, risking further exposure. Kelley said all frontline medical employees who may have been exposed to the virus on the job and who were not provided adequate protective gear during the pandemic "deserve hazard pay." "Until the VA fixes their PPE and leave issues, they can not mitigate the hazard sufficiently," Kelley said. "It took numerous actions from AFGE members and our brothers and sisters at VA facilities across the country, and the calls for answers from Congress and the press, before VA leadership finally acknowledged the shortage of PPE – but by that time it was too late, employees were already sick and dying." [Source: ConnectingVets.com | Abbie Bennett | May 12, 2020 ++]

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## **VA Coronavirus Preparations**

### **Update 06: Plans For Future Virus Spikes.**

As medical experts begin advising the United States to prepare for a possible second wave of the coronavirus, the Department of Veterans Affairs says it is continuing to add room for patients, stabilize supply chains and add more staff. Centers for Disease Control and Prevention documents recently released by the Associated Press, stress plans for future virus spikes. The Pentagon and the Defense Health Agency already are bracing for a possible "second spike" of COVID-19, leaders told Connecting Vets, stocking supplies and taking staff headcounts to ensure the military health system is prepared not only for a resurgence of the virus, but also for a backlog of patient appointments delayed by stay-at-home orders and hospitals limiting services to lessen risk of virus transmission. The VA appears to be preparing for the same.

"VA was prepared for the COVID-19 outbreak and will be prepared for any future outbreaks," VA Press Secretary Christina Noel told Connecting Vets. "We prepare for such contingencies year-round and are continually evaluating our existing footprints, policies and supply levels to maintain readiness." Department officials provided an update on VA's capacity 13 MAY, after refusing to provide such information over past months. As of late April, VA said it had room for 12,215 critical and non-critical patients, and increase from 9,840 in March. That increase is because VA deferred elective surgeries in anticipation of greater need for hospital beds during the pandemic. That expansion allowed VA to care for non-veteran patients as part of its fourth mission to serve as a last line of defense for the American healthcare system in times of crisis. That expansion has also allowed VA to keep its overall capacity at 35-40 percent for both acute and intensive care units, the department said, "well below the crisis capacity levels that some feared as the virus spread."

VA said its stock of medical supplies "remains robust." But VA also said it was "well-stocked" or had "adequate" supplies of personal protective equipment before, at least publicly, while its internal communications showed "austerity" measures including severe rationing of supplies such as masks and gowns. VA medical staff told Connecting Vets they lacked masks and other PPE, were given expired supplies, told to wash disposable masks, or were limited to one mask per week and told to wear them until they fell apart. Some veteran patients at VA said they bought nurses masks themselves. VA officials denied those accounts and called them "false allegations." Later, VA leaders acknowledged shortages, and received millions of masks and other supplies from the Federal Emergency Management Agency, state of New Hampshire and, this week, South Korea. VA staff and union leaders accused the department of endangering veteran patients and employees. Those allegations prompted a Department of Labor investigation.

Despite those issues, and concerns over the department's use of the controversial drug hydroxychloroquine to treat veterans with the virus, VA Secretary Robert Wilkie said he believed his agency was "doing a pretty good job" in April and praised its efforts again 13 MAY. "VA's team has managed its resources wisely during this crisis," Wilkie said in a statement. "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 has "millions of N95 masks on hand," the department said, along with "plenty supplies (sic) of hand sanitizer, gloves, gowns and eye protection." The department also has 11,943 ICU ventilators on hand, plus 826 transport ventilators and 1,218 anesthesia machines. As of 13 MAY, VA reported more than 11,600 COVID-19 cases, including veterans, employees, service members and civilians. Of those, 1,993 veterans are actively sick with the virus and more than 6,800 were considered "convalescent" meaning they are in recovery or it has been more than 14 days since they tested positive, according to the department. Most (63 percent) of the veterans who are convalescing are "recuperating at home," VA said.

VA is tracking at least 953 patient deaths, including 665 in VA inpatient care. Among staff, VA data shows more than 1,300 have tested positive, though more than 1,000 of those are considered convalescent. At least 30 have died. VA has administered more than 136,000 tests nationwide as of Wednesday. The department is working at "a record

pace" to hire more staff. In April, VA added 9,338 medical staff, including more than 2,000 registered nurses expected to join VA this month. [Source: Connecting Vets | Abbie Bennett | May 13, 2020 ++]

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## VA COVID-19 Drug Test

### Degarelix (Firmagon) Clinical Trial HITCH



On 15 MAY, the U.S. Department of Veterans Affairs (VA) began a new clinical trial to test a Food and Drug Administration-approved prostate cancer drug as a potential treatment for male Veterans with COVID-19. In a double-blind randomized controlled trial (HITCH) designed by one of the leading VA researchers on prostate cancer Dr. Matthew Rettig, VA scientists will compare the drug degarelix (trade name Firmagon) to a placebo for improving the clinical outcomes of nearly 200 Veterans who have been hospitalized with COVID-19. “Veterans who have contracted this virus are in need of immediate care,” said VA Secretary Robert Wilkie. “This trial is an important step in advancing knowledge of a potential treatment for those infected with COVID-19. We are here to do everything in our power to preserve and protect life.”

Degarelix is often used to treat advanced cases of prostate cancer. It works by rapidly, but temporarily, suppressing the body’s production of male hormones. These hormones can fuel the growth of prostate cancer. Scientists are testing degarelix because lab evidence suggests male hormones trigger the production of a protein called TMPRSS2 on lung tissue. The virus that causes COVID-19 relies on TMPRSS2 to enter lung tissues. Researchers from the University of Alabama at Birmingham and Columbia University applied advanced artificial intelligence and computational genomics techniques and used that lab evidence for this COVID-19 data. The researchers collaborated with VA to plan the new trial.

Potential side effects of degarelix are typically linked to long-term treatment. In the trial, patients will be administered only one dose of the drug that will last 28 days. Any side effects of degarelix are thus expected to be temporary. By temporarily lowering male hormone levels, researchers believe they can reduce the production of TMPRSS2 in lung tissue and thus prevent the virus from penetrating lung cells. Hormone levels will return to normal at the end of treatment. The study is not suitable for female Veterans. Existing evidence shows degarelix may have the opposite effect in the female body by increasing TMPRSS2 production, thus worsening the severity of COVID-19 symptoms.

The West Los Angeles VA Medical Center is leading the trial. The study also involves VA medical centers in New York (Brooklyn and Manhattan) and Washington state (Puget Sound), leveraging the Prostate Cancer Foundation/VA network of centers of excellence. The University of California, Los Angeles (UCLA) is involved in the analysis of research specimens, but not the clinical element of the study. VA researchers expect to complete the trial in about four months.

#### **Italian-based study supports researcher’s hypothesis**

The HITCH trial comes on the heels of an Italian-based observational study that showed men with prostate cancer who were being treated with drugs that suppress male hormones had much better COVID-19 outcomes. The study suggested

that men with prostate cancer who were taking ADT were four times less likely to be infected with the coronavirus than men who were not on ADT and five times less likely to die. The researchers looked at more than 9,000 patients with confirmed COVID-19 in the Veneto region of Italy. They used data on all cancer patients in the region for comparison. Among all prostate cancer patients, only four out of more than 5,200 men on ADT developed COVID-19 infection. None of them died. Among more than 37,000 men with prostate cancer who were not receiving ADT, 114 developed COVID-19 and 18 died.

Degarelix was one of the hormone suppression drugs the patients used, along with lupron (trade name Leuprolide). Those medications all have the same effect when used on chronically ill people, Rettig notes. Rettig says the findings from the study support his belief that degarelix may be effective in treating COVID-19. Degarelix was chosen over other drugs for the HITCH trial because it's the only one that rapidly drops male hormone levels, he notes. "On average, hormone levels drop about 90% in 24 hours with degarelix," Rettig says, "whereas, with all of the other ADT drugs, it can take a few weeks to reduce testosterone levels. We don't have the luxury of time when we're talking about sick COVID patients who are hospitalized. So we chose degarelix. It works rapidly, and it's temporary, and the effects on testosterone levels, as well as the side effects, resolve in just a few weeks. Most if not all of the side effects of degarelix are attributable to its long-term use for prostate cancer."

Independent of the clinical trial, Rettig is also leading an observational study that involves nearly 40,000 VA prostate cancer patients who are on ADT drugs, such as degarelix. He and his colleagues are looking at data to determine if these patients have a lower severity rate of COVID-19, compared with patients who are not on ADT therapy. The Italian-based study concluded that hormone therapy protects prostate cancer patients from contracting COVID-19 and experiencing symptoms from the disease.

#### **A 'serendipitous' occurrence**

Rettig first had the idea for the clinical trial when reading a research paper that appeared in April in the journal *Cell*. The paper described how the TMPRSS2 protein lives on the surface of lung tissue, and how the coronavirus uses it to infect cells. "If you do prostate cancer research, you know that TMPRSS2 is regulated by male hormones," he says. "It was natural to me to hypothesize that shutting down androgens to prevent TMPRSS entry into the lung cells could reduce the severity of COVID-19." It was "serendipitous," Rettig says, how his idea took on a new life. He co-chairs a national VA program on precision oncology with Dr. Bruce Montgomery of the VA Puget Sound Health Care System in Washington State. During one of the group's meetings, he presented his idea when someone in the meeting, Dr. Rachel Ramoni, VA's chief research and development officer, told Rettig she had been contacted by two university researchers who came up with the same hypothesis.

The researchers, one at Columbia University and the other at the University of Alabama at Birmingham, had applied artificial intelligence and computational genomics techniques to emerging COVID-19 data. That approach produced lab evidence suggesting that male hormones trigger the growth of TMPRSS2 on lung tissue. Ramoni immediately put Rettig in touch with the two university researchers. "Rachel mobilized a lot of VA resources to bring the trial to fruition," Rettig says. "It has been a very intense period. We've condensed a process that typically takes a minimum of 10 to 12 months into a matter of just weeks to get this trial approved and up and running." It helps, he says, that the VA facilities participating in the precision oncology program are in cities that have a high number of COVID-19 cases. "We already had the clinical trial infrastructure at these sites that could be repurposed from prostate cancer to COVID-19," he says. "So instead of having to identify investigators at these sites to call and see if they're interested, I already knew them."

In the non-VA population, he says, studies using similar approaches are in the works at Johns Hopkins University and Harvard University. For the future, Rettig is eyeing the possibility that male hormone reduction therapy could be used not only to treat disease but also to prevent people from being infected with coronavirus. He calls this a form of prophylactic therapy, not a vaccine, because it isn't an immune-based approach. "This would be a huge undertaking requiring thousands of patients," he says. "We are quite some time away from this, but we may seriously consider it at

some point.” VA Secretary Robert Wilkie understands the crucial nature of the HITCH trial and others that VA is carrying out to find a treatment for COVID-19.

“Veterans who have contracted this virus are in need of immediate care,” he says. “This trial is an important step in advancing knowledge of a potential treatment for those infected with COVID-19. We are here to do everything in our power to preserve and protect life.” For more information, visit <https://www.research.va.gov>. [Source: VA News Release & Research Currents | Mike Richman | May 5 & 22, 2020 ++]

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## **VA COVID-19 Drug Test**

### **Update 01: Fewer Patients Now on HCQ**

Facing growing criticism, the Department of Veterans Affairs said 15 MAY that it will not halt use of an unproven malaria drug on veterans with COVID-19 but that fewer of its patients are now taking it. In responses provided to Congress and obtained by The Associated Press, the VA said it never “encouraged or discouraged” its government-run hospitals to use *hydroxychloroquine* (HCQ) on patients even as President Donald Trump heavily promoted the drug for months without scientific evidence of its effectiveness. Still, it acknowledged that VA Secretary Robert Wilkie had wrongly asserted publicly without evidence that the drug had been shown to benefit younger veterans. The VA, the nation’s largest hospital system, also agreed more study was needed on the drug and suggested its use was now limited to extenuating circumstances, such as last-ditch efforts to save a coronavirus patient’s life.

In the first week of May, 17 patients had received the drug for COVID-19, according to VA data obtained by the AP. The department declined to say how many patients had been treated with hydroxychloroquine for the coronavirus since January, but a recent analysis of VA hospital data showed that hundreds of veterans had taken it by early April. “VA has not endorsed nor discouraged the use of HCQ in COVID-19 patients and has left those decisions to providers and their patients,” the VA said. “While all drugs have the potential for adverse events and some drugs in particular, like hydroxychloroquine, are known to have specific risks, when they are used carefully and judiciously, they can be managed safely.”

Responding to written questions from Sen. Jon Tester, the top Democrat on the Senate Veterans Affairs Committee, the department admitted it had no studies or evidence to back up Wilkie’s claim that hydroxychloroquine had shown effectiveness in younger veterans in particular. “The use of hydroxychloroquine for COVID has dropped off dramatically,” the VA said. Trump repeatedly has pushed the malaria drug hydroxychloroquine with or without the antibiotic azithromycin, but no large, rigorous studies have found them safe or effective for COVID-19, and they can cause heart rhythm problems and other side effects. The Food and Drug Administration has warned against the drug combination and said hydroxychloroquine should only be used for the coronavirus in formal studies.

Two large observational studies, each involving around 1,400 patients in New York, recently found no benefit from hydroxychloroquine. Two new ones published 14 MAY in the journal BMJ, one by French researchers and the other from China, reached the same conclusion. Tester, who received VA’s responses this week, said he remained concerned about the drug’s safety. “Any drug used to treat patients with COVID-19, especially veterans living with debilitating preexisting conditions, must be proven safe and effective before it’s administered,” he said. “Given recent studies from both VA and other hospitals, hydroxychloroquine seems to fall short of those requirements.”

Major veterans organizations and Democrats including Senate Minority Leader Chuck Schumer had called on the VA to explain why it allowed the use of an unproven drug on vets. Last week, a whistleblower complaint by former Health and Human Services official Rick Bright alleged that the Trump administration wanted to “flood” hot spots in New York and New Jersey with the drug. Jeremy Butler, CEO of Iraq and Afghanistan Veterans of America, said Friday that his group was heartened by the VA’s preliminary explanations and called it imperative that it release additional details. “It remains concerning that it took this long to begin to get answers to basic questions,” he said.

The analysis of VA hospital data, done by independent researchers at two universities with VA approval, was not a rigorous experiment. Researchers analyzed medical records of 368 older male veterans hospitalized with confirmed coronavirus infection at VA medical centers who died or were discharged by 11 APR. About 28% of veterans who were given HCQ plus usual care died, versus 11% of those getting routine care alone.

In its response to Congress, the department provided copies of some of its guidance issued to VA physicians on HCQ from March to May. It made clear that it should be considered mostly for use in clinical trials or when medically appropriate after a full discussion with the patient about risks. The VA did not explain the circumstances in which veterans in the recent analysis of hospital data were given the drug, only suggesting that “it is possible” they were prescribed as part of last efforts to save a patient’s life. “Based on the principles of patient-centric care, it would be inappropriate to deny patients access to hydroxychloroquine under these dire circumstances,” VA wrote. It said it had followed the approach of the National Institute of Allergy and Infectious Diseases by “summarizing the medical literature regarding unapproved treatments for COVID-19 and making that available to VA clinicians in their shared decision-making with patients.” That guidance now includes preliminary studies on *remdesivir*, which has been federally approved for emergency use to treat COVID-19.

One VA document dated 25 MAR notes a few “very small cohort studies” showing possible “beneficial effects” but adds “these data have NOT been verified in randomized controlled trials and are extremely preliminary.” The VA acknowledged to Congress that it had placed bulk orders for HCQ from Feb. 1 to April 23 for 6.3 million tablets worth \$208,000 in anticipation of a possible shortage of the drug, but that most of it was being used for approved uses, such as treating lupus and rheumatoid arthritis. It said it did not have breakdowns. The department also said it planned further studies and clinical trials on hydroxychloroquine, including whether it could help prevent infection in veterans who were potentially exposed to COVID-19. It is in discussions with Novartis to have some VA facilities participate in a national clinical trial that will look at the effectiveness of HCQ in combination with azithromycin in patients with moderate and severe disease.

Veterans Affairs Secretary Robert Wilkie said 21 MAY that HCQ will continue to be offered to VA hospital COVID-19 patients despite criticism, and he believes that the media has been pointing to studies that say the medication is unproven because they wish to aim attacks more at President Donald Trump and his statement that he's been taking the drug. Wilkie said on Fox News' "Fox and Friends First." "We have seen it work in many settings across America and our goal is to do everything we can to preserve and prolong life." He also disputed a VA study that "the press has been touting" as something that "researchers took and used VA numbers to look at the underlying medical conditions and misrepresented what was going on."

[Source: Associated Press & Newsmax | Hope Yen & Sandy Fitzgerald | May 15 & 21, 2020 ++]

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## **VA COVID-19 Deaths**

### **Update 02: 1200 Patients Expired As of 29 MAY**

Veterans Affairs leaders declared that their coronavirus response in recent months has been a “great success,” with active case numbers falling and department hospitals beginning to resume normal operations. But in testimony before the House Appropriations Committee on 28 MAY, VA Secretary Robert Wilkie added that department staff are still “routinely putting their lives on the line and sacrificing time with their families to care for veterans, most of whom are older and are therefore more vulnerable to the virus.”

As of Thursday morning 28 MAY, 1,200 patients in the VA health system have died from complications related to the virus. That’s up almost 10 percent from one week ago, and a significant rise from the 512 reported deaths at the start of May. Nearly 9 percent of patients in VA care who contract the virus have eventually died from the illness, well above the 6 percent death rate for cases among all Americans, according to the latest data released by the Centers

for Disease Control and Prevention. However, VA officials have 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.” Active cases of coronavirus had dropped sharply in recent weeks. As of Thursday morning, the department reported 1,390 patients still not recovered from the illness, a decrease of about 18 percent from a week earlier. At the start of May, that number was nearly 3,000 patients.

Wilkie faced several questions from lawmakers about shortfalls in personal protective equipment for VA staff in recent months, an issue that union officials have said was widespread and dangerous for their members. But Wilkie and other VA leaders at the hearing insisted that the supply of masks, medical gowns and other supplies has not been a problem. “Our workforce has had what they needed throughout the entirety of the response,” said Jennifer MacDonald, chief consultant to the VA’s top health official. Wilkie said on average, the Veterans Health Administration has a minimum of two weeks’ supply on hand of each type of PPE within most facilities. Past austerity measures — including mandating some employees reuse masks — were put in place in April because of concerns about long-term availability and have since been lifted. At least 31 VA employees have died from coronavirus in the last three months, and nearly 1,500 have contracted the virus.

Lawmakers asked if the department needs more money for the current response effort, or to prepare for the possibility of a resurgence of the virus in the fall. But officials said they have obligated less than \$3 billion of the nearly \$20 billion in emergency funds approved by Congress so far. VA Chief Financial Officer Jon Rychalski said department leaders will instead be pushing for more flexibility with the money in coming months, to allow for broader use of the funds. More than 100,000 Americans have died from the coronavirus in the last three months.

[Source: MilitaryTimes | Leo Shane III | May 28, 2020 ++]

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## **VA EPIC3 Study**

### **Impact of COVID-19 on Vets**

On 28 MAY, the U.S. Department of Veterans Affairs (VA) began a national four-year study on the impact of COVID-19 on Veterans to help address critical questions about the disease. Known as EPIC3 (Epidemiology, Immunology and Clinical Characteristics of COVID-19), researchers will study data and biospecimens, such as throat swabs and blood, to learn how the virus that causes COVID-19 has affected Veterans. “By analyzing data on COVID-19 risk factors, progression, outcomes and immunity, this VA research promises to significantly advance the fight against the disease,” said VA Secretary Robert Wilkie. “The study will complement a similar effort by the Department of Defense (DOD).”

The effort is led by VA’s Cooperative Studies Program (CSP) and coordinated by VA’s Seattle Epidemiologic Research and Information Center. CSP epidemiology centers in Durham, North Carolina; West Haven, Connecticut and Boston are also contributing to the four-year study. The study involves Veterans infected with COVID-19 and those who have recovered or who may be at risk but have not been infected by the virus. They are volunteers who are inpatients, outpatients and residents in VA’s Community Living Centers. Each cohort consists of hundreds of Veterans. A similar study is being conducted by the Department of Defense (DOD) involving active-duty service members. At the end of their respective studies, VA and DOD researchers plan to compare findings from the two study groups. To learn more about VA research, visit [research.va.gov](https://research.va.gov).

[Source: VA News Release | May 28, 2020 ++]

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## VA Home Loan

### Update 70: New Website for Those Impacted by COVID-19

There's a new housing assistance website for Americans who have been impacted by COVID-19. The Department of Veterans Affairs teamed up with several other agencies to launch the website to ensure that veterans and service members with a VA home loan and other homeowners with federally backed mortgages have relief options if they have been financially impacted by COVID-19. "VA is committed to ensuring veterans and service members have the financial tools available to make decisions that work for their unique situations," said VA Secretary Robert Wilkie in a statement. The joint website <https://www.consumerfinance.gov/coronavirus/mortgage-and-housing-assistance> with the Consumer Financial Protection Bureau, Federal Housing Finance Agency and the Department of Housing and Urban Development consolidates mortgage relief options, protections for renters, resources for additional help and information on how to avoid COVID-19 related scams.

"This collaboration provides an invaluable resource, enabling all homeowners and renters to access up-to-date information regarding their housing needs during the COVID-19 pandemic," added Wilkie. The website also gives homeowners tools to determine if their mortgage is federally backed and for renters to find out if their rental unit is financed by Fannie Mae or Freddie Mac. VA is continuing to provide home loan services to those who have earned those benefits during the pandemic. The agency is working with lenders, servicers, and appraisers on temporary measures to assist in processing and servicing VA home loans. VA borrowers experiencing financial hardship due to COVID-19 can review agency guidance for borrowers and either request forbearance through the mortgage loan servicer collecting their monthly payments. You can also call 877-827-3702 to speak with a VA home loan representative.

[Source: ConnectingVets.com | Julia LeDoux | May 16, 2020 ++]

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## VA AO Guam Rules

### Update 01: Exposure Report Disputed by VA

The Department of Veterans Affairs is pushing back against a recent report that says veterans who served on Guam between 1962 and 1975 were likely exposed to the toxic herbicide Agent Orange. The report — released 11 MAY, by the National Veterans Legal Services Program and the Veterans Legal Services Clinic at Yale Law School — says those veterans meet the legal standard for exposure and may have valid claims to service-related disabilities. The VA disputed the report's findings in an email to Stars and Stripes on 19 MAY. "There is no evidence Agent Orange was ever used on Guam," wrote VA press secretary Christina Noel. She said the report's authors failed to consider a 2018 Government Accountability Office report and a recent Department of Defense review on the subject.

"GAO reviewed DOD documents, other government records, and interviewed Veterans alleging Agent Orange exposure and concluded that there was no evidence of Agent Orange or other tactical herbicides, such as Agents White or Blue, on Guam," she said. Investigators found extensive use of approved commercial herbicides on Guam but no evidence of Agent Orange or other tactical herbicides, Noel said.

The VA believes Agent Orange causes several cancers, including leukemia, Hodgkin's disease, multiple myeloma, non-Hodgkin's lymphoma and others, according to its website. The department also recognizes the herbicide as a cause in some cases of diabetes and diseases of the nervous system, skin and heart. The report by the veterans' legal program and Yale Law School clinic was based on a review of government, private, archival and oral history evidence of herbicide use on Guam during the Vietnam era. Guam served as a major base for U.S. air power during the Vietnam War. At the height of bombing operations during Vietnam, three-quarters of all U.S. B-52 aircraft available for operations in Southeast Asia were based on the island.

[Source: Stars & Stripes | Seth Robson | May 20, 2020 ++]

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## VA Claims Backlog

### Update 163: 125 Day or Longer Claims Spiking at Over 100,000

The backlog of initial claims for benefits by veterans has been spiking in recent weeks, after holding steady amid the 100% telework posture of the Veterans Benefits Administration. The backlog of claims for veterans' benefits -- those that have yet to be addressed for 125 days or longer -- has crept up to over 100,000 according to data released 18 MAY.

VBA had been able to keep the backlog well below that number for months, in keeping with an overall Department of Veterans Affairs goal to lower the figure. Early on, even under telework, the backlog numbers reflected the steady state of just over 70,000 claims that the agency had achieved. That steady state represented a leap forward at the agency before the pandemic, and the agency was also making advancements in handling appeals. "Significant progress has been made at VBA to reduce the backlog of undecided claims and appeals and the Appeals Modernization Act is already exceeding expectations," Bill Oxford, national commander of the American Legion, said at a 11 MAR joint hearing of the House and Senate Veterans Affairs Committees. "We're confident this will continue as we watch the backlog shrink in the months ahead."

The COVID-19 pandemic and response appears to be getting in the way. Under the 100% telework regime, backlogged claims increased slowly but steadily, before spiking in early May. As of 16 MAY the backlog number was 101,456. A week earlier, the backlog stood at 96,088. As recently as 2 MAY, the figure was just over 80,000. VBA releases reports on claims processing every Monday, with data current through the previous Saturday. FCW reviewed reports issued covering 14 MAT, the day after the federal government declared the pandemic a national emergency, and 18 MAY, the last time the VA published its backlog report.

The VBA employees who rate veterans' claims are already trained and equipped to telework, and some do so several days a week. The rating is done on a system called the Veterans Benefits Management System (VBMS), a content management system that collects and organizes records pertinent to pension and disability claims made by veterans. Jim Rihel, the president of American Federation of Government Employees Local 940, which represents VBA workers in Philadelphia, says that the VBA raters are working hard but are facing headwinds. "All in all, telework is working, but employees are killing themselves to get their work done in a system that's stacked against them," he told FCW. "The networks are garbage," he said. "VBMS crashes on a regular and recurring basis. When you go to open documents, the system will often not open or it says it's run out of memory and you have to do 'X, Y, Z,' such as clearing your cache, or do all these other different things to fix the system so that it does what it's supposed to do."

A VA spokesperson said that the agency "tested its enterprise wide virtual private networks and gateways from 11 through 17 March. This testing had minimal impact on VA's claims processors, and employees who were impacted by the testing worked with their supervisor to mitigate any effect to the employee's performance standards." Rihel said that VBA was able to keep up initially because VBA workers behind the scene were in overdrive to meet their standards. He noted that one VBA office in Wilmington issued 358 decisions in a month for claims despite only having 20 employees overall, and only four or five ratings specialists to handle those cases. "We're beating the odds. Employees are the one who did it, who came to the understanding of what they needed to do to be successful. But we're probably going to start seeing more turnover and requests for retirement. We just can't keep this pace forever," he said.

Rihel didn't have any explanation for the recent spike. "It's possible that all of a sudden they were counted as 'backlogged,'" he said in a follow-up interview on 20 MAY, explaining that it was possible that a large number of cases all hit the 125-day mark at the same time. "It's not unheard of." A VA spokeswoman explained that certain activities are on pause during the pandemic. "During this national emergency, in-person examinations required for our compensation and pension program are not being conducted due to safety concerns," the spokeswoman told FCW in an email. "Claims processors are delaying the decision on any claim that requires an in-person examination until these

appointments can be safely resumed. In the meantime, veterans are still able to submit claims and VA is developing plans to resume in-person examinations as soon as it is safe to do so.

A separate issue is claims for supplemental entitlements such as increases to existing pension payments and increased evaluations for additional claimed conditions, followed by original case claims for service-connected injuries or illnesses and pension claims. The pandemic might not yet be completely registering in that data, according to officials at Veterans Service Organizations, because of the complexity of these claims, requirements for medical information and recent process changes. "What I imagine is that we're not really seeing the ratings affected by COVID as much yet because those statistics are from when veterans' service organizations were still able to review ratings decisions," Veterans of Foreign Wars National Veterans Service Director Ryan Gallucci told FCW in an interview. [Source: Federal Computer Week| Lia Russell | May 20, 2020 ++]

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## VA EHR

### Update 25: Project Upgrade Pause for Pandemic Continues

According to VA Secretary Robert Wilkie, work will continue behind the scenes on the \$16 billion project, but the department won't burden staff members with a new system during the national emergency. "Our priority is the care of veterans and providing surge capabilities for civilian health care systems. Our clinical personnel and medical resources are focused on caring for veterans and addressing the current pandemic," Wilkie wrote in a 3 APR letter to legislators who oversee VA policy and appropriations. In February, the [VA announced a delay](#) in initial deployment of the system, created by Cerner Corp., scheduled for March at Mann-Grandstaff VA Medical Center in Spokane, Washington. Officials said the wait was necessary to make sure the system works within the VA's information technology framework and employees were trained to use it.

Wilkie told lawmakers that the system is at "99% completion" at Mann-Grandstaff, with the core software and clinician training nearly complete, as well as nearly all the elements needed for the system to go live. He added that work will continue on the system's clinician training program, as well as testing of interfaces during the pandemic. The VA-Department of Defense Joint Health Information Exchange system also is on track for activation this spring, he added. Rep. Mark Takano (D-CA), chairman of the House Veterans Affairs Committee, said he supports the decision, calling the pandemic a "clear reason to postpone" given the need to have staff focused on the "fight against coronavirus." "But as this emergency passes," he warned, "We must make sure that VA does not lose sight of the need for strong employee engagement. Failure to communicate with these employees was a significant factor that contributed to the initial implementation delay."

In late April, the VA Office of Inspector General issued a damning report saying delays and failures in overseeing development of the project as well as staff training [could have put patients at risk](#). The safety concerns stemmed from what appeared to be poor preparation for the switch from the current system to the new one at Spokane. Lawmakers have largely been supportive of the VA's decisions to move cautiously in developing and implementing the new system. Following February's announcement, Rep. Phil Roe of Tennessee, the highest ranking Republican on the House Veterans Affairs Committee, said the VA recognized that "more training and preparation is needed and [it is] taking the time to get this right."

The week Wilkie sent his letter to legislators, the DOD announced that it would also delay the next phase of its electronic health records system initiative due to COVID-19. It already is using the Cerner-built system, which it calls MHS Genesis, at select military health facilities in the Pacific Northwest, California and Idaho. The DOD had planned to introduce the system at seven more sites in June 2020. [Source: Military.com | Patricia Kime | 20 May 2020 ++]

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## VA Unions

### Update 08: 244 Local Union Bargaining Units to Vacate VA Premises

The U.S. Department of Veterans Affairs (VA) announced 28 MAY it has expanded clinical and office space for serving Veterans by more than 150,000 square feet, while saving taxpayers more than \$1.4 million annually. The expansion and savings are the result of VA's implementation of the May 2018 Executive Order 13837 (EO) which prohibits free or discounted use of government property for union business. VA notified more than 330 local bargaining units late last year that under President Trump's order, they would be required to either vacate VA property or begin paying rent for any VA-owned office space that was being used for union business. "This is exactly the type of commonsense policy taxpayers expect and Veterans deserve," said VA Secretary Robert Wilkie. "President Trump has made clear that VA must put Veterans first in all it does, and this change helps us do just that."

In the first quarter of fiscal year (FY) 2020, employees spent 135,000 hours in "official time." But the second quarter of FY 2020 ending in March saw a 56% drop, as just 59,000 hours of "official time" were logged by VA employees. Faced with the prospect of paying fair-market rent for the VA space they had been using for free, 244 local union bargaining units notified VA they plan to vacate VA premises. VA facilities will use this space for administrative staff in some cases, but in other cases it will become space where Veterans receive care. For example, space freed up under the EO is being used to provide mental health care in Massachusetts, suicide prevention counseling in Pennsylvania and care for homeless Veterans in North Carolina.

Additionally, 77 local union bargaining units have signed yearlong leases with VA and are paying rent to retain space located on VA property, which will result in a total of more than \$1.4 million per year in rent payments that will be directed back to the U.S. Treasury. VA started collecting those rent payments in March. The order also calls for reductions in the use of "official time," which is time during the workday federal employees engage in union activities. VA has made significant progress in this area to ensure VA employees are focused on serving Veterans. [Source: VA News Release| May 28, 2020 ++]

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## VA Chatbox

### COVID-19 Coach Available to Field Questions

The Veterans Affairs Department recently deployed a coronavirus chatbot to help veterans and their caregivers find answers to pressing questions triggered amid the pandemic. Built in under a month via the Microsoft Healthcare Bot platform, the new, conversational tool marks a first for the agency and can be accessed around the clock to triage symptoms related to COVID-19, and offer targeted responses regarding testing options, stimulus payments, telehealth, scheduling, prescription refills and more, through prompts users can click through based on their needs. "VA contact centers have seen a significant increase in calls from veterans since the start of the COVID-19 pandemic. This surge in calls drove the rapid development of VA's first chatbot," officials wrote in a [blog post](#). "Chatbot allows veterans access to important information from virtually anywhere, at any time."

The agency used Microsoft's Healthcare Bot service, which the tech giant recently offered up to those "on the frontline" free of charge, to help eliminate bottlenecks in the health system induced by the worldwide coronavirus crisis. But VA isn't the first to turn to the chatty, automated tools during the pandemic. The Centers for Disease Control and Prevention initially harnessed Microsoft's capabilities in late March, through the launch of its own Coronavirus Self-Checker [chatbot](#), which helps initially screen Americans who feel like they might have COVID-19. And the two are not alone.

"Since March, health organizations have created 1,680 COVID-19 self-assessment bots based on the Microsoft Healthcare Bot service, reaching 33 million individuals and serving more than 336 million messages," a Microsoft

spokesperson told Nextgov 21 MAY. “In the case of the VA, we believe use of Microsoft’s Healthcare Bot Platform has the capability to help support veterans’ needs for COVID-related information while moderating call volumes at VA contact centers during the time of the pandemic.” The official went on to note that while the VA’s chatbot incorporates the same CDC triage symptom checker script, as published and updated on GitHub by CDC, “it also includes additional veteran-specific content in the form of [frequently asked questions].”

VA’s chatbot kicks off a user session with the question: “What do you need help with today?” The user can choose from veteran-specific topic areas such as COVID-19 prevention; COVID-19 testing at VA; my current COVID-19 symptoms (which appears to route to the CDC triage symptom checker); health care, appointments and prescriptions; debt, copay and financial concerns; benefits and claims; and anxiety and related claims. The chatbot tailors new options and questions based on the user’s answers, which can subsequently be used to generate further information. “This chatbot is custom-built by the VA, using built-in templates for healthcare-specific use cases like COVID-19 and informed with unique content from the VA,” Microsoft’s spokesperson said. “While the VA team consulted with our team under our existing contract, the Healthcare Bot can be launched by customers using the turn-key example at GitHub without any Microsoft assistance.”

VA’s post indicates the bot was produced in a matter of three weeks. Developers and officials from the agency’s Office of Information and Technology, the Veterans Health Administration’s Office of Connected Care, and the Veterans Experience Office together helped move it from concept to reality. “It has been incredible to see VA staff from across the agency come together and deliver creative solutions,” VA’s Chief Technology Officer Charles Worthington said. “This product is a great example of VA’s commitment to using new technologies to improve our services.” Go to <https://www.va.gov/coronavirus-chatbot> to access VA’s COVID-19 chatbox. [Source: Nextgov | Brandi Vincent | May 21, 2020 ++]

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## **VA Veteran Homes**

### **Update 02: Should Federal Management be Expanded**

How much control the federal government should exert over state-run veterans homes will be one of the “most important questions” to emerge from the coronavirus pandemic, Department of Veterans Affairs Secretary Robert Wilkie predicted 28 MAY. Hundreds of residents of state veterans homes have died of the virus after outbreaks at multiple facilities. At the Holyoke Soldiers’ Home in Massachusetts, 74 veterans have died of the virus and an investigation was launched into potential mismanagement. The death toll at the Paramus Veterans Home in New Jersey reached 81 on 27 MAY. Two top officials at the Southeastern Veterans’ Center in Spring City, Penn., were suspended this week after dozens of deaths among its residents.

The U.S. Department of Veterans Affairs inspects and certifies the country’s nearly 150 veterans homes and pays some of the cost of treating residents. However, states own the homes and are responsible for managing them. The arrangement should be the subject of debate by Congress, Wilkie said 28 MAY. “There needs to be a clearer debate on what the final federal responsibility is for those state veterans homes,” he said. Wilkie testified 28 MAY before members of the House Committee on Appropriations about his department’s response to the pandemic. The hearing marked the first time a Cabinet-level official testified on Capitol Hill since a national emergency was issued in the United States. Wilkie and other VA officials wore masks while inside the hearing room, as did lawmakers. Other committee members joined via videoconference.

Rep. Matt Cartwright, D-Penn., brought up the deaths at veterans homes and suggested the federal government have more control over their operations. “My understanding is there are hundreds of veterans across the country who have died in state-run veterans homes,” Cartwright said. “Might a stronger, more comprehensive, united policy for the 50 states work better for the residents of state homes where lives were lost?” While the VA doesn’t manage the homes, the department is responsible for oversight. The pandemic has raised questions about whether the agency did that job

well enough. The Government Accountability Office published a report in July 2019 that urged the VA to enhance its oversight of state-run veterans homes. The VA uses contractors to inspect the homes, but the department did not regularly monitor their performance, the GAO wrote. In addition, the VA didn't require the contractors to identify every failure of the veterans homes to meet quality standards, which "limits VA's ability to track all deficiencies... and identify trends in quality."

At the beginning of May, four senators asked the GAO to investigate the VA's oversight of veterans homes and determine whether the department made improvements after the 2019 report. The GAO agreed to the request 14 MAY. As of 28 MAY, more than 13,500 VA patients had tested positive for the coronavirus and 1,200 had died. The death toll largely reflects the deaths among VA inpatients. The department has not kept a comprehensive count of veterans who died at veterans homes. The VA has assisted residents of veterans homes in 14 states as part of its "Fourth Mission" to serve as America's backup medical system.

According to an updated list of its outreach, the VA has admitted 120 residents of veterans homes into its hospitals. The department sent 90 nurses to help residents of two veterans homes in New Jersey, and it provided reusable gowns and other supplies to the state veterans homes in Iowa and Minnesota. Nine VA medical staff were sent to the Bill Nichols State Veterans Home in Alexander City, Ala., where nearly two dozen residents have died. [Source: Stars & Stripes | Nikki Wentling | May 28, 2020 ++]

\* Vets \*



## GI Bill

### Update 310: Update on Student Loan Forgiveness Progress

Amid mounting coronavirus deaths, a faltering economy and slipping poll numbers, President Trump faces a fresh dilemma with possible consequences for his re-election: Should he stand by his education secretary's efforts to roll back loan forgiveness for students bilked by their colleges? On 19 MAY, Speaker Nancy Pelosi sent Mr. Trump Congress's bipartisan resolution to overturn an Education Department rule that would make it considerably harder for students to have their federal loans forgiven, even if they could show they were victims of unscrupulous universities. If the president signs it, he will hand Education Secretary Betsy DeVos a humiliating defeat, the first reversal of a major Trump administration regulation. If he vetoes it, he stands to enrage veterans groups that have come out strongly against Ms. DeVos's loan-forgiveness policy — and whose favor he has long courted.

The rule, which was finalized by the Education Department in September, toughened standards established under the Obama administration for student borrowers to prove their colleges defrauded them and to have their federal loans erased. The rule is scheduled to take effect on 1 JUL — if Mr. Trump allows it. The Senate gave final passage to the measure overturning the rule in March, though the coronavirus quarantine delayed Ms. Pelosi from sending it to the president. In a tweet announcing that she had sent the resolution, Ms. Pelosi said it would "protect tens of thousands of defrauded students, many of whom are hurting now more than ever." She urged the president to sign it "without delay."

Mr. Trump has wavered. The White House’s statement of administration policy, issued in January before Congress voted to overturn it, said that the regulation would restore “due process, the rule of law and student choice,” and that the president’s advisers had recommended a veto. But Mr. Trump told Republican senators in March that he was “neutral” on the rule. The resolution hands Mr. Trump a dilemma. He has highlighted his commitment to veterans and military service members, and last year announced that he would forgive loan debt for permanently disabled veterans. That move, he said, ensured that “our wounded warriors are not saddled with mountains of student debt.” But several veterans groups led the effort to persuade Republicans in the Senate to vote against one of the administration’s most significant policies for student borrowers. Ten Republicans joined Democrats to secure Senate passage, 53 to 42.

“With a bipartisan vote in both the Senate and the House of Representatives, it is clear the support of Congress for veterans, service members, and their families and survivors stands above partisan politics,” 34 groups wrote in a letter to Mr. Trump, including Veterans Education Success, Blue Star Families, and Iraq and Afghanistan Veterans of America. The groups began running a television ad during Fox News shows this week, pleading with the president to sign the resolution.

The little-known loan forgiveness rule gained recognition when the Obama administration used it to extend debt relief to tens of thousands of students affected by the implosion of two large for-profit college chains, Corinthian Colleges and ITT Tech, in 2015 and 2016. The Education Department determined that both chains had used deceptive recruiting tactics and that many of their former students should have their debts eliminated. Veterans have long been considered among the groups most vulnerable to predatory recruitment tactics because of their lucrative G.I. Bill benefits. The benefits are particularly attractive to for-profit schools, because federal law requires those schools to obtain at least 10 percent of their revenue from sources other than Education Department-backed student loans. G.I. Bill benefits help schools meet that quota.

Ms. DeVos said that the Obama-era rules amounted to “free money,” and that the previous administration lacked the infrastructure to process claims in a way that was fair to students, schools and taxpayers. Her changes raised the bar for borrower relief claims, requiring applicants to individually prove that a school knowingly misled them and, even if students were bilked, that they were financially harmed by the deception. They also set a three-year deadline on claims. The effort to repeal the rule drew even nonpartisan groups like the American Legion, which represents two million members, into the fight. In a letter, the legion’s national commander, James W. Oxford, said the rule was “fundamentally rigged against defrauded borrowers of student loans.” He said thousands of student veterans over the years had been “promised their credits would transfer when they wouldn’t, given false or misleading job placement rates in marketing, promised one educational experience when they were recruited, but given something completely different.” “This type of deception against our veterans and service members has been a lucrative scam for unscrupulous actors,” he wrote.

### **One Impacted Vet**



In the minutes after the Senate took its vote, Ms. Berkhalter of Lima, Ohio did what she has done often in the last decade when discussing her student loans: She wept. Ms. Berkhalter served in the Army as a motor transportation specialist for five years before she was honorably discharged for medical reasons in 2005. The same desire to “try to make things right, and put away the bad guys” that led her to the military also made her jump at the opportunity to attend ITT Technical Institute in 2006 to study criminal justice. But well before she graduated in 2010, she had

unanswered questions about ITT's promised but nonexistent "high tech" equipment and outdated books. An admissions officer at another school warned her that her credits would not transfer. ITT officials asked her to take out loans to front the cost of her tuition while they "waited" for her G.I. Bill check, then requested she take out even more loans to cover inexplicably rising costs.

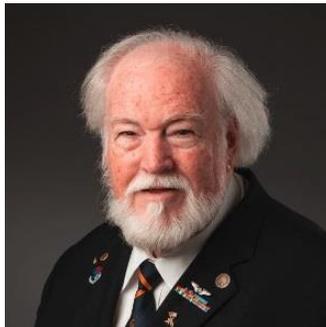
"They were very convincing. I was too trusting. I just wanted to go to school," she said. After graduation, her dream job was so close she could see it. She was on a tour of a mental health treatment center for criminals where she was interviewing for a new job as a case manager, and her would-be bosses showed her a small corner office that would be hers. It even had a window. By the time she had gotten to her car, they called and offered her the job. The next day, the offer was rescinded when the company said it could not honor a degree from ITT Technical Institute. Ms. Berkhalter had completed four years of school, culminating in a 40-page thesis and a 25-minute presentation, and a certificate saying she had earned Bachelor of Science. Her \$75,000 in G.I. Bill funds were gone. "But it was all for a degree that no one takes seriously," Ms. Berkhalter said. "Whenever I told employers where I attended, I was shown the door."

Today, Ms. Berkhalter owes nearly \$100,000. At times, she said, she has struggled to feed her children more than eggs and hot dogs. She stays home with her daughter, who was born with hip dysplasia, because she said she could not afford day care. Her husband's salary barely covers the bills, and they rely on a range of government assistance programs. The family of six prays before they get into their 17-year-old vehicle, which seats four. Ms. Berkhalter has a loan forgiveness application pending at the Education Department, which she said she hoped would give her another shot at a degree, and give her four children a better life. "It would be life-changing," she said, "to have that cloud removed from over my head." "I'm truly proud to be a veteran today," she said. "I hope President Trump shows people that after service, we still matter." [Source: The New York Times | Erica L. Green | May 20, 2020 ++]

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## **Vets Battle Covid-19 Threat**

### **Vietnam Era Males with Preexisting Conditions**



More than 40 years after serving his country in the Vietnam War, John Rowan and many of his fellow veterans are facing a new terrifying reality at home: surviving the coronavirus pandemic. Like thousands of Vietnam-era veterans, Rowan is entering his mid-70's and suffers from preexisting conditions, meaning he faces a significantly higher risk of death if he contracts the coronavirus. "It felt like I had a target on my back," Rowan, the president of Vietnam Veterans of America (VAA), told CNN. "Older male with preexisting conditions. That's me and every Vietnam veteran I know practically."

When the coronavirus outbreak first reached the US earlier this year, the Department of Veterans Affairs acted quickly to implement restrictive measures at hundreds of nursing homes around the country in an effort to lower the risk of exposure to the virus among older veterans who are particularly vulnerable to infection. But months later, there is still a growing fear that older veterans remain at risk, especially after the VA released disturbing new numbers in

mid-MAY. At least 985 coronavirus patients had died after receiving some type of care from VA medical facilities, which serve more than six million people across the country. If the VA hospitals and state-run nursing homes were a state, it would rank 16th for total coronavirus deaths, according to the data available. And outside of the federal system, the number of veteran deaths at state-run nursing homes has skyrocketed in recent weeks.

"This disease once it got into these nursing homes and veteran homes, was running rampant before anybody knew it," Rowan said. Veterans' advocacy groups have raised questions about various elements of the VA's response to the coronavirus outbreak, including its initial handling of the outbreak and its continued use of hydroxychloroquine to treat the virus despite warnings from health officials that it may do more harm than good. Among the most important, however, are concerns related to VA's oversight of state-run facilities. More than 550 residents of veterans nursing homes across the country have died from the virus, according to a report from the VVA, which notes not all states are reporting their numbers.

Families of those residents have been forced to face unfathomable and painful realities as their loved ones fight for their lives. Sometimes families have been kept in the dark as they waited to hear about whether their family member is still alive. This was the case in Holyoke, Massachusetts where more than 70 residents have died from Covid-19. "I took a grease crayon and wrote on my car: is my father alive? Shame on you, soldiers home," Susan Kenney, whose 78-year-old father, Air Force veteran Charlie Lowell, died after being diagnosed with pneumonia at the Holyoke Soldier's home, told CNN affiliate WCVB.

Despite the fact that these state-run facilities receive partial funding and oversight from the VA, department Secretary Robert Wilkie is bucking blame and instead pointing the finger at local governments he says are responsible. "We take complaints when we hear complaints ... we cannot impose our will on those state venues," Wilkie said in an interview on Fox News earlier this month. VA spokesperson Christina Noel told CNN that federal law states the VA "shall have no authority over the management or control of any State (Veterans) home." And that individual states, not the federal government "are solely responsible for the operation and management of state-run Veterans homes and any problems that arise within them."

"VA operates and oversees 134 of its own nursing homes -- known as community living centers -- across the country. These homes are separate from state-run Veterans homes and benefitted from important early steps we took to prevent the spread of Covid-19, such as a strict limitation on visitors, including family members. As a result, many VA nursing homes have few, if any, Covid-19 cases," the spokesperson added. But former VA Assistant Secretary for Policy and Planning, Linda Schwartz, pushed back on Wilkie's comments, saying the secretary can create and enforce guidelines to hold these homes accountable. "They have the authority to make changes, and they have in the past," she told CNN.

"There is a real need to do an analysis of what is going on. It can't be something that takes years, it has to be now. Taking care of veterans is a great honor and responsibility." "(It's) sad to think how many we will be mourning this year who died because of a virus and not on the battlefield. In a way, the battlefield is in the streets of America today," Schwartz added. When VA's spokesman was asked if there is anything the department wishes it could have done better, Christina Noel Noel: "VA grieves for all of the Veterans and loved ones affected by this heartbreaking situation." [Source: CNN | Jake Tapper & Chandler Schlegel | May 15, 2020 ++]

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## **Coronavirus SITREP 12**

### **Convalescent Plasma**

The first person to receive convalescent plasma at the VA hospital in Muskogee has now made a "remarkable" recovery, according to his doctor. After being transferred to the hospital on 4 MAY, the outlook wasn't great for Jim Warehime.

“I’m emotional because I was, in my mind, preparing to plan a funeral,” said Jim’s wife, Ginger. The two have been married for 52 years. Ginger said they’ve been through plenty of challenges. “We got married just before he left to go to Vietnam, if I could make it through Vietnam I could make it through anything, I think this was my anything because this was the hardest thing,” said Ginger.



Ginger said they decided to use convalescent plasma on Jim. It’s plasma that’s been donated by someone who’s recovered from COVID-19 and has the antibodies in it to fight the virus. Jim received the plasma on 19 MAY and on 21 MAY, Ginger spoke with his doctor and nurse. “The next thing I know, I’m being told, he’s not going to die from this,” said Ginger. “It was a very rewarding experience, I haven’t seen something like that personally until then,” said Dr. Kendall Allmaras, Jim’s doctor at the Muskogee VA. Allmaras said she can’t say that the plasma definitively helped Jim get better so quickly. Convalescent plasma is being studied by the Mayo Clinic as a possible treatment for COVID-19. Though things are still being studied, she said his recovery was remarkable.

“(His recovery) would not have been possible without the help of the community,” said Allmaras. “This is something that would not have been accomplished.” Allmaras said Oklahomans have really stepped up by donating the convalescent plasma. She said once they requested it for Jim, she expected they would wait days. It came within a few hours. “Upon admission, within a few days after have receiving the plasma had cleared the infection and was doing much better,” said Allmaras. Jim is now in a rehab facility, working to get better so he can come home. Ginger cannot wait to have her husband back again. “God has had His hand in this for Jim, it just was so- everything just seemed to be right,” said Ginger. [Source: KTUL Staff | Maureen Wurtz | May 22, 2020 ++]

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## Homeless Vets

### Update 102: VA Calling on Public to Help During Pandemic



On 27 FEB, Department of Veterans Affairs Secretary Robert Wilkie declined additional funding from Congress to help prepare for a possible COVID-19 pandemic. Now, VA is asking for donations from the public to help homeless veterans. For four weeks after Wilkie passed on help from lawmakers on Capitol Hill, VA did not communicate with the public, veterans, veteran service organizations or Congress about its coronavirus plan, but continued to assure leaders and the public that it was prepared as the first veterans began testing positive.

The first veteran died of the virus on 14 MAR. Around that time, VA planned to ask Congress for more money after revealing as many as 20 percent of its patients could need additional care because of the virus. In the third week of March, Congress gave VA \$60 million in emergency funds to help respond to the pandemic, a tiny sliver compared to

the nearly \$20 billion the department received about a week later. All along, veteran advocates warned VA and lawmakers that the number of homeless veterans was likely to increase significantly because of the pandemic, as homeless shelters shuttered across the country and resources were more and more limited.

But those billions were not enough to meet homeless veterans' needs and VA, an agency with one of the largest budgets in the federal government, is calling on the public for help. As recently as last week, Wilkie said: "VA's team has managed its resources wisely during this crisis." About \$300 million of that \$20 billion was allocated for homeless veterans' needs, though advocates said they need closer to \$1.3 billion VA issued a plea to the public to write checks and donate food, cell phones and more for homeless vets, or those at risk of being homeless because of the pandemic. Tens of thousands of veterans are homeless on any given night in America, and more than 1.4 million were at risk of becoming homeless before the pandemic struck. Now, advocates say there could be a spike in the number of homeless veterans, a population at elevated risk for the virus.

"Individuals and organizations are asked to donate essential items such as non-perishables to combat food insecurity and new mobile phones to enable veterans to access VA telehealth services," VA said in a news release this week, adding that "monetary donations will also be accepted to help veterans pay for security deposits for living arrangements to prevent homelessness." The department is "working tirelessly to address the urgent needs of veterans who are homeless or at risk of homelessness, and with the help of the community — even more can be done," Wilkie said in a statement. "These donations can make a critical difference in the department's ability to protect and serve vulnerable Veterans during this public health emergency." VA's call for donations came just one day before Wilkie was expected to testify in Congress to defend his department's response to the coronavirus so far, and plans for reopening hospitals and clinics. That House Appropriations hearing was postponed and as of the morning of 19 MAY had not been rescheduled.

During a virtual panel held by the House Veterans Affairs Committee late last month, Kathryn Monet, CEO of the National Coalition of Homeless Veterans, said at least another \$1.3 billion was needed in addition to the nearly \$20 billion Congress approved for VA so far to address veteran homelessness. Of that nearly \$20 billion, VA allocated about \$300 million in emergency funds to help house homeless veterans in hotels and pay for testing for those who fall ill. "The \$300 million, while appreciated, is insufficient to fully meet anticipated needs," Monet said. Avoiding a major spike in veteran homelessness "will require significant investment in programs to serve homeless veterans," she said during the panel. Monet told Connecting Vets VA has a history of working with voluntary service groups to meet the needs of veterans who are homeless or housing insecure and said "this appears to be an expansion" of that to meet current needs.

VA Press Secretary Christina Noel told Connecting Vets this week that VA "historically has not been able to purchase and provide homeless veterans" food, cell phones and other supplies using money provided by Congress. But the department can provide them if the public donates them. "VA lacks the authority to provide food, phones, etc., however; if available, their case managers can distribute these items," Monet said. "So, this is an example of VA attempting to go above and beyond in service to veterans, within the confines of its existing authorities. The story here is that veterans are hungry and sometimes struggle to access virtual case management during the pandemic." So while Congress provided additional funds for VA through the Cares Act, Monet said there are some flexibilities that VA needs "for a truly comprehensive response."

Monet said the National Coalition for Homeless Vets (NCHV) has worked with VA and Congress to include those in the Heroes Act recently passed by the House, including allowing "VA to provide additional items like phones, food, transportation, etc to homeless veterans during the pandemic." Some organizations have struggled to provide needs like phones to veterans during the pandemic, and this could help, she said. Phones are more important than ever as VA postponed in-person services in many areas and switched to telehealth or remote appointments for other resources. The Heroes Act did not include additional funding for VA, but it does allow VA to use the emergency money it was given in the Cares Act to fulfill these needs, Monet said.

"While imperfect in my eyes, the bill appears to be stalled in the Senate meaning there is not yet the chance for this new authority to be provided and implemented, and there is no additional funding for it should it be enacted," Monet said. "Inaction has a real impact on every day Americans and this is one example of how agencies are getting creative to mitigate that for veterans." As of 19 MAY, VA had 1,066 coronavirus-related deaths and nearly 12,500 cases of the virus, including veterans, VA employees and others treated by VA under its fourth mission.

To help VA and homeless veterans:

- Donate food, cell phones or household goods by contacting your local [voluntary service office](#).
- To make large donations or donations to multiple locations, contact Sabrina Clark, director of VA Voluntary Service at [VHACO10B2AStaff@va.gov](mailto:VHACO10B2AStaff@va.gov).
- Use the eDonate option on [VA's website](#) to donate online and be sure to specify that you want the money to be used to help veterans who are homeless or at-risk

[Source: ConnectingVets.com | Abbie Bennett | May 19, 2020 ++]

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## **Vet Fraud & Abuse**

### **Reported 16 thru 31 MAY 2020**

Montana's highest court has upheld a judgment against a Lynchburg, Virginia, man who solicited at least one investor in his business dealings by claiming to have been a U.S. Marine. The Montana Supreme Court last month upheld a lower court's decision ordering **Laron Shannon**, formerly of Kalispell, Montana, to pay \$1.7 million in damages to Donald Kaltschmidt, of Whitefish. Kaltschmidt, according to the court, gave Shannon \$250,000 to invest in a company Shannon said would hire veterans to clean oil rigs in eastern Montana and North Dakota. But Shannon, who often wore Marine apparel such as caps and knit shirts with the Eagle, Globe and Anchor and portrayed himself as a former Marine officer, never served on active duty as a commissioned Marine, according to court documents. When asked early during the court proceedings to produce a DD-214 record of service document, he did not immediately produce it.

Following multiple trial delays by Shannon for medical emergencies, as well as a bankruptcy declaration that temporarily halted proceedings, Shannon offered up roughly 300 documents a week before the trial was to start, including a DD-214 that showed he was discharged in 1982 as a midshipman -- a term that applies to both students at the U.S. Naval Academy and students in Navy and Marine Corps ROTC programs at other schools. The 11th District Judicial Court ruled that the documents were not admissible to the court because they had not been produced in a timely manner. And Kaltschmidt's attorneys charged that the documents were forged. "The District Court was provided with proof that Mr. Shannon had fabricated many of the newly produced 'Top Secret' redacted documents in his 'VA file' ... and was presented with proof that Mr. Shannon had forged what he claimed was his DD214," an appellee brief to the Montana Supreme Court states.

Shannon appealed the lower court's decision based on the decision regarding the documentation as well as the trial proceedings, which continued after Shannon elected to leave the courtroom the first day when, while cross-examining Kaltschmidt, he claimed a medical emergency. In his absence, the jury found Shannon liable for fraud, negligent misrepresentation, constructive fraud and breach of fiduciary duty, awarding \$224,000 in compensatory damages, and later, an additional \$1.5 million in punitive damages. The Montana Supreme Court upheld the ruling, concluding that the lower court had the right to exclude Shannon's documents and it had "exercised considerable patience with" him before allowing the trial to proceed. It did not weigh in on the validity of Shannon's documents.

Shannon graduated from Virginia Military Institute in 1982, according to the college's yearbook, and he showed what he said was his DD-214 and honorable discharge to a Virginia television station last year. Shannon said he was a member of the Marine Reserve as an enlisted person during college and attended Officer Candidates School at

Quantico, Virginia, from July 13, 1982, through Aug. 21, 1982. "I was discharged honorably with a rank of officer candidate," Shannon told the court and the television station. But he never produced any evidence of having received a commission. And according to Kaltschmidt, he represented himself as a former Marine officer at various events and in business dealings. "He was always vague about the details of his service," Kaltschmidt said.

According to Kaltschmidt, Shannon portrayed himself as a former officer at charitable events in Montana and elsewhere, including Toys for Tots drives, veterans functions and the 2019 Conservative Political Action Conference in Lynchburg, Virginia. During Shannon's time in Montana, he "infiltrated our veterans groups and took advantage of a lot of people," Kaltschmidt said, adding that he pursued the case solely for that reason. "He shows up for veteran events and takes credit for something he had nothing to do with," Kaltschmidt told Military.com. "We wanted to make sure he would never do it again." According to court documents, the company Shannon intended to establish, Oilfield Warriors, never conducted any business operations. Shannon allegedly embezzled the company's funds and established two other companies, JD Services and Hire America's Finest, around the same time he created Oilfield Warriors, the business in which Kaltschmidt invested.

A call to Shannon's home in Lynchburg went unanswered. He represented himself in court proceedings after three separate attorneys withdrew from his case. Kaltschmidt, who served in the Marine Corps in the amphibious assault vehicle community from 1975 to 1978 and has a son who served in the Marine Corps, said Shannon knew enough about the service to "talk a good game," which made other veterans -- and the public -- vulnerable to his solicitations for charity and investments. "It's egregious and disheartening to the people who actually serve," Kaltschmidt said. "These types of things should not be tolerated."

Kaltschmidt said he plans to pursue recoupment of the funds awarded him by the court. "Bankruptcy doesn't shield a person in cases of fraud," he said. Kaltschmidt's attorney, Corey Laird, described Shannon as a "very smart man who knows more about the history of the Marine Corps than anyone." But, Laird added, Shannon never completed OCS after an injury even though he was given the option to return. "He's masquerading as a Marine, soliciting funds and using money for his own profit. It's the worst kind of theft there is," Laird said. [Source: Military.com | Patricia Kime | May 14, 2020 ++]

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## Korean War Vets

Alfred G. Bensinger | Died as POW



Army Veteran, Alfred G. Bensinger was born Feb. 16, 1925, in Oklahoma City and served in the Army in the South Pacific during World War II from 1943 to 1946. In the Korean War, Bensinger served with Company D, 2nd Engineer Combat Battalion, 2nd Infantry Division. During the battle of Kunu-Ri, after days of brutal fighting in the cold in November 1950, U.S. and U.N. troops withdrew through a mountain pass. Bensinger and the 2nd Engineer Battalion held off the enemy assault long enough for the other troops to safely evacuate. Receiving the full brunt of the enemy with their window of escape closing, the 2nd Engineer Battalion set their equipment on fire to prevent the Chinese from capturing war trophies.

More than 700 troops died or became prisoners of war, including Bensinger. The Army listed him as missing in action Dec. 1, 1950. The Army changed his status to killed-in-action Jan. 19, 1951. According to the Defense POW/MIA Accounting Agency (DPAA), several returning American POWs reported that Bensinger died in mid-January 1951 at the prisoner of war transient camp known as the Hofong Camp. DPAA identified Bensinger's remains in July 2017. The 2nd Engineer Battalion continues to honor their fellow soldiers from the Kunu-Ri battle each year by "Burning the Colors" in a unique ceremony. Bensinger received a Bronze Star Medal, Purple Heart and Prisoner of War Medal. He was interred at Fort Sill National Cemetery in Oklahoma, Section 2, Site 735. We honor his service. [Source: Vantage Point | Jim Therer | May 16, 2020 ++]

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## Vietnam Vets [39]

### Paul Gerald Magers | KIA During Rescue Mission



Army Veteran, Paul Gerald Magers joined the Army in 1969 and graduated from Officer Candidate School at Fort Benning, Georgia, in January 1970. He graduated from Helicopter School in October 1970 and the Rotary Wing Aviator Course in February 1971 at Fort Rucker, Alabama. Magers, left for Vietnam May 12, 1971, where he served with the 158th Aviation Battalion, 160th Aviation Group, 101st Airborne Division in Quang Tri province. On June 1, 1971, his second week in the country, Magers and Chief Warrant Officer 2 Donald L. Wann flew with other aircraft to a hill near Dong Tri where a team of Army Rangers awaited rescue. Their mission took them about five miles east of the border with Laos and 20 miles south of the DMZ. Magers and Wann hovered overhead in their AH-1 Cobra gunship while another helicopter extricated the Rangers.

The Rangers left behind claymore mines that Magers and Wann attempted to destroy. As they dropped lower, fire from an enemy position hit the underside of the helicopter, causing a fuel leak that ignited. Their helicopter crashed into a slope. According to the POW Network, all witnesses said nobody survived the crash. The military listed Magers and Wann as Missing in Action (MIA) until 2009 when a Vietnamese excavation team discovered remains from the crash site. The Defense Prisoner of War and Missing Personnel Office identified the remains of Magers and Wann. For his action, Magers was awarded a Bronze Star Medal and Purple Heart. He was laid to rest in 2010 at Yellowstone National Cemetery in Laurel, Montana, Section A, Row 2, Grave 4. We honor his service. [Source: Vantage Point | Jim Therer | May 18, 2020 ++]

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## Vietnam Vets [40]

### Sam Johnson | AF Pilot, POW & Congressman

Former Texas Rep. Sam Johnson, a military pilot who spent years as a prisoner of war in Vietnam before serving more than two decades in Congress, died 27 MAY at age 89. The conservative Republican, who lived in the northern Dallas suburb of Plano, died at a Plano hospital of natural causes unrelated to the coronavirus outbreak, said his former

spokesman, Ray Sullivan. Johnson flew nearly 100 combat missions in Korea and Vietnam. He was flying a bombing mission in 1966 when he was shot down and wounded. He was imprisoned in the infamous “Hanoi Hilton” for nearly seven years, mostly in solitary confinement. He retired from the Air Force as a colonel in 1979, after a 29-year career.



The ardent conservative and anti-communist was elected to Congress in 1991 after six years in the Texas House of Representatives. He vowed to stay a maximum of 12 years, though he served more than double that. Johnson had been a POW with U.S. Sen. John McCain, and although they clashed in Congress, Johnson defended McCain in 2015, when then-presidential candidate Donald Trump suggested he wasn't a hero because he'd been captured. Johnson announced in January 2017 that he would retire at the end of his term. When Johnson stepped down in 2019, at age 88, he was the oldest member of the U.S. House. “Scripture tells us ‘There is a time for everything, and a season for every activity under heaven,’” Johnson wrote in a January 2017 letter to constituents, telling them he would retire at the end of his term. “For me, the Lord has made clear that the season of my life in Congress is coming to an end.”

Samuel Robert Johnson was born on Oct. 11, 1930, in San Antonio. He grew up in Dallas, married Shirley Lee Melton in 1950 and graduated the following year from his hometown's Southern Methodist University with a degree in business administration. Johnson enlisted in the military at age 20 and served during the Korean and Vietnam wars. He was 35 on April 16, 1966, and flying a night mission carrying loads of napalm, when his aircraft came under heavy enemy fire over Vietnam. The gun of Johnson's F-4 Phantom II jammed and the plane was hit. Its right engine caught fire, forcing Johnson and co-pilot Larry Chesley to eject, and the future congressman broke his arm and back and dislocated his shoulder.

Johnson recalled trudging through the jungle before being surrounded by North Vietnamese soldiers who took him to the infamous Hoa Lo Prison, better known as the “Hanoi Hilton.” He endured what he would later describe as a 3-foot by 8-foot, rat-infested “dark and filthy cell.” “Forty-two of those months were spent in solitary confinement with 10 other fine American patriots because the Vietcong labeled us ‘die hard’ resisters,” Johnson wrote in 2015. He recalled tapping code on the wall to communicate with other Americans being held, and that “our captors would blare nasty recordings over the loud speaker of Americans protesting back home.” While speaking on the House floor in 2003, Johnson said his faith only got stronger through captivity. He recalled how one day his captors put him against a wall and promised to execute him with machine guns. “I started praying harder than I have ever prayed in my life. In a few seconds, the guns went click, click, click, click, click,” Johnson told the chamber. “It is only because of the grace of God I survived.”

He was released and flew out of Hanoi on Feb. 12, 1973. He earned a master's degree at George Washington University in Washington in 1976. He retired from the Air Force three years later and began a home-building business. He was elected to the Texas Legislature in 1984 and went to Congress following a special election in 1991, after Rep. Steve Bartlett resigned to become Dallas mayor. Representing Plano and other conservative northern suburbs of Dallas, Johnson was known for his work on veterans' affairs and for his efforts to bolster the financial standing of the Social Security program. He took office backing term limits, yet he stayed in Congress more than double his promised maximum of 12 years. When Bill Clinton ran for president in 1992, Johnson and other Republican military veterans in Congress alleged that Russian intelligence lured Clinton to Moscow during the Vietnam war when “I was sitting in a POW camp in Vietnam eating fish eyes and pig fat.” Questions about Clinton's patriotism dogged him during his first campaign, but the allegations made by Johnson and the others were largely soon forgotten.

As a prisoner of war, Johnson shared a cell with McCain, who would later become a U.S. senator from Arizona. But the pair later clashed on political issues — including McCain’s efforts to eventually help normalize U.S. relations with Vietnam. Still, Johnson criticized Trump for suggesting McCain was no hero. “Comments like those of Donald Trump, or any other American, suggesting that veterans like Senator John McCain or any other of America’s honorable POWs are less brave for having been captured are not only misguided, they are ungrateful and naïve,” Johnson wrote in 2015. In February 2018 — marking the 45th anniversary of the operation that led to his release — Johnson donated a chipped green tin cup issued by his captors and tube of toothpaste he smuggled out of North Vietnam to the Smithsonian’s National Museum of American History. Johnson recalled then how he and other prisoners would communicate by tapping on the walls and how he’d hold his cup against them to amplify sounds and better hear their messages.

In his autobiography, “Captive Warriors: A Vietnam POW’s Story,” Johnson wrote of the cup: “For me, it symbolized our war of resistance for seven long years. It had been a means of communication and, as such, a means of survival.” Johnson’s wife died on Dec. 3, 2015, at their home in Plano at age 85. He is survived by his adult daughters, Gini Johnson Mulligan and Beverly Johnson Briney, and 10 grandchildren. His son, James Robert “Bob” Johnson, died in 2013 at age 61. [Source: The Associated Press | Will Weissert | May 28, 2020 ++]

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## Afghan Vets 11

Ronald J. Shurer



Medal of Honor recipient and Army Special Forces veteran former Staff Sgt. Ronald J. Shurer died 14 MAY, according to the unit he served under in Afghanistan. Prior to his passing, Shurer, 41, was undergoing treatment for lung cancer at Sibley Memorial Hospital in Washington, D.C. He said Wednesday that he would soon be taken off a ventilator, an often difficult and sometimes dangerous medical procedure. “Very upset to write this... been unconscious for a week. They are going to try and take it out in a couple hours, they can’t tell me if it will work,” Shurer wrote in an Instagram post from his hospital bed, pictured with his wife, Miranda.

Shurer was awarded the Medal of Honor in October 2018 for his actions as a Green Beret medic with 3rd Special Forces Group during the Battle of Shok Valley in northeastern Afghanistan a decade earlier. “Ron was the embodiment of the Special Forces soldier, a dedicated husband, and a loving father,” said 3rd Group commander Col. Nathan Prussian in a statement. “His heroic actions were an inspiration throughout 3rd Special Forces Group, Special Forces Regiment and the U.S. Army. Our condolences go out to his family during this difficult time.” Shurer, a 2001 graduate of Washington State University, was pursuing a master’s degree when the September 11, 2001 terror attacks prompted him to enlist. Even after leaving the Army, his desire to help others continued. Shurer last lived in the Washington, D.C. area. He regularly attended events there and in Fayetteville, North Carolina, to help raise funds for the Special Forces Charitable Trust, a charity that offers sustainable support to the families of Green Berets. “Anytime I reached

out to him and asked if he could do something, he always said yes,” said the trust’s executive director, David T. Guernsey, Jr. “He would be very happy to come.”

Shurer’s Medal of Honor was an upgrade from an earlier Silver Star Medal he received for his actions during the April 6, 2008 gun battle in Nuristan’s Shok Valley. A Pentagon review determined Shurer’s actions as part of a team sent to capture or kill several high-ranking members of the Hezb-e-Islami Gulbuddin militant group warranted the nation’s highest valor award. “This award is not mine. This award wouldn’t exist without the team,” Shurer said of the Medal of Honor. “If they weren’t doing their job, I wouldn’t have been able to do my job.”

The joint American-Afghan special operations team was dropped by CH-47 helicopters into a valley beneath an insurgent stronghold perched on terrain much more treacherous than initially anticipated during mission planning. The coalition forces came under enemy machine gun, sniper and rocket-propelled grenade fire during their movement, suffering several casualties and trapping them on a mountainside. Initially pinned at the base of a wadi by enemy fire himself, Shurer received word that the forward assault element was unable to move due to their casualties. He then fought his way up steep terrain to render aid and evacuate the wounded.

Shurer braved a “hail of bullets and began scaling the rock face to get to the casualties,” according to his citation. Shurer fought through several hundred meters under fire, for more than an hour, killing several insurgents as he trudged to his besieged teammates. When he finally arrived, he treated four critically wounded U.S. troops and ten injured Afghan Commandos. “Despite being hit in the helmet and wounded in the arm by Insurgent sniper fire, he immediately pulled his team sergeant to a covered position, and rendered aid as Insurgent rounds impacted inches from their location,” the citation reads. “Without hesitation, he moved back through heavy Insurgent fire to treat another teammate that suffered a traumatic amputation of his right leg from Insurgent sniper fire.”

Shurer, the only medic tending to the beleaguered forward element, provided medical care for more than five hours as they fought off an estimated 200 insurgents. For their heroism in battle, 10 members of the team from 3rd Group received the Silver Star. This was the highest number of such awards for a single engagement since the Vietnam war, according to the congressional record from that time. Shurer left the Army in 2009 and became a special agent with the Secret Service, first being posted to the Phoenix, Arizona office. He relocated with his wife and two sons to the Washington, D.C. area in 2014 to be part of a specialized Secret Service tactical team that defends the president.

“Today, we lost an American Hero: Husband, Father, Son, Medal of Honor Recipient - Special Agent Ronald J. Shurer II,” the Secret Service said on their Twitter account. “From a grateful Nation and Agency — your memory and legacy will live on forever. Rest In Peace.” [Source: ArmyTimes | Kyle Rempfer | May 14, 2020 ++]

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

**As of 31 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](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.html).
- PDF: [http://www.hostmtb.org/RADs\\_and\\_Other\\_Retiree-Veterans\\_Events.pdf](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.pdf).

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

Note that events listed on the Military Retirees & Veterans Events Schedule may be cancelled or rescheduled. Before traveling long distances to attend an event, you should contact the applicable RAO, RSO, event sponsor, etc., to ensure the event will, in fact, be held on the date\time indicated. Also, attendance at some events may require military ID, VA enrollment or DD214. Please report broken links, comments, corrections, suggestions, new RADs and\or other military retiree\veterans related events to the Events Schedule Manager, [Milton.Bell126@gmail.com](mailto:Milton.Bell126@gmail.com) [Source: Retiree\veterans Events Schedule Manager | Milton Bell | May 31, 2020 ++]

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## **Vet Hiring Fairs**

**Scheduled As of 31 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 | May 31, 2020 ++]

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## **State Veteran's Benefits ► California 2020**

The state of California provides several benefits to veterans as indicated below. To obtain information on these refer to the attachment to this Bulletin titled, “**Vet State Benefits – CA**” for an overview of the below benefits. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each of the below benefits refer to <https://www.calvet.ca.gov>.

- Housing

- Financial Assistance
- Employment
- Veteran Business
- Education
- Recreation
- Other State Veteran Services

[Source: <http://www.military.com/benefits/veteran-state-benefits/california-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>.

## VA Health Care Eligibility

### Update 03: H.R.6800 | Heroes Act

The House of Representatives passed the Heroes Act by voice vote. This bold piece of legislation could help get Americans get through the COVID-19 (coronavirus) crisis if the Senate agrees to it which many feel is doubtful in its present form as. Here is what is in the bill:

#### **For Families:**

- Each family member will receive an additional \$1,200 one-time payment - up to \$6,000 per household – in direct cash assistance.
- \$10 billion to fund the Supplemental Nutrition Assistance Program (SNAP).
- \$75 billion in funding for homeowner assistance.
- \$100 billion in Emergency Rental Assistance.
- \$100 million in funding for Violence Against Women Act (VAWA) programs.

#### **For Workers:**

- \$200 billion to establish the COVID-19 Heroes Fund to ensure VA employees, and essential and other federal healthcare workers are provided with up to \$10,000 in hazard premium pay.
- Expands access to emergency paid family, medical, and sick leave for millions of workers, including health care workers and first responders.
- Requires the Occupational Safety and Health Administration (OSHA) to issue an enforceable emergency temporary standard to protect all workers from COVID-19.

**For Students:**

- More than \$100 billion in emergency relief for childcare providers, school districts and institutions of higher education to prevent further cuts to public education.
- Extends the suspension of payments and no accrual of interest on federal student loans through September 30, 2021 and expands to include Federal Family Education Loan (FFEL) and Perkins loans.
- Provides up to \$10,000 in loan relief for more than 20 million federal and private student loan borrowers.
- An additional \$1.5 billion to provide funding for Wi-Fi hotspots for students and library patrons.

**For Small Business:**

- \$10 billion in additional grant funding for the Small Business Administration (SBA) to strengthen their loan programs.
- Extends eligibility period for Paycheck Protection Program (PPP) from June 30 to December 31, 2020.
- Makes Veteran Business Outreach Centers (VBOCs) eligible for SBA entrepreneurial development programs so they can access \$10 million in small business loans.

**For Healthcare:**

- Provides VA doctors and nurses with paid sick leave if exposed or diagnosed with COVID-19 (coronavirus).
- \$1 billion for building hospitals and critical infrastructure in insular areas.
- Requires health plans to cover the full cost of treatment and vaccines related to COVID-19.

**For Veterans:**

- Allows VA to provide transport and purchase food, shelter, phones, clothing, blankets, and toiletry items for homeless veterans.
- Authorizes VA to set up temporary encampments on the grounds of VA Medical Centers to allow homeless veterans to temporarily shelter on VA parking lots.
- Allows VA to provide reimbursements to social service providers receiving grants for the costs of services for minor children.
- Streamlines the provision of HUD-VASH vouchers for homeless veterans by allowing public housing agencies to rapidly house veterans during the COVID-19 outbreak.
- Provides the National Guard and Reserve servicemembers who deploy for more than 14 days will be eligible for mental health care and services through VA's Vet Centers.

**Local and State Relief:**

- \$3.6 billion in grants to states for elections for federal office.
- \$500 billion in funding for state governments.
- \$375 billion in funding for local governments.
- \$20 billion in funding to assist governments of United States Territories.
- \$20 billion in funding for tribal governments.

**For Federal Agencies and Departments:**

- \$25 billion funding for the United States Postal Service (USPS) to ensure continuity in operations during a decline in mail volume during the COVID-19 pandemic.
- Pushes back statutory deadlines for the 2020 Census count.
- \$50 million to the Environmental Protection Agency (EPA) for environmental justice grants, including researching air pollution in relation to COVID-19 infections.
- \$25 million in funding for the National Endowment for the Arts, National Endowment for the Humanities, and the Institute for Museum and Library Services.

[Source: Representative Mark Takano | May 15, 2020 ++]

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## Vet Suicide

### Update 48: S.2661 | National Suicide Hotline Designation Act of 2020

Calls to the mental health crisis line in Colorado have spiked 47 percent due in part to COVID-19. Roughly 60 percent of calls to the crisis line are related to the ongoing pandemic. On 13 MAY, the Senate passed S. 2661, the National Suicide Hotline Designation Act of 2020. This legislation would designate 9.8.8 as the telephone number for the national suicide prevention and mental health crisis hotline. The existing hotline, which can be reached by dialing 1.800.273.8255, is operated by the National Suicide Prevention Lifeline and through the Veterans Crisis Line. Both hotlines offer confidential support from qualified responders 24 hours a day, seven days a week. Many of the responders with the Veterans Crisis Line are veterans themselves. The VFW thanks Senator Cory Gardner (R-CO) and all original cosponsors for introducing this important legislation. The bill includes a report to improve support services for lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth and other high-risk populations. [Source: VFW Action Corps Weekly | May 15, 2020 ++]

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## VA Disability Claim Review

### S.3761 | Veterans Claim Transparency Act

Senate Veterans' Affairs Ranking Member Jon Tester (D-MT) led Senators Joe Manchin (D-WV), Richard Blumenthal (D-CT), Mazie Hirono (D-HI), Jeanne Shaheen (D-NH), and Maggie Hassan (D-NH) in introducing legislation to ensure veterans and their representatives have 48 hours to review and dispute disability claims before they are finalized.

Earlier this year, the Department of Veterans Affairs (VA) proposed a rule to limit representative access to veterans' electronic files in the Veterans Benefits Management System (VBMS), limiting a veteran's ability to navigate the complicated claims process on their own. The Veterans Claim Transparency Act would reinstate the critical 48-hour review period to ensure accredited Veteran Service Organizations (VSOs), attorneys, and claims agents have the ability to review and course correct benefits determinations, prior to VA's final decision.

- “Veterans must have a voice at the table when it comes to their disability claims and appeals,” said Ranking Member **Tester**. “VA’s recent move to eliminate the 48-hour rule is a thumb in the eye to any veteran relying on professional assistance to navigate the complicated claims review process, especially during this trying time. Our bill is simple— it would bring back the 48-hour review period, allowing veterans and their representatives to review and fix mistakes before they’re made final. This legislation is a necessary step in ensuring veterans who sacrificed on behalf of this nation are met with a fair and equal process.”
- “This legislation protects veterans’ right to have a voice in their benefit claims process,” said **Senator Blumenthal**. “The administration’s new proposed rule would delay and unnecessarily burden the claims process, and deprive veterans of the ability to have a technical expert review VA’s decision on their claim. The 48-hour review period has been a vital part of the VA claims process for decades, and this bill guarantees that veterans keep this right in the future.”
- “I’ve heard from Veterans across West Virginia who are upset that this rule change will erode Veterans rights,” said **Senator Manchin**. “Many Veterans rely on professionals to help them with the complicated claims and appeals process to receive benefits from the VA. The result of this rule change is more costly appeals and delays for our Veterans who need and deserve their benefits. Our Veterans deserve a voice, and this legislation ensures that everyone who wants representation can have it. I am proud to co-sponsor the Veterans Claim Transparency Act and look forward to working with my colleagues on both sides of the aisle to pass this commonsense legislation for our Veterans who have already given so much to protect us.”

- “Millions of veterans have served our nation, and they deserve the care and benefits they have earned,” said **Senator Hirono**. “The VA has used a process that allows independent experts to review disability rating decisions so that veterans can avoid unnecessary appeals and delays for their benefits. But without explanation, the VA changed this decades-old process. Our bill reinstates the independent review to protect fairness for veterans.”
- “This is a commonsense bill that would help ensure our veterans receive the full benefits they’re entitled to and result in a more efficient VA process,” said **Senator Shaheen**. “I’m glad to partner with Senator Tester on this legislation that supports our veterans in obtaining benefits and improves the VA claims process. The VA’s decision to eliminate this protection for veterans was misguided and counterproductive. I encourage members on both sides of the aisle to join us in this effort that rights this wrong.”
- “The VA should not have changed its process for how it considers veterans’ disabilities claims, especially in the middle of a pandemic,” said **Senator Hassan**. “Our bill reverses the Department of Veterans Affairs’ rule change to ensure that veterans don’t experience delays in receiving the benefits that they have earned because of small or technical mistakes in the applications that they filed.”

Various VSOs praised the Senators’ bill and highlighted the importance of alleviating pressure on veterans navigating the disability claims process.

- “DAV supports the Veterans Claim Transparency Act as it would provide representatives the ability to work with VBA to identify and correct errors in VA decisions prior to final promulgation, acting as another layer of quality review for VA and veterans,” said **Disabled American Veterans** (DAV) National Service Director Jim Marszalek. “DAV is disappointed with VA’s recent decision to eliminate this practice which was in place for over seven decades and we believe the Veterans Claim Transparency Act can assist in alleviating potentially thousands of new appeals and provide immediate justice for veterans and their families.”
- “The 48-hour review period is an essential feature of the VA claims process,” said **Veterans of Foreign Wars** (VFW) Associate Director Matthew Doyle. “It functions as an independent quality review check on claims decisions before final ratings are sent to veterans. The VFW thanks Senator Tester for introducing this important legislation, which would rightfully reinstate the 48-hour review policy.”
- “The 48-hour review period is a vital step in the VA claims process and should be reinstated immediately,” said the **American Legion’s** Executive Director Chanin Nuntavong. “This decades-old policy gives VSOs the opportunity to review decisions and ensure the proper adjudication of all claimed conditions. The review period is critical in ensuring that veterans do not fall victim to bureaucratic oversight and signifies a long lasting partnership between VA and the VSO community. The American Legion fully supports efforts to reinstate the policy and allow VSOs to work in partnership with VA to ensure America’s veterans are properly cared for.”
- “**AMVETS** is supportive of this important legislative effort to make sure we get our veterans claims done right the first time,” said AMVETS Executive Director Joe Chenelly. “Reinstating the 48-hour rule allows our organization time to review a veteran’s disability rating before it is finalized by the Secretary. Not only has this been a longstanding normality, but it is necessary to help a veteran achieve the disability rating they deserve.”
- “**Paralyzed Veterans of America** supports the protection of the 48-hour rule permitting VSOs to review rating determinations before they are finalized,” said Paralyzed Veterans of America Associate Executive Director for Veterans Benefits Peter Gayton. “With the Department of Veterans Affairs and VSOs working together to identify and eliminate possible errors, we can reduce delays in final decisions ensuring veterans receive their earned benefits in a timely manner.”

Tester has led the charge in Congress to ensure veterans have meaningful representation and advocacy throughout the claims process during the COVID-19 pandemic. Last month, he led his colleagues in urging VA Secretary Wilkie to provide veterans with the ability and resources they are owed when disputing their disability claims with the

Veterans Benefits Administration. A copy of the Senator Tester’s proposed legislation is available for review at <https://www.veterans.senate.gov/imo/media/doc/Veterans%20Claim%20Transparency%20Act%20of%202020.pdf>. [Source: VFW Action Corps Weekly | Jon Tester | May 22, 2020 ++]

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## **SBP Reform**

### **Update 06: S.6933 | Caring for Survivors Act of 2020**

On 20 MAY, Representative T.J. Cox (D-CA-21) along with Reps. Gil Cisneros (D-CA-39), Ted Yoho (R-FL-3), Jeff Van Drew (R-NJ-2) and Jahana Hayes (D-CT-5) introduced the Caring for Survivors Act of 2020. The act would increase dependency and indemnity compensation (DIC) for surviving dependents and lower the threshold of eligibility to allow certain survivors to receive this benefit who currently do not meet the requirements.

The rate of compensation paid to survivors of service members who die in the line of duty or veterans who die from service-related injuries or diseases was set in 1993 and has been minimally adjusted since then. The DIC also has rules that can drastically decrease the benefits survivors receive if they remarry or if the period the veteran was disabled before their death was less than 10 years. Other federal survivor programs do not have such stringent rules for decreasing or withholding survivor benefits. The bill would make more surviving dependents of servicemembers eligible for DIC by;

- Reducing the age allowed for a surviving spouse to remarry and maintain their benefits from 57 to 55, consistent with other Federal survivor programs,
- Increasing the DIC base rate to 55% of the rate of compensation paid to a totally disabled veteran, and
- Easing the 10-year rule for eligibility and replace it with a graduated scale of benefits that begins after five years and increases by percentage until reaching full amount at the 10-year mark.

The intent of the current law is to provide DIC benefits for surviving spouses and minor children based on the length and severity of the veteran’s total disability rating. The financial status of surviving spouses, many who act as primary caregivers, can be limited for those who put their careers on hold to care for the veteran. The requirement of 10 years seems arbitrary given the severity of many disabilities and the impact on veterans and their families. “Thousands of families of veterans are being denied the benefits their loved ones earned while serving our country.

- I think our veterans’ survivor benefits should be at least as generous as the same benefits in other federal agencies and in the private sector, so I am proposing some simple changes to the current system that will make these benefits fairer and available to more surviving families,” said **Rep. Cox**. “We need to do whatever we can to make sure we take care of our veterans and their families.”
- “Our current law prevents many families of veterans from accessing critical benefits. The bipartisan Caring for Survivors Act of 2020 fixes this problem and puts the rules on veteran’s survivor benefits on the same footing with other federal retirement programs,” said **Rep. Cisneros**.
- “This is the least we can do for our nation’s heroes and their families. As a Navy Veteran, I’m committed to being a voice for our servicemembers, veterans, and their families and will always fight to get them the benefits they have earned.” “The families of the brave men and women who sacrificed and served our nation, with some making the ultimate sacrifice in defense of America, need to be taken care of. The freedom and liberty we enjoy every day was paid for by our veterans and their selfless service. I am proud to join Rep. Cox and my other colleagues in a bipartisan effort to do what is right to provide benefits to our nation’s veterans and their families,” said **Rep. Yoho**.
- “We must ensure that we honor our warriors by providing for their loved ones when they no longer can,” said **Rep. Van Drew**. “This is a positive change that will provide even-handed support for those families at their times of need.”

- “In speaking with veterans across my district, one of the biggest issues that I hear about is the need for improvements to the Dependency and Indemnity Compensation (DIC) benefit at the VA,” said **Rep. Hayes**. “The death of a service member should never lead a family to financial hardship, and we owe it to these heroes to give their families the full benefits they have earned. It has been far too long since these benefits have been adequately adjusted. DIC must be brought in line with other federal benefits, and must compliment the times that we are living in. I look forward to working with my colleagues on both sides of the aisle on this important issue.”

This legislation also has the support of the Disabled American Veterans, Veterans of Foreign Wars, the American Legion, Paralyzed Veterans of America, and the Tragedy Assistance Program for Survivors. “I agree with the Caring for Survivors Act of 2020 because I would like for my family to have a backup plan in the case of my untimely death,” said Danny Rueda, Post Commander for VFW Post 6742. “I also agree with this act because I’m currently seeking to receive my full 100% claim for the Veteran Affairs, and this act would benefit my family since I am currently only receiving 10% of my claim.” [Source: VFW Action Corps Weekly | T.J. Cox | May 22, 2020 ++]

**\* Military \***



## **Transgender Troops**

### **Update 25: Navy Grants First Waiver**

The U.S. Navy granted its first waiver this week that will allow a transgender service member to continue serving despite a 2019 policy that would have seen the sailor discharged. The naval officer, identified in the case as Jane Doe, served nearly 10 years in uniform as a surface warfare officer before being confronted with the likelihood of being kicked out under the new rules. Doe filed her complaint — *Lt. Jane Doe v. Mark T. Esper* — in March in Massachusetts federal district court, with representation coming from the GLBTQ Legal Advocates & Defenders (GLAD) and the National Center for Lesbian Rights (NCLR). According to the members of her legal team, Doe first came out as transgender after being diagnosed with gender dysphoria in June 2019. The new guidelines, however, went into effect in April 2019, leaving Doe without protection under the policy’s grandfather clause.

Under the current arrangement, military personnel who joined any branch “in their preferred gender or were diagnosed with gender dysphoria before the 2018 policy takes effect are exempt from the new policy and may serve in their preferred gender,” the Defense Department’s guidelines state. The new policy was put into effect on the heels of a 2017 tweet from President Donald Trump that declared the military would no longer allow “transgender individuals to serve in any capacity,” a decision, the president wrote, came after “consultation with my Generals.” Trump’s decision reversed a 2016 policy implemented by the Obama administration that allowed transgender individuals to serve openly in the armed force.

Officially enacted in 2019, the new rules state that transgender personnel cannot serve in uniform if they have been diagnosed with gender dysphoria or have yet to transition to an identified gender. Waivers to the policy will be considered “on a case-by-case basis,” according to DOD guidelines. “The ban has been in place for over a year and this is the first waiver to be granted,” Jennifer Levi, GLAD Transgender Rights Project Director, said in a release

announcing the waiver. “While we are relieved that our client, a highly qualified naval officer, will be able to continue her service, there are other equally qualified transgender service members who have sought waivers and are still in limbo, despite being perfectly fit to serve. Dedicated military service members shouldn’t have to bring a lawsuit to be able to continue doing their job.”

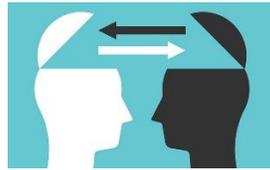
Navy officials confirmed the waiver’s approval, and noted that Jane Doe’s gender marker will be updated in the Defense Enrollment Eligibility Reporting System. The officer can now adhere to grooming and uniform standards in accordance to her preferred gender, Navy officials said. Shannon Minter, Jane Doe’s legal representative from NCLR, said her team is “relieved for our client” but remains frustrated by the policy established by President Trump. “Requiring transgender service members to jump through this discriminatory hoop makes no sense and only underscores the irrationality of the ban,” she said. “Being transgender has nothing to do with a person’s fitness to serve, and transgender individuals should be held to the same standards as other service members.”

Levi cited her client’s ability to serve as the reason the “Navy has invested nearly a decade in her training.” But the Defense Department’s new policy, Levi added, “Destabilizes and debases our military to discharge Doe and other highly qualified people under a politically motivated policy that has no basis in anything other than bias.” There are currently four additional cases appealing the military’s rule on transgender service members. [Source: NavyTimes | J.D. Simkins | May 16, 2020 ++]

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## HIE

### DoD/VA Health Information Exchange Benefits



Veterans from the US Department of Veterans Affairs (VA) and the US Department of Defense (DOD) are now benefitting from a new joint health information exchange (HIE) between the two agencies. The joint HIE, which launched on 18 APR, aims to improve interoperability between the VA, DOD, and their civilian healthcare partners. The collaboration between the two departments allows providers in both agencies to securely access EHR data for their patients. All HIE benefits are available to all participating care providers and community partners. The technology takes the data sharing burden off veterans because providers can easily access health data for both DOD and VA members.

“When clinicians have a more comprehensive picture of their patient’s health data, including data from private sector providers, this improves the quality of health care,” Neil Evans, the interim director of the Federal Electronic Health Record Modernization (FEHRM) program office, said in a statement. “The health information being exchanged should enable patient-provider conversations to start more productively and lead to a better experience for Veterans.” Stemming from the success of VA’s HIE, VHIE, the joint exchange has the potential to expand the community exchange partnerships for both the VA and DOD. Leaders said that later this year, there’s potential for future interoperability expansion, including a connection to CommonWell, which would connect the network to 15,000 additional community providers.

The VA and DoD joint HIE currently connects the two agencies to more than 2,000 hospitals, 8,000 pharmacies, 33,000 health clinics, 1,100 laboratories, 800 health centers, and 300 nursing homes. “The recent COVID-19 pandemic underlines the importance for clinicians on the front lines to be able to quickly access a patient’s health record, regardless of where that patient previously received care,” Evans said in April at the time of the launch. “As the DOD

and VA implement a single, common record, the joint health information exchange and the associated expansion of community exchange partners is a critical step forward, delivering immediate value to all DOD and VA sites.”

With both departments in the process of implementing new Cerner-based EHRs at their respective care facilities, providers for VA and DoD patients will be able to access patient data through the joint HIE. “DoD and VA achieved another historic benchmark in their ongoing efforts to implement a single, common health record and transform health care,” Cerner wrote in an emailed statement to EHRIntelligence in April. “The joint health information exchange is a monumental step forward - enabling a seamless, secure exchange of health data between the departments and an extended network of community partners. Clinicians will have the right data at the right time to make more informed medical decisions, enabling better health outcomes for our Veterans, Service members and their families.”

The new joint HIE is one piece of a broader service to transform healthcare for veterans and service members as technology continues to evolve, said VA and DoD leaders. The HIE is an opt-out HIE, meaning the organizations will not require a patients’ hand-written authorization for EHR data sharing between the VA or DoD and participating community providers. This is a bright spot for the two agencies which saw some pitfalls after the nation was gripped by COVID-19. In early April, both the DOD and the VA delayed their EHR implementation projects due to the rapid spread of the coronavirus. First, DOD announced that the implementation of MHS Genesis, the Military Health System’s new EHR system which enables advanced EHRs for DOD beneficiaries, would be delayed until further notice, although the back-end optimization of the system would continue. Following the DOD’s announcement, VA Secretary Robert Wilkie wrote in a letter that the VA’s Electronic Health Record Modernization (EHRM) program would be delayed for the third time since November 2019. [Source: EHR Intelligence | Geoff Ziezulewicz | May 19, 2020 ++]

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## **Military Retention**

### **Thousands Defer Plans to Leave the Military during Crisis**



**Maj. Yaira Nevarez, left, administers the oath of enlistment to Staff Sgt. Jennifer Rogers during a virtual reenlistment at Hanscom Air Force Base 28 APR while Airman 1st Class Jazlynn Liranzo holds the phone**

Army Sgt. Antonio Gozikowski was planning to leave the military next month and head to college. After serving for six years, the dental assistant’s goal was to become a dentist, and then return to the Army in a few years with his expanded medical skills. But now, with the coronavirus forcing universities to consider virtual or reduced schooling this fall, he decided to take advantage of a new Army program and extend his military service for six more months. Across the military, uncertainty about future jobs or college opportunities is driving more service members to re-enlist or at least postpone their scheduled departures. As unemployment, layoffs and a historic economic downturn grip the nation, the military — with its job security, steady paycheck and benefits — is looking much more appealing.

“Everything from elementary schools to universities is closing down and there’s no saying how it’s going to go when the fall semester opens,” said Gozikowski, adding that he’s hoping schools start opening up for spring semester. “This is like a safety net. I have a source of income and I’ll be able to continue working.”

Gozikowski, who is from Cherry Hill, New Jersey, and is serving at Fort Hood, Texas, is one of hundreds of service members who are taking advantage of newly developed, short-term extensions being offered by the military. As of

mid-MAY, the Army had already exceeded its retention goal of 50,000 soldiers for the fiscal year ending in September, re-enlisting more than 52,000 so far. And the other services have also met or are closer than planned to their target numbers. The influx of people re-enlisting will offset any shortfalls in recruiting, which has been hampered by the outbreak. And that will help the services meet their total required troop levels for the end of the year. "We're hiring," said Army Secretary Ryan McCarthy. "Like anything, market dynamics come into effect and people

Sgt. Maj. Stuart Morgan, the senior Army career counselor, said Gozikowski was able to take advantage of a new program designed to help soldiers who were planning to leave this year but are now worried and reconsidering their options. The program allows them to delay their departure for up to 11 months to get them past the peak coronavirus period. By early last week, he said, 745 soldiers had signed up. "What we're seeing this year, which is directly related to COVID, is we do have a population of soldiers that what they were expecting at the end of transition has suddenly disappeared," Morgan said. "And now you have a soldier that is trying to go through a transition period that is now facing uncertainty on the outside."

The Air Force is on track to meet its recruiting goal, but expects to fall short of its effort to get recruits through the training pipeline by as much as 5,800 as a result of the virus. That gap, the Air Force said, could be filled by service members who decide to re-enlist or extend their service. So far, the number of Air Force personnel who have withdrawn their requests to leave the service or have asked to extend their enlistment is 700 more than last year at this time, including 230 pilots and medical staff. For one pilot, the opportunity to make that sudden change of course was a relief. In discussing his plans, he asked that his name not be used to preserve any future employment options. Nearly two months ago, he was in Miami taking an airline certification course and getting ready for his next career. For months, he and his fellow pilots at Scott Air Force Base in Illinois had been talking about which airlines were hiring.

"Everybody was getting out," the 10-year transport aircraft pilot said in an interview from the air base. "The conversations were like, oh, who got picked up by Southwest, who got picked up by American, who got picked up by Delta. And then the whole coronavirus thing started to play its course." Suddenly, he said, "the discussions are more like, what are we gonna do now?" The pilot said he was worried about the uncertainty. Even if he got a job, it might only be temporary, if the economic downturn continued. "I need stability in my life. There's no steady income on the outside, or guaranteed income either," said the pilot, adding that in the military, he's guaranteed a job. "While other people are getting laid off and not working, we're still collecting a paycheck and going to work."

Retention is also on the rise in the Marine Corps. Currently there are about 183,000 Marines, and the goal for the end of the fiscal year is about 184,600. The Corps has nearly reached its retention goal of about 12,600 for the fiscal year, with only about 100 or so to get by the end of September. The Navy was not able to provide retention numbers. In addition, Marines who were planning to leave the service are being allowed to extend their enlistments by a few months, to get past the initial COVID crisis, or by a year or two. Maj. Craig Thomas, a Marine Corps spokesman, said virus-related restrictions on recruiting and shipping new Marines to initial training will likely mean the service won't meet its goal for total force size this year. He added, however, that while it is too early to tell if the bad economy will further boost retention, the enlistment extensions could make up for the recruiting shortfalls. [Source: The Associated Press| Lolita C. Baldor | May 18, 2020 ++]

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## **U.S. Space Force**

### **Update 20: What USSF is Telling Airmen About the New Service**

As the Space Force stands up, there's one constituency it has to get on board with its plans: Airmen. The Space Force squeezed in 10 "roadshows" to explain its mission before the coronavirus pandemic made it unsafe to gather for the presentations. Troops at Peterson, Schriever, and Buckley Air Force Bases and the U.S. Air Force Academy in Colorado; Patrick Air Force Base and Hurlburt Field, Fla.; Vandenberg Air Force Base, Calif.; Robins Air Force Base,

Ga.; Thule Air Base in Greenland; and the Pentagon were briefed between 3-12 March, according to service spokeswoman Lynn Kirby.

Instead of holding in-person events, the Space Force has switched to spreading the same message online through videos, webinars, and Facebook Live. It recently offered livestreams tailored to the intelligence and cyber communities. Acting Under Secretary of the Air Force Shon Manasco, Vice Chief of Staff of the Air Force Gen. Stephen Wilson, and Space Force Vice Commander Lt. Gen. David Thompson held a town hall with commanders at the end of April as well. “The content of the roadshow hasn’t changed, just the questions we are asked at each event tend to vary,” Kirby said. “Many questions are regarding career issues such as promotion opportunities and career tracks in the Space Force. As these planning details are in development, we address what we know to be true today, share the direction and vision for the future while taking great care not to speculate.”

The presentation covers many of the fledgling service’s main talking points:

- It sits within the Department of the Air Force
- It aims to protect space-related assets that enable banking, infrastructure, transportation, and communications
- Other countries are challenging American dominance in space
- The military needs to buy space systems faster

It also notes several types of threats to the U.S. that the Space Force would tackle:

- Electronic warfare
- Cyberattacks
- Directed and kinetic energy weapons
- Orbital threats
- Ground site attack
- Nuclear detonation in space

“We need an independent force to focus on the scope, scale, and complexity of the space domain—like our sister services that focus on land, sea, and air,” the slideshow said. “This requires: space-focused experts developing space doctrine and tactics; rapid space weapon system acquisitions; intelligence, cyber, and space-focused domain planning and operations.” The new Space Staff is finding its own officials to run intelligence, space and information operations, plans, programs and requirements, and analysis and assessment. It plans to share personnel, communications, and logistics and installation support officials with the Air Staff, according to the slideshow. It suggests that using some of the same pieces of the Air Force secretariat will make the Space Force headquarters up to 50 percent smaller than it might have otherwise been.

The slideshow argues that creating a Space Force will let space unit commanders spend 80 percent of their time on operations and 20 percent on mission support functions like base security and infrastructure management, instead of using the bulk of their time for mission support. It also details how the Space Force will transfer groups of people from the Air Force. The first batch of USAFA cadets have already graduated into the Space Force. Reserve Officer Training Corps and Officer Training School students will start joining the service 1 OCT, closely followed by newly enlisted space operators on 7 OCT. An accession date hasn’t been decided for newly enlisted cyber and intelligence professionals. For officers and enlisted Airmen who are already in the Air Force, space operators who decide to transfer will start commissioning and re-enlisting into the Space Force on 1 SEP. Engineering, acquisition, cyber, and intelligence personnel who volunteer for transfer will start coming in Feb. 1, 2021.

Space operators who decide not to transfer, but have not served out their entire time commitment to the Air Force, will need to pick a different career field and retrain for that USAF specialty. They can also ask for a waiver to cut their service commitment short, Space Force operations and communications director Brig. Gen. DeAnna Burt said on a recent livestream. Some are hesitant to transfer because of lingering unknowns as the service stands up, such as what the Reserve component could look like. More than 2,000 Airmen have opted to transfer so far. The Air Force

encourages those who join the Space Force to hold oath and enlistment ceremonies to mark the occasion. [Source: AirForce Magazine || Rachel S. Cohen | May 19, 2020 ++]

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## USS Theodore Roosevelt

### Update 04: COVID-19 Internal Investigation Report Completed

The Navy's top admiral on 27 MAY received the results of an internal investigation into the spread of the coronavirus aboard the USS Theodore Roosevelt and the firing of the aircraft carrier's skipper in April. The report is not expected to be made public until decisions are made about potentially restoring Capt. Brett Crozier to command of the Roosevelt or disciplining other officers. It was submitted Wednesday to Adm. Mike Gilday, the chief of naval operations. A Gilday spokesman, Cmdr. Nate Christensen, said the admiral is reviewing the report. "It will take time for the investigation's recommendations to be reviewed and endorsed by Adm. Gilday," he said.

Among the questions the investigation was to address is how the coronavirus got aboard the Roosevelt, which was operating in the western Pacific when the first crew members fell sick in late March. As the virus spread, the carrier pulled into Guam on 27 MAR amid apparent disagreement within Navy leadership over how to proceed with evacuating the crew to limit the spread. Crozier wrote a letter, which soon leaked to a California newspaper and beyond, pleading for faster Navy action to prevent COVID-19 deaths among his crew. The acting Navy secretary at the time, Thomas Modly, ordered Crozier relieved of command in early April, saying he had distributed his letter too widely and shown poor judgment. Days after saying Crozier may have been "too naive or too stupid" to command an aircraft carrier, Modly resigned.

About 1,100 members of the Roosevelt crew eventually tested positive for the coronavirus and one, Chief Petty Officer Charles Thacker, 41, died. Most have recovered from the illness, and the carrier last week departed Guam to prepare for a full return to duty in the Pacific. It was sidelined on Guam for nearly two months. The report submitted to Gilday on Wednesday was prepared by Adm. Robert Burke, the vice chief of naval operations, who had done a preliminary inquiry in April. But after it was reviewed up the chain of command, James McPherson, who succeeded Modly as acting Navy secretary, ordered a fuller investigation. That initial report recommended that Crozier be restored to command, but that suggestion was set aside pending the outcome of the wider probe.

Acting NavSec McPherson is slated to be replaced 29 MAY by Kenneth Braithwaite, who has been confirmed by the Senate as Navy secretary. After Braithwaite reviews the report it likely will be considered by Defense Secretary Mark Esper. The rapidly changing leadership atop the Navy is a reflection of tumultuous times during the Trump administration. President Donald Trump's first Navy secretary, Richard Spencer, was fired in November 2019 after clashing with the White House over disciplinary actions involving a Navy SEAL. [Source: The Associated Press | Robert Burns | May 28, 2020 ++]

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## Navy Submarine Program

### Update 04: Navy's Top Priority Columbia (SSBN-826)

The Columbia (SSBN-826) class program is a program to design and build a class of 12 new ballistic missile submarines (SSBNs) to replace the Navy's current force of 14 aging Ohio-class SSBNs. The Navy has identified the Columbia-class program as the Navy's top priority program. The Navy wants to procure the first Columbia-class boat in FY2021. Research and development work on the program has been underway for several years, and advance procurement (AP) funding for the first boat began in FY2017. The Navy's proposed FY2021 budget requests \$2,891.5

million (i.e., about \$2.9 billion) in procurement funding, \$1,123.2 million (i.e., about \$1.1 billion) in advance procurement (AP) funding, and \$397.3 million in research and development funding for the program.

The Navy’s FY2021 budget submission estimates the procurement cost of the first Columbia- class boat at about \$14.4 billion in then-year dollars, including about \$6.0 billion in costs for plans, meaning (essentially) the detail design/non- recurring engineering (DD/NRE) costs for the Columbia class. It is a longstanding Navy budgetary practice to incorporate the DD/NRE costs for a new class of ship into the total procurement cost of the first ship in the class. Excluding costs for plans, the estimated hands-on construction cost of the first ship is about \$8.4 billion. The boat has received about \$6.2 billion in prior-year AP funding. The Navy’s proposed FY2021 budget requests about \$2.9 billion in procurement funding, with the remaining \$5,274,200,000 in procurement funding needed to complete the boat’s total estimated procurement cost of about \$14,393 billion to be requested in FY2022 and FY2023.

The Navy wants to procure the second Columbia-class boat in FY2024. The Navy’s FY2021 budget submission estimates the procurement cost of this boat at about \$9.3 billion in then-year dollars. The Navy’s proposed FY2021 budget requests about \$1.123 billion in AP funding for the Columbia-class program, of which about \$1 billion is for the second boat and \$95.2 million is for the third and subsequent boats in the program. The Navy’s FY2021 budget submission estimates the total procurement cost of the 12-ship class at \$109.8 billion in then-year dollars. Issues for Congress for the Columbia-class program include the following:

- The risk—due to the COVID-19 (coronavirus) situation, technical challenges, and/or funding-related issues— of a delay in designing and building the lead Columbia-class boat, which could put at risk the Navy’s ability to have the boat ready for its first scheduled deterrent patrol in 2031, when it is to deploy in the place of the first retiring Ohio-class SSBN;
- Whether the Navy has accurately priced the work it is proposing to do in the Columbia-class program in FY2021;
- The risk of cost growth in the program;
- The potential impact of the Columbia-class program on funding that will be available for other Navy programs, including other shipbuilding programs; and
- Potential industrial-base challenges of building both Columbia-class boats and Virginia-class attack submarines (SSNs) at the same time.

[Source: U.S. Naval Institute | Staff | May 20, 2020 ++]

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## Women in Service

### Update 03: Nearly 30% More Likely Than Men to Leave the Military



More women are joining the U.S. military but the individual services must do more to continue the trend and ensure they stay in uniform, according to the Government Accountability Office. The share of women in the armed forces grew from 15.1% in 2004 to 16.5% in 2018, with the Navy seeing the largest increase over 15 years. The Air Force consistently has had the highest percentage of women serving -- nearly a fifth of the entire service -- since 2004, while the Army and Marine Corps are at or below the total force percentage.

But given that women make up half the potential recruit pool and coupled with data that shows women leave the service at higher rates than men, GAO analysts said work needs to be done to address the continuing gaps between the genders in uniform. "Without Department of Defense guidance and service plans with goals, performance measures and time frames to monitor female recruitment and retention efforts, DoD may continue to miss opportunities to recruit and retain a valuable segment for its active-duty force," according to a report released Tuesday by the GAO. Concerned over recruitment and retention of female service members, Congress in 2018 asked the GAO to determine how the services compare in recruiting, retaining and promoting women.

Analysts found that the likelihood of women separating from the armed forces is 28% higher than men, and female enlisted promotion rates lagged behind men across the board. The GAO found that women largely leave the service over six concerns: work schedules, organizational culture, family planning, dependent care, deployments and sexual assault. The report authors noted that, in a review of existing research on military separations, female veterans "mentioned both the occurrence of a sexual assault and how it was handled by the military as contributing to their separation." "For example," they wrote, "two females stated that the perpetrator was not punished, and another woman cited the lack of support from other service members as contributing to their decisions to separate from the military."

The report comes as the Army and Marine Corps step up efforts to recruit more women. Marine Commandant Gen. David Berger announced in February plans to place more women in charge of infantry battalions, as well as a review of retention-related policies, such as maternity leave and parental leave. The Marine Corps historically has had the lowest percentage of women serving. Of the services, however, it retains women at rates second only to the Air Force. The percentage of women serving in the Army actually declined slightly over the 15-year span studied by the GAO, from 15.3% in 2004 to 15.1% in 2018 -- the only service to see a decline. The Army also had the highest separation rate among the services. The Air Force consistently has attracted and retained women at higher rates than the other services. In 2018, 20.2% of the service was female. The service also had the lowest likelihood of women leaving the service. According to the report, 19.6% of the Navy is female, up from 14.7% in 2004. It ranked second from the bottom for retention. The Marine Corps saw a 2.5-percentage point increase in the number of women between 2004 and 2018, from 6.1% to 8.6%.

The services' top personnel officers testified last December on the importance of diversity in the U.S. military, including efforts to expand recruitment of women and increase efforts to retain them. "We want our Army to look like our nation and to reflect what's best of our citizens. As the country becomes more diverse, so has the Army," Army Deputy Chief of Staff Lt. Gen. Thomas Seamands said. "Diversity remains critical to the Marine Corps. It is our responsibility to ensure the Marine Corps is comprised of the best and brightest from every segment of our diverse society," Deputy Commandant for Manpower and Reserve Affairs Lt. Gen. Michael Rocco said.

Despite identifying female recruitment and retention as a priority, however, the services have failed to develop plans that include goals, performance measures and time frames to guide their efforts, the GAO found. It recommended that the DOD, which is updating its diversity strategic plan, include recruitment and retention goals. It made the same recommendations for each of the services. "Goals are not quotas and can help guide continued improvement," the GAO wrote. In their responses, the DOD, Army, Navy, Marine Corps and Air Force agreed with the GAO recommendations. [Source: MilitaryTimes | Patricia Kime | May 19, 2020 ++]

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## Aircraft Carriers

### Update 05: “We are Underway and Ready” Navy Says



The Navy on 22 MAY touted the fact that seven of its 11 aircraft carriers are now underway after coronavirus and maintenance issues had beset the fleet in recent months. “Around the world, we are underway and ready,” the service said in a Facebook post featuring a graphic with a large “7” plastered over the photos of carriers Ronald Reagan, Gerald R. Ford, Abraham Lincoln, Nimitz, Harry S. Truman, Theodore Roosevelt and Dwight D. Eisenhower. Aircraft carriers are perhaps America’s most visible manifestation of global military might, each operating with its own strike group and able to project power into hotspots.

The USS Theodore Roosevelt was sidelined for almost two months in Guam dealing with a coronavirus outbreak that infected more than 1,100 sailors and killing one. It finally set sail Thursday but only with essential crew members aboard. Two other carriers got underway earlier this month. The Ronald Reagan headed to sea after six months of routine maintenance at its homeport in Yokosuka Naval Base near Tokyo. Seeking to avoid the type of widespread contagion experienced by the crew of the Roosevelt, the Navy placed Reagan sailors into phased sequestrations of up to 21 days as they transferred to the carrier. The Abraham Lincoln departed its homeport of San Diego 7 MAY, less than four months after completing a record-breaking 295 days at sea during its previous deployment. Nimitz got underway from San Diego a day later.

With an eye toward China, the Navy has stepped up publicity over its operations in the South China Sea in the wake of the coronavirus crisis. China took advantage of the diminished presence of U.S. Navy carriers in the Pacific by twice in April sailing its own carrier, the Liaoning, between two islands of Japan’s Okinawa prefecture. During its second pass through on 28 APR, the Liaoning was accompanied by two guided-missile destroyers, two multirole warships and a combat-support supply ship. China also appeared to step up its operations in the South China Sea by carrying out surveys within the waters of Malaysia’s exclusive economic zone. In early April, a Vietnamese fishing boat sank during a skirmish with a Chinese coast guard ship in a disputed area. Vietnam officials claim that the Chinese boat intentionally rammed the fishing boat, while China says the fishermen were to blame for the sinking.

The Navy has been challenged to keep carriers at sea in recent years. An analysis published by USNI News in September 2018 concluded that during the previous 15 months the Navy had the lowest number of carrier strike groups underway in 25 years. In December, the Navy announced that seven carriers were finally underway after half the carrier fleet had spent the fall in a non-deployable state, but three months later the virus waylaid the Theodore Roosevelt. Among the carriers that had been sidelined last year, the USS George Washington was in the shipyard for an overhaul, while the USS John C. Stennis was awaiting one. The USS George H.W. Bush and USS Carl Vinson were undergoing maintenance, while the Harry S. Truman had to delay departure to sea because of an electrical malfunction. [Source: Stars & Stripes | Wyatt Olson | May 22, 2020 ++]

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## Cruise Missiles

### Update 03: New and Better JP-10 Jet Fuel Formulated from Corn



One of the nation's most prestigious national labs has developed a new fuel substitute for the same jet fuel that powers cruise missiles. Los Alamos National Labs has come up with a replacement fuel for JP-10 that uses corn bran and other feedstocks instead of petroleum products. The result is a fuel that can be sourced directly from America's most plentiful crop, bypassing foreign sources.

The Tomahawk missile is one of the most plentiful missiles in the US military arsenal. Developed in the 1970s, Tomahawk was one of the first low-altitude, radar-evading cruise missiles to enter service, and today 145 U.S. Navy warships carry the missile daily as part of their standard missile loadout. Unlike other missiles that are powered by rocket motors, the Tomahawk and others like it are powered by turbine engines, in effect miniature, single-use airplane engines that trade speed for fuel efficiency and range. These engines, like their bigger, more powerful cousins run on JP-10 jet fuel. The U.S. Navy sits on a stockpile of 4,000 Tomahawk missiles, each powered by a Williams International F415 turbofan engine, making JP-10 an important part of the fleet's inventory. The result, LANL says, is a fuel that can be made entirely within the United States, using home-made agricultural products. Unlike petroleum-based JP-10, the feedstock-based method doesn't require harsh acids to manufacture, making it more environmentally friendly to use as well.

The fuel is made with a byproduct of the process for making corn-based ethanol, making more efficient use of the corn and giving ethanol manufacturers an incentive to manufacture it. Perhaps the most important aspect of the new formulation: it's entirely renewable and made with America's largest crop. American farmers plant 90 million acres of corn every year, which is then used in everything from high fructose corn syrup to feeding livestock. This ensures a steady supply of feedstock that is less susceptible to market volatility. LANL believes that a JP-10 market dominated by the new fuel could drop prices 50 percent, with all of the planting, processing, and refining done in the U.S., which will also create American jobs. LANL believes that JP-10's high energy density might lead more high-performance jet engines to use the fuel. This would result in planes with longer ranges or that need to carry less fuel to get from Point A to Point B. If so, this new fuel could be yet another military innovation that carries over to the civilian world. [Source: Popular Mechanics | Kyle Mizokami | May 25, 2020 ++]

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## Navy Terminology, Jargon & Slang

### 'Jack' thru 'Jury Rig'

Every profession has its own jargon and the Navy is no exception. Since days of yore the military in general, and sailors in particular, have often had a rather pithy (dare say 'tasteless?') manner of speech. That may be changing somewhat in these politically correct times, but to Bowdlerize the sailor's language represented here would be to deny its rich history. The traditions and origins remain. While it attempted to present things with a bit of humor, if you are easily offended this may not be for you. You have been warned.

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

**Jack** - (1) (UK) General nickname for Royal Navy sailors. (obsolete, from 'Jack Tar') (2) The Union Jack, a small flag flown from the jackstaff on the bow of USN ships in port; has a blue field and 50 white stars. It is also flown from the yardarm when a court martial or court of inquiry is in session aboard. (3) To slowly turn the propeller shaft or shafts of a ship when engines are stopped, both to maintain the oil film in shaft bearings and to prevent the shaft from bowing from its own weight.

**Jackass** – A conical bag stuffed into the hawsepipes to stop the entry of seawater. Usually filled with oakum.

**Jacking Gear** - The machinery used to jack a shaft. May also be used to lock the shaft.

**Jack of the Dust** – See DUSTY.

**Jackspeak** – (UK) Language used by sailors.

**Jacob 's ladder** – A rope ladder. Some have wooden steps, others have knotted horizontal ropes for that purpose.

**JANFU** - Joint Army-Navy Fuck-Up.

**Jarhead** – GRUNT, or Marine. Reportedly, due to the "high and tight" haircut favored by many marines; it looks as if someone put a bowl on the victim's head and cut or shaved off all the hair that protruded.

**Jetsam** – Objects thrown over the side to lighten ship. Jetsam does not float. See also FLOTSAM.

**Jimmy, Jimmy the One** - (RN) First Lieutenant of a ship.

**Joe** – As in "cup of Joe," refers to coffee. Josephus Daniels, Secretary of the Navy, on July 1, 1914, issued general order 99, which rescinded Article 827. Alcoholic beverages were thereby prohibited aboard ship. Henceforth, the strongest drink to be had was coffee.

**Joe Shit the Ragman** - The generic US Navy dirtbag or screwup. Also seen as 'J.S. Ragman'. Aka Seaman Jones, Joe/Seaman Schmuckatelli, etc.

**Joker** – (Aviation) Critically low fuel state.

**Joss, Jossman** - (RN) Master at Arms. The 'Fleet Joss' was the Fleet Chief Petty Officer Master at Arms.

**Judy** - Radio call signifying that the fighter has radar contact on the BOGEY or BANDIT and can complete the intercept without further assistance from the controller.

**Jury Rig** – A temporary fix, or makeshift.

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

\* Military History \*



## Beach Storming Submarines

### U.S. Navy Wasn't Exactly Thrilled With Them

During the Cold War, the U.S. Navy studied a concept for a troop-carrying submarine that would have carried an entire U.S. Marine Expeditionary Unit of 2,000 Marines. The giant submarine landing craft, or LST, never got off the drawing board. And for good reason. The Navy had plenty of experience with submarine transports. And it wasn't always good. Sometime in the 1950s, artist Frank Tinsley drew an impression of a giant submarine LST for *Mechanix Illustrated*. The magazine "presented" the sketch to the Navy, according to naval historian Norman Polmar. Tinsely's submarine LST was 720 feet long and boasted a 124-foot beam. It had room for 2,240 Marines as well as the "amphibious flying platforms" that would land the Marines on the enemy's shore. The concept art depicted several submarines disembarking Marines while a sister vessel bombarded beach defenses by way of artillery arrayed on her deck.

Tinsely's proposal was not a very serious one. For starters, no such "amphibious flying platforms" existed. But the Navy did take seriously other concepts for large, troop-carrying submarines. The fleet however didn't act on them. The main reason is that surface vessels worked just fine for amphibious assaults. Plus they were cheaper and safer than submarines were. The Navy's own experiences during World War II and the Korean and Vietnam Wars underscored this truth. The U.S. fleet during World War II converted its three largest submarines into transports. USS *Argonaut*, USS *Narwhal* and USS *Nautilus* supported amphibious operations on Makin Island in the Pacific as well as Attu, one of the Aleutian islands in Alaska. In neither case was the submarine assault decisive or necessarily even cost-effective.

*Argonaut* launched in 1927. She was 358 feet long and displaced 4,100 tons while submerged. She was, by design, a minelayer. But in the hours following Japan's attack on Pearl Harbor on Dec. 7, 1941, *Argonaut* made the first-ever attack run of the war by a U.S. submarine when she unsuccessfully approached two Japanese destroyers shelling Midway Island. An American warplane brought the day to an ignominious end when it mistook *Argonaut* for an enemy vessel and tried to bomb her. *Argonaut* sailed to San Francisco and underwent conversion to a troop transport. Workers removed some of the vessel's torpedo tubes in order to make room for more berthing. In August 1942 she and *Nautilus* embarked 222 Marine Raiders and sailed for Makin Island, which housed a strong Japanese garrison and fuel depot.

It was an uncomfortable journey. "For eight days the submarines sailed eastward," *Proceedings*, the professional journal of the U.S. Naval Institute, explained in a 1946 article. "It was hot and cramped in the close quarters," the article continued. "The temperature of the sea itself was 80 degrees, and although extra air-conditioning units had been installed, the temperature inside the submarines was raised over 90 degrees and the humidity to 85 percent by the sweating bodies of the jam-packed men. All torpedoes had been removed, except for those in the tubes, and bunks had been built in the forward and after torpedo rooms. To fit that many men in, the space between these bunks was so limited that if a man wanted to turn over, he had to slide out of his bed and crawl back up the other side!"

The 85 Japanese defenders on Makin were ready for the Marines and, in a day of furious fighting, killed 30 of them. The Americans ultimately overran the garrison and torched its fuel supplies. That raid with its mixed results arguably was *Argonaut*'s greatest success. She sank a Japanese gunboat in early January 1943. A week later three Japanese destroyers depth-charged and shelled *Argonaut*, sinking her. There were no survivors among her 102 crew.

At 4,000 tons of displacement, *Narwhal* and *Nautilus* were somewhat smaller than *Argonaut* was. *Nautilus* helped land Raiders on Makin and, in 1942 and '43, sank a few small Japanese vessels. In April 1943 she embarked 107 U.S. Army scouts and landed them on Attu five hours ahead of the main American assault on the Japanese-held Aleutians. *Nautilus*' only other major accomplishments during the war were landing scouts on Tarawa in November 1943 and destroying, with gunfire, the submarine USS *Darter* after *Darter* ran aground in the Pacific in October 1944. Sister ship *Narwhal* helped to shoot down two Japanese planes during the Pearl Harbor attack. She sank some small Japanese freighters in 1942 before joining *Nautilus* for the attack on Attu.

In their transport roles, *Nautilus* and *Narwhal* "were not a critical factor" in the Alaska campaign, Polmar concluded. But the Navy retained transport submarines through the Korean and Vietnam Wars. USS *Perch* in October 1950 landed 67 British marines behind North Korean lines on a mission to blow up a railroad tunnel. *Perch* launched in 1943 and,

during World War II, sank two Japanese freighters, landed commandos on Borneo and rescued downed allied pilots. Her raid on North Korea in 1950 was the only allied submarine action of that war.

The unspectacular results of these small-scale amphibious assaults didn't justify a major expansion of the Navy's undersea transport capability. Nor would Perch's missions landing Marine recon troops and Navy demolition specialists during the Vietnam War do so. The Navy decommissioned its last dedicated transport submarine, USS Grayback, in 1984 following a fatal accident two years earlier that killed five divers. Today the Navy still uses attacks and cruise-missile submarines to transport small teams of SEALs. But large-scale amphibious raids remain the purview of surface vessels. [Source: Forbes | David Axe Commentary | May 18, 2020 ++]

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## **WWII Operation Barney**

**Sea of Japan 27 May - 5 Jul 1945**

May & June 1945 was to become one of the most legendary United States Submarine Service combined operations of WWII. It was the brainchild of Vice Admiral Charles Lockwood Commander Submarines Pacific (COMSUBPAC) and with the support of Fleet Admiral Chester W. Nimitz. They had put together a daring plan to covertly enter the Inland Sea of Japan with a large group of submarines. The entrances to this sea were most challenging, and practically impenetrable, as there was only very narrow straits to pass through. Also, the Japanese had erected submarine nets and had saturated the entrances with anti-submarine mines. Only one other submarine had accomplished a successful penetration of this area. It was the USS WAHOO (SS-238) with gutsy Commander Mush Morton as her Captain. They had managed to slip past the heavily patrolled and anti-submarine mined entrances by sailing under merchant vessels entering the Sea of Japan through the Tsushima Strait. Unfortunately, WAHOO was lost by unknown causes with all hands while accomplishing its second penetration of the Emperors Private Pond, on or about 2 Dec 1943. Wahoo was found in 2006, and the Navy will treat her as a War Grave.

Admiral Lockwood concluded that breaking the Japanese resistance, to continue the conflict, he would form this group of submarines to penetrate the Tsushima Straits and raise hell in their private backyard sea. He needed a device that would guide the submarines past the minefields. The answer came from the University of California War Research Laboratory at San Diego. They came up with a listening device that would ring if an underwater anti-submarine mines were close by the hull. It was the Frequency Modulated Sonar (FMS) System that the CREVALLE and her sister subs had recently been fitted. Hopefully, the FMS system would accurately chart the various mines around the Tsushima Straits. Would the new FMS detection device do the trick? It had its idiosyncrasies and sensitive as it was, the contrivance detected many submerged objects, which were not mines. Large fish, for example. Such false contacts registered an alarm, and it took an ace specialist to distinguish the real mine signals from the resemblance. As is the case with most specialists and technicians, the operators of the FMS gear developed a terminology of their own. Sounds manifested by the detecting device, as authentic mine-warning signals or ringing, were termed "Hell's Bells."

He designated this action "Operation Barney," and he formed a wolf pack answering to the name of "Hydeman's Hellcats," named after the wolf pack Commander Earl T. Hydeman, the skipper of the SEADOG. The "Hellcats" was subdivided into three task groups:

- "Hydeman's Hecpats" -- USS Seadog (SS-401), USS Crevalle (SS-291), & USS Spadefish (SS-411)
- "Pierce's Polecats" -- USS Tunny (SS-282), USS Skate (SS-305), & USS Bonefish (SS-223)
- "Risser's Bobcats" -- USS Flying Fish (SS-229), USS Bowfin (SS-287), & USS Tinosa (SS-283)

CREVALLE left Guam on 27 May 1945, in company with SEADOG and SPADEFISH on her seventh war patrol in the direction of the Sugaru Straits. The other six submarines headed northwestward, their bows pointing like compass needles for Tsushima Strait. En route, "Riser's Bobcats" performed lifeguard duties, and TINOSA rescued ten men of the crew of a B-29 that had crashed about 18 miles northeast of Sofu Gan. Among the CREVALLE'S most appreciated

members of the crew on this high adventure was a slim, tall, athletic-looking Englishman with a pleasant British accent. Lieutenant Commander Barclay Lakin, of His Majesties Royal Navy, who was a self-invited guest, his application for duty with operation Barney had been granted and approved by Admiral Lockwood. He was a real submariner, having participated in many Mediterranean patrols against the axis powers. He proved to be a tremendous asset insisting on standing a regular watch rather than be excess baggage. This alleviated the wardroom of additional watches. The officers and crew warmly received his precious advice, suggesting new battle tactics.

The maximum length of the Sea of Japan stretches some nine hundred miles from the Tsushima Strait in the southwest to La Perouse Strait in the northeast. At its broadest (between Honshu Island in Japan to Vladivostok in Siberia Russia) it measures about 250 miles. In shape and size, this waterway bears a close resemblance to the western end of the Mediterranean Sea from Gibraltar to the toe in the boot of Italy. Whereas the Mediterranean is generally shallow with an abundance of islands, the Sea of Japan has a minimum depth of about nine hundred feet and only a few islands. Over the centuries, Japan has looked upon this well-protected land-framed sea as its exclusive ocean that provided a lifeline from the Asiatic mainline. It supplies the essential raw materials, which Japan is unable to provide for the massive population on its central islands. These lifelines carry rice, other essential foods, coal, ore, and vital industrial wares to promulgate the war effort.

With "Hell's Bells" ringing here and there, and not without a few false warnings to keep their nerves at attention, the "Hellcats" crept through Tsushima Strait and entered the Sea of Japan on schedule. Shipping was allowed to pass unmolested as the shooting was timed to begin at sunset on 9 Jun 1945, to let all boats to be in their assigned areas. A few of the Boats were on their station before this zero hour, and some of the skippers were so tantalized by the sight of Japanese ships traveling unescorted with their running lights ablaze that they were tempted to jump the gun. CREVALLE'S Captain Steinmetz wrote in his logbook: "Sighted still another ship through my scope, a fine big one. Of all our contacts, this was the toughest to throwback in the water. I was strongly tempted to swing left, shoot, and then use as an excuse: 'Sorry, Admiral Lockwood I was just cleaning my torpedo tube, and it went off. 'Itchy trigger fingers were restrained, however, until all "Hellcats" reached their assigned places.

Overconfident, even during this catastrophic period, the Imperial Japanese Navy was caught entirely off guard by the invaders at their back door. Astounded by the sudden thunder of torpedo fire off the West Coast of Honshu, they could not believe American submarines had entered the Sea of Japan by reasonable means. Radio Tokyo, always imaginative, announced that the subs had been "smuggled in" by some sinister mechanism. The smugglers, of course, were nine crack skippers and nine crews of top-caliber submariners under the high-powered leadership of Commander Earl Hydeman. If the Japanese were looking for that mysterious smuggler, they could have found it in the FMS gadget. It was born and bred in the far off University of California War Research laboratory at San Diego, California, and made in the USA. Having staked their lives on this apparatus, the "Hellcat" skippers with their crews breathed a vote of thanks to American science and invention as their boats left the Tsushima minefields far astern, proceeding quickly to their assigned patrol areas throughout the Sea of Japan.

The "Hepcats" covered the waters off the northwest of the Japanese main island of Honshu, cutting into the inside shipping lanes of the Tsugaru Strait leading to the cities of Hakodate and Ominato. Shortly after sunset on 9 JUN SEADOG attacked a freighter a few miles north of Sado Shima Island and downed the vessel with one shot. This was the first Japanese blood that was drawn by the Hellcats. Before midnight her torpedoes had sunk a second freighter in the same area. Shortly after SEADOG'S successful attack on the night of 9 JUN, CREVALLE fired two torpedoes for two hits, which rapidly sank an engine-aft freighter. The next morning a single weapon was fired at an ocean-going tug, but due to an unforgiving broaching (running on the surface) of the fish, the enemy craft succeeded in avoiding its own destruction. Three hours later, three tubes were fired at another engine-aft freighter, and two solid hits sank the ship so rapidly that it was impossible to take pictures.

The next morning a surface approach was made on another freighter. CREVALLE fired two fish, but they both missed due to another broaching torpedo and the targets immediate evasion tactics after spotting the broaching fish. However, a fast surfaced end-around run by CREVALLE was made to get out in front of the target. A submerged attack

sank this ship with two torpedoes fired for a score of 100% accuracy. The next few days were spent avoiding the now fully alerted Japanese Navy's anti-submarine vessels while attempting to find out where the Son's of Nippon had hidden their merchant ships. Then at dawn on 13 JUN, CREVALLE was somewhat rewarded as a surface gun attack resulted in the sinking of two smaller cargo-carrying luggers.

On 14 JUN, while approaching a coast-hugging convoy, two MATSU destroyers interfered with the boat. Captain Steinmetz ordered three torpedoes fired down the throat at the leading ship, but no hits were detected by sonar as CREVALLE went deep to avoid being rammed by the tin cans. The destroyers instituted an ineffective depth charging, and the boat managed to avoid most of the encounter. The enemy tin cans persisted in their hunting for CREVALLE and were not shaken off until six hours later. Unfortunately, the escorts had done their job, and by this time the convoy had passed safely out of range. The boat was forced to look elsewhere for their pursuit of decent game.

Several other submerged daylight attacks were unsuccessful because of erratically running electric torpedoes. The fish were seen to broach in several cases, thus alerting the target ships. In the next to last attack, CREVALLE picked up a target ship and its two escorts only after they had made a turn away from the sub. This necessitated a long-range shot. The boat had only five torpedoes in the after torpedo room remaining, and she fired three fish at the target. The torpedoes missed the vessel and exploded against the coast, thus alerting the enemy escorts. A practical but not very damaging depth charging followed. After rising to periscope depth after the cessation of the attack, a destroyer and a low flying plane could be observed, at some distance, diligently searching the ocean for the CREVALLE.

Seven more hours passed until nightfall until CREVALLE could safely surface. After putting in a fast battery charge and making an end-run, a position was gained ahead of the still pining destroyer. A night submerged radar attack was commenced, and a sudden zigzag by the tin can at the firing point necessitated that a down the throat shot be made. Unleashing her last two torpedoes from the stern tubes at about 600 yards range, one fish was heard to hit the tin can, and some small explosions could be detected on sonar. The boat surfaced, and to the crew's great relief, they found the Imperial Japanese Destroyer leaning over on its side and damaged enough to take her out of action. CREVALLE, not having any more stings in her empty torpedo tubes and not wanting to confront the other destroyer unarmed, made a prudent withdrawal before confirming the kill.

While on this patrol with the Crevalle in the China Sea, the outer torpedo doors jammed open. It was determined that a lack of grease was the cause; however, the grease fittings were located outside the boat on the hull. Only a diver could grease the fitting to get the door closed. As a Torpedoman, Jim Hayes was also a qualified diver. The Crevalle surfaced at night to make the repair. When it came time to grease the fittings, only two men were on deck, Jim and Captain Everett Steinmetz. Regularly, an officer would address an enlisted man, like Jim, by his last name. On this occasion, Capt. Steinmetz underscored the urgency of the situation by asking, "Jim, can you do this?" Finding a grease fitting underwater, in the dark of night, on the hull of a submarine rolling on the deep swells of the open ocean, would be no easy matter, but Jim said yes, he could do it. "If we have to submerge," said Capt. Steinmetz, "we'll come back for you in the morning." Both men understood that it was a lie. Later, Capt. Steinmetz recommended Jim for an appointment to the US al Academy in Annapolis, which Jim declined.

Three more cargo ships and a passenger-cargo carrier fell to the wolf pack Commander Earl Hydeman's submarine SEADOG before her foray in the "Emperor's private ocean" was concluded. SPADEFISH, under Commander "Bill" Germerhausen, worked the waters northward from Wakasa to Hokkaido Island. Three passenger-cargo ships were shoved under on 10 Jun by this old hand at submarine warfare. She downed still another on the 14th and fired her last shots to bury a medium-sized freighter on the 17th. SEADOG'S radar went out, and it was CREVALLE that was assigned to convey the group out of the Sea of Japan, in a high-speed surface exit through the minefields of La Perouse Strait between Hokkaido Island and the Russian Sakhalin Peninsular. This was accomplished at night and by observing several Russian Merchant vessels, passing through the minefields unscathed. It was, therefore, a well-calculated gamble, as the commanders now determined that the mines were of the anti-submarine type and would hit them only if they were submerged. The CREVALLE, henceforth, was known as the "Leader of the pack" for her work in getting the boats out of harm's way.

As in all daring maneuvers, there is a price to pay, and the BONEFISH made that sacrifice as Japanese (ASW) forces off Toyama Wan, Honshu Island sank it on 19 Jun 1945, with the loss of all hands. "Rest Your Oars Sailors." However, the Hellcats accomplished a terrific record in their 12 days of mayhem, with the downing of 27 Japanese merchantmen, one I class submarine, and the heavy damaging of one Japanese destroyer. This cost Japan's shipping a total of some 57,000 tons. For good measure, the "Hellcats" shot up several small craft. A few more Marus were damaged by torpedoes and the submarines deck guns. The tonnage sunk would not have severely hampered the Japanese in an earlier period of the war, but in June of 1945, this was a devastating blow to the Islands of Japan.

The long trip back to Pearl Harbor was made at high speed, and on 5 JUL CREVALLE received a fantastic ovation as she steamed into Pearl with a broom strapped to her periscope sheers. The Naval Base came out en mass to greet CREVALLE and the rest of the Hellcats, as this was one of the most successful operations conducted during this long and repulsive war. For the 39-day joint war patrol, the Force Commander credited CREVALLE with 8,500 tons of enemy shipping sunk. Commander Steinmetz was awarded a Gold Star in place of a second Navy Cross.

Authors Note: A movie made in the 1950s "The Hellcats of the Navy," and because of still-classified information from WWII, the names of the boats were changed. However, as one watches the film that featured a cameo appearance by Adm's Nimitz and Lockwood, you can see that the part Ronald Reagan represented was Captain Steinmetz, and the boat was the Crevalle. Also, Ronald Reagan meets fellow actor Nancy Davis while making the movie. Nancy Davis became Nancy Reagan.

[Source: USSVI Tucson Base | May 27, 2020 ++]

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## Military History Anniversaries

01 thru 15 JUN

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

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## Medal of Honor Citations

Candelario Garcia | Vietnam



*The President of the United States takes pride in presenting the*

**MEDAL OF HONOR**

*To*

**CANDELARIO GARCIA**

**Rank and organization:** Sergeant, U.S. Army, Company B, 1st Battalion

Division: 1st Brigade, 1st Infantry

**Place and date:** Lai Khe, Vietnam December 8, 1968,

**Entered service:** May 28, 1963

**Born:** February 26, 1944, Corsicana, TX

## Citation

Sergeant Candelario Garcia distinguished himself by acts of gallantry and intrepidity above and beyond the call of duty while serving as an acting Team Leader for Company B, 1st Battalion, 2d Infantry, 1st Brigade, 1st Infantry Division during combat operations against an armed enemy in Lai Khe, Republic of Vietnam on December 8, 1968. On that day, while conducting reconnaissance, Sergeant Garcia and his platoon discovered communication wire and other signs of an enemy base camp leading into a densely vegetated area. As the men advanced, they came under intense fire. Several men were hit and trapped in the open. Ignoring a hail of hostile bullets, Sergeant Garcia crawled to within ten meters of a machinegun bunker, leaped to his feet and ran directly at the fortification, firing his rifle as he charged. Sergeant Garcia jammed two hand grenades into the gun port and then placed the muzzle of his weapon inside, killing all four occupants. Continuing to expose himself to intense enemy fire, Sergeant Garcia raced fifteen meters to another bunker and killed its three defenders with hand grenades and rifle fire. After again braving the enemy's barrage in order to rescue two casualties, he joined his company in an assault which overran the remaining enemy positions. Sergeant Garcia's extraordinary heroism and selflessness above and beyond the call of duty are in keeping with the highest traditions of military service and reflect great credit upon himself, his unit and the United States Army.



Garcia, of Mexican American descent, was originally awarded a Distinguished Service Cross on 4 April 1969 for this action. The award was rescinded on 18 March 2014 under Permanent Order 077-34. He received the Medal of Honor, posthumously, from President Barack Obama in a March 18, 2014 White House ceremony. As Garcia had been a former "Big Red One" (1st Infantry Division) soldier, the 1st Infantry Division's Command Sgt. Maj. Michael A. Grinston received the medal on behalf of Garcia and his surviving family members. Garcia's surviving Family members had asked the division to represent him in the White House ceremony and the Pentagon ceremony inducting him into the Pentagon Hall of Heroes.

The award came through the Defense Authorization Act which called for a review of Jewish American and Hispanic American veterans from World War II, the Korean War and the Vietnam War to ensure that no prejudice was shown to those deserving the Medal of Honor. Besides the Medal of Honor, Garcia received the Silver Star, Bronze Star Medal, Purple Heart, Air Medal, Army Commendation Medal with "V" Device and one Bronze Oak Leaf Cluster, Army Good Conduct Medal, National Defense Service Medal, Vietnam Service Medal with two Silver Service Stars and one Bronze Service Star, Meritorious Unit Commendation, Combat Infantryman Badge, Expert Marksmanship Badge with Rifle, Republic of Vietnam Gallantry Cross with Silver Star, Republic of Vietnam Campaign Medal with "60" Device, Republic of Vietnam Gallantry Cross Unit Citations with Palm Device and Republic of Vietnam Civil Actions Honor Medal Unit Citation, First Class.

[Source: <http://www.cmohs.org/recipient-detail/3495/garcia-candelario.php> | May 2020 ++]



## **TRICARE Appointments**

### **Automatic Extensions Due to the COVID-19 Outbreak**

With provider offices across the country rescheduling appointments due to the COVID-19 outbreak, Health Net Federal Services know some health care authorizations issued by HNFS, LLC will expire before patients can be seen by their doctors. HNFS is automatically extending certain referrals and authorizations to make sure you can get the care you need as provider offices re-open. You do not need to do anything. HNFS is updating the end dates on affected authorizations. You and your providers can view revised approval details for your current authorizations in our Authorization Status tool at [www.tricare-west.com](http://www.tricare-west.com) beginning early June (log in required).

#### **Which referrals and authorizations will be extended?**

HNFS will extend already-approved outpatient physical health referrals and authorizations that expire between March 1, 2020 and June 30, 2020. Due to benefit limitations there will be exceptions, so please check with your doctor when scheduling appointments.

#### **How much longer will I have to get care?**

We are extending referrals and authorizations 180 days from the original expiration date.

#### **Does this also apply to those on active duty?**

Yes. Extensions apply to active duty and non-active duty beneficiaries.

#### **What if my TRICARE eligibility changes during the 180-day extension?**

TRICARE eligibility guidelines still apply, regardless of a new end date on your authorization. Keep in mind, certain TRICARE benefits are only available to some beneficiaries (such as dependents of active duty sponsors). So if your sponsor's status has changed or you are no longer eligible for your TRICARE plan (for example, TRICARE Young Adult), your claims may deny. You can check your TRICARE eligibility online 24/7 at [www.tricare-west.com](http://www.tricare-west.com) and [www.dmdc.osd.mil/milconnect](http://www.dmdc.osd.mil/milconnect).

#### **Will I receive an updated approval letter?**

We are not issuing new approval notices. You and your providers can use the Authorization Status tool at [www.tricare-west.com](http://www.tricare-west.com) to view your updated authorizations.

[Source: TRICARE Beneficiary Update | Health Net Federal Services | May 31, 2020 ++]

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## **Hydroxychloroquine**

### **Update 03: President Defends Use**

President Trump on 19 MAY defended his decision to take antimalarial drug hydroxychloroquine to ward off coronavirus — charging that a study which found it to be potentially lethal was a ‘phony investigation.’ “This was a false study done where they gave it to very sick people — extremely sick people, people ready to die — given obviously by people who are not friends of the administration,” Trump said during a cabinet meeting at the White

House. Health and Human Services Secretary Alex Azar and Veteran Affairs Secretary Robert Wilkie also defended the commander-in-chief during his cabinet meeting as the “right to try president” and said the drug had been used to safely treat other diseases for decades. While some initial studies appeared to support the drug’s benefits, the Food and Drug Administration has warned against the use of hydroxychloroquine for COVID-19 outside of a hospital setting or clinical trial, due to potential heart complications.



The Veterans Health Administration study referenced by Trump examined more than 300 COVID-19 patients and concluded the drug could be dangerous and even lethal. “Hydroxychloroquine has been approved by the FDA for decades in the US for prevention of malaria and the treatment of lupus,” Azar told reporters. “This is the right to try president. He for the first time got historic right to try legislation for experimental therapies but that applies to our existing regime, which is approved products may be used in the judgement of a physician in consultation with their patient,” Azar continued.

Wilkie also poured cold water on the study, telling reporters it was not done by his department but by researchers using their data, and said the numbers were not clinically reviewed and did not take into account how sick the veterans already were. “We’ve been taking this drug for years. As the president mentioned, the Department of Defense and VA have been using it for 65 years. On any given day the VA uses 42,000 doses of this drug,” he said. “We did this in consultation with our doctors under FDA guidelines so I want to knock down the phony story that this is somehow the VA going back on what the president told us to do, which is use every means possible to protect and preserve the lives of our veterans,” he continued.

The president sparked headlines on 18 MAY when he announced he had been taking hydroxychloroquine for several weeks after the White House physician said he could take the drug. Trump doubled-down on his remarks Tuesday, saying he was taking the antimalarial pill as “a line of defense” after seeing many positive studies on the effects of hydroxychloroquine in Italy, he said. “I’m the president and I’m dealing with a lot of people,” he said, speculating the drug had only received bad publicity because he was promoting it. “If anybody else was promoting it, they’d say this is the greatest thing ever,” he added.

In an interview earlier 19 MAY, Vice President Mike Pence said he did not take the drug despite being quarantined after his spokesman came down the coronavirus because his doctor had not recommended he take the drug. But Pence defended Trump’s decision to do so. “I’m not taking it but I would never begrudge any American taking the advice of their physician,” Pence told Fox News. “My physician has not recommended that but I wouldn’t hesitate to take the counsel of my doctor, any American should do likewise,” he added. A Chinese journalist with close ties to the ruling Communist Party mocked Trump for taking hydroxychloroquine, charging that the commander-in-chief was using “witchcraft” to try to combat the pandemic. [Source: New York Post | Ebony Bowden | May 19, 2020 ++]

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## Heart Attack

### Update 04: A Medical Emergency -- Waiting Can be Fatal

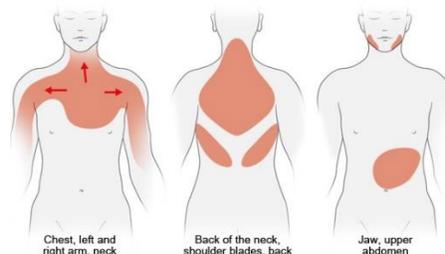
Since the start of the covid-19 crisis, many hospitals have reported that fewer people are showing up, and that those who do come often have life-threatening health problems. Even people who have signs of a heart attack apparently often wait until it's almost too late. Many people wait before calling an ambulance, even when they have chest pain or signs of paralysis. At the moment this is often out of fear of being infected with the coronavirus at the hospital. But waiting can be fatal: Every minute counts if you're having a heart attack or stroke!

The most common signs of a [heart attack](#) are chest pain and shortness of breath. But there may be other symptoms as well. A heart attack is a medical emergency. If you think someone might be having a heart attack, it is very important to call the emergency services right away (911 in the U.S.). People who have heart attacks often have already had coronary artery disease for years. This causes recurring chest pain (angina) or shortness of breath during exercise. Others hardly have any symptoms beforehand – they only find out about their heart problem when they have a heart attack. Some women think that heart attacks are a lot more common in men. That isn't true, though. Women tend to be older when they have heart attacks, though. More women die of a heart attack than of [breast cancer](#).

Heart attacks often start with sudden stinging, burning chest pain or pressure in the chest area. But sometimes the symptoms only develop gradually. The pain goes on for more than five minutes and it doesn't get better when the person rests. It can spread from the chest down the left or right arm, and it may affect your back, neck or upper abdomen as well. The pain can be very mild or very strong. Some people know they have coronary artery disease, and have often effectively relieved the symptoms using nitrate medication in the past. If they are having a heart attack, this medication will no longer help. People who are having a heart attack often have a sense of impending doom, look pale and sickly, and break out in sweats. Many have difficulties breathing, feel nauseous or vomit. These symptoms may be much more noticeable than the chest pain. Breathing difficulties, nausea and vomiting are sometimes the main signs of a heart attack, particularly in women. For this reason, heart attacks in women are more likely to be overlooked than heart attacks in men.

The symptoms aren't always clear. Not only do the signs of a heart attack vary widely from person to person, they may also be very different from the signs of a previous heart attack. Heart attacks that don't cause any symptoms are known as "silent" heart attacks. Apart from chest pain, breathing difficulties and nausea, the symptoms of a heart attack may include:

- A feeling of tightness and pressure in the chest area
- Pain or numbness in the upper body that spreads to the shoulder blades, the back of the neck and the jaw
- Lightheadedness or fainting
- Dizziness
- Sweating
- Paleness and cold sweats



**Possible areas of pain during a heart attack**

If you think someone is having a heart attack, call an ambulance! Heart attacks are a medical emergency! Every minute counts – life-saving measures should be started as soon as possible in order to limit possible damage. So it's important to call the emergency services immediately if you suspect someone might be having a heart attack– even if you aren't sure. If signs of a heart attack occur at night, do NOT wait until the next morning to do something about it. While waiting for the ambulance to arrive, people who are with the patient can

- Try to calm them,
- Put them in a comfortable lying position, with their upper body slightly raised,
- Loosen tight clothing,
- Open a window to let in fresh air and,
- If they have prescription medication for stable angina, such as nitrates, give them that.

If the person passes out, they stop breathing and their heartbeat stops, they will need CPR (resuscitation) as a first aid measure. [Source: [www.informedhealth.org](http://www.informedhealth.org) | May 20, 2020 ++]

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## Stroke

### Update 11: A Medical Emergency -- Waiting Can be Fatal

Quick action can save lives in an emergency! Starting treatment for a stroke as soon as possible can stop [brain cells](#) from dying and prevent serious consequences. It's important to recognize the typical signs of a stroke:

- **Sudden weakness, numbness and signs of paralysis:** People who are having a stroke can often no longer move their arm, hand and/or leg properly. As well as weakness, some people experience sensations like tingling and numbness. It can sometimes feel like your arm or foot has gone to sleep. Drooping on one side of the mouth is another typical sign of a stroke. These symptoms usually just affect one side of the body, and only rarely both sides.
- **Speech and language problems:** Many people suddenly have difficulties finding the right words during a stroke and speak in broken sentences. Sudden slurring of words or mumbling can also be signs of a stroke. Another possible sign of a stroke is difficulties understanding speech: – although they can hear the words, they can't make sense of them.
- **Vision problems:** A stroke can affect vision. Things on the affected side of the body are no longer perceived, and the field of vision in the left or right eye is limited. Many people have double vision. If they want to reach for something, such as a cup, they often miss it.
- **Dizziness and trouble walking:** People may have difficulty keeping their balance. They either feel like everything is spinning around, or swaying from side to side.
- **Severe headache:** A sudden, unusually strong headache can also be a sign of a stroke. These headaches are caused by acute blood supply problems in the brain or by bleeding in the brain due to a torn or burst blood vessel. Headaches may be the only symptom at first, followed a little later by other symptoms such as paralysis and confusion. Nausea and vomiting are also possible symptoms.

#### What information do the emergency services need?

Someone who is having a stroke often can't speak or will have trouble communicating. So if you've called the emergency services, it's important to be able to describe the symptoms and exact circumstances in as much detail as possible. The following information is also relevant:

- When did the symptoms begin?
- What was the person doing when the symptoms started? For example, were they doing something strenuous?
- Which symptoms did they have and how did they go on to develop?
- Are they currently taking any medication?
- Do they have any known cardiac arrhythmias (heart rhythm problems), in particular [atrial fibrillation](#)?

- Have they had similar symptoms or treatment for a stroke in the past?

Remember: A stroke is a medical emergency. Do not hesitate to call for an ambulance. Waiting to see if the symptoms go away again on their own could waste precious time. The necessary tests and treatments are only available in hospitals. And nobody will blame you if it turns out to be a "false alarm." [Source: [www.informedhealth.org](http://www.informedhealth.org) | May 20, 2020 ++]

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## **Painful Joints**

### **Study Finds Being Overweight or Obese Ups the Risk**

Carrying excess pounds can be painful, literally. A new study finds that being overweight or obese ups the risk of pain in people with musculoskeletal disorders. "Pain, osteoarthritis and weight share a complicated relationship," said study author Dr. Diana Higgins. She's a researcher with the VA Boston Healthcare System and Boston University School of Medicine. "Overall, the more weight a patient with a musculoskeletal disorder carries, the more likely they are to report experiencing pain, which may affect functioning and quality of life," Higgins said in a VA news release.

Researchers analyzed data on nearly 2 million U.S. veterans with musculoskeletal disorders, such as non-traumatic joint disorder; arthritis; low back, back or neck pain. Overall, 58% said they had pain. Nearly eight in 10 patients were overweight or obese. The higher a patient's body mass index (BMI), the more likely they were to report pain. BMI is an estimate of body fat based on weight and height. Compared to those of normal weight, those with moderate obesity (BMI of 35 to 39) were 9% more likely to report pain. And those with severe obesity (BMI of 40 or higher) were 23% more likely. The connection between excess weight and increased risk of pain was strongest in patients with arthritis, with 40% of overweight patients and 55% of severely obese patients reporting pain. The association between weight and pain was less pronounced in patients with back or low back pain, according to the study. The results were published recently in the journal Pain Medicine.

While the study shows a link between weight and pain in arthritis patients, further research is needed to understand this relationship, the authors said. Strain on the joints from excess weight could lead to arthritis pain, but that relationship might also go the other way, they suggested. Pain caused by arthritis could cause patients to avoid physical activity, which could result in a higher BMI. Osteoarthritis is the most common form of arthritis among older people, and it is one of the most frequent causes of physical disability among older adults. For more info on arthritis refer to <https://www.nia.nih.gov/health/osteoarthritis>. [Source: U.S. News & World Report | Robert Preidt | May 21, 2020 ++]

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## **Rheumatoid Arthritis**

### **Painful Inflammation of the Joints**

There are many different rheumatic diseases, but rheumatoid arthritis is probably the best known. In rheumatoid arthritis, people usually have several permanently inflamed joints. Someone with advanced rheumatoid arthritis may have difficulties with simple tasks such as washing themselves, eating with a knife and fork, or buttoning up a shirt. Other symptoms such as pain and fatigue can be a big problem too. Rheumatoid arthritis usually gradually worsens over the course of many years. The good news is that various treatments can relieve the pain and slow down – or even stop – the progression of the disease. Early [diagnosis](#) and treatment can help to prevent damage to the joints.

#### **Symptoms**

Rheumatoid arthritis affects different joints in different people, and the symptoms vary from person to person too. They will depend on whether the inflammation is mild or severe and how far the rheumatoid arthritis has progressed. The

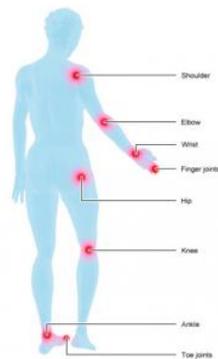
inflammation typically affects the same joints on both sides of the body. The typical symptoms of rheumatoid arthritis are:

- **Warm, swollen and painful joints**
- **Stiff joints** in the morning after you wake up (they usually only become more flexible again after more than an hour).
- **Weakness:** Painful, stiff joints often end up not getting as much use, which can cause the muscles to get weaker over time.
- **Exhaustion:** Rheumatoid arthritis affects the whole body, so it often causes tiredness and general physical weakness.
- **Rheumatoid nodules:** As the disease progresses, small firm lumps called rheumatoid nodules sometimes develop under the skin. They're usually not sensitive to pressure or touch.

Rheumatoid arthritis is sometimes confused with [osteoarthritis](#). There are also major differences in terms of both the treatment and course of the two diseases. But there are several differences between these two conditions:

- Osteoarthritis is caused by the age-related breakdown of cartilage inside the joints, and not by inflammations.
- Osteoarthritis and rheumatoid arthritis affect different joints at first.
- In osteoarthritis, moving the joint after resting it in the daytime is often painful at first. This pain may occur several times during the day, but doesn't last long.
- In osteoarthritis, the joints mainly hurt when you move them, and not when you rest them.

Rheumatoid arthritis is an autoimmune disease in which your body's own immune system attacks the lining of the membranes that surround the joints. It's not quite understood why the immune system does this. Genes seem to be one of the factors that determine whether or not someone gets rheumatoid arthritis. There are also theories about certain [viruses or bacteria](#) causing autoimmune responses. Smoking is a factor in the development of rheumatoid arthritis and may have a negative effect on its further course. There are no other known behavior-related risk factors.



**Rheumatoid arthritis: Commonly affected joints**



**Joints in the fingers**

### Prevalence & Outlook

About 1% of all adults have rheumatoid arthritis. It usually develops in people over the age of 50. In rare cases it arises at a younger age, sometimes even in teenagers. Women are 2 to 3 times more likely than men to get rheumatoid arthritis, and do so about ten years earlier on average. The disease is also often more severe in women than in men. Rheumatoid arthritis is usually first noticed in the small joints in the middle of the fingers and at the base of the fingers and toes, and sometimes in the elbows, ankles, or knees as well. The symptoms typically occur in the same joints on both sides of your body. Joints close to the torso, such as the [shoulder joints](#) or collarbone, may also become inflamed.

In some people rheumatoid arthritis causes more general symptoms at first, like exhaustion or loss of appetite, or sometimes a mild [fever](#). Rheumatoid arthritis can progress in very different ways. In one study involving people with rheumatoid arthritis, ten years after they had developed the condition

- just under 50% of the participants reported minor limitations,
- a good 40% reported moderate limitations, and
- about 10% reported severe limitations in their everyday life.

These limitations include difficulties with things like getting up in the morning, getting dressed or preparing food – for example, opening packages, bottles or jars. Symptoms may gradually worsen, or they might not change for a long time. Sometimes the symptoms come and go in episodes, so the [inflammation](#) and pain may suddenly get worse and then improve again after a while. During phases when the symptoms are more severe, or at more advanced stages of the disease, people might sometimes feel extremely exhausted. This is known as "[fatigue](#)."

### Effects

The late stages of rheumatoid arthritis can lead to major joint damage. Especially the joints in the hands can become very deformed, weak and stiff. But these late consequences of the disease can usually be prevented nowadays: through early treatment with disease-modifying antirheumatic drugs (DMARDs) and regular check-ups. The disease-related inflammation can also affect other things in the body, such as the blood vessels. Because of this, many people who have rheumatoid arthritis also have a somewhat higher risk of cardiovascular (heart and blood vessel) disease. But this risk mainly depends on other factors, like high blood pressure, diabetes, smoking and unhealthy cholesterol levels. The tear glands or salivary glands may become inflamed too, reducing the production of tears or saliva. In very rare cases, organs like the lungs, the liver or the kidneys may also be affected.

### Diagnosis

When trying to find out if you have rheumatoid arthritis, the doctor will first ask about symptoms such as painful joints, stiff joints in the morning and general symptoms like tiredness or exhaustion. The talk with the doctor will be followed by various examinations and tests:

- **Physical examination:** The doctor feels the joints and checks whether they are swollen or stiff. It's important to find out how many joints are affected and how long they've been inflamed. The doctor also looks for other signs of rheumatoid arthritis, such as inflamed tear glands or rheumatoid nodules.
- **Blood tests:** Blood tests are used to detect [certain antibodies](#) and signs of [inflammation](#) in the body.
- **Imaging techniques:** Changes in the joints can be seen in x-ray or ultrasound images.

It can be difficult to diagnose rheumatoid arthritis at an early stage because the symptoms are often very mild in the first few weeks and months, and may not be typical. It's easier to diagnose rheumatoid arthritis in someone who has had it for a longer time. This is because, in addition to the typical physical symptoms, it's often already easy to see changes in the joints. If it's thought that someone might have rheumatoid arthritis, specialized doctors known as rheumatologists can be consulted. To learn more on how it is diagnosed go to <https://www.informedhealth.org/how-is-early-rheumatoid-arthritis-diagnosed.2222.en.html?part=diagnose-ia>.

### Treatment

Rheumatoid arthritis can be treated with medication, physical therapy and occupational therapy. There are also various support aids that can make some everyday tasks easier. People are advised to do regular exercise or sports too. The treatment options will depend on things like

- how severe the [inflammation](#) and symptoms are,
- how far the disease has progressed,
- the predicted further course of the disease, and
- how well previous treatments have worked.

Also, there is currently no cure for rheumatoid arthritis. But medication can

- reduce [inflammation](#) and help stop the disease from getting worse,
- relieve symptoms like pain and swelling, and
- help people move their joints more easily again or maintain joint mobility for as long as possible.

Physical therapy and sports can help improve or maintain mobility, strength and joint function. Examples of suitable types of sports include cycling, brisk walking, dancing, doing exercises (e.g. gentle strengthening exercises), swimming and aqua aerobics. The main aim of occupational therapy is to maintain your mobility and hand strength, and to learn how to get by with rheumatoid arthritis in daily life. Psychological treatments are also sometimes used to help relieve pain and minimize the impact it has on everyday life. They are also supposed to help relieve disease-related anxiety and [depression](#) that some people develop. In advanced arthritis, various aids can compensate for many physical limitations and help you to carry out everyday activities. These include orthopedic shoe inserts, grabbing aids and specially designed cutlery. To learn on dealing with the condition check out:

- [Medication to prevent joint damage](#)
- [Painkillers for rheumatoid arthritis](#)
- [Daily living aids for people with rheumatoid arthritis](#)
- [Exercise and sports for rheumatoid arthritis](#)
- [Living and dealing with fatigue](#)

### **Rehabilitation**

Rehabilitation may be considered in people whose rheumatoid arthritis wasn't well managed for a longer period of time. The aim of rehabilitation is to cope better with the disease in everyday life, to start getting out of the home again, and to continue working or be able to go back to work again. But it may also be suitable for retired people. Rehabilitation can help them to be as independent as possible and prevent the need for nursing care. A number of different specialists are involved in rehabilitation, including rheumatologists, physical therapists, occupational therapists, social workers and psychologists. Rehabilitation usually lasts about three weeks. Having inpatient rehabilitation means that you will stay at the hospital or rehabilitation center the entire time. In outpatient rehabilitation, you live at home and visit the center during the day. Rehabilitation treatment will only be possible if a doctor has said that it is necessary and if the rehabilitation application has been approved by the insurer.

### **Everyday life**

Rheumatoid arthritis and associated problems like pain, exhaustion, drug side effects and physical limitations can all have a major impact on everyday life. Many people who have rheumatoid arthritis need more time for everyday activities and also need more and longer breaks to rest. There are a number of different time-consuming things that they have to take care of: frequent visits to the doctor, taking their medication correctly, and getting hold of support aids. High levels of exhaustion can also mean that people who have rheumatoid arthritis need more sleep, have difficulties concentrating and find it hard to stay active. The disease is often associated with feelings like anxiety about the future and sadness about the loss of physical abilities, as well as anger at having rheumatoid arthritis. These feelings can be hard for others to fully understand. But many people learn to manage their disease so that they can cope better with the symptoms and are still able to live a fulfilled life despite the limitations.

[Source: [www.informedhealth.org](http://www.informedhealth.org) | Rheumatoid arthritis | May 20, 2020 ++]

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## **Prescription Drug Costs**

### **Update 55: Some Seniors to Pay More for Drugs under New Rule**

While President Trump has long called for reducing the prices of prescription drugs, his administration action in mid-MAY will likely raise the costs for some seniors. Under a rule change that will take effect in July the Center for Medicare and Medicaid Services (CMS) will allow insurers and employers to exclude certain copay assistance programs from counting toward deductibles and out-of-pocket maximums. The rule applies even for expensive brand-name drugs with no generic alternatives. As a result of the new rule, consumers will have to pay more for their prescriptions, as a growing number of people rely on the programs offered by drug makers to lower their copays.

Interestingly, the big drug manufacturers do not like the new rule. A spokesperson for the Pharmaceutical Research and Manufacturers of America (PhRMA), the drug industry's largest trade group, said the rule is "unconscionable" for making it "harder for patients to use manufacturer cost-sharing assistance to lower their out-of-pocket costs for medicines." "We should not allow health insurers to limit how much cost-sharing assistance can help patients at the pharmacy counter," the spokesperson said. TSCL is opposed to this new rule. It is not possible to reduce the costs of prescription drugs by taking actions that end up making those who need the drugs pay more.

[Source: The Senior Citizens League - Weekly Update| May 15, 2020 ++]

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## Coronavirus

### Update 38: Will the Nation be Ready for a 2<sup>nd</sup> Wave

Paul Romer, a Nobel Prize-winning economist, envisions a day when all Americans are tested regularly for COVID-19, and they present proof when dining out or visiting a dentist. Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, said that if a "big peak" of coronavirus floods hospitals this winter, "we have the potential here to go through days we have not seen since World War II. ... As a nation, we will not be ready." "What we're experiencing is a massive global destabilization of all our systems," adds Brian David Johnson, a futurist and director of the Threatcasting Lab at Arizona State University. "We actually don't know all the damage that has happened. We're on life support, globally."

If the world premiere of COVID-19 caught you off guard, you may need to get prepared for a sequel. Many scientists believe the pandemic likely will dissipate over the summer only to return late this year in a second wave that could be worse than the first. While that outlook is no certainty – just one of several plotted by public health experts – disaster planning is all about anticipating worst-case scenarios. So, with months to go before a possible Round 2, is the United States prepared – medically, economically and emotionally? The leading answer from epidemiologists, economists and futurists: probably not. But tomorrow depends in part on what we do as individuals, communities and a nation. The destabilization described by Johnson is glaringly evident in three realms:

- **Medicine.** Some U.S. hospitals, hit with patient surges in COVID-19 hot spots, warned of running out of ventilators, personal protective equipment and other supplies. The Strategic National Stockpile was nearly emptied. Thanks to a global manufacturing binge, supplies appear to be catching up and, in key locations such as New York City, the disease is abating for now. But, if the coronavirus returns with a second wave, will the health care system be ready?
- **The economy.** Unemployment is higher than any time since the 1930s. Businesses – from mom-and-pop shops to major corporations – are going under. Global trade is crippled. Travel, sports and entertainment industries are mostly dormant. How much more financial trauma can the economy endure?
- **Emotional damage.** Psychological, social and political strains of the coronavirus, though not easily measured, are palpable products of a medical and economic nightmare. If the pandemic gets worse down the road, threatening our fabric of work, schools, homes and governance, will Americans be ready?
- Preparedness is not easily defined. In biblical lore, Egypt endured 10 plagues – water turning to blood, swarms of locusts, even an infestation of frogs – and it's still around.

But, if COVID-19 has delivered any lesson, it may be the value of looking ahead at a nation's ability to absorb catastrophic shock.

[Source: USA TODAY| Dennis Wagner | May 18, 2020 ++]

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## Coronavirus

### Update 39: Experts Name their Price for Remdesivir Treatment



Around 1 MAY the world learned that *remdesivir*, a treatment from Gilead Sciences, has a moderate but much-needed benefit for patients with Covid-19. In the days since, public health experts, economists, and industry watchdogs have been mulling the next big question: How much should it cost? Gilead has time and again downplayed the commercial potential of the medicine, promising to ensure patients around the world will have access to it and taking steps to make sure that's the case. But the company isn't running a charity, meaning it will eventually charge some amount of money for the medicine. STAT, an American health-oriented news website, spoke with leading thinkers on drug pricing to get their views on what constitutes a fair price, how much of a reward Gilead deserves, and what the price of remdesivir means for the future of treatments for Covid-19. Here's what they said.

**Paul Fehlner** -- The former global head of intellectual property at Novartis who now runs a startup called ReVision Therapeutics that's devoted to repurposing medicines, believes Gilead should set profits aside for as long as the novel coronavirus remains an uncontrolled problem. That means remdesivir should be priced "at the cost of manufacturing plus a reasonable margin, say 25%," Fehlner wrote in an email. Gilead hasn't disclosed how much it costs to make remdesivir, although a recent study in the *Journal of Virus Eradication* suggested it is 93 cents for a day's supply. Based on that analysis, the nonprofit Institute for Clinical and Economic Review estimates the cost is roughly \$10 for a 10-day course of therapy. If ICER's numbers are correct, Fehlner would have Gilead charge about \$12.50 per patient.

But that's only if governments meet Gilead halfway, Fehlner said. In exchange for Gilead taking a low margin, the payers of the world would need to commit to buying enough remdesivir to cover at least half of what they expect to use, and they would have to pay Gilead in a lump sum. Once remdesivir is no longer needed for pandemic response, Gilead should be free to price it using the normal calculations of market potential, benefit to the health system, and exclusivity, he said.

**David Mitchell** – The founder of the advocacy group Patients for Affordable Drugs, said Gilead is entitled to make a profit on remdesivir, but only under two conditions: The company has to disclose, in detail, how much money it has spent developing and manufacturing the drug, and it has to price it at a margin less than 50% above the cost of production. "For us and for me, transparency is the issue here," Mitchell said in an interview. "It's the key to pricing, and it's the key to rebuilding trust in the industry and in Gilead." The best data available on remdesivir, from a federally sponsored study, suggests the drug has an effect on how long patients stay in the hospital, but its ability to prevent death remains an open question. That makes it difficult to determine the value — and thus price — of the drug, said Michael Carrier, a Rutgers University law school professor who specializes in intellectual property. But "as a practical matter," a price of less than \$1,000 would be ideal to ensure global access to remdesivir, Carrier wrote in an email.

**Peter Bach** – The director of Memorial Sloan Kettering's Center for Health Policy and Outcomes, thinks remdesivir's price needs to hit a sweet spot. It should generate at least some profit, providing incentive for other companies to develop something better. But it can't be so lucrative that Gilead is discouraged from further investigating remdesivir's benefits. "As soon as you're in a situation where you lose money or share price if you do the study that shows your drug isn't as effective as something else, you have a strong incentive not to do that," Bach said. At around \$1,000 per patient, society might be able to preserve the balance, he said.

**Jane Horvath** – The senior policy fellow who has worked with the National Academy for State Health Policy and spent a decade at Merck, notes that the coronavirus pandemic has slowed global economies nearly to a halt. In pure economic terms, if remdesivir can get people back to work even a few days faster than is otherwise possible, its value would be measured in billions. That’s part of why ICER’s report concluded that remdesivir could be cost-effective at up to \$4,500 per patient. But that’s a wrongheaded framing for a real-world problem. Remdesivir’s on-paper value is irrelevant if governments have to divert funds for essential services in order to afford it. “What if electricity were priced on value to health and well-being? Clean water? We certainly would not be able to afford these services as individuals or society based on value without trade-offs involving other valuable items and services important to life and health,” Horvath said in an email.

**Walid Gellad** -- The associate professor of medicine who heads the Center for Pharmaceutical Policy and Prescribing at the University of Pittsburgh, says the next task will be setting a definition for “affordability” when it comes to remdesivir. If you define that as a patient’s ability to pay, Gilead could charge quite a bit. Remdesivir is administered in hospitals, meaning individual patients wouldn’t be saddled with an added copay to get it. But the system as a whole would bear the cost, and if Gilead charges a high price for remdesivir, it could break health budgets. ‘It’s impossible to overpay for a truly effective drug’

**Craig Garthwaite** – The director of the health care department at Northwestern University’s Kellogg School of Management, says if the world is ever going to get back to something like pre-pandemic normalcy, it’s going to need a lot more than remdesivir in its anti-coronavirus armamentarium. That means society has an overwhelming interest in incentivizing drug companies to invent better medicines. And history suggests the best motivational tool is money. “One way of viewing the price here is that it’s a way we’re going to split the surplus of the value [remdesivir] creates between profits of the producer and benefit for society,” Garthwaite said. “The other way to look at it is this price is a signal to the market: How do we value drugs that meaningfully address Covid-19? And in that sense, we want to be careful about how hard we push for a low price.”

To Garthwaite, instead of focusing on value or affordability, governments should look at remdesivir this way: What’s the return that would make another drug company willing to take the risk of trying to develop something better? A few firms working on experimental coronavirus treatments, including Johnson & Johnson and AstraZeneca, have pledged to sell any future medicines at virtually zero profit. But banking on the altruism of for-profit companies isn’t a reliable plan for a world in need of new therapies, Garthwaite said. “If, at the margin, we slightly overpay for the drug and that makes even one more company move one more set of scientists to think about the problem of Covid-19 and that leads to a better drug, you almost can’t put a price on that,” he said. “It’s impossible to overpay for a truly effective drug, something that truly made it so that we could all go back to work.” [Source: STAT | Damian Garde & Ed Silverman | May 15, 2020++]

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## Coronavirus

### Update 40: HHS Approves Testing by Pharmacists

A new guidance from the US Department of Health & Human Services (HHS) paves the way for pharmacists nationwide to administer coronavirus disease 2019 (COVID-19) tests. The guidance, issued on 19 MAY, overrides state and local rules preventing pharmacists from administering COVID-19 diagnostic tests. “We have received requests from pharmacists, pharmacies, and one trade association asking the Office of the General Counsel (OGC) whether the Public Readiness and Emergency Preparedness (PREP) Act preempts state licensing laws that restrict the ability of pharmacists to order and administer COVID-19 diagnostic tests where the Department of Health and Human Services (HHS) has expressly authorized pharmacists, under the PREP Act, to order and administer those tests,” HHS said.

“For the reasons and subject to the limitations set forth below, we conclude that the PREP Act, in conjunction with the Secretary’s March 10, 2020 declaration, preempts any state or local requirement that prohibits or effectively prohibits a pharmacist from ordering and administering a COVID-19 diagnostic test that the Food and Drug Administration (FDA) has authorized,” the agency added. When the authorization was granted on 8 APR allowing pharmacists to provide COVID-19 testing, HHS Secretary Alex Azar said that “pharmacists play a vital role in delivering convenient access to important public health services and information.”

The new guidance demonstrates that pharmacists should be able to order and provide COVID-19 testing, NCPA said in a press release. “There are 21,000 independent pharmacists across the country. Thanks to the secretary’s decision, they can now make an even bigger contribution to the war against COVID-19.” “More widespread testing is the key to winning this battle. The faster we can expand testing, the sooner we can get back on our feet economically. Pharmacists are the country’s most accessible health care providers and they have been on the front lines since the beginning of the pandemic. They are well positioned to expand testing rapidly and safely,” NCPA added in the statement. At least 34 states have taken action to remove remaining barriers to pharmacists administering COVID-19 tests, NACDS said in an advisory to its members. “NACDS pursued a dual track of vigorously and comprehensively advocating for the removal of remaining barriers in the states, while seeking additional clarity in federal policy, so pharmacies could help the nation scale testing as supplies become more commercially available,” the organization said.

NACDS will be discussing with its committees, councils, and task forces the effects of HHS’ “seemingly pivotal, advisory opinion,” the group said. “We will determine the appropriate path forward to ensure the removal of any remaining barriers, to continue to address reimbursement issues related to COVID-19 testing, and to ensure pharmacies and pharmacists are empowered all the more to help protect public health and to help reopen our states and nation for good.” [Source: MJH Life Sciences | Christine Blank | May 20, 2020 ++]

\* Finances \*



## Vet Housing

### Update 16: Mortgage & Housing Assistance Website Lunched

To ensure homeowners and renters have current and accurate housing assistance information during the COVID-19 pandemic, the U.S. Department of Veterans Affairs (VA) today, along with several other agencies, launched a new unified mortgage and housing assistance [website](#). Veterans and service members with a VA [home loan](#), other homeowners with a federally backed mortgage and tenants living in properties with a federally backed mortgage have relief options if they have been financially impacted by COVID-19.

“VA is committed to ensuring Veterans and service members have the financial tools available to make decisions that work for their unique situations,” said VA Secretary Robert Wilkie. “This collaboration provides an invaluable resource, enabling all homeowners and renters to access up-to-date information regarding their housing needs during the COVID-19 pandemic.” The joint website with the [Consumer Financial Protection Bureau](#), [Federal Housing Finance Agency](#) and the [Department of Housing and Urban Development](#) consolidates: mortgage relief options, protections for renters, resources for additional help and information on how to avoid COVID-19 related scams. It also

provides tools for homeowners to determine if their mortgage is federally backed and for renters to find out if their rental unit is financed by Fannie Mae or Freddie Mac.

During the COVID-19 pandemic, VA continues providing [home loan](#) services to Veterans and service members who have earned those benefits, working with lenders, servicers and appraisers on temporary measures to assist in processing and servicing VA home loans. These [measures](#) include offering alternatives for appraisers to determine property value in lieu of interior inspections and providing lenders with additional information to close loans remotely. Such alternative procedures help ensure VA borrowers can close on a home even during this pandemic and [prevent foreclosures](#) when possible. VA borrowers experiencing financial hardship due to COVID-19 can review VA [guidance for borrowers](#) and either request [forbearance](#) through the mortgage loan [servicer](#) collecting their monthly payments or call 877-827-3702 to speak with a VA Home Loan Representative. [Source: VA News Release | May 15, 2020 ++]

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## Savings

### Update 02: COVID-19 Impact as of End of March

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 27 MAR. 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 | Russell Settle | May 7, 2020 ++]

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## Credit Score

### Update 17: FICO Credit Limit Impact



**Q.)** I recently paid off a credit card with a limit of \$10,000, and asked the credit card company to lower my limit to \$2,000. Will this hurt my FICO score?”

**A.)** The short answer to the question is yes, it could. But unless you’ll soon be in the hunt for a mortgage or other loan, it may not matter all that much. Let’s take a look at the logic behind that answer. It has to do with your “credit utilization ratio. This is a \$2 term for a 50 cent concept. It’s simply the amount of credit you’re using compared to how much you have available. For example, if you’ve got a credit card with a \$10,000 limit, and your balance is currently \$3,000, you’re using 30% of your available credit. So, your credit utilization ratio is 30%. The most widely used credit score, the FICO score, penalizes those using too much of their available credit. This makes sense: Nobody wants to lend money to someone up to their eyeballs in debt. So, keeping your credit utilization ratio low by not using all your available credit is a good idea.

Most experts suggest keeping your credit utilization ratio under 30%. So, now that we know that, it’s time to ask the question: Are you going to continue using your credit card? If so, will you be charging more than \$600 on it? That’s 30% of your \$2,000 credit limit. If you’re going to carry a balance of more than \$600, your credit utilization ratio will be more than 30%, and that could ding your credit score. Keep in mind that it may not matter if you pay your card off at the end of the month. Since your credit score could be pulled randomly at any time, merely having a balance bigger than \$600 could theoretically hurt your score. How much damage would it do? Utilization ratios, along with the total amount you owe, make up about 30% of your credit score. So, that’s a pretty big deal. Other things included in your score are the length of your credit history, your credit mix and, of course, your payment history.

Another question you might ask is, “Why was the credit limit lowered?” If the answer is, “No reason, really,” then you might want to consider moving it back up to \$10,000 and keeping the utilization ratio as low as possible. But if the reason was lowered was because that high limit got you into a bunch of debt trouble and you don’t ever want that to happen to me again, then you should keep your limit where it is and simply try not to use your card. Why? Because being in too much debt sucks. And if you find you can’t handle the temptation of a \$10,000 credit line, fine. Screw all

this nonsense. Do what you need to do to protect yourself. [Source: MoneyTalksNews | Stacy Johnson | May 18, 2020 ++]

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## Retirement Savings

### Update 01: The Ugly Truth about How Much We Save

By and large, Americans of all ages believe they are building healthy nest eggs that will support them through a long retirement. In fact, 60% of all workers say they are piling up savings adequate to last through their golden years, according to the 20th annual Transamerica Retirement Survey of Workers. But the actual numbers suggest something different. The median-sized nest egg for baby boomers is a relatively paltry \$144,000, according to the Transamerica Center for Retirement Studies. The median is defined as approximately the midpoint of the range in a given category. That means a lot of baby boomers are going to take that \$144,000 — or less — and combine it with Social Security in hopes of financing what is likely to be two decades or more of retirement. By contrast, many professional planners suggest having something in the neighborhood of \$1 million if you plan to live comfortably in retirement.

The savings numbers aren't much better for younger folks. They have had less time to accumulate wealth, of course, but they still appear to be way behind the curve. The median savings by age cohort are:

- Baby boomers: \$144,000
- Generation X: \$64,000
- Millennials: \$23,000
- All workers: \$50,000

Despite those worrisome totals, 70% of workers are either “somewhat” or “very” confident that they will be able to fully retire “with a comfortable lifestyle,” Transamerica found. And the arrival of the coronavirus pandemic has done little to dampen that enthusiasm. Failing to save for retirement is bad. But being in denial about that fact is far worse. Denial keeps you stuck in a losing strategy. Admit the truth — no matter how much it hurts — and you can change course before it is too late. If the numbers above reflect your own personal reality, it's time to take charge of your situation and make some changes. [Source: MoneyTalksNews | Chris Kissell | May 23, 2020 ++]

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## Coronavirus Financial Planning

### Update 11: European Leaders Can't Wait for Vaccine to Relax Controls

In separate, stark warnings, two major European leaders have bluntly told their citizens that the world needs to adapt to living with the coronavirus and cannot wait to be saved by the development of a vaccine. The comments by Italian Prime Minister Giuseppe Conte and British Prime Minister Boris Johnson came as nations around the world and U.S. states are both struggling with restarting economies blindsided by the pandemic. With 36 million newly unemployed in the U.S. alone, economic pressures are building even as authorities acknowledge that reopening risks off new waves of infections and deaths.

Pushed hard by Italy's regional leaders and weeks in advance of an earlier timetable, Conte allowed restaurants, bars and beach facilities to open 18 MAY, the same day that church services could resume and shops reopen. "We are facing a calculated risk, in the awareness ... that the epidemiological curve could go back up," Conte said late Saturday. "We are confronting this risk, and we need to accept it, otherwise we would never be able to relaunch." Conte added that Italy could "not afford" to wait until a vaccine was developed. Health experts say the world could be months, if not years, away from having a vaccine available to everyone despite the scientific gold rush now on to create such a

vaccine. "We would find ourselves with our social and productive fabric heavily damaged," Conte said. Italy's economy is forecast to contract 9% this year due to the coronavirus amid a long, strict lockdown.

For his part, British Prime Minister Boris Johnson, who was hospitalized last month with a serious bout of COVID-19, speculated 17 MAY that a vaccine may not be developed at all, despite the huge global effort to produce one. "I said we would throw everything we could at finding a vaccine," Johnson wrote in the Mail on Sunday's newspaper. "There remains a very long way to go, and I must be frank that a vaccine might not come to fruition." Johnson said Britain was taking "baby steps" toward reopening, "trying to do something that has never had to be done before — moving the country out of a full lockdown." "Despite these efforts, we have to acknowledge we may need to live with this virus for some time to come," Johnson wrote. The Conservative leader said the U.K. needs to find new ways of controlling the virus, including more testing for people who have symptoms and tracing the contacts of infected people. One minister said Sunday that 17,200 people had been recruited to be contact tracers.

Professional soccer matches in Germany's Bundesliga resumed over the weekend, a move keenly watched by the rest of the soccer world as well as American sports leagues like MLB, the NBA, the NFL and the NHL, which all face major changes to their operations amid the pandemic. Germany has won wide praise for its widespread testing amid the pandemic. Not all fans were happy about the restart, which took place in empty stadiums, but the games were broadcast widely around the world. Players were warned not to spit, shake hands or hug each other to celebrate goals. Team staff and substitutes wore masks on the bench, and balls and seats were disinfected. "The whole world is watching Germany to see how we do it," Bayern Munich coach Hansi Flick said. "It can act as an example for all leagues."

The following recently occurring actions further indicates that leaders elsewhere are starting to relax their pandemic controls for the furtherance the economy:

- Churches throughout Greece opened their doors to the faithful after two months 17 MAY, while limiting the number of congregants and dispensing disinfectants. Turkey allowed people over 65 to leave their homes only for a second time — up to six hours — but kept them under a general lockdown.
- Small shops were opening in most of Spain, which on 17 MAY reported only 87 new deaths, the lowest daily death count since 16 MAR. Restrictions, however, remained tighter in Madrid and Barcelona, the hardest-hit areas.
- China's commercial hub of Shanghai announced a 2 JUN restart of classes for younger students amid falling virus cases.
- People in Thailand on 17 MAY streamed into shopping malls, which have been closed since March.
- China's airline regulator reported that flights had returned to 60% of pre-outbreak levels, exceeding 10,000 per day for the first time since 1 FEB. No new deaths have been reported in a month in the world's second-largest economy, where the coronavirus was first detected late last year. China reported just five new cases on 17 MAY, while South Korea recorded 13, raising hopes that a new outbreak linked to nightclubs in Seoul may be waning, even though 168 patients have been infected so far.
- In California, more parks and hiking trails welcomed visitors in a second phase of reopening, and more retailers offered curbside pickups to customers. Outdoor exhibits at Atlanta's zoo have reopened, while in New Mexico, retailers, houses of worship and many services reopened at limited capacity, but not in the state's northwest, where much of its outbreak is centered.
- In New Orleans, a city famous for its cuisine, restaurants will have to limit the number of reservations as officials eased restrictions. "We're going to trial run what it is to operate in the new normal," said Kirk Estopinal, one of the owners of Cane & Table in the city's famed French Quarter.
- New York Gov. Andrew Cuomo said horse racing tracks and the Watkins Glen International auto track can reopen but with "no crowds, no fans." He also said he could envision a return of Major League Baseball in New York, the epicenter of the U.S. outbreak, but this time without spectators. "If it works economically, that would be great," he said.

[Source: Associated Press | Colleen Barry, Pablo Gorondi & Kelvin Chan | May 17, 2020 ++]

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## COLA 2021

### Has Not Kept Up - You're Feeling It Now

American retirees have been saying for years that our Social Security benefits haven't been keeping up with your real expenses. And a new study by The Senior Citizens League (TSCl) confirms what we've been feeling. According to their new Social Security Loss of Buying Power study, Social Security benefits have lost 30% of buying power since 2000. The study did show some good news for retirees, including lower prices on electric bills, eggs, and some fruits and vegetables over the last year. That's been a small help. On the other hand, larger bills such as Medicare premiums and out of pocket costs, housing and homeowner's insurance have been among the most rapidly-rising costs over the past year. And Social Security simply hasn't kept up.

In the past 20 years, prescription drugs have gone up 252%. Homeowner's insurance has gone up 218%. Home heating oil has gone up 172%, and even basic foods like potatoes have gone up 168%! Meanwhile, your last cost-of-living adjustment, or COLA, was 1.6%. Three times since 2000 there's been no COLA at all. And this year, retirees may get shut out again. The last time retirees even got even a double-digit cola was 1981. Most of today's retirees weren't even retired then! Over the last 20 years, the costs of goods and services purchased by typical retirees have risen almost twice as fast as Social Security benefits.

That's the reason you're feeling a loss of buying power. It's the reason more retirees are hurting. TSCl is preparing a petition to Congress for a fair COLA and other benefits to give retirees the financial security we've earned. Sign our petition to Congress demanding a fair and more accurate cost of living adjustment for Social Security benefits! It urges our Congressmen to:

- Improve the methodology for a consumer price index specific to seniors and the unique expenditures for elderly Americans.
- Mandate a benefit payment to make up for lost payments due to the use of previous inaccurate methodologies over the last four decades.
- Set a minimum annual cost-of-living adjustment to assure beneficiaries have stability and predictability in the fixed income they depend on.

Go to [http://wfc2.wiredforchange.com/o/8854/p/dia/action3/common/public/?action\\_KEY=10173](http://wfc2.wiredforchange.com/o/8854/p/dia/action3/common/public/?action_KEY=10173) if you would like to add your name to this petition. [Source: TSCl | Rick Delaney | May 20, 2020 ++]

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## Coronavirus Financial Planning

### Update 12: COVID-19 Surcharges



Now that businesses across America are starting to cautiously reopen after the COVID-19 outbreak, customers are starting to see “COVID surcharges” on their bills. For example, a Texas hair salon is adding a \$3 “sanitation charge” to each receipt. A Florida dentist is charging \$10 per visit for personal protective equipment. And a Missouri restaurant implemented a 5% surcharge due to rising food prices.

Many customers are angry about the changes. The businesses that have enacted them, on the other hand, view the added fees as essential ways to offset their increased costs and to compensate for revenue lost during the lockdown. Interestingly, the aforementioned Missouri restaurant (Kiko Japanese Steakhouse & Sushi Lounge) removed the surcharge after customers complained. It also raised menu prices. The owner, Billy Yuzar, told Today.com, “We were hoping to adjust the charge weekly based on the prices we get from our suppliers instead of raising all of our prices across the board on our menu ... We can take the harassment on our social media, but when they start being ugly to our employees here, it really bothers us. This is why we decided to just eat the cost of printing new menu[s] and adjust it weekly.”

### **Other types of surcharges**

It’s a subtle psychological distinction, but customers don’t like feeling nicked and dimed. There was an outcry several years ago when some restaurants began tacking employee health insurance surcharges onto diners’ tabs. Worse yet, a civil grand jury in San Francisco found many restaurants kept the money for themselves. In 46 states, it is legal for businesses to charge customers extra just for using a credit card. Merchants should tread very carefully — 78% of credit cardholders believe it’s unfair to charge a customer an extra fee based on the way he or she chooses to pay, according to a recent survey commissioned by American Express. And they’re voting with their wallets. Some 86% of respondents told Amex that if a business they frequently patronize were to start surcharging, they would likely start shopping somewhere else.

Even the long-established practice of tipping leaves a bad taste in some customers’ mouths. A 2018 CreditCards.com survey found millennials were the worst tippers, yet they were much more likely than older generations to express a preference for higher prices instead of tipping. But many restaurants that tried that model had to revert back to the old way of doing things after customers and employees rebelled. Americans don’t like being told what to do — as a society, we greatly value freedom, and that includes the freedom to pay and tip as we wish.

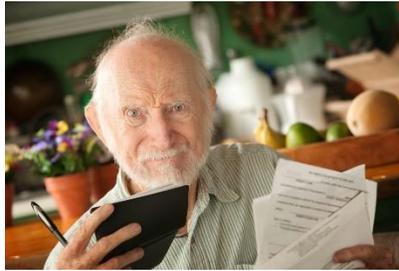
While few, if any, customers would be enthusiastic about paying more for any reason, cost increases seem to feel especially egregious when they’re itemized. They’re hard to miss when they’re right there on the receipt in black and white. Over time, higher prices are seen as a cost of doing business. You may not be excited about paying \$3 more for a haircut, but most people are realistic about the fact that things cost more over time, and prices can’t stay the same forever. Most likely a lot of consumers wouldn’t even notice if prices went up over time. Do you know exactly how much your last dentist visit cost? Can you accurately recite the precise prices of eggs, milk and meat over the past three years?

Surcharging is more of a public relations issue than an economic one. It’s a bad look. Seven out of every 10 customers say a surcharge makes them feel like the merchant does not appreciate their business, according to the American Express survey. Plus, it’s an especially ironic time to experiment with a surcharge on credit cards, because the coronavirus has people very concerned about handling bills and coins. Amex found cash usage has fallen 16% during the pandemic, and 58% of consumers who made contactless payments reported gravitating to this technology because of virus concerns. Whether we’re talking COVID, health insurance or credit cards, trying to raise revenue with an itemized surcharge is a turn-off for customers, and any short-term benefit to the merchant is greatly outweighed by the longer-term consequences of offending the people who pay the bills. [Source: MoneyTalksNews | CreditCards.com | May 28, 2020 ++]

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## Senior's Living Cost

### Retiree Dollars Have to Stretch Further and Further these Days



If you're a Social Security recipient, you likely have seen small increases in your monthly payment through annual cost-of-living adjustments. But those increases are barely keeping pace with inflation. The price tags have increased on many of the things seniors buy. The result? Social Security payments have lost 30% of their buying power since 2000, according to a recent study from the Senior Citizens League. "To put it in perspective," study author Mary Johnson said in a statement, "for every \$100 worth of groceries a retiree could afford in 2000, they can only buy \$70 worth today." Retiree dollars have to stretch further and further these days. Following is a look at some typical expenses for seniors that have skyrocketed over the past couple of decades, according to the study:

#### **1. Prescription drugs**

The average out-of-pocket cost of prescription drugs jumped from \$1,102 a year in 2000 to \$3,875.76 this year, a 252% increase, according to the Senior Citizens League analysis. Different types of drugs increase in price for different reasons, according to a 2019 study published in "Health Affairs." As we report in "Brace to Pay More for These 26 Prescriptions in 2020": "Price increases for generic and specialty drugs are driven primarily by new product entry — meaning the price hikes can be attributed primarily to new drugs coming on the market — the study found. However, price increases for brand-name drugs are driven primarily by inflation of the prices of existing drugs."

#### **2. Medicare Part B deductible**

Medicare Part B covers services such as doctor visits and preventive care. But the cost of the standard Medicare Part B premium has more than tripled in the past two decades, rising from \$45.50 a month to \$144.60 a month, an increase of 218%. The standard Part B premium applies to individuals who earn up to \$87,000 and married couples who earn up to \$174,000 and file a joint federal tax return. Seniors with higher incomes pay higher Part B premiums — currently, anywhere from \$202.40 to \$491.60 per month, depending on their income.

#### **3. Homeowners insurance**

The average annual cost of homeowners insurance across the U.S. has increased from \$508 in 2000 to \$1,389.90 this year — or 174%, according to the Senior Citizens League study.

#### **4. Home heating**

Living in a colder climate can cost you more than the price of a pair of good boots. The average cost of heating oil has increased from \$1.15 a gallon in 2000 to \$3.12 now, an increase of 172%. Factors like the stock market, weather, supply and demand, and even the global political climate can all change the price of oil overnight.

#### **5. Potatoes**

The average cost of a 10-pound sack of gold potatoes rose from \$2.98 in 2000 to \$7.98 in 2020, an increase of 168%.

#### **6. Veterinarian services**

As much as 32% of pet owners are age 55 or older, and research shows a furry friend can keep you healthier, happier and less stressed. But pet owners are now spending \$272.90 a year on vet bills, up 150% from \$109.30 in 2000. Preventive care can help keep those vet bills down. Remember to brush your pet's teeth, schedule regular check-ups, and discuss flea and tick prevention medicine with your vet.

## 7. Medigap premiums

Medigap plans are supplemental health insurance coverage available to seniors with Original Medicare, also known as traditional Medicare. It covers some costs like deductibles, copayments and coinsurance that Original Medicare does not cover. But thanks to the rising costs of health care, along with an increased life expectancy, the average monthly Medigap premium increased from \$119 two decades ago to \$295.64 today, or 148%.

## 8. Total medical costs

Medicare doesn't cover everything, so retirees often have to reach into their pockets for some expenses. The average annual cost of total medical care for older Americans, not including health insurance premiums, rose from \$6,140 in 2000 to more than \$14,100 this year, or about 130%.

## 9. Real estate taxes

Plenty of retirees prefer "aging in place" over moving to an assisted living facility. But real estate taxes, which are typically based on the value of a home, can be trouble. Rising real estate values have partly contributed to higher real estate taxes, jumping from \$690 in 2000 to \$1,579.06 this year, on average. That's an increase of 129%. Many local governments offer property tax breaks for seniors, so head to your city or county government's website for details.

## 10. Oranges

Research shows citrus fruits help keep your brain sharp and body healthy. But the sweet-treat supply chain has suffered, thanks in part to a disease called citrus greening. From 2000 to 2020, the average price of oranges increased from 61 cents a pound to \$1.34, or 120%. These days, a different disease might influence prices: The fruit's immune-boosting powers have led to a surge in demand amid the coronavirus pandemic. In fact, the price of oranges and tangerines jumped by 5.6% between March and April of this year.

[Source: MoneyTalksNews | Kim Porter | May 26, 2020 ++]

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## Health Saving Account

### Update 04: Contribution Limit to Increase in 2021

The annual contribution limits for health savings accounts keep climbing. After raising the limits for 2019 and for 2020, the IRS announced on 20 MAY that it will raise them again for 2021 to account for inflation. The new limits are:

- \$3,600 for someone with self-only health insurance coverage (up from \$3,550 for 2020).
- \$7,200 for someone with family coverage (up from \$7,100 for 2020).

The limit for catch-up contributions, which allow folks age 55 and older to save more money in HSAs, is not increasing. That limit is still \$1,000. So, for 2021, someone who is at least 55 can contribute a total of \$4,600 or \$8,200 to an HSA, depending on what type of plan they have. The rising annual contribution limits are great news for anyone who is eligible to use an HSA, as this type of account offers a combination of tax-reducing features that is unrivaled, even by retirement plans like 401(k)s or individual retirement accounts.

What is a health savings account?

An HSA is an account into which you can deposit a certain amount of money each year to be used to reimburse yourself for eligible medical expenses. You also may be able to use an HSA as a savings account or an investment account, depending on the account custodian. However, not all custodians allow account holders to invest. As is explained in "[3 Ways a Health Savings Account Can Improve Your Finances](#)," HSAs offer a number of advantages:

- You can claim a tax deduction for contributions you, or someone other than your employer, make to your HSA even if you do not itemize your deductions on Form 1040.

- Contributions to your HSA made by your employer (including contributions made through a cafeteria plan) may be excluded from your gross income.
- The contributions remain in your account from year to year until you use them.
- The interest or other earnings on the assets in the account are tax free.
- Distributions may be tax free if you pay qualified medical expenses. Qualified medical expenses are those expenses that would generally qualify for the medical and dental expenses deduction. These are explained in IRS Publication 502, Medical and Dental Expenses. Note. Non-prescription medicines (other than insulin) are no longer considered qualified medical expenses
- An HSA is “portable” so it stays with you if you change employers or leave the work force.

In other words, you will never owe taxes on money that goes through an HSA, provided that you follow the IRS rules for HSAs and make withdrawals for qualifying health care expenses. Not even a retirement account like a Roth IRA offers that degree of lawful tax avoidance. Additionally, you do not need to earn income to contribute to an HSA, unlike most retirement accounts. It’s no wonder that the number of HSAs held by Americans jumped by 13% in 2019. Who is eligible for a health savings account? The bad news about HSAs is that not everyone is eligible for one. They’re designed to be used by folks with high-deductible health insurance plans. For 2021, the IRS defines such plans as having annual deductibles of at least:

- \$1,400 for self-only coverage (unchanged from 2020)
- \$2,800 for family coverage (unchanged from 2020)

There are also a few [other limitations](#) on who can have an HSA. For example, folks on Medicare are ineligible. [Source: MoneyTalksNews | Karla Bowsheer | May 21, 2020 ++]

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## **COVID Antibody Scam**

### **Scammers Sell Fake COVID Antibody Tests**

Some new studies show that up to 50% of people with COVID-19 don’t show any symptoms, so many people are wondering if they had the disease without knowing it. Fortunately, an antibody test can identify if your body has already fought off the virus. Unfortunately, scammers are cashing in on demand and creating phony tests, according to BBB Scam Tracker reports.

#### **How the Scam Works**

- You receive a robocall or are directed to a website that looks like a clinic or medical supply company offering COVID-19 tests. These tests can allegedly identify if you’ve been infected with coronavirus – even if you’ve already recovered. Some even promise results in 10 minutes. To get a test, all you need to do is complete a form or, in other versions, enter your credit card details.
- In some cases, the test involves an easy at-home testing kit. Other times, the tests are allegedly offered through a clinic. But in all versions, the person or website selling the test is short on details. They aren’t willing or able to provide any information about how the test works, where it is sourced, and what laboratory processes it.
- Don’t fall for it! These tests are not US Food and Drug Administration approved and will not give accurate results. In fact, you may never even receive an actual test kit. Either way, scammers will have made off with your money and your personal information.

#### **Tips to Avoid Coronavirus Test Scams:**

- Want a test? Talk to your doctor. If you want an antibody test, reach out to your healthcare provider. They can help you figure out if the test will be covered by insurance and where to find a legitimate clinic. If you don't have a primary care physician, check out the official website of your local health department for more information on testing availability.

- Do research before buying. Scammers put pressure on people to buy or commit without giving them time to do further research. Before you agree to anything, do some investigating. Research any claims the company makes. Start with searching BBB.org to see they are BBB Accredited, have good reviews, and if there are complaints or scam reports associated with their business name.
- Understand your options. The Center for Disease Control and Prevention has a detailed guide to testing for COVID-19. Understand the different tests available and what you need.
- Never share your personal information with strangers. Only make purchases and share your personal information with people and companies you know and trust.

### **For More Information**

To learn more about scams related to the coronavirus and how to protect yourself, see [www.BBB.org/Coronavirus](http://www.BBB.org/Coronavirus). To read up on some general tips for avoiding scams, visit [www.BBB.org/AvoidScams](http://www.BBB.org/AvoidScams). If you've been the victim of a coronavirus related scam, please report it on the [www.BBB.org/ScamTracker](http://www.BBB.org/ScamTracker). Your report can help others to stay alert and avoid similar scams. [Source: BBB Scam Alert | May 15, 2020 ++]

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## **Roof Inspection Scam**

### **A Free One Could Come at a Cost**

With the warmer weather and summer storms come roofing scams. This spring, BBB Scam Tracker is already receiving reports of shady “free” roof inspections. Homeowners should be on the lookout for these cons.

### **How the Scam Works**

- You receive a call or get a door-to-door visit from someone claiming to represent a roofing company. According to recent Scam Tracker reports, con artists are often using the name of the state (i.e. Minnesota or Texas) plus “Roofing” or “Construction” as their business name.
- The “roofer” offers you a free inspection. Why, you ask? The person may claim that their company is working on a neighbor’s home and is offering inspections to those living nearby. But if you ask questions about where the business is located or how their services work, you’ll most likely be met with vague answers, or, if you are speaking on the phone, they may simply hang up.
- You accept the free inspection, and the “inspector” shows up at your house. If they don’t find enough wear and tear to merit a whole new roof, they may fabricate it by tearing off shingles to mimic wind damage. Or they may simply show you pictures of someone else’s damaged roof. Don’t hire this company! Any repairs done by such a dishonest business are not likely to be high quality.

### **How to Spot a Roofing Scam:**

- Beware of unsolicited offers. Most roofing scams begin with a roofer who “just happens to be in the area” and notices your roof needs a repair. Roofing scams increase in frequency in the wake of a powerful storm as well, so stay alert.
- Get your insurance company to inspect your roof. Filing a claim with your insurance company goes on your record and could affect future claims or your continued coverage. Before signing any paperwork or contracts with a roofing company, get your insurance company to come out for an inspection to verify the need for repairs or replacements.
- Look into roofing companies before you hire. Look at a company’s business rating on BBB.org. Keep a close eye on previous reviews and any complaints other consumers might have had. This is one of the best ways to know if a roofing company is reputable or just a cover for a scam.

### **For More Information**

To learn more about hiring a roofing company, see [www.BBB.org/Roofers](http://www.BBB.org/Roofers). You can also find valuable information at [www.BBB.org/AvoidScams](http://www.BBB.org/AvoidScams). If you've been the victim of roofing scam, report it on [www.BBB.org/ScamTracker](http://www.BBB.org/ScamTracker) immediately. Your report will help alert others to the danger.

[Source: BBB Scam Alert | May 22, 2020 ++]

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## Student Loan Scam

### Update 01: Lawsuit Triggers New Ones

When major student loan provider Navient settled a lawsuit, scammers were quick to notice the news. The results of the settlement won't affect what individual borrowers owe, but that's not stopping scam artists from claiming otherwise. Here's what you need to know.

#### How the Scam Works

- You receive a call from a person claiming to represent Navient. They explain that as a part of the lawsuit settlement, your student debt is partially or completely forgiven. Of course, you'll need to confirm your personal information and pay a fee to "transfer" the debt from Navient to "the Department of Education" or another official-sounding organization. These claims are based on actual procedures you may in fact qualify for, but this unsolicited caller is not working in an official capacity or related to any of the organizations cited in the call.
- The caller explains the fees necessary, usually on a monthly basis, then request either debit or credit card information. Then, they will begin making withdrawals according to the payment plan you agreed to. Many consumers notice something is wrong when their Navient loan payment continues to be required, even after setting up payments with the new company.
- Navient customers will not receive a phone call offering to transfer your loan. If you engage with these con artist callers, you could compromise your personal information and lose money as well. Instead, look for other options such as the Public Service Loan Forgiveness and Department of Education for deferral or other information in relation to your type of loan.

#### How to Spot a Student Loan Scam:

- Understand how the Public Service Loan Forgiveness program works. Thanks to the lawsuit settlement, you can now request information from Navient about whether or not you qualify for student loan forgiveness. Keep in mind that you must initiate a request for information.
- Don't take unsolicited callers at their word. Remember that legitimate businesses and government offices do not call people without their permission. If you receive a call out of the blue, don't be quick to give out your personal information, even if the caller offers you a great deal.
- When in doubt, hang up. If you aren't sure about a caller and their claims, ask for a call back number, hang up, and do your research. A little digging will usually reveal if you were speaking with a legitimate company or not.
- Visit official websites to learn about loan forgiveness. You can find out more about whether you qualify for loan forgiveness by visiting the [Federal Student Aid website](http://Federal Student Aid website) and [Navient's official website](http://Navient's official website).

#### For More Information

For more information, see [BBB Tip: New college grads, watch out for these scams](#) and [BBB Tip: Student Loan Forgiveness](#). You can also find general information about common scam tactics by visiting [BBB.org/AvoidScams](http://BBB.org/AvoidScams). If you've been a victim of a student loan forgiveness scam, please report it at [BBB.org/ScamTracker](http://BBB.org/ScamTracker). By boosting scam awareness, you can help put a stop to common scams.

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## **Tax Burden for Colorado 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 **Colorado**

#### **Sales TAX**

The Colorado state sales tax rate is 2.9%, and the average sales tax after local surtaxes is 7.44%.

- Groceries and prescription drugs are exempt from sales tax. Colorado does not treat candy or soda as groceries, which means they are not subject to reduced grocery sales tax rates. Other items including gasoline, alcohol, and cigarettes are subject to various Colorado excise taxes in addition to the sales tax. The sales tax applicable to the sale of cars, boats, and real estate sales may also vary by jurisdiction.
- Unlike a Value Added Tax (VAT), the Colorado sales tax only applies to end consumers of the product. Individuals and companies who are purchasing goods for resale, improvement, or as raw materials can use a Colorado Sales Tax Exemption Form to buy these goods tax-free.
- Counties and cities can charge an additional local sales tax of up to 7.1%, for a maximum possible combined sales tax of 10%. Denver, for example, has a sales tax of 3.62% on tangible items and Falcon, Colorado is subject to an additional 1% county sales tax. Most of Denver is located in a special tax district which collects an additional 1.2% sales tax (broken up into the Regional Transportation District at 1%, Scientific and Cultural Facilities District at 0.1%, and the Metropolitan Football Stadium District tax at 0.1%). Collectively, these additional taxes are known as the RTD/CD/FD sales tax. Special sales taxes are also collected on rental cars, food, and beverages.
- Colorado has 560 [special sales tax](#) jurisdictions with local sales taxes in addition to the state sales tax
- Colorado has a lower state sales tax than 71.2% of states

#### **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 \$2.28 per gal | Wine: 32¢ per gal | Beer: 08¢ per gal. Note that the IRS also collects a federal excise taxes on alcoholic beverages, which are included separately from Colorado's alcohol taxes in the final purchase price.

**Cannabis Tax:** N/A

**Cellphone:** The average tax collected on cell phone plans in California is \$10.40 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:** \$0.84/pack of 20

**Diesel Fuel:** 22 cents/gallon (Plus federal excise tax on diesel @ 24.4 cents per gallon)

**Gasoline:** 22 cents/gallon (Plus federal excise tax on gasoline @ 18.4 cents per gallon)

**Vehicle:** Colorado 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 Colorado Department of Transportation and receive documentation (registration and title papers) proving the fees were paid.

### **Personal Income Taxes**

Go to [www.colorado.gov/pacific/sites/default/files/DR0104Book\\_2019.pdf](http://www.colorado.gov/pacific/sites/default/files/DR0104Book_2019.pdf) to access Colorado's Instruction Booklet DR 104 for completing tax returns. For info on the Military Spouses Residency Relief Act refer to [https://home.army.mil/apg/application/files/7815/4834/1658/Military\\_Spouses\\_Residency\\_Disclaimer\\_2018\\_Amd.pdf](https://home.army.mil/apg/application/files/7815/4834/1658/Military_Spouses_Residency_Disclaimer_2018_Amd.pdf).

**Tax Rate:** All taxpayers 4.5% of Federal taxable income less federal tax paid.

**Personal Exemptions/Credits:** Federal amounts are automatically adopted.

**Standard Deduction:** None

**Medical/Dental Deduction:** Federal amount

**Federal Income Tax Deduction:** None

**Retirement Income Taxes:** Colorado has a pension/annuity subtraction where, depending on the age of the recipient, the first \$20,000/\$24,000 is not taxed. As a result, taxpayers 55-64 years old can exclude a total of \$20,000 for Social Security and qualified retirement income. Those 65 and over can exclude up to \$24,000. All out-of-state government pensions qualify for the pension exemption. The total exclusion may not be more than indicated from all exempt sources. However, Social Security/Railroad Retirement income not taxed by the federal government is not added back to adjusted gross income for state income tax purposes.

**Retired Military Pay:** Military retirees ages 55 and up can exclude up to the smaller of \$4,500 or the total amount of your taxable military retirement benefits that is included in your federal taxable income.

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

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

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

### **Property Taxes**

Property taxes are collected on a county level, and each county in Colorado has its own method of assessing and collecting taxes. As a result, it's not possible to provide a single property tax rate that applies uniformly to all properties in Colorado. Instead, [tax-rates.org](http://tax-rates.org) provides property tax statistics based on the taxes owed on millions of properties across Colorado. These statistics allow you to easily compare relative property taxes across different areas, and see how your property taxes compare to taxes on similar houses in Colorado. The median property tax in Colorado is \$1,437.00 per year for a home worth the median value of \$237,800.00. Counties in Colorado collect an average of 0.6% of a property's assessed fair market value as property tax per year.

Colorado's median income is \$71,154 per year, so the median yearly property tax paid by Colorado residents amounts to approximately 2.2% of their yearly income. Property assessments are done annually. To determine yours go to <http://www.tax-rates.org/colorado/property-tax#Counties> and enter your address. Then go to your county to determine your tax rate. For properties considered the primary residence of the taxpayer, a homestead exemption may exist. This can reduce the appraised valuation of a primary residence before calculating the property tax owed, resulting in a lower annual property tax rate for owner-occupied homes. Getting a Homestead Exemption may also help protect

your home from being repossessed in the case of a property tax lien due to unpaid Adams County property taxes or other types of other debt.

In most counties, you must specifically submit a homestead exemption application to your county tax assessor in order to enjoy the tax reduction and other benefits available. To get a copy of the Homestead Exemption Application, call your County's Assessor's Office and ask for details on the homestead exemption program. You can also ask about other exemptions that may exist for veterans, seniors, low-income families, or property used for certain purposes such as farmland or open space.

Full-year Colorado residents age 65 or older, disabled, or a surviving spouse age 58 or older, may qualify for the Property Tax/Rent/Heat Rebate and/or the Property Tax Deferral. Qualified applicants can receive a rebate of up to \$600 of the property tax and \$192 of their heating expenses paid during the year, either directly or as part of their rent payments. Refer to <https://www.colorado.gov/pacific/tax/ptc-eligibility>.

### **Inheritance and Estate Taxes**

There is no inheritance tax and the Colorado estate tax does not apply to decedents whose date of death is on or after January 1, 2005.

### **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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Go to <https://www.colorado.gov/pacific/tax/individual-income-tax-instructions-and-forms> for tax instructions and forms. For further information call 303-866 2371 or visit the Colorado Department of Revenue site at <https://www.colorado.gov/REVENUE>. [Source: <http://www.tax-rates.org/taxtables/sales-tax-by-state> | May 2020 ++]

### **\* General Interest \***



## **Notes of Interest**

**May 16 thru 31, 2020**

- **Memorial Day.** Check out <https://www.youtube.com/watch?v=8k9Si28k0Fk&feature=youtu.be>. Truly something worth watching.
- **Veterans Legacy Memorial.** At [www.vlm.cem.va.gov](http://www.vlm.cem.va.gov) can be found the burial record and basic data of all deceased veterans buried through the National Cemetery Administration (NCA) of the U.S. Department of Veterans Affairs (VA). To locate an individual just input the last name.
- **Coronavirus – CDC.** The novel coronavirus "does not spread easily" on surfaces or objects, according to the CDC's updated website page. Previously, the CDC said it "may be possible" to spread the virus via contaminated surfaces, but the agency now believes it is primarily spread through the respiratory droplets of people in close contact. "COVID-19 is a new disease and we are still learning about how it spreads," the

CDC webpage reads. "It may be possible for COVID-19 to spread in other ways, but these are not thought to be the main ways the virus spreads."

- **Coronavirus.** According to Korean CDC a new study shows patients who recover from COVID-19 and then retest positive for the new coronavirus are not infectious and cannot transmit the virus. Health officials in South Korea studied 285 COVID-19 patients who recovered and later tested positive for the virus. The study shows that virus samples collected from the patients could be grown from culture, which shows that the patients were shedding non-infectious or dead virus.
- **Hydroxychloroquine trial.** The World Health Organization is temporarily discontinuing its global study testing the effectiveness of hydroxychloroquine as a COVID-19 treatment, the organization announced May 25 in a news conference, according to The Hill. The trial's suspension comes after a new study revealed that COVID-19 patients who received hydroxychloroquine, which treats malaria and lupus, experienced a significantly higher risk of dying than those who didn't receive it. The results suggested that the drug put COVID-19 patients at a higher risk of irregular heartbeats that could end in cardiac arrest.
- **VA Mortgage.** At [https://www.benefits.va.gov/HOMELOANS/documents/circulars/26\\_20\\_18.pdf](https://www.benefits.va.gov/HOMELOANS/documents/circulars/26_20_18.pdf) VA's Extended Foreclosure Moratorium for Borrowers Affected by COVID-19 Circular 26-20-18 - May 15, 2020 can be downloaded. The purpose of this Circular is to extend the foreclosure moratorium.
- **Ladies Purses.** You may not be aware of what your Texas lady friend is carrying in her purse but you might want to check out the one at <https://www.youtube.com/embed/qrhSf8CEgC8>.
- **Potato Chips.** Need an excuse to always keep your favorite snack food on hand? If you find yourself in a situation where you need to start a signal fire, experts say junk food — such as oily potato chips — can serve as makeshift kindling.
- **Super Glue.** If you have a minor cut that clearly requires sutures but don't have access to a medical professional, you can use the sealant to close the wound until new skin has a chance to form. Just be sure to clean the cut out first so it doesn't become infected.
- **Baking Soda.** If you face a small kitchen grease fire and don't have an extinguisher, you can use baking soda to douse the flames before they rage out of control, says the U.S. Consumer Product Safety Commission.
- **Vaccinations.** Routine vaccinations for young children in the U.S. dropped after a national emergency was declared 13 MAR in response to the COVID-19 pandemic, potentially exposing vulnerable individuals to measles and other vaccine-preventable diseases, according to the CDC. The drop in vaccination coverage may leave young children and communities vulnerable to vaccine-preventable diseases. If 90 percent to 95 percent of the population is not vaccinated against measles, outbreaks can occur, the CDC warned.
- **Keystone XL Pipeline.** Joe Biden has promised to rescind President Trump's Keystone XL pipeline permit if he is elected president. The project is currently stalled after a ruling from a federal judge in Montana which canceled the environmental permits for the project due to a lack of proper environmental review by the Army Corp of Engineers.
- **California.** Governor reveals two-plus million illegal immigrants may apply for the state's coronavirus relief program. Residents in California illegally are now eligible to receive \$500 per individual and up to \$1,000 per household.
- **Housing.** The U.S. Census Bureau at <https://www.census.gov/library/publications/2020/demo/p23-217.html> released a new population report on the readiness of housing to meet the needs of the nation's aging population.
- **Drug Overdose.** In 1999, nearly 17,000 people died of a drug overdose in the United States. Fueled by the nation's ongoing opioid epidemic, that number reached an all-time high in 2017 at 70,237, according to the CDC. In 2018 this decreased to 67,367. Numbers for 2019 are not yet available.
- **North Korea.** Russia's ambassador to Pyongyang told news agencies 20 MAY that North Korea has halted talks with the United States until the results of the US presidential election in November are known.
- **VA.** To view and listen to Veteran Affairs Secretary Robert L. Wilkie's Memorial Day message go to [https://players.brightcove.net/2851863979001/default\\_default/index.html?videoId=6157757698001](https://players.brightcove.net/2851863979001/default_default/index.html?videoId=6157757698001).

- **Coca Cola.** Cheaper than toilet cleaner for stains. Check out <https://youtu.be/OfIhTrg2oKM> to see how good a job it can do. Also works well on clogged sinks when mixed with baking soda and vinegar as shown at [https://www.youtube.com/watch?v=QApC5bmo3II&feature=emb\\_rel\\_end](https://www.youtube.com/watch?v=QApC5bmo3II&feature=emb_rel_end) and for rust removal as shown in <https://youtu.be/gjvgPJ0coo4?t=7>.
- **National Guard.** President Donald Trump announced 28 MAY that he will extend National Guard orders for those currently activated in response to the COVID-19 pandemic. Before this extension, those orders ended one day too early for some Guardsmen to receive early retirement and education benefits under the Post 9/11 GI Bill.

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

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## Congressional Voting

### Update 01: Proxy Proposal under Debate

The Senate was back in Washington this week of 10 MAY, holding hearings and confirming judicial and executive branch nominees. And while those are official duties of the Senate, no new legislation was passed. The House of Representatives did not return to Washington but on 15 MAY they held a vote on a resolution about whether to start conducting official votes by using proxies. To do so would end more than 200 years of precedent and now allow lawmakers serve as proxies for colleagues quarantined or otherwise stuck at home during the pandemic. Proxy voting allows a member of the House to give to another member the right to cast a vote on his or her behalf. The member authorizing the proxy will stipulate how the vote should be cast and the member casting the proxy vote is required to abide by the wishes of the member granting the proxy.

Voting this way is a temporary answer to reduce health concerns raised by dozens of lawmakers. Several lawmakers have disease and dozens of others placed themselves in self-quarantine after exposure to someone who was infected. The sister of California Representative Maxine Waters (D-CA) died because of an infection. The resolution would also allow committees to meet remotely using interactive technology and let members cast votes remotely during the legislative process. Some Republicans said such proxy voting is unconstitutional and would subject any legislation passed with such procedures to court challenges. However, Democrats countered by citing letters from two legal scholars who argued the Constitution gives the House and Senate the power to determine their rules and procedures and the courts have declared them off limits to legal challenges.

Passage of this new rule will allow the House to start conducting business on a larger scale than has been happening since the beginning of the coronavirus social distancing measures. [Source: The Senior Citizens League - Weekly Update | May 15, 2020 ++]

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## China's Pacific Expansion

### Update 02: U.S. Military Pressure Increases as Tensions Rise over Pandemic

The US is upping military pressure on China amid increased tensions over the South China Sea and accusing Beijing of seeking to leverage the coronavirus pandemic to extend its sphere of influence in the region. Over the last few weeks US Navy ships and Air Force B-1 bombers have undertaken missions aimed at sending a very public message that the US military intends to maintain a presence in the region and reassure allies. It's also a top priority for the Pentagon to get the virus-stricken aircraft carrier USS Theodore Roosevelt back out to sea in the region by as soon as the end of the month.

The moves come as the US is increasing the pressure diplomatically with President Donald Trump and Secretary of State Mike Pompeo publicly attacking Beijing for failing to stem the virus's spread and not being transparent during the early stages of the outbreak which originated in the country. The Pentagon accused China of exploiting the pandemic to gain military and economic advantages by expanding the areas in which it operates. "The People's Republic of China is attempting to use the regional focus on Covid to assertively advance its own interests," US Navy Capt. Michael Kafka, a spokesperson for the US military's Indo-Pacific Command told CNN in a statement on 13 MAY. The Pentagon says the pandemic hasn't hurt its capabilities and the Pentagon made clear the coronavirus outbreak has not hurt its ability to respond to Chinese actions. "We have the capability and capacity to provide long range fires anywhere, anytime and can bring overwhelming firepower--even during the pandemic," said Gen. Timothy Ray, commander of the Air Force Global Strike command which oversees the bomber force in the area.

On 13 MAY the Navy Pacific Fleet took the unusual step of announcing that all of its submarines in the region were at sea conducting operations "in support of a free and open Indo-Pacific region amidst the pandemic caused by the coronavirus." While the US military recently ended its "continual bomber presence" on the Pacific island of Guam for the first time since 2004, the US Air Force has continued to dispatch bombers to the region. In recent weeks the US flew B-1 bombers from bases in the US to the region on three separate occasions, including an operation over the South China Sea and a deployment of four B-1 bombers and 200 personnel from Dyess Air Force Base in Texas to Guam. Late last month the US Navy also challenged Chinese claims to the waters surrounding the Spratly and Paracel islands in the South China Sea, contested islands that the US has long said China is using to house weapons and military facilities.

Those challenges drew a sharp rebuke from Beijing who urged the US to focus on its coronavirus response and to cease such military operations. "China urges the United States to focus on its own business with pandemic prevention and control, make more contributions to the global fight against the Covid-19, and immediately stop military operations that are detrimental to regional security, peace and stability," Senior Col. Li Huamin, spokesperson for the People's Liberation Army Southern Theater Command, said in a statement. Nobody is suggesting the US is headed towards conflict with China but Defense Secretary Mark Esper has continued to make blunting Beijing a priority. "We are concerned by increasing, opportunistic activity by the People's Republic of China to coerce its neighbors and press its unlawful maritime claims in the South China Sea, while the region and the world is focused on addressing the Covid-19 pandemic," Pentagon spokesman Lt. Col. Dave Eastburn, told CNN. China has long criticized what it calls provocations by the US and its military efforts in the South China Sea that commenced several years ago when China made disputed territorial claims.

The South China Sea is considered a crucial strategic location, being home to some of the busiest shipping routes in the world as well as potential natural resource deposits such as oil and gas. Parts of the sea are contested by multiple claimants, including China, Vietnam, the Philippines, Malaysia and Taiwan. China has constructed outposts on man-made islands in the disputed area, installing military facilities and missiles there as part of a bid to exert control over the strategic waterways according to US officials. "We continue to execute a global Freedom of Navigation operations program in which US Navy ships safely and professionally challenge excessive maritime claims, including those in the South China Sea. We also conduct routine transits through the Taiwan Strait to further demonstrate that the United States will fly, sail, and operate anywhere that international law allows," Kafka said.

On 13 MAY a US Navy guided-missile destroyer, the USS McCampbell, transited the Taiwan Strait. "The ship's transit through the Taiwan Strait demonstrates the US commitment to a free and open Indo-Pacific," Lt. Anthony Junco, a spokesperson for the US Navy's Seventh Fleet told CNN. The US routinely sails through the Taiwan Strait but the Chinese military views the strategic waterway separating China from Taiwan as a priority area and often shadows US vessels that sail through the area. China routinely protests US Navy activities in the region, and often dispatches ships or aircraft to shadow the US vessels. Following the US freedom of navigation operation that challenged Chinese claims to the Paracel Islands late last month, Chinese officials said the US was engaging in "provocative acts, "that "could easily trigger an unexpected incident."

The US also says China has attempted to intimidate other nations in the region. In mid-April China deployed a survey vessel, the Haiyang Dizhi 8 alongside as many as 10 Coast Guard and maritime militia ships, as part of an apparent show of force in an area claimed by Malaysia and Beijing, according to two defense officials. The move was an apparent attempt to intimidate a Malaysian state-owned oil company that had deployed a Panamanian flagged drilling vessel, the West Capella, to survey for oil in the area. Utilizing a survey ship-led flotilla to harass South China Sea claimants "is a time tested" Chinese strategy, one official said, adding that China had used similar tactics against Vietnam.

The US responded earlier this month by twice sailing warships near the drill ship, a show of force intended to signal to Beijing that the US Navy can challenge any Chinese attempts to seize resources in the area. "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," Adm. John Aquilino, the commander of the US Pacific Fleet, said in a statement after one of the "presence operations" near the drilling vessel. "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," he added.

China also appears to be using its military to send a message that it is capable of operating at longer distances for greater periods of to challenge its neighbors and the US. The US says China's only operational aircraft carrier entered the South China Sea last week along with several other warships. [Source: CNN | Barbara Starr & Ryan Browne | May 15, 2020 ++]

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## Afghan Peace Talks

### Update 10: U.S. on Track to Pull Troops despite Turmoil



Aftermath of 14 MAY attack on Afghan army base in Gardez, capital of Paktia province

The United States is on track to meet its commitment to the Taliban to withdraw several thousand troops from Afghanistan by summer, even as violence flares, the peace process is stalled, and Kabul struggles in political deadlock. U.S. officials say they will reduce to 8,600 troops by 15 JUL and abandon five bases. And by next spring all foreign forces are supposed to withdraw, ending America's longest war. Yet the outlook for peace is cloudy at best. In the absence of Afghan peace talks, the Trump administration may face the prospect of fully withdrawing even as the Taliban remains at war with the government. That has concerned some lawmakers, including Rep. Liz Cheney, a Wyoming Republican and member of the House Armed Services Committee. She says the United States needs to keep a military and intelligence presence in Afghanistan to prevent extremist groups like al-Qaida and the Islamic State's Afghan affiliate from forming havens from which to attack the U.S. "Withdrawing U.S. troops from Afghanistan won't end the war — it will just let the terrorists win," she told The Associated Press.

Some question whether the U.S.-Taliban agreement signed in Doha, Qatar, on 29 FEB, which the Trump administration billed as "a decisive step to achieve a negotiated peace," was instead mainly a withdrawal agreement.

President Donald Trump had campaigned on bringing troops home from foreign wars. And though the Afghan government publicly supported the deal, it did not participate directly in the negotiations and has not, in Washington's view, capitalized on the chance for peace talks. "President Trump promised to bring our troops home from overseas and is following through on that promise," the White House said when the Doha deal was signed. The deal stipulated that the Taliban would start intra-Afghan peace negotiations on 10 MAR, but that has not happened. The Taliban and the Afghan government also have squabbled over a promised release of each other's prisoners.

"A lot of this boils down to: Was the U.S.-Taliban agreement any kind of serious negotiation at all, or was it just totally a fig leaf to cover abject withdrawal? I suspect the latter," said Stephen Biddle, a Columbia University professor of international and public affairs and a former adviser to U.S. commanders in Kabul. "It gave away almost all the leverage we had in exchange for virtually nothing," he added. "It looks very much like a situation in which the Taliban have concluded that the Americans are out, and they're going to play out the string and see what happens when we're gone."

The United States has been the prime backer of the Afghan government since it invaded the country soon after the Sept. 11, 2001, attacks and overthrew the Taliban, which was running the country and harboring al-Qaida leader Osama bin Laden. According to U.S. government auditors, Washington has committed \$86 billion to support Afghan security forces and is still spending about \$4 billion a year. The Trump administration has expressed frustration with the lack of movement toward peace talks, but it has not threatened publicly to pull back from its commitment to fully withdraw. It did conduct an airstrike against the Taliban in defense of Afghan ground forces in early March just hours after Trump had what he called a good conversation by phone with a senior Taliban leader, Abdul Ghani Baradar.

Although the drawdown is required by the Doha agreement, U.S. defense officials had said for many months that they wanted to reduce to 8,600 — the approximate number of troops that were supporting Afghan forces and conducting counterterrorism operations when Trump took office. American officials constructed the Doha agreement mainly as a way of ending U.S. involvement in the war, rather than as an assured path to peace. The withdrawal is subject to Taliban assurances, but it does not require a peace settlement. The deal also is seen by the U.S. as a way to enlist the Taliban in the fight against the Islamic State group. The American military considers the group's Afghan affiliate as a greater threat than the Taliban. The U.S. agreed to withdraw not just military forces but also all intelligence agency personnel, private security contractors, trainers and advisers. NATO allied forces also are to withdraw.

The Doha deal was seen at the time as Afghanistan's best chance at peace in decades of war, but the government has since been consumed with political turmoil. Ghani and his rival Abdullah Abdullah have both declared themselves winners of last year's presidential polls, and each declared himself president. Defense Secretary Mark Esper has said that getting out of Afghanistan would advance his aim of devoting more forces to the Asia-Pacific region to counter China, which he sees as the No. 1 long-term threat to the United States. Esper has been skeptical of the Taliban's commitment to peace, and on May 5 he said neither the Taliban nor the Afghan government is abiding by the agreement.

Esper said the Taliban should return to the reduced levels of violence that existed in the week before the Feb. 29 Doha signing. At the time, Ghani put his government forces in a defensive stance, but on Tuesday he ordered a return to the offensive, expressing anger for two attacks, including one that killed 24 people, including infants, at a hospital. The Taliban denied responsibility and the U.S. has blamed the Islamic State affiliate in Afghanistan for the attack. The Taliban on Thursday said it had carried out a suicide bombing as retaliation for having been falsely accused by Ghani.

A Pentagon spokesman, Lt. Col. Thomas Campbell, indicated the U.S. stance has not changed. "Consistent with the agreement, the U.S. military will continue to conduct defensive strikes against the Taliban when they attack our (Afghan) partners," he said 13 MAY. "As the secretary of defense stated recently, this is going to be a windy, bumpy road, but a political agreement is the best way to end the war." [Source: The Associated Press | Robert Burns | May 16, 2020 ++]

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## Iran Tensions

### Update 11: USN to Take Lawful Defensive Measures

The U.S. Navy warned 19 MAY it will take “lawful defensive measures” against vessels in the Mideast that come within 100 meters (yards) of its warships, offering specific guidelines after a recent close encounter with Iranian vessels in the Persian Gulf. Defensive measures have typically included turning a ship away from the approaching vessel, sounding its horn, shooting off flares and ultimately firing warning shots to force the vessel away. But offering a specific distance is new for the Navy. “Our ships are conducting routine operations in international waters wherever international law allows and do not seek conflict,” said Cmdr. Rebecca Rebarich, a Bahrain-based 5th Fleet spokeswoman. “However, our commanding officers retain the right to self-defense if deemed necessary.”

While 100 meters may seem far, it’s incredibly close for large warships that have difficulty in turning quickly, like aircraft carriers. The U.S. Navy has years of experience with Iranian forces getting that close, namely the hard-line, paramilitary Revolutionary Guard. Their armed speedboats routinely cut across their paths when going through the Strait of Hormuz, the narrow mouth of the Persian Gulf through which 20% of all oil passes. Tensions have been high between Iran and the U.S. ever since President Donald Trump unilaterally withdrew America from Tehran’s nuclear deal with world powers in 2018. Last summer saw a series of escalating attacks targeting oil tankers and other sites around the Persian Gulf. It reached a crescendo in January with the U.S. drone strike in Baghdad that killed Iranian Gen. Qassem Soleimani and an Iranian ballistic missile strike of American forces in Iraq in retaliation.

Those tensions had been expected to rise after Iran’s government overcame the initial chaos that engulfed its response to the coronavirus pandemic. In April, the U.S. accused Iran of conducting “dangerous and harassing” maneuvers near American warships in the northern Persian Gulf. Iran also had been suspected of briefly seizing a Hong Kong-flagged oil tanker just before that. In April, Trump warned on Twitter: “I have instructed the United States Navy to shoot down and destroy any and all Iranian gunboats if they harass our ships at sea.” [Source: The Associated Press | Jon Gambrell | May 20, 2020 ++]

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## USS Pinckney Drug Bust

### 3,000 Pounds of Cocaine Seized



**U.S. service members on an inflatable boat alongside a drug-running vessel recover 70 bales of cocaine worth more than \$28 million in wholesale value.**

The guided-missile destroyer USS Pinckney, with an embarked U.S. Coast Guard law enforcement detachment team, seized an estimated 3,000 pounds of cocaine in the eastern Pacific Ocean. In the 14 MAY operation, a U.S. Navy maritime patrol aircraft assigned to the "Tridents" of Patrol Squadron 26 spotted the low-profile vessel. The Pinckney, with embarked helicopters assigned to the "Wolf Pack" of Helicopter Maritime Strike Squadron 75 and the embarked Coast Guard team moved into position to intercept the vessel. "This was truly a team effort," Navy Cmdr. Andrew Roy, USS Pinckney's commanding officer, said. "The air support we received was first class. We were able to safely and successfully conduct this operation due to the outstanding professionalism of the Navy-Coast Guard team."

The USS Pinckney is deployed to the U.S. 4th Fleet area of operations conducting U.S. Southern Command and Joint Interagency Task Force South's enhanced counterdrug operations missions in the Caribbean Sea and the Eastern Pacific. On 1 APR, U.S. Southern Command began enhanced counternarcotics operations in the Western Hemisphere to disrupt the flow of drugs in support of presidential national security objectives. Numerous U.S. agencies from the departments of Defense, Justice and Homeland Security cooperated in the effort to combat transnational organized crime, officials said. The Coast Guard, the Navy, Customs and Border Protection, the FBI, the Drug Enforcement Administration, and Immigration and Customs Enforcement, along with allied and international partner agencies, play a role in counterdrug operations, they added.

U.S. Naval Forces Southern Command/U.S. 4th Fleet supports Southcom's joint and combined military operations by employing maritime forces in cooperative maritime security operations to maintain access, enhance interoperability and build enduring partnerships in order to enhance regional security and promote peace, stability and prosperity in the Caribbean and Central and South American regions. [Source: Defense News | May 22, 2020 ++]

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## Coronavirus Vaccine

### Update 02: Who Will Get it First



Many of us dream of a day when a vaccine will finally end the coronavirus pandemic. With any luck, that moment is on the horizon. In fact, some experts believe a vaccine could arrive before the end of the year. Others say we may have to wait a bit longer, until early or mid-2021. But if and when that magic day arrives, it will open a question: Who gets the vaccine first? As with so many health care decisions, the Centers for Disease Control and Prevention will have a big voice in who moves to the front of the line. Since 1964, the CDC's Advisory Committee on Immunization Practices has been charged with making such calls, USA Today reports.

Experts agree that there will be a relatively limited amount of the vaccine available. As Andrew Pavia, chief of pediatric infectious diseases at the University of Utah in Salt Lake City, tells USA Today: "It's inevitable that the vaccine will come out more slowly than we like. We're not going to have 350 million doses delivered Day One." In addition, the vaccine itself likely will have to be administered twice to anyone who is immunized, the Mayo Clinic reports. Two shots are needed because people have no natural immunity to COVID-19, the disease caused by the coronavirus. The pair of doses would be administered three to four weeks apart, with immunity kicking in one to two weeks after the second vaccination.

With two doses needed per person — and a limited supply available overall — some people are more likely than others to be vaccinated right away. In a post on the medical news website STAT, Dr. Sandeep Jauhar, a cardiologist at Northwell Health in New York, speculates that two groups would be good candidates for immediate vaccination:

- Health care workers, and those with jobs considered to be essential during the pandemic
- Those people most at risk of dying from COVID-19. This might include the elderly and those with compromised immune systems. It also might include people in communities especially hard-hit by the virus.

However, Jauhar — author of the book “Heart: A History” — emphasizes that ultimately, the decision about who will receive the first vaccinations will depend on decisions made by “state and local health departments and community hospitals interpreting the federal guidelines.” He adds that disagreements are inevitable and that officials will face tough decisions. Dr. Arthur Reingold, division head of epidemiology and biostatistics at the University of California at Berkeley, made a similar point to USA Today: “If I’ve only got 30 million doses for the next year and I’ve got a population of 350 million, who do I assign propriety to?” Until a vaccine arrives, it pays to be extra cautious in protecting yourself from the ravages of the coronavirus disease. [Source: MoneyTalksNews | Chris Kissell | May 26, 2020 ++]

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## Money Lessons

### 8 You Must Teach Your Grandchildren

At this time of year, young people across the nation are graduating from high school and college and preparing to take charge of their financial lives. If you listen closely, you can hear wallets groaning from coast to coast. Now, this is not another rant against millennials and other whippersnappers. Americans of all ages are hopelessly behind the curve when it comes to handling money responsibly. But unless young people have a natural interest in personal finance, they are at a high risk of making financial mistakes that lead to chronic debt. Fortunately, if you are a grandparent, you can help. Pass on the following lessons to your grandchildren — whether they are graduating now, or just dreaming about doing so one day.

#### 1. Debt is a form of slavery

Runaway debt can create havoc in your life. What happens if you lose your job or get an illness that health insurance does not cover? How much stress would you feel in that situation? Debt, especially unsecured consumer debt, is a form of slavery. The debtor is beholden to the creditor because each day the debt remains unpaid, interest charges pile up. Over time, it’s easy to see how the unchecked use of credit can erode wealth and foreclose opportunities. If your grandchildren already have fallen into debt, remind them it’s not too late to climb out. Check out “[Resolutions 2020: Crush Your Debt in 3 Simple Steps.](#)”

#### 2. Financially successful people live below their means

Financial success is usually the result of years of self-control. A big part of that discipline involves living within or below your means. If every dollar that comes into your life has to go out, there’s little hope for getting ahead. Remind your grandchildren to keep their overhead lower than their income, and to pocket the difference. And urge them not to let every bump in income become a boost in lifestyle.

#### 3. Pay yourself first

Learning to pay yourself first is an important part of financial security. Direct a healthy portion of your income into an IRA, 401(k) plan or savings account before your paycheck even hits your account. Otherwise, you’ll have to constantly fight the temptation to spend every dollar. Tell your grandchildren to automate savings and make that an unwavering part of their routine. Doing so puts the twin forces of time and compounding interest on their side.

#### 4. Forget about impressing the Joneses

It’s easy to access some of the trappings of wealth in our society, but it’s difficult to actually afford them. Buying new cars, big houses and designer handbags might impress others, but these goods often mask high debt and a precarious relationship with credit. Don’t confuse easy access to credit with real wealth. Although it doesn’t seem nearly as sexy, real wealth is usually the product of responsible spending, maximizing the value of every dollar and trading glitz for modesty and security. You’ve learned that lesson over a lifetime. Now, pass on the wisdom to your grandchildren.

#### 5. Save aggressively early, and you won’t have to save so much overall

Saving is a long-term proposition. No matter how modest the amount, starting the savings habit early pays off. A broader time horizon means more years to:

- Benefit from compounding interest
- Experience upswings in the market
- Recover from downturns in the market
- Refine your investment style

#### 6. Craft clear financial goals

Financial goals can be too broad — buy a house, save for retirement and keep paying our bills. To succeed financially, goals need a big dose of specificity. For example, it's fine to shoot for buying a home. But what kind of house suits your needs and lifestyle? What size of down payment would leave you with a comfortable mortgage? Grandchildren who can answer these questions in detail will have better-defined goals that, in turn, can motivate them to make better financial decisions.

#### 7. Don't believe everything you hear about money

Looking to popular culture for cues on how to manage your money is a bad idea. Avoid get-rich-quick schemes, and tune out people who tell you that purchasing the nicest clothes, the flashiest cars and the hottest stocks will make you rich and happy. Instead, steer your grandchildren toward reading websites like this one, and learning from the experiences — and mistakes — of others. To rise above the financial clutter, grandchildren need to become students of personal finance and critically assess the information that's at their fingertips.

#### 8. Set your own spending limits — and stick to them

In life, there is no shortage of companies trying to get you to spend — from credit card lenders increasing your credit limit to banks steering you toward the largest mortgage for which you qualify. Don't let these companies set your grandchildren's personal spending ceiling. Instead, encourage them to decide for themselves what they can afford, what they're comfortable with and what their priorities are. Tell them to remember that they are in charge of making money and they decide how it gets used.

[Source: MoneyTalksNews | Kentin Waits • May 23, 2020 ++]

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## Stockpiling

### Update 01: 20 Things That Are Actually Worth Doing

While it's good to be prepared, you need to know what's worth stockpiling. Stocking up on a year's supply of something just to have it go bad in a couple of weeks will be a waste of money. Following are some of the best options if you're looking to add to your stockpile.



1. **Cleaning supplies** -- It's always good to have extra cleaning supplies on hand, especially during cold and flu season. For a list of those that you should have on hand during this coronavirus outbreak in particular, check out "5 Disinfectants That Can Destroy the Coronavirus."

2. **Soap** -- Hand sanitizer with at least 60% alcohol is the next-best thing for ridding your hands of germs when you don't have access to soap and water, but the latter is more effective at killing the coronavirus, according to the Centers for Disease Control and Prevention. So, keep a few extras in your pantry.
3. **Peanut butter** -- Peanut butter is a great shelf-stable protein source, especially for vegetarians and vegans. There are many ways to use it in both sweet and savory dishes. And for a quick lunch, it's great with some jelly or honey in a sandwich. If you run out of peanut butter but have peanuts on hand, you easily can make your own peanut butter. Check out "[10 Food Staples That Are Easy and Cheap to Make Yourself](#)."
4. **White rice** -- If white rice is stored properly, it can last for decades, according to the Utah State Extension Service. The best way to store it is in a sealed, air-free container and at a temperature of 40 degrees or less. Rice is also a helpful ingredient to have on hand when planning out and preparing meals in advance. Check out "[How to Prep Meals for a 14-Day Quarantine](#)."
5. **Prescription medications** -- The Centers for Disease Control and Prevention advise individuals in high-risk groups — people age 60 or older and people with certain medical conditions — to have an extra supply of prescription medications on hand. If there is an outbreak in your community, you may not be able to leave the house to get more medications.
6. **Dried beans and lentils** -- Another food that has a long shelf life is legumes. According to the Utah State Extension Service, beans and lentils will last for years if stored in a cool, dry place. Just know that they may take longer to cook as they get older. Don't worry — it's possible to avoid or decrease the gas that you might have experienced after eating beans. See "[Beans 101: A Guide to Enjoying the Stockpile Staple](#)."
7. **Candy** -- If you will be stuck at home, stockpile some of your favorite treats. As a bonus, anything that is made up of mostly sugar "never really spoils" if kept dry, says Kantha Shelke, a food scientist and principal of Corvus Blue, a food science and research firm. "The wrapper of a Jolly Rancher will go bad before the candy does," says Shelke.
8. **Pasta** -- Dried pasta is very shelf-stable and will last for decades without a loss in quality, according to Shelke. She tells Cooking Light that she tasted some pasta found in an Egyptian pyramid and there was no loss in quality. Stock up on a few different types so you can whip up your favorite dishes.
9. **Basic medical supplies** -- If you get sick, you will want to have over-the-counter medications and medical supplies on hand. This includes things like tissues, saline spray and fever reducers to keep you comfortable. Just stay on top of expiration dates and rotate your stash by using up the oldest items first.
10. **Frozen fruits and vegetables** -- Frozen fruits and vegetables are a great alternative to fresh and last much longer. Since the quality degrades over time, don't forget to rotate your stash, using the oldest frozen fruits and veggies first. Not all produce belongs in the freezer, however. A few examples are cited in "[Think Twice Before You Freeze These 9 Foods](#)."
11. **Canned tuna** -- Canned tuna has a long shelf life and offers an easy way to add protein to your diet. Go beyond plain tuna salad and use it in casseroles, pasta dishes and bakes.
12. **Long-lasting fruits and vegetables** -- Certain fruits and vegetables have a longer shelf life than others — able to last for months when stored properly — according to [Prevention](#). Next time you're out shopping, stock up on apples, carrots, onions, garlic, potatoes, beets and cabbage. For help making sure your fruits and veggies last as long as possible, check out "[14 Products That Keep Foods Fresh Longer](#)."
13. **Meats** -- While meat only lasts a few days or so when stored in the refrigerator, it can last for months when frozen.
14. **Personal hygiene basics** -- It's always good to have at least an extra month's supply of personal hygiene basics like toothpaste, shampoo, body wash, antiperspirant and feminine products. If you have a baby, stock up on diapers and wipes.
15. **Sugar, salt and pepper** -- You can improve the flavor of many foods by adding sugar, salt, or pepper. They are shelf-stable and can last a long time when stored properly.

16. **Soups and broth** -- If you're feeling under the weather, you may not be in the mood to cook. Having a few soups and broths in cans or cartons can help carry you through a rough patch. Look for low-sodium versions to cut back on salt.

17. **Pet food and medications** -- Don't forget about your furry friends. Stock up on extra food and medications for your pets to keep your companions happy, healthy and well-fed.

18. **Applesauce** -- Applesauce can be great to have on hand. It's very versatile and can be used in place of oil in baked goods, mixed into oatmeal or even eaten straight with a spoon. Look for brands that don't have any sugar added.

19. **Dried fruit** -- Fresh fruit can spoil quickly, but dried fruit can last a lot longer because the moisture has been removed from it. Store it properly — follow the directions on the label — and enjoy it in baked goods, in your cereal or oatmeal or as a healthy snack.

20. **Vinegar and baking soda** -- Vinegar and baking soda are two of the most versatile pantry items. Besides their uses in cooking, they can do double-duty to help you clean your home. For proof of their versatility, check out:

- [“27 Money-Saving Ways to Use Vinegar in Every Room of Your Home“](#)
- [“7 Household Uses for Baking Soda“](#)

[Source: MoneyTalksNews | Veneta Lusk | May 15, 2020++]

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## Have You Heard?

### Senior Citizens 4



An elderly couple had dinner at another couple's house, and after eating, the wives left the table and went into the kitchen.

The two gentlemen were talking, and one said, 'Last night we went out to a new restaurant and it was really great. I would recommend it very highly.'

The other man said, 'What is the name of the restaurant?'

The first man thought and thought and finally said, 'What's the name of that flower you give to someone you love? You know, the one that's red and has thorns.'

'Do you mean a rose?'

'Yes, that's the one,' replied the man. He then turned towards the kitchen and yelled, 'Rose, what's the name of that restaurant we went to last night?'

-o-o-O-o-o-

Hospital regulations require a wheel chair for patients being discharged. However, while working as a student nurse, I found one elderly gentleman already dressed and sitting on the bed with a suitcase at his feet, who insisted he'd didn't need my help to leave the hospital.

After a chat about rules being rules, he reluctantly let me wheel him to the elevator.

On the way down I asked him if his wife was meeting him.

'I don't know,' he said. 'She's still upstairs in the bathroom changing out of her hospital gown.'

-o-o-O-o-o-

A senior citizen said to his eighty-year old buddy:  
 'So I hear you're getting married?'  
 'Yep!'  
 'Do I know her?'  
 'Nope!'  
 'This woman, is she good looking?'  
 'Not really.'  
 'Is she a good cook?'  
 'Naw, she can't cook too well.'  
 'Does she have lots of money?'  
 'Nope! Poor as a church mouse.'  
 'Well, then, is she good in the house'  
 'I don't know.'  
 'Why in the world do you want to marry her then?'  
 'Because she can still drive!'

-o-o-O-o-o-

A man was telling his neighbor, 'I just bought a new hearing aid. It cost me four thousand dollars, but it's state of the art. It's perfect.'  
 'Really,' answered the neighbor. 'What kind is it?'  
 'Twelve thirty.'

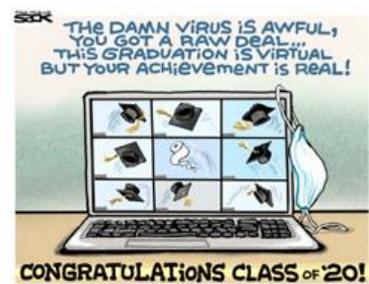
-o-o-O-o-o-

Morris , an 82 year-old man, went to the doctor to get a physical.  
 A few days later, the doctor saw Morris walking down the street with a gorgeous young woman on his arm.  
 A couple of days later, the doctor spoke to Morris and said, 'You're really doing great, aren't you?'  
 Morris replied, 'Just doing what you said, Doc: 'Get a hot mamma and be cheerful.'  
 The doctor said, 'I didn't say that.. I said, 'You've got a heart murmur; be careful.'

-o-o-O-o-o-

A little old man shuffled slowly into an ice cream parlour and pulled himself slowly, painfully, up onto a stool... After catching his breath, he ordered a banana split.  
 The waitress asked kindly, 'Crushed nuts?'  
 'No,' he replied, 'Arthritis.'

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If you thought Toilet Paper was crazy....Just wait until 300 million people all want a haircut appointment



## Thought of the Week

“When people realize they're being heard, and have a seat at the table, things seem to work out.”

-- Robin Hayes

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1. The Bulletin is provided as a website accessed document vice direct access. This was necessitated by SPAMHAUS

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