

# RAO BULLETIN

## 15 June 2020

PDF Edition



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

Pg	Article	Subject
<b>* DOD *</b>		
03	Commissary Prices [12]	---- (Military Families Need Relief from Rising Food Costs)
04	Commissary Sales [05]	---- (Impact of Newly Eligible Vets)
05	Military Health Care [02]	---- (GAO Finds DOD Health Overhaul Plan Errors)
07	Pentagon Law Enforcement Role	---- (Events of 1 thru 3 JUN 2020)
08	Tricare/CHAMPUS Fraud [22]	---- (\$54 Million Compound Pharmacy Kickback Scheme)
09	Tricare Reserve Select [17]	---- (Reinstatement Request Period Extended)
10	Marine Corps Pacific Realignment [02]	---- (AS Futenma Relocation Pushed to 2030)
11	Secretary of the Navy	---- (77th SECNAV Sworn In)
12	POW/MIA Recoveries & Burials	---- (Reported 01 thru 15 Jun 2020   Seven)
<b>* VA *</b>		
13	VA Cancer Treatment [14]	---- (Teleoncology Care Program Announced)
14	VA Grave Markers [08]	---- (German POW Headstones to be Replaced)
15	VA Pension Program [02]	---- (Civil War Pensions End)
16	VA Home Loan [71]	---- (Borrower Protections during COVID-19 Pandemic)
18	VA Veterans Pension [07]	---- (Eligibility & Applying)
20	VA Claims Backlog [164]	---- (55,000 Increase since NOV 2019)
21	VA COVID-19 Preparations	---- (Unable to Predict what Fall Coronavirus Rebound May Bring)
22	VA COVID-19 Response	---- (HVAC Concerns over Coping with Pandemic)
23	VA Emergency Room Care [04]	---- (Reduced Visits Concern)
24	VA Fraud, Waste & Abuse	---- (Reported 01 thru 15 JUN 2020)
<b>* VETS *</b>		
26	Vet Cemeteries [04]	---- (National Cemeteries Resume Committal & Memorial Services)

- 27 == COLA 2021 [01] ---- (House Votes Vet's to Have Parity w/SSA's)
- 28 == Normandy ---- (This Year a Pandemic Remembrance)
- 29 == Vet Fraud & Abuse ---- (Reported 01 thru 15 JUN 2020)
- 29 == GI Bill Delimiting Date ---- (Pandemic Impacted Students)
- 30 == WWII Vets [228] --- (Alfred Eiken | B-29er & DFC Awardee)
- 31 == Vietnam Vets [41] ---- (Alfred Rascon | MoH Medic)
- 33 == National WWII Memorial [01] ---- (Vandalized During George Floyd Protest)
- 33 == Military Retirees & Veterans Events Schedule ---- (As of 31 MAY 2020)
- 34 == Vet Hiring Fairs ---- (Scheduled as of 15 June 2020)
- 34 == State Veteran's Benefits ---- (Colorado 2020)

**\* VET LEGISLATION \***

- 35 == Vet Jobs [266] ---- (H.R.7111 | Veterans Economic Recovery Act)
- 36 == Vet Homeless Recovery Programs [06] ---- (H.R.7105/S.3898 | Homeless Vets COVID-19 Response Act)
- 37 == Burn Pit Toxic Exposure [77] ---- (H.R.7072 | SFC Heath Robinson Transparency Act)
- 39 == Arlington National Cemetery [84] ---- (S.3935 | Presidential Burial Entitlement)
- 39 == Hurricane Nuking [01] ---- (H.R.7075 | Climate Change, Hurricane Correlation & Strategy Act)
- 41 == NDAA 2021 [01] ---- (Senate sets to work on 2021 Bill)
- 41 == Passed Vet Bills ---- (House, Senate, & Signed into Law since 15 MAR 2020)

**\* MILITARY \***

- 42 == MOH Awards [18] ---- (German Auction House Sells Historic Medal)
- 43 == Army ERCA System ---- (Newest Supergun Will Cost \$500M before its Ready to Fight)
- 44 == Minuteman III Program ---- (Hackers Steal Secrets from Nuclear Missile Contractor)
- 45 == Navy Terminology, Jargon & Slang ---- ('Kapok' thru 'Knuckle dragger')

**\* MILITARY HISTORY \***

- 46 == Russian MiG Shootdown ---- (50 Years a Secret)
- 48 == WWII Theodore Roosevelt Jr. ---- (Only General to Storm Normandy Beaches in 1st Wave)
- 49 == Civil War Abner Doubleday ---- (Baseball Supposed Inventor Disputed)
- 50 == Military Executions ---- (Army Pvt. John Bennett | 16 April 1961)
- 51 == Military History Anniversaries ---- (16 thru 30 JUN)
- 51 == Medal of Honor Citations ---- (Charles George | Korea)

**\* HEALTH CARE \***

- 52 == PTSD Detection [03] ---- (Basics)
- 54 == Prescription Drug Costs [56] ---- (BCBS Sues CVS over Inflated Drug Prices)
- 55 == Prescription Drug Costs [57] ---- (Big Pharma Attacks Efforts to Guard against COVID-19 Price Gouging)
- 57 == Heart Failure [02] ---- (Palliative Care Impact on Recovery)
- 58 == Insomnia [05] ---- (Relaxation Techniques and Sleeping Habits)
- 60 == Dehydration ---- (Senior's Overlooked Health Risk)
- 61 == Amblyopia ---- (Lazy Eye in Children)
- 63 == Hydroxychloroquine 04 ---- (Study Authors Can't Vouch for Data Used)
- 64 == HIV Drug Cost ---- (Create Challenges for Patients on Medicare)
- 65 == Cancer Screening [02] ---- (Low-Dose CT Lung Scans are Saving Lives)

**\* FINANCES \***

- 66 == Dental Cost [03] ---- (New COVID-19 Infection Control Fee)
- 67 == Military Pay Raise 2021 ---- (Key Senate Panel Approves 3%)
- 68 == TRICARE Coverage [07] ---- (Plan to Include Dependents to Age 26 w/o Additional Costs)
- 68 == U.S. Budget ---- (COVID-19's Undiscussed Crisis)
- 70 == Cybercrime ---- (Military Members Disproportionately Affected)
- 71 == COVID-19 Scam [01] ---- (False Exposure Notifications)
- 72 == Unemployment Insurance Scam ---- (ID Thieves Will Take These Too!)
- 73 == Credit Card Overpayment Scam ---- (Looks Like Credit Card Help)
- 74 == Tax Burden for Connecticut Retired Vets ---- (As of June 2020)

**\* GENERAL INTEREST \***

- 77 == Notes of Interest ---- (01 thru 15 June 2020)
- 77 == Contactless Credit Cards [01] ---- (Pros & Cons)
- 78 == COVID-19 Changes ---- (Some that May Outlast the Pandemic)
- 79 == Russia Nuclear Weapons [02] ---- (New Rules Released for Using in War)
- 80 == Car Washing ---- (9 Mistakes Made by Many Washers)
- 82 == RP-US Relations [05] ---- (Philippines Backs off Threat to End U.S. Alliance)
- 83 == Coronavirus SITREP 13 ---- (The Virus Isn't Done With Us Yet)
- 85 == Homeowners Insurance [16] ---- (Renovations Impact)
- 88 == Have You Heard? ---- (A Senior's Viewpoint of Today)

**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 – Colorado Vet State Benefits
- Attachment - Military History Anniversaries 16 thru 30 JUN (Updated)

**\* DoD \***



## Commissary Prices

### Update 12: Military Families Need Relief from Rising Food Costs

Rising commissary prices are hurting junior enlisted families, said an Air Force tech sergeant, who asked senior leaders if financial relief could be provided to military families because of these and other increased costs worldwide during the COVID-19 pandemic. "My grocery costs have gone up, and some junior enlisted families on one income have mentioned things are getting pretty tight," the tech sergeant stated, in a town hall question 28 MAY to Secretary of Defense Mark Esper, Joint Chiefs Chairman Army Gen. Mark Milley, and Senior Enlisted Adviser to the Chairman

Ramon Colon-Lopez. The tech sergeant stated commissary prices have gone up significantly. “A cheap pound of ground beef has gone from \$2.30 a pound to almost \$6,” said the airman, stationed at Fort Meade, Md.

Commissary officials note grocery prices have gone up across the country, not just in commissaries, and say latest calculations through March show a continued overall global savings of 24.2 percent, compared to stores outside the gate. Some commissaries began limiting meat quantities on 1 MAY in anticipation of national shortages. The tech sergeant asked if officials would consider steps such as increasing the Basic Allowance for Subsistence or a temporary increase in the cost of living allowance for higher cost areas in the continental U.S.

Colon-Lopez said the financial impact of COVID-19 “has not been overlooked at any stage of this pandemic response by the department. “We have mechanisms to plus up the ability for families, especially those families that are out of work, to be able to sustain the feeding and care of their families,” Colon-Lopez said. But as far as BAS, pay raises and other monetary benefits, these are negotiated during every budget cycle, he said. “I’m sure the impacts of COVID and the pandemic on the increasing [cost of] goods will be reflected in future National Defense Authorization Act reviews.”

The CONUS Cost of Living Allowance in place before COVID-19 affects approximately 20,000 service members in 16 military housing areas and 31 other counties in the continental U.S. It’s designed to help offset higher prices in the highest cost locations in CONUS. Commissary officials don’t release information about pricing, and how much prices have increased during the pandemic, said Kevin Robinson, spokesman for the Defense Commissary Agency. Commissaries are stocked with products made by many of the same manufacturers that stock local civilian grocery stores. “The pandemic has currently caused supply issues of fresh beef, pork and poultry products, and demand has driven the price up for all retailers. Commissaries are not insulated from these pricing fluctuations,” Robinson said. “Throughout this pandemic the commissary team is working aggressively with its suppliers on a daily basis on pricing of products.”

According to the April Consumer Price Index, released 12 MAY by the Bureau of Labor Statistics, grocery prices in the U.S. rose 2.6 percent in April, compared to March, the highest increase since 1974. The CPI reported that the increase was broad-based, affecting all major grocery store food groups. But prices for meats, poultry, fish and eggs increased the most, rising 4.3 percent. Prices for cereals and bakery products increased by 2.9 percent – the largest increase ever, according to the CPI. While prices have increased temporarily across the board, commissaries have still maintained their required level of savings in comparison to local grocery stores outside the gate, Robinson said.

Overall global savings at the end of March was 24.2 percent, compared to prices of stores outside the installation. That includes the overseas stores. For commissaries in the U.S., including Alaska and Hawaii, the savings calculation was 20.7 percent, compared to stores outside the gate. Savings percentages for commissaries are calculated quarterly; savings calculations for April are not available. Commissaries are mandated by Congress to maintain an overall global savings of 23.7 percent. [Source: MilitaryTimes | Karen Jowers | June 1, 2020 ++]

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## Commissary Sales

### Update 05: Impact of Newly Eligible Vets



Jacksonville NAS, Fla commissary

Commissaries are seeing “strong sales” among their newly eligible shoppers, even as issues such as the pandemic have hindered these veterans’ ability to shop since they became eligible on 1 JAN, according to the retired Navy rear admiral who leads the commissary agency. These disabled veterans and other new customers spent nearly \$21 million through the end of April, representing about 2 percent of the overall sales in commissaries, said retired Rear Adm. Robert Bianchi, DoD special assistant for commissary operations. During that time there were 273,742 separate transactions. That doesn’t represent the number of individuals, as some people may have made multiple trips to the commissary.

In January, heightened security measures because of ongoing tensions between the U.S. and Iran hampered access for these newly eligible customers at some installations, and the coronavirus pandemic quickly followed. Many of these new shoppers may be less likely to go to grocery stores because they may be at higher risk for being more vulnerable to the coronavirus, Bianchi noted. In addition, some installation commanders have restricted shopping hours for certain shoppers who are not mission essential personnel. “We’re very proud and happy to be supporting them. I hope as this pandemic subsides or is at least in somewhat of a remission, we’ll see more of these folks on board,” Bianchi said, during a commissary roundtable conducted by the American Logistics Association.

These newly eligible customers include all veterans with VA service-connected disability ratings; Purple Heart recipients; veterans who are former prisoners of war; and primary family caregivers of eligible veterans under the VA caregiver program. Previously those with a 100 percent service-connected disability rating, and Medal of Honor recipients were allowed the benefits. They are eligible to shop at commissaries, exchanges, and to use certain morale, welfare and recreation programs. (Many MWR programs have been shut down during the pandemic.) Commissaries, exchanges and certain MWR facilities and programs are now open to more than 4 million new patrons, including all service-connected disabled veterans. Defense and VA officials have said 4.1 million people fall into these categories, but they don’t expect high volumes in every commissary, because of distance and other factors. So far the new customer traffic is higher where it was expected at commissaries in areas with high cost of living outside military installations.

The 10 commissaries with the highest sales from these customers are: Pearl Harbor and Schofield Barracks, Hawaii; March Air Reserve Base, McClellan, and San Diego Naval Base, Calif.; Orote at Naval Base Guam and Andersen AFB, Guam; Fort Meade and Andrews AFB, Md.; and Jacksonville Naval Air Station, Fla. Pearl Harbor had the highest number of sales among this new group, with \$883 million in sales over that four-month period and 10,067 transactions. The Pearl Harbor sales volume was nearly double the amount of the store with the next highest volume, March AFB. The new customers are coming less often to the commissary, but they’re spending more per trip than other commissary customers as a whole. For example, in April, the average basket size in the new group was \$83.30, and that amount has been increasing each month. For other shoppers as a whole, the average basket size in April was \$76.54. [Source: MilitaryTimes | Karen Jowers | June 9, 2020 ++]

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## **Military Health Care**

### **Update 02: GAO Finds DOD Health Overhaul Plan Errors**

An ongoing, massive overhaul of the Defense Health System that will send some non-military patients to civilian providers is built on incomplete or faulty data that could leave beneficiaries without access to quality care, according to a new report from the Government Accountability Office. As part of an effort to improve health care for military beneficiaries and eliminate redundant programs across the armed services’ medical commands, the Defense Department is transferring management of military hospitals and clinics to the centralized Defense Health Agency and focusing its efforts on caring for and training active-duty personnel.

The plan calls for shifting at least 200,000 beneficiaries to Tricare network providers and downsizing 43 military health facilities, as well as closing five. But in a report released 29 MAY, GAO analysts said the DoD's assessments of the availability and quality of the providers needed to make the plan work in the Tricare networks are based on "incomplete and inaccurate information." The DoD's conclusions on the cost-effectiveness of the reforms may also be incorrect, not taking into account any future need to increase Tricare reimbursement rates, according to the GAO. "Until DoD resolves methodology gaps by using more complete and accurate information about civilian health care quality, access and cost-effectiveness, DoD leaders may not fully understand risks to their objectives in restructuring future military treatment facilities (MTFs)," the report states.

- To understand whether communities near military bases could support an influx of new patients into the Tricare health program, the GAO looked at the quality and availability of providers near 11 installations. It found that, in many cases, the DoD simply assumed that the providers identified as potential candidates for serving new Tricare patients were of "sufficient quality." It did not look at quality at 10 of the 11 bases reviewed. Only at Fort Polk, Louisiana, did DoD assessors consider the quality of providers, and there, they concluded that health services would not be sufficient to care for civilian beneficiaries. According to the GAO, military health officials they interviewed at the bases expressed concerns over the quality of care in their communities. Military families also have reported that they often face problems accessing good medical care in the Tricare network at some locations.
- The DoD also didn't factor in the number of providers in communities and included providers who didn't meet the department's access standards for appointment wait times or drive times. According to the GAO, in the 11 communities examined, about 56% of primary care and 42% of specialty care physicians identified by the DoD as potential new providers were outside its drive time standards. "Including such providers in its assessments means that DoD could have overestimated the adequacy of civilian health care providers in proximity to some MTFs," GAO analysts wrote.
- Finally, the DoD concluded that civilian health care was more cost-effective than care at MTFs without including several assumptions the GAO said are important, such as the salaries of military personnel and their workloads, as well as Tricare reimbursement rates. The DoD based its calculations on current Tricare reimbursement rates, even though military health system officials have said those may need to increase to attract quality providers, the GAO noted. The GAO found that at two of seven facilities it evaluated "in detail," if the DoD had subtracted the military personnel salaries from its calculations, care at the MTFs was less expensive than care in the community. If those salaries were factored with any increases in Tricare reimbursement rates, then three of the seven MTFs would be more cost-effective than purchased care.

Military advocates said 4 JUN that the GAO report is "extremely concerning," adding that its conclusions, when paired with the complexities of the reform efforts, as well as unknowns over the future of health care in communities following the novel coronavirus pandemic, are reasons for caution. "We are concerned there is not enough information out there for DoD to assess the risk of moving people out of MTFs and into the surrounding civilian community for care, if they are not exactly sure how many providers are out there and what quality of providers there are," said Karen Ruedisueli, director of health affairs at the Military Officers Association of America. "And how many providers will actually take new Tricare providers?" Ruedisueli added. "There may be providers out there, but how many will take new patients? How many will take new Tricare patients? It doesn't look like any of those things were examined in detail."

Others agreed that questions need to be answered. "We don't object to a system that has family members and retirees accessing care in the civilian community, as long as there are assurances that the network is robust. But it's incumbent upon DoD to make sure the health care benefit is commensurate with service," said Eileen Huck, deputy director for health care at the National Military Family Association. "Something else we need to keep in mind is that we don't know what the medium- and long-term impact in the civilian health care system from this national emergency is going to be. We know lots of practices have suffered financially because people have not been seeking elective medical care, so that's another thing that really gives us pause," Huck added.

The GAO made several recommendations for improving data collection and assessing availability to care, to include using more complete and accurate information and establishing goals and thresholds for MTFs to meet before transition. In response, DoD officials partially concurred with some of the GAO's recommendations but added that some of the suggested data collection would "require substantial resources to accomplish on a routine basis."

- DoD added that data collection will be more accurate as it becomes more standardized under the Defense Health Agency.
- DoD refuted the GAO's statements on its assessments about meeting DoD access standards, saying that as it moves toward a centralized appointment system, it will have a clearer picture of wait times at both military treatment facilities and in the Tricare network.
- DoD also pointed out that its assessors used drive times from patient homes rather than the military hospital, which it called a "more accurate assessment of availability and convenience."

Some members of Congress have called for more details on the military health reform efforts and may include requests for information or changes to the plans in the annual national defense policy bill. The Senate is set to begin deliberations on its version of the fiscal 2021 National Defense Authorization legislation next week. The House has not announced when it plans to introduce its version, but that is expected later this month. [Source: Military.com | Patricia Kime | June 4, 2020 ++]

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## **Pentagon Law Enforcement Role**

**Events of 1 thru 3 JUN 2020**



**SecDef Mark Esper and Chairman of the Joint Chiefs of Staff Gen. Mark Milley**

"I do not support invoking the Insurrection Act," Secretary of Defense Mark Esper said during a 3 JUN Pentagon press briefing. "The option to use active-duty forces in a law enforcement role should only be used as a matter of last resort and only in the most urgent and dire of situations. We are not in one of those situations now," Esper said. Esper's Wednesday morning remarks addressed several recent Pentagon decisions that have come under significant scrutiny and even resulted in the resignation of one senior defense official thus far.

Esper and Chairman of the Joint Chiefs of Staff Gen. Mark Milley accompanied President Donald Trump during his 1 JUN evening Rose Garden remarks during which he vowed to deploy active-duty troops if governors did not act to "quell violence" in their states. Trump then crossed the street to St. John's church and posed for a photo with a bible. Protestors were reportedly tear-gassed to clear the way for the president's party -- which included Esper and Milley. Esper and Milley attended the "event" unintentionally according to senior defense officials on background. They were en route to the Federal Bureau of Investigation field office in downtown Washington, D.C. when they were diverted to the White House. Top military leaders did not plan to attend Trump's White House 'event,' Pentagon says "What I was not aware of was exactly where we were going when we arrived at the church and what the plans were once we got there," Esper said during a 3 JUN Pentagon press briefing. Esper also said that reports of tear-gassed protestors were not accurate.

Still, the events of the evening have led to resignations. James Miller, a Pentagon official working on the Defense Science Board and former undersecretary of defense for policy resigned 2 JUN with a letter to Esper that was shared with the Washington Post.

*"President Trump's actions Monday night violated his oath to 'take care that the laws be faithfully executed,' as well as the First Amendment 'right of the people peaceably to assemble,'" Miller wrote. "You may not have been able to stop President Trump from directing this appalling use of force, but you could have chosen to oppose it. Instead, you visibly supported it."*

While Miller is the first to resign over the military's role in the current national crisis, others have voiced concern over Esper's use of the word "battlespace," Milley's acceptance of his presidentially-appointed role "in charge" of protest response, and the president's aggressive deployment of troops to D.C. In a call with reporters 2 JUN House Armed Services Committee Chairman Rep. Adam Smith (D-WA) said he called on Esper and Milley to appear before the House Armed Services Committee to "explain this domestic engagement to the American people." "What role do they (Esper and Milley) see the U.S. military playing? I want to know what they're planning to do with the U.S. military with the crisis we are having -- what they've done, what they plan to do, how they're going to use the U.S. military in this role," he said, telling reporters, "We don't know any more than you do at this point about why those (active-duty) troops were called to the D.C. region."

And while they have not addressed Esper's decisions specifically, the Air Force's chief of staff and its top-ranking enlisted airman have both released messages calling for change and describing George Floyd's death as a national tragedy. "Every American should be outraged that the conduct exhibited by police in Minneapolis can still happen in 2020," Air Force Chief of Staff Gen. Dave Goldfein said in a memo released to wing commanders and first reported by Air Force Times. On 3 JUN, Esper also condemned Floyd's death. But until those remarks, Goldfein was the first and only member of the Joint Chiefs of Staff to release such a statement. According to a Washington Post report, senior defense officials including the chiefs of staff were told by the Trump administration not to speak out.

Goldfein's memo was released hours after Chief Master Sgt. of the Air Force Kaleth Wright -- only the second black man to ever hold the position -- published a lengthy Twitter thread calling for justice and understanding. As of 2 JUN, more than 20,000 National Guard troops had been activated in 28 states in response to the national protesting. The Department of Defense also authorized the deployment of active-duty units from Fort Bragg in North Carolina and Fort Drum in New York to be moved to the national capital region for "prudent planning measure in response to ongoing support to civil authorities operations." [Source: ConnectingVets.com | Elizabeth Howe | June 03, 2020 ++]

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## **Tricare/CHAMPUS Fraud**

### **Update 22: Compound Pharmacy \$54M Kickback Scheme**

Four Florida men were charged in an indictment unsealed 4 JUN for their alleged participation in a compound pharmacy kickback scheme. **James Wesley Moss**, 57, of Zephyrhills, Florida, **Edward Christopher White**, 38, of Panama City Beach, Florida, **David Byron Copeland**, 52, of Tallahassee, Florida, and **Michael Alton Gordon**, 56, of Ft. Myers, Florida, were each charged in an indictment filed in the Middle District of Florida with one count of conspiracy to defraud the United States and to pay or receive health care kickbacks.

In addition, Moss was charged with six counts of offering or paying health care kickbacks and one count of possession with intent to deliver a controlled substance, ketamine; White was charged with four counts of soliciting or receiving health care kickbacks; Copeland was charged with two counts of soliciting or receiving health care kickbacks and three counts of offering or paying health care kickbacks; and Gordon was charged with three counts of soliciting or receiving health care kickbacks. The defendants will be arraigned in the Middle District of Florida at a later date.

The allegations stem from the defendants' participation in a multi-million dollar conspiracy to defraud TRICARE, a federal health care benefit program. TRICARE is the health care benefit program of the U.S. Department of Defense that provides health care coverage for active duty service members, National Guard and Reserve members, retirees, their families and survivors. The indictment alleges that Moss and others owned and operated Florida Pharmacy Solutions Inc. (FPS) for the purpose of targeting TRICARE beneficiaries and causing the submission to TRICARE of claims for expensive prescription compounded drugs that were not legitimately prescribed because they were induced and procured by the payment of illegal kickbacks and bribes. The indictment alleges that between approximately November 2012 and September 2015, the defendants caused the submission to TRICARE of more than \$54 million in claims for prescription compounded drugs and that TRICARE paid a total of more than \$42 million to FPS on those claims. The indictment further alleges that Moss paid more than \$20 million in health care kickbacks to White, Copeland and Gordon in return for their procuring and referring prescriptions for compounded drugs for TRICARE beneficiaries to be filled by FPS. FPS allegedly submitted claims for payment to TRICARE for providing prescription compounded drugs to TRICARE beneficiaries living in approximately 30 states and several foreign countries.

An indictment is merely an allegation and all defendants are presumed innocent until proven guilty beyond a reasonable doubt in a court of law. This case was investigated by the DCIS Tampa Resident Agency, assisted by the FBI, the HHS/OIG and the VA/OIG. Trial Attorney John A. Michelich of the Criminal Division's Fraud Section, National Health Care Fraud Strike Force, is prosecuting the case. The Criminal Division's Fraud Section leads the Medicare Fraud Strike Force. Since its inception in March 2007, the Medicare Fraud Strike Force, now operating in 12 cities across the country, has charged nearly 4,000 defendants who have collectively billed the Medicare program for more than \$14 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers. [Source: U.S. DoJ | PAO | June 5, 2020 ++]

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## **Tricare Reserve Select**

### **Update 17: Reinstatement Request Period Extended**

The Defense Health Agency has extended the period for TRICARE Reserve Select (TRS) beneficiaries who lost coverage because of unpaid premiums to request reinstatement from three to five months. The extension is in recognition of the financial turmoil the COVID-19 pandemic has caused some members of the Reserves. Once qualifying members pay all delinquent and current premiums, they can request reinstatement back to the date their coverage terminated. This policy is in effect until 90 days following the end of the national health emergency. Learn more at <https://tricare.mil/Plans/Enroll/TRS/EndingCoverage>.

TRICARE Reserve Select is a premium based plan available to members of the Selected Reserve (and their families) who meet the following qualifications:

- Not on active duty orders
- Not covered under the Transitional Assistance Management Program
- Not eligible for or enrolled in the Federal Employees Health Benefits (FEHB) program. Note that survivor coverage is not affected by FEHB eligibility
- Not a member in the Individual Ready Reserve including Navy Reserve Voluntary Training Units.

Beneficiaries of this plan can schedule an appointment with any TRICARE-authorized provider or, request an appointment at a [military hospital](#) or clinic on a space available basis. Referrals are not required for any type of care, but you may need prior authorization from your regional contractor for some types of services. An authorized provider is any individual, institution/organization, or supplier that is licensed by a state, accredited by national organization, or meets other standards of the medical community, and is certified to provide benefits under TRICARE. There are two types of TRICARE-authorized providers: Network and Non-Network. If you visit a non-network provider, you'll

pay higher cost shares and may have to file your own health care claims. If you visit a network provider, you'll pay lower cost shares and the provider will file health care claims for you.

Beneficiaries pay monthly premiums, an annual deductible, and a cost share (or percentage) for covered services. In 2020 these are:

- Monthly premium -- Member only: \$44.17/month & Member + Family: \$228.27/month.
- Annual deductible -- E1-E4: \$52 per individual and \$104 per family | E5 & above: \$156 per individual and \$313 per family
- Cost share – Varying amounts dependent on type of health care visit/service at network/non-network providers as indicted at <https://tricare.mil/Costs/HealthPlanCosts/TRS>

There is a Catastrophic Cap of \$1,044. Note that copayments will be waived retroactively to March 18 for certain testing and office visits related to the testing. The test must be one approved, cleared, or authorized by the Food and Drug Administration to detect SARS-CoV-2 or diagnose COVID-19. If you paid any copayments for testing related to COVID-19 and the resulting office visits with a network or non- network provider, you may file a [claim for reimbursement](#). For more information related to the coronavirus, visit the [FAQ page](#). [Source: VFW Action Corps Weekly | June 12, 2020 ++]

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## **Marine Corps Pacific Realignment**

### **Update 02: AS Futenma Relocation Pushed to 2030**



**Landfill work for the construction of a Marine Corps runway at Camp Schwab, Okinawa, is seen in January 2020.**

The Japanese government acknowledged in late MAY that the relocation within Okinawa of Marine Corps Air Station Futenma to Camp Schwab in the rural north has been impeded by further construction delays and cost overruns. The project, which had been set for completion in 2014 by bilateral agreement, has been pushed to 2030, a spokesman for the Okinawa Defense Bureau told Stars and Stripes on 29 MAY. The overall cost of the new runway into Oura Bay that will one day facilitate the move has skyrocketed from a 2014 estimate of \$3.3 billion to \$8.7 billion.

The Defense Bureau, which represents Japan's Defense Ministry on the island, submitted the updated figures to the prefectural government 21 APR along with a request to change the already approved and ongoing project, the spokesman said. The prefecture has up to 223 days to respond. "We estimate the construction will be finished nine years and three months from the time the Okinawa governor approves the request," the spokesman said. Government spokespeople in Japan customarily speak on condition of anonymity as a condition of their employment. Should Gov. Denny Tamaki, who has been adamantly opposed to the project, deny the request, the case will be headed back to the courts, the spokesman said. Estimates for cost and completion could also go up even further. The relocation is being funded by the government of Japan.

“By law, when a request to modify the construction has been submitted to the prefecture, we must examine the request precisely and determine if the request is reasonable to approve or not,” Tamaki said in a statement in April. Construction of the Schwab runway has been on hold since 17 APR when a civilian security guard tested positive for coronavirus. A date to resume the work has not been set. The project dates to 1995 when two Marines and a Navy corpsman kidnapped and raped a 12-year-old girl. During the mass protests that followed, Ginowan residents called for relocation of Futenma’s air operations. Schwab was chosen in 1997 and a plan was unveiled in 2006. Since then, costs and completion dates have ballooned. Last year, then-III Marine Expeditionary Force commander Lt. Gen. Eric Smith extended the deadline for completion to 2025 or 2026 “or later.” [Source: ConnectingVets.com | Elizabeth Howe | May 13, 2020 ++]

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## **Secretary of the Navy** **77<sup>th</sup> SECNAV Sworn In**



**Kenneth Braithwaite (left) is congratulated by Defense Secretary Mark Esper**

The Navy has a new secretary to lead the service, amid a pandemic and an upcoming budget fight on Capitol Hill. Kenneth Braithwaite, a Navy veteran, was sworn in as the 77th Navy Secretary on Friday morning, according to the Navy. The former ambassador to Norway was confirmed by the Senate on 28 MAY in a voice vote. Braithwaite the next day wrote a message to the fleet, reminding sailors and Marines to be guided by the service’s core values “honor, courage, and commitment” as they operate around the world. “Make no mistake, we face significant challenges today. Our nation is up against perhaps the greatest test of our commitment to the ideals we hold dear than at any time in our history...surely since the end of World War II. We must recognize this challenge for all it is and all it presents, lurking in the shadows of deceit or the depths of dishonesty,” he wrote.

He also wrote the Navy and Marine Corps have faced tough times before and will “persevere again” by relying on its core values. Braithwaite is taking on the top civilian position at a tough time in the Navy’s history. The coronavirus pandemic has sickened almost 2,400 sailors and killed one sailor assigned to the USS Theodore Roosevelt. Congress is also about to begin working on the Defense Department’s budget for fiscal year 2021, in which the Navy has requested less funding for buying ships and more on operations, while at the same time trying to increase their fleet to more than 355 warships.

The Navy has had a great deal of turnover in leadership in the past six months, from the firing of Navy Secretary Richard Spencer to the resignation of the acting Navy Secretary Thomas Modly. During his nomination hearing 7 MAY Braithwaite said the service is in “troubled waters,” listing some of the recent failings he believes have caused a breakdown of trust in Navy leadership. His list included the Fat Leonard scandal, the 2017 collisions of the USS Fitzgerald and USS John S. McCain, as well as “judicial missteps” and the coronavirus outbreak on the Roosevelt that infected more than 1,100 sailors. [Source: Stars & Stripes | Caitlin M. Kenney | May 29, 2020 ++]

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## POW/MIA Recoveries & Burials

Reported 01 thru 15 JUN 2020 | Seven

“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 1st Lt. Anthony R. Mazzulla**, 26, was a member of Company B, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 2, 1950, after a fighting withdrawal near the Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Interment services are pending. [Read about Mazzulla.](#)

-- **Army Cpl. Billie Joe Hash**, 18, was a member of Headquarters Battery, 57th Field Artillery Battalion, 7th Infantry Division. He was reported missing in action on Dec. 6, 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 Hash.](#)

-- **Army Cpl. Pete Conley**, 19, was a member of Company K, 3rd Battalion, 31st Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 12, 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 Conley.](#)

-- **Army Master Sgt. James Hart, Jr.**, 25, 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 Hart.](#)

-- **Army Pfc. John J. Sitarz**, 19, was assigned to Company L, 3rd Battalion, 110th Infantry Regiment, 28th Infantry Division. His unit was engaged in battle with German forces near Germeter, Germany, in the Hürtgen Forest, when he was declared missing in action on Nov. 2, 1944. Sitarz could not be recovered because of the ongoing fighting, and his status was changed to killed in action on Nov. 3, 1945. Interment services are pending. [Read about Sitarz.](#)

-- **Army Sgt. Stanley L. DeWitt**, 18, was a member of Medical Detachment, 57th Field Artillery Battalion, 7th Infantry Division. He was reported missing in action on Dec. 6, 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 DeWitt.](#)

-- **Navy Radioman 3rd Class Thomas E. Griffith**, 20, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. The USS Oklahoma sustained multiple torpedo hits, which caused it to quickly capsize. The attack on the ship resulted in the deaths of 429 crewmen, including Griffith. Interment services are pending. [Read about Griffith.](#)

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

\* VA \*



## VA Cancer Treatment

### Update 14: Teleoncology Care Program Announced

The U.S. Department of Veterans Affairs (VA) on 3 JUN announced it is teaming with the Bristol Myers Squibb Foundation (Foundation) to build new programs to enable VA oncology specialists to provide Veterans access to precision cancer care regardless of where they live. The Foundation has committed to providing VA \$4.5 million in grant funds over three years to help establish a national teleoncology center to more effectively reach Veterans living in rural communities.

The VA Center for Strategic Partnerships facilitated the grant, which will utilize VA's telehealth infrastructure allowing Veterans access to teleoncology platforms under the Foundation's Global Cancer Disparities Initiative. This will offer genetic counseling to Veterans who undergo sequencing and afford Veteran oncology patients a range of potentially life-saving clinical trials — even if they live a distance away from a VA medical center. Veterans enrolled in VA health care are two and a half times more likely to live in rural areas where access to specialty care is limited. “Delivering innovative solutions through virtual care technologies is vital,” said VA Secretary Robert Wilkie. “The VA-Bristol Myers Squibb Foundation partnership will build on the Veterans Health Administration’s (VHA) recent telehealth expansion to establish a leading-edge hub for teleoncology which will serve as a model for oncology specialists in every health care system.”

The program will support the delivery of best-in-class care, education and practice in collaboration with VHA's existing precision oncology initiative which has had dramatic impacts for some Veterans and will now be available to

all Veterans with advanced cancer. “The Foundation will work with VA to accelerate the growth of teleoncology,” said Bristol Myers Squibb Foundation President John L. Damonti. “By developing, implementing and standardizing workflow processes, this project will expedite the expansion of a model for delivering specialized oncology care in a virtual setting — and help cancer care teams provide the utmost patient experience in a virtual care environment.” The Foundation’s grant will also be used to create a human centered design training program.

Leaders from Bristol Myers Squibb, Bristol Myers Squibb Foundation and VHA will launch the program at the America Society of Clinical Oncology (ASCO) annual meeting. During the ASCO20 virtual education program, August 8-10, they will share individual capabilities and discuss how collaboration is improving cancer care for the nation’s military Veteran patient population. “As an oncologist and a veteran of the Army, I welcome the support provided by this grant,” said ASCO President Howard A. “Skip” Burris III, MD, FACP, FASCO. “VA’s leadership in telehealth will be shared with the broader oncology community.

The teleoncology program paves the way for VA and the Bristol Myers Squibb Foundation to enhance the capabilities of VA Video Connect, a platform that allows Veterans and their caregivers to meet virtually with their VA health care teams on any computer, tablet or mobile device with an internet connection. VA Video Connect is one of the largest and most successful digital health platforms in the nation and is currently responsible for conducting more than 20,000 virtual appointments each day. Veterans interested in VA’s participating in teleoncology services should consult with their VA health care team. For more information about VA telehealth, visit <https://connectedcare.va.gov>. [Source: VA News Release | June 3, 2020 ++]

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## VA Grave Markers

### Update 08: German POW Headstones to be Replaced



One of the offending headstones for a Nazi soldier buried in a VA cemetery

The U.S. Department of Veterans Affairs (VA) announced 1 JUN that it will initiate the process required by law to replace three German prisoner of war headstones in national cemeteries in Texas and Utah. The headstones are controversial because they bear swastikas and other symbols and texts related to the Nazi regime that millions of Americans fought during World War II. The headstones mark the graves of prisoners of war and are located at sites and in cemeteries protected by the National Historic Preservation Act (NHPA). Consequently, under NHPA, VA is not permitted to unilaterally remove them or alter them. However, later this month, under Section 106 of NHPA, VA will begin taking required steps including consultation with stakeholders about how to replace these headstones with historically accurate markers that do not include the Nazi swastika and German text.

“Americans must always remember the horror of the Nazi regime and why so many Americans sacrificed so much to free the world from its reign of terror,” said VA Secretary Robert Wilkie. “It is understandably upsetting to our Veterans and their families to see Nazi inscriptions near those who gave their lives for this nation. That’s why VA will initiate the process required to replace these POW headstones.” The German POW headstones are located in the Fort Sam Houston National Cemetery in San Antonio, Texas, and the Fort Douglas Post Cemetery in Salt Lake City, Utah. The cemeteries were under the control of the Army when these interments occurred in the 1940s. The Ft. Sam Houston

and Ft. Douglas cemeteries were subsequently transferred to VA's National Cemetery Administration in 1973 and 2019, respectively. Once replaced, VA will propose to preserve the headstones in its National Cemetery Administration History Collection.

VA will also install interpretive signs at all VA national cemeteries where foreign enemy prisoners of war are interred in order to provide historical context about how non-U.S. service members from World War I and World War II were interred and buried on American soil. [Source: VA News Release | June 1, 2020 ++]

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## **VA Pension Program**

### **Update 02: Civil War Pensions End**



Irene Triplett, the last person receiving a pension from the U.S. Civil War, has died at the age of 90. Ms. Triplett's father, Mose Triplett, started fighting in the war for the Confederacy, but defected to the North in 1863. That decision earned his daughter Irene, the product of a late-in-life marriage to a woman almost 50 years his junior, a pension of \$73.13 a month from the Department of Veterans Affairs. Ms. Triplett, who suffered from mental disabilities, qualified for federal financial support as a helpless ((CQ)) adult child of a veteran. She died 31 MAY from complications following surgery for injuries from a fall, according to the Wilkesboro, N.C., nursing home where she lived.

Pvt. Triplett enlisted in the 53rd North Carolina Infantry Regiment in May 1862, then transferred to the 26th North Carolina Infantry Regiment early the following year, according to Confederate records. He fell ill as his regiment marched north toward Gettysburg and remained behind in a Virginia military hospital. He ran away from the hospital, records show, while his unit suffered devastating losses at Gettysburg. Of the 800 men in the 26th North Carolina, 734 were killed, wounded or captured in the battle Pvt. Triplett missed. Now a deserter, he made his way to Tennessee and, in 1864, enlisted in a Union regiment, the 3rd North Carolina Mounted Infantry. Known as Kirk's Raiders, the 3rd North Carolina carried out a campaign of sabotage against Confederate targets in eastern Tennessee and western North Carolina. The unit was named after Tennessee-born commander Col. George Washington Kirk.

After the war, former Kirk's Raiders were despised in areas of the former Confederacy. Pvt. Triplett, by then a civilian with a reputation for orneriness, kept pet rattlesnakes at his home near Elk Creek, N.C. He often sat on his front porch with a pistol on his lap. "A lot of people were afraid of him," his grandson, Charlie Triplett, told *The Wall Street Journal*. Pvt. Triplett married Elida Hall in 1924. She was 34 when Irene was born in 1930; he was 83. Such an age difference wasn't rare, especially later, during the Great Depression, when Civil War veterans found themselves with both a pension and a growing need for care.

Both mother and daughter suffered from mental disabilities. Irene Triplett recalled a tough childhood in the North Carolina mountains, beaten by teachers at school and parents at home. "I didn't care for neither one of them, to tell you the truth about it," she told *The Wall Street Journal* in 2014. "I wanted to get away from both of them. I wanted to get me a house and crawl in it all by myself." Pvt. Triplett died in 1938 at age 92, days after attending a reunion of Civil War veterans, attended by President Franklin Roosevelt, on the fields of Gettysburg. Ms. Triplett and her mother lived

for years in the Wilkes County poorhouse. Irene later moved through a number of care homes, her costs covered by Medicaid and her tiny VA pension.

She saw little of her relatives. But a pair of Civil War buffs visited and sent her money to spend on Dr Pepper and chewing tobacco, a habit she picked up in the first grade. “She’s a part of history,” said Dennis St. Andrew, one of Irene’s supporters and a past commander of the North Carolina Sons of Union Veterans of the Civil War. “You’re talking to somebody whose father was in the Civil War, which is mind-bending.” The number of what the group calls true sons and daughters of Civil War soldiers is fast heading toward zero. Mr. St. Andrew expects that as word spreads of Ms. Triplett’s death, the Sons of Union Veterans will, as is customary, declare a 30-day mourning period. Members will wear a black band on their membership badges. [Source: Wall Street Journal | Michael M. Phillips | June 2, 2020 ++]

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## VA Home Loan

### Update 71: Borrower Protections during COVID-19 Pandemic

On March 27, 2020, the President signed into law the Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136. The CARES Act protects borrowers with Federally-backed mortgage loans who are experiencing financial hardship due to the COVID-19 national emergency. Below are some frequently asked questions for Veterans regarding the CARES Act. To download this information as a pdf, [click here](#). Resource fact sheets are also available for:

- [Borrowers](#)
- [Servicers](#)

#### 1. What if I missed payments on my VA-guaranteed loan and can’t make up all the payments at once?

The number one priority of any borrower financially affected by the COVID-19 emergency is to ensure the health and safety of you and your family. Another priority is to secure reliable income that allows you to resume monthly mortgage payments. Any option to resolve missed payments begins with your ability to make regular monthly mortgage payments.

#### 2. How does the CARES Act protect my VA loan?

The CARES Act provides multiple protections on your VA-guaranteed loan if you experience financial hardship directly or indirectly caused by the COVID-19 emergency, regardless of your loan’s default status. These protections include:

- A defined forbearance period of up to 180 days, with the possibility for extending it for another 180 days
- A foreclosure and eviction moratorium for 60 days starting March 18, 2020
- Instructions on how mortgage servicers are to report to the credit agencies. For example, borrowers who have requested the COVID-19 Forbearance option are not considered to be delinquent for purposes of credit reporting.

#### 3. What is a forbearance?

A forbearance is a defined time period of one month or longer during which your mortgage servicer agrees to accept reduced payments or no payments. During a [forbearance under the CARES Act](#), your mortgage will continue to accumulate interest, but not late fees or other penalties.

#### 4. Does a forbearance mean those payments are forgiven or waived?

**No.** The payments will still be due on your loan, just not during the forbearance period. A forbearance allows you time to resolve the reason that you can’t pay the regular monthly installment and get back on a regular monthly repayment schedule again.

#### 5. How long is the forbearance period in the CARES Act?

Forbearance in the CARES Act is broken down into two pieces; an *initial* period and an *additional* period. For the initial period, you may notify your mortgage servicer that you are financially affected by the COVID-19 emergency and request up to 180 days of forbearance. You don't have to use the entire forbearance period if you can resume payments sooner. For the additional period, you may notify your mortgage servicer that you are still financially affected by the COVID-19 emergency and request up to 180 additional days of forbearance. As with the initial period of forbearance, you don't have to use the entire period of forbearance if you can resume payments sooner.

#### **6. How do I apply for the forbearance?**

You simply need to contact your mortgage servicer and request a forbearance because of financial difficulties due to the COVID-19 national emergency.

#### **7. Do I have to make up all those payments in a lump sum at the end of the forbearance?**

**No.** The missed payments due at the end of a forbearance period do not have to be made up in a single payment. However, if you can make up all the payments in a lump sum and resume making regular monthly mortgage payments, then you may do so.

#### **8. Do my missed payments automatically move to the end of the loan?**

**No.** Your mortgage servicer can't automatically move those payments to the end of the loan because that would alter the recorded terms of your mortgage note. However, if it benefits you, you and your mortgage servicer can explore a *loan modification* to extend the term beyond the original *maturity* (paid-in-full) date of the mortgage loan. VA allows modified loans to be extended up to 360 months (30 years), as long as the extension is 120 months (10 years) or less from the original maturity date on your mortgage note.

#### **9. What about making all the missed mortgage payments due in a balloon payment at the end of the loan?**

VA allows the missed payments to be deferred or become due at the end of the loan with the last payment. In such cases, VA requires that amount to be non-interest bearing. You can pay toward the deferred amount over the life of the loan to reduce the amount due at the end of the loan. You can choose to pay the deferred amount at the end of the loan or get a personal loan to cover that amount due.

#### **10. Will those missed mortgage payments hurt my credit score?**

*It Depends.* Under normal circumstances, missed or delayed payments have an impact on your credit score. Under the CARES Act, however, if you were *current* on your mortgage when the COVID-19 forbearance was granted your mortgage servicer is required to report your account as current during the forbearance period. Or, if you were *behind* on your mortgage when the COVID-19 forbearance was requested, your mortgage servicer is required to maintain the delinquent status during the forbearance period. If you bring your mortgage current during the forbearance period, your mortgage servicer is required to report the credit obligation or account as current.

#### **11. How do I make up missed payments and retain homeownership?**

Contact your mortgage servicer to explore three basic options to make up missed payments and retain your home:

- *Forbearance:* As discussed above, a forbearance is a time period that the mortgage servicer agrees to accept reduced payments or no payments.
- *Repayment plan:* If you missed a few mortgage payments, you and your mortgage servicer can agree to terms where you pay a specified amount paid above the regular monthly mortgage payment to bring your loan current over time.
- *Loan Modification:* As mentioned above, a modification may be appropriate, if you resolved or plan to resolve the reason for default and can resume making regular monthly mortgage payments, but you can't afford to pay the additional amount to make up the missed payments over time. Your mortgage servicer may offer an option to modify your existing mortgage note to extend the *term* (time to repay) of your loan. Missed payments are included in the loan amount and your new principal balance is *amortized* (paid off) over the new remaining term of your loan to reduce the burden of repayment. Keep in mind that a loan modification may change your interest rate.

**12. Would deferring the missed payments to the end of the loan prevent me from selling my home in the future?**

*No.* A deferred amount would not prevent you from selling your home. However, the deferred amount would come due as a part of the sale. The missed payments are still a part of the overall amount owed.

**13. What if I can't financially recover enough during the forbearance period to resume regular monthly mortgage payments?**

If you are unable to resume regular monthly mortgage payments, you have options to better protect your credit rating now and still qualify for a new home loan later. These basic options to avoid foreclosure are:

- *Private Sale:* As mentioned above, you can sell the property in a private sale to pay the loan in full.
- *Short Sale:* If you cannot sell the property for an amount that would fully pay off the loan, you could choose a *short sale*. This allows you time to sell the property at market value and your mortgage servicer will submit a claim against the VA-guaranty for the loss incurred. This may affect the size of loan VA can guarantee on your behalf in the future, but you can simply call us when you are seeking to purchase a home in the future.
- *Deed in Lieu:* You can choose to deed the property to your mortgage servicer instead of experiencing a foreclosure action. Your mortgage servicer is allowed to submit a claim against the VA guaranty for losses incurred. This may affect the potential size of loan VA can guarantee on your behalf in the future, but you could reimburse VA for the claim costs or call us about your entitlement when you are able to afford a mortgage loan in the future.

**14. Should I request forbearance?**

*It Depends.* If you can continue making payments during the COVID-19 national emergency, you may not want to request forbearance. While not making monthly mortgage payments for 6 months may have immediate benefits, when the forbearance period ends, the missed payments covered during the forbearance period will become due. You may choose to pay the entire amount due to reinstate the loan or pursue one of the [loss mitigation options](#) discussed above.

**15. What can I do if I'm at risk of being foreclosed on or evicted right now?**

The CARES ACT established a foreclosure and eviction moratorium that is currently in effect *until June 30, 2020*. If you are in danger of becoming homeless during the COVID-19 national emergency, please reach out to <https://www.va.gov/HOMELESS/NationalCallCenter.asp>, or call (877) 424-3838, to receive immediate assistance from VA.

**16. What other resources are available for homeowners?**

The Consumer Financial Protection Bureau (CFPB) has a "[Find a Counselor](#)" tool to find counseling agencies approved by the Department of Housing and Urban Development (HUD) in your area. You can also call the [HOPE™ Hotline](#) open 24 hours a day, 7 days a week, at (888) 995-HOPE (4673) for personalized advice. Other mortgage and financial resources are available at: <https://www.consumerfinance.gov/coronavirus>.

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For more information on the VA Home Loan program, you may call (877) 827-3702 to contact the nearest VA Regional Loan Center, or visit our website at [www.benefits.va.gov/homeloans](http://www.benefits.va.gov/homeloans). [Source: VA Home Loans website <https://benefits.va.gov/homeloans/cares-act-frequently-asked-questions.asp> | June 4, 2020 ++]

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**VA Veterans Pension**  
**Update 07: Eligibility & Applying**

The Veterans Pension program provides monthly payments to wartime Veterans who meet certain age or disability requirements, and who have income and net worth within certain limits. If you meet the VA pension eligibility requirements listed below, you may be eligible for the Veterans Pension program:

**Both of these must be true:**

- You didn't receive a dishonorable discharge, and
- Your yearly family income and net worth meet certain limits set by Congress. Your net worth includes all personal property you own (except your house, your car, and most home furnishings), minus any debt you owe. Your net worth includes the net worth of your spouse.

**And at least one of these must be true about your service. You:**

- Started on active duty before September 8, 1980, and you served at least 90 days on active duty with at least 1 day during wartime, or
- Started on active duty as an enlisted person after September 7, 1980, and served at least 24 months or the full period for which you were called or ordered to active duty (with some exceptions) with at least 1 day during wartime, or
- Were an officer and started on active duty after October 16, 1981, and you hadn't previously served on active duty for at least 24 months

**And at least one of these must be true. You:**

- Are at least 65 years old, or
- Have a permanent and total disability, or
- Are a patient in a nursing home for long-term care because of a disability, or
- Are getting Social Security Disability Insurance or Supplemental Security Income

Under current law, the government recognizes the following wartime periods to decide eligibility for VA pension benefits:

- Mexican Border period (May 9, 1916, to April 5, 1917, for Veterans who served in Mexico, on its borders, or in adjacent waters)
- World War I (April 6, 1917, to November 11, 1918)
- World War II (December 7, 1941, to December 31, 1946)
- Korean conflict (June 27, 1950, to January 31, 1955)
- Vietnam War era (February 28, 1961, to May 7, 1975, for Veterans who served in the Republic of Vietnam during that period. August 5, 1964, to May 7, 1975, for Veterans who served outside the Republic of Vietnam.)
- Gulf War (August 2, 1990, through a future date to be set by law or presidential proclamation)

If your discharge was an other than honorable, bad conduct, or dishonorable you can apply for a discharge upgrade or correction and, if approved, then be eligible. There are 2 ways you can try to qualify:

1). Answer a series of questions. Go to <https://www.va.gov/discharge-upgrade-instructions/questions> to get customized step-by-step instructions on how to apply for a discharge upgrade or correction. If your application goes through and your discharge is upgraded, you'll be eligible for the VA benefits you earned during your period of service. All branches of the military consider you to have a strong case for a discharge upgrade if you can show your discharge was connected to any of these categories:

- Mental health conditions, including posttraumatic stress disorder (PTSD)
- Traumatic brain injury (TBI)
- Sexual assault or harassment during military service (at VA, we refer to this as military sexual trauma or MST)
- Sexual orientation (including under the Don't Ask, Don't Tell policy)

2). Learn about the VA Character of Discharge review process. Even with a less than honorable discharge, you may be able to access some VA benefits through the Character of Discharge review process. When you apply for VA benefits, they will review your record to determine if your service was "honorable for VA purposes." This review can take up to a year. You will need to provide them with documents supporting your case, similar to the evidence you'd send with an application to upgrade your discharge. You may want to consider finding someone to advocate on your behalf, depending on the complexity of your case. A lawyer or Veterans Service Organization (VSO) can collect and submit supporting documents for you. [Find a VSO near you.](#) **Note:** You can ask for a VA Character of Discharge

review while at the same time applying for a discharge upgrade from the Department of Defense (DoD) or the Coast Guard.

If you need mental health services related to PTSD or other mental health problems linked to your service (including conditions related to an experience of military sexual trauma), you may qualify for VA health benefits right away, even without a VA Character of Discharge review or a discharge upgrade. Learn more about:

- [VA health benefits for Veterans who've experienced military sexual trauma](#)
- [VA health benefits for Veterans with mental health conditions](#)
- [VA health benefits for Veterans with PTSD](#)

### **Application**

To apply you need to submit a Form 21P-527EZ (Application for Pension). You can complete and submit his form online at <https://www.va.gov/pension/application/527EZ/introduction>. If you'd like to submit an intent to file to set the earliest possible date that you can start getting benefits, you'll need to complete an Intent to File a Claim for Compensation and/or Pension, or Survivors Pension, and/or DIC (VA Form 21-0966). Starting your pension application doesn't show your intent to file. Download VA Form 21-0966 at <https://www.vba.va.gov/pubs/forms/VBA-21-0966-ARE.pdf>. Note: Your date of Pension claim is the date that VA receives your completed application. An accredited representative, like a Veterans Service Officer (VSO), can help you fill out your Pension claim

VA process claims in the order they receive them and will let you know by mail if they need more information. After VA processes your claim, you'll get a notice in the mail about the decision. To view the pension rates go to <https://www.va.gov/pension/veterans-pension-rates>.

[Source: <https://www.va.gov/pension/#get-va-pension-benefits> | June 4, 2020 ++]

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## **VA Claims Backlog**

### **Update 164: 55,000 Increase since NOV 2019**

The Department of Veterans Affairs backlog of claims has grown by tens of thousands of cases since the department halted work because of the coronavirus pandemic, top VA officials said 3 JUN. There were 119,000 backlogged claims as of Wednesday, up from 64,000 in November. The VA considers backlogged claims for benefits to be those that take longer than 125 days to approve or deny. "We are not happy about the backlog," said Paul Lawrence, the VA undersecretary for benefits. "Our team is very proud of processing claims quickly, so we want to get to that right away."

Lawrence testified before the Senate Veterans' Affairs Committee on 3 JUN alongside VA Secretary Robert Wilkie. Questions from senators focused on the department's response to the pandemic, as well as its fiscal 2021 budget request. Sen. John Boozman (R-AR) asked about the claims backlog, which he said had "grown significantly" since the start of the pandemic. The VA stopped performing in-person compensation and pension exams 2 APR to encourage veterans to stay home to prevent the spread of the coronavirus. Compensation and pension exams, referred to as C&P exams, are appointments with doctors, during which disabilities are evaluated. The results of the exams help the VA rate veterans' disabilities, which determines the compensation they receive each month, as well as their eligibility for VA programs.

Without the exams, the claims backlog has grown and thousands of veterans are waiting for decisions. The coronavirus pandemic coincided with the start of the Blue Water Navy Vietnam Veterans Act, which prompted a surge of new claims, Lawrence said. The new law made thousands of Vietnam War veterans newly eligible for VA benefits beginning in January. The VA was scheduled to restart in-person C&P exams at some locations 8 JUN. Agency officials chose 20 facilities that will begin to offer health services unrelated to the coronavirus. Based on how the reopening goes at those sites, the department will begin to open more. Those facilities must still screen patients and implement social distancing measures, the VA said. Patients will be required to wear face coverings.

To help handle the months-long delay, Lawrence asked for Congress to approve legislation that would allow non-physicians, such as nurse practitioners, to conduct the exams. “We ask you to consider that,” Lawrence said. “It’s one way to expand our capacity to work on the C&P backlog.” Lawrence also asked that some of the money Congress gave the VA for its coronavirus response efforts be moved to the Veterans Benefits Administration to help pay employees for overtime. In the \$2 trillion CARES Act approved 27 MAR, Congress allotted \$19.6 billion for the VA. The department had spent only \$2.3 billion of the money as of last week, and other VA officials asked Congress for the authority to transfer it between accounts. [Source: Stars & Stripes | Nikki Wentling | June 3, 2020++]

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## **VA COVID-19 Preparations**

### **Unable to Predict what Fall Coronavirus Rebound May Bring**

As lawmakers attempt to return to some semblance of “normal” business in the summer months, Congress is contemplating just how it’ll possibly plan out a budget for the next year with all the unknowns of the ongoing pandemic. The challenge is no more difficult than at the Department of Veterans Affairs, where the rapidly changing nature of the pandemic has forced leadership to reevaluate its budget needs and re-prioritize previously existing projects. In the early days of the pandemic, VA had projected some 200,000-to-300,000 veterans could become infected with the virus. To date, roughly 12,000 out of the nation’s 9.5 million veterans have been diagnosed with coronavirus, according to VA data.

“We anticipated 2-to-3% of the population would be infected; we’re dealing with a fraction of that,” Richard Stone, executive-in-charge of the Veterans Health Administration, told the Senate Veterans Affairs Committee 3 JUN. “We’re dealing with a tenth of that.” Of the \$19.6 billion the department received from Congress in emergency supplemental funding through the Coronavirus Aid, Relief and Economic Security (CARES) Act, VA has spent roughly \$1 billion on medical services. It hasn’t been often that VA has over-predicted how much funding it requires from Congress. In the days of the VA Choice Act, the department struggled to predict how much veterans would tap into community care providers, with Congress scrambling to pass additional, emergency funding.

Today, VA Secretary Robert Wilkie said the department is holding on tight to that additional funding for two reasons. It’s both preparing for a potential rebound of the coronavirus in the fall and planning to reprioritize and possibly transfer funds to places with greater need. “What VA must be concerned about is its ability take care of sick people. About 20% of the positives are really sick,” Stone said. “Do we have enough beds, do we have enough equipment, do we have enough personnel to care for them? Hence the reconfiguration of the VA’s delivery system to grow by almost 4,000 beds as we went through this, and the hiring of massive numbers of people.” “VA is well-positioned to remain the backstop of the American health care system,” he added.

Stone said he couldn’t begin to predict whether the country would in fact experience a second, perhaps more severe spike of coronavirus cases in the fall. The department does, however, anticipate treating 600 veterans as inpatients for the virus through the fall. As the department prepares for the possibility of significantly more cases in the fall, it’s also balancing the need to catch up on a few VA initiatives that were delayed or stalled during the pandemic. Those projects will take some extra cash, VA said; it just needs the transfer authority to move funds from one priority to another. “We did not get all the money in the right places, Jon Rychalski, VA’s chief financial officer, said of the CARES Act supplemental funding. “We do have a real need to move some of that CARES money into the Veterans Benefits Administration, not a large amount, some into the National Cemetery Administration and some into IT as well. Those are three areas where we’re going to be short.”

- VBA, for example, is now facing a backlog of 119,000 compensation and pension exams, up nearly 5,000 in one week. The department canceled in-person compensation and pension exams in early April for veterans seeking disability benefits. Though VA recently announced in-person exams at some facilities would resume

in the next few weeks, the agency will need to pay its employees overtime to work quickly through the backlog.

- The electronic health record is another VA project that's stalled during the pandemic, though its path forward has less clarity. Before the pandemic, the department had set July as a tentative goal for the rollout of initial EHR capabilities in Spokane, Washington. But VA took its clinicians off the project and instructed Cerner contractors working at the Spokane facility to turn the space back to the hospital in the early days of the pandemic.

"I don't really want to talk about this, but I have to," said Jon Tester (D-MT) ranking member of the Senate committee, who noted VA had spent roughly \$2.5 billion on EHR modernization so far. "I know you've been impacted by COVID, but what have we done so far?" he said. "Do we have value for the money we've spent, and what kind of timeline really are we on here to get this up and going? And is it going to be user-friendly enough so we don't have send doctors and nurses to training for a month to be able to get them to understand how to use the damn record when they should be treating patients?" Wilkie described the EHR modernization as a "good news story," noting VA and the Defense Department's success in launching the Joint Health Information Exchange in mid-April. "We're going to be going live on the scheduling portion in Columbus, Ohio, and then I expect Spokane and later Seattle will be up and running later this year," he said. [Source: Federal News Network | Nicole Ogrysko | June 4, 2020 ++]

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## **VA COVID-19 Response**

### **HVAC Concerns over Coping with Pandemic**

As of 11 JUN, VA had 16,565 total COVID-19 cases and 1,685 of those are considered "active" -- an about 11 percent increase over the past week. VA has 1,419 total deaths, an about 10 percent increase over the past week. There are at least 1,709 VA staff cases and 34 employee deaths. Dr. Richard Stone, head of the Veterans Health Administration, said previously that the number of cases may be increasing, but he had not seen a significant increase in hospitalizations in recent weeks. House Veterans Affairs Committee Chairman Rep. Mark Takano (D-CA) said, "Many states are seeing spikes and hotspots continue to exist," raising concerns about state capacity to care for COVID-19 patients, a second wave of the virus and possible natural disasters as the nation enters hurricane and wildfire seasons.

As America passes the 90-day mark since the president declared a state of emergency for the coronavirus pandemic, cases and deaths at the Department of Veterans Affairs continue to increase as the mammoth healthcare system prepares to reopen some hospitals. "I am incredibly concerned about areas of the country heading in the wrong direction," said Dr. Stone. He told lawmakers he was especially worried about states such as South Carolina, Arkansas and Arizona -- areas with increasing COVID-19 cases, including hospitalizations and said those areas are "informing every day's actions" at VA facilities in those areas. And on-demand testing is not available for all veterans at all VA facilities, Stone said.

House Veterans Affairs Committee lawmakers specifically asked for a commitment from VA that any eligible veteran who showed up to a VA facility and wanted a test could get one. VA leaders including Stone and Dr. Larry Mole, director of VHA's office of public health, said the department could not commit to that yet because it does not have enough tests nationwide. VA, like other healthcare systems, has seen shortages of test elements, such as swabs. Stone said VA is processing about half as many tests as its labs can handle because of a lack of those testing parts. Rep. Max Rose (D-NY) called it "a national embarrassment" that VA is not completing more tests for veterans and staff because of a lack of "glorified Q-tips." VA officials told lawmakers they are expecting shipments of millions more swabs and other test elements soon and Stone said the department is "improving every day."

Members of Congress were also particularly concerned with a growing backlog of healthcare appointments and disability claims caused by millions of canceled appointments and exams during the pandemic. VA cancelled at least

5.7 million healthcare appointments during the pandemic. Though many of those were switched to telehealth or remote appointments online or by phone, Stone said about 40 percent -- about 2.3 million -- will need to be rescheduled and VA was working on reaching out to veterans now. "That will need to be well-managed to limit wait times, fairly prioritize care to those most in need and ensure that no veteran falls through the cracks," said ranking member Rep. Phil Roe (R-TN). As VA looks to resume normal operations at some of its 175 hospitals and more than 1,000 clinics nationwide, testing and personal protective equipment are also a concern, lawmakers said. "It remains to be seen whether VA's current testing capabilities are sufficient to meet the demand for tests from veterans and employees, particularly as more and more VA medical centers reopen," Roe said.

VA frontline medical staff continue to report a lack, or shortages and rationing, of personal protective equipment (PPE) such as masks, gowns and gloves at VA hospitals across the country. VA officials spent months denying those accounts and calling them "false allegations" while internal VA memos showed rationing. VA leaders said shortages have been addressed and all staff should have the PPE appropriate for their jobs. VA, through the Mission Act, has a network of private healthcare providers it can send veterans to for care. But during the pandemic, about 60 percent of those doctors were not available "for anything but urgent work," Stone said. Now, VA is going region by region to evaluate what care it can begin offering again, according to its reopening plan, including 20 sites it picked to begin resuming normal operations. "This is about prioritizing care, making sure any urgent or time-sensitive issues are cared for," Stone said. "It's our job to reach out and erase that backlog."

Another major concern is the mental health toll the pandemic may take on Americans, especially veterans, as unemployment continues to rise and the threat of homelessness increases. Experts warned late last month that veteran suicide risk could increase even as the pandemic diminishes. Stone warned lawmakers that "some of the highest suicide rates in this nation followed the second wave of the 1918 pandemic" and said the stress of COVID-19 "on all generations of the American public" will need to be handled. Stone was asked to speak about how he personally has been affected by the pandemic. He revealed that his 18-year-old son contracted the virus, but is recovering. "My son... did very well," Stone said, emotional. "He developed bilateral pneumonia from COVID." He "literally could not get out of bed for two weeks," Stone said, though he recovered with help from hydroxychloroquine, which he said was "anecdotal" and assured lawmakers he was not making any official decisions based on his son's treatment. VA has come under fire in recent months for its use of the drug to treat COVID-19, which leaders said they have reduced the use of considerably. [Source: ConnectingVets.com | Abbie Bennett | June 11, 2020 ++]

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## **VA Emergency Room Care**

### **Update 04: Reduced Visits Concern**

Department of Veterans Affairs admissions to medical centers for emergency health conditions dropped 42% in the first five weeks of the pandemic compared to the month before, according to research published 5 JUN by scientists at New York University and Mount Sinai medical schools in New York. The steepest declines were in appendicitis-related issues, which dropped off by nearly 57%, and stroke, which declined by nearly 52%. VA facilities also saw decreases in admission rates for heart attacks, heart failure and other emergency health requirements. Physicians have observed declines in the number of patients seeking medical care during the pandemic, and the Centers of Disease Control and Prevention reported last week that emergency room visits fell by 42% in the first several weeks of the pandemic compared with the number of visits the previous year.

The VA study, conducted by Dr. Mark Schwartz, a professor in the departments of population health and medicine at NYU's Grossman School of Medicine, and Aaron Baum, with the department of health system design and global health at Mount Sinai's Icahn School of Medicine, is the first to show just how the pandemic affected care for patients at the largest unified health system in the country. "The reduction in admissions observed should raise serious concerns about the well-being and health outcomes of patients who are not receiving inpatient care for conditions that require

emergency treatment," the researchers wrote. The number of patients admitted for the novel coronavirus grew nearly one hundredfold in the time period addressed by the study, from 26 patients between Jan. 29 and March 10 to 2,458 from March 11 to April 21.

The researchers found that the decrease in admissions for emergency health conditions was proportionate or greater to the decrease in overall admissions at VA medical centers and "unlikely" to be attributable to canceled elective surgeries or lower disease incidence. "Many patients may be avoiding hospitals to minimize risk of ... infection," they wrote. The VA saw a 10% jump in its number of active COVID-19 cases over the weekend of 5 JUN, from 1,541 on Friday to 1,706 Monday. According to the VA, a total of 15,906 veterans have been confirmed to have had the coronavirus since the outbreak began, and 1,346 have died, including 785 veterans at VA medical facilities and 561 in home settings. [Source: MilitaryTimes | Patricia Kime | June 9, 2020++]

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## **VA Fraud, Waste & Abuse**

**Reported 01 thru 15 JUN 2020**

**Pensacola, Fla.** -- United States Attorney Lawrence Keefe, of the Northern District of Florida, announced 26 MAY that a federal grand jury has indicted a Pensacola man for the possession of firearms, including a concealed firearm, at the Department of Veterans Affairs Joint Ambulatory Care Clinic in Pensacola. The three-count indictment alleges that Pensacola resident **Howell E. Camp**, 58, illegally possessed a 5.56 millimeter Del-Ton Incorporated rifle and a 9 millimeter Smith & Wesson pistol at the federal facility. It is alleged that Camp possessed these firearms with the intent to commit a crime on May 6, 2020. "The security of our federal facilities and those who work within them remains a priority of this office and we, along with our law enforcement partners, are deeply committed to protecting such facilities," said Keefe.

Camp is charged with possession of the firearms with the intent to commit a crime, for which he faces up to five years' imprisonment. He is also charged with carrying a concealed firearm in violation of law, for which he faces up to three years' imprisonment. An arraignment date has been set for Thursday, May 28, 2020, at 1:00 p.m., in Pensacola, Florida. An indictment is merely an allegation by a grand jury that a defendant has committed a violation of federal criminal law and is not evidence of guilt. All defendants are presumed innocent and entitled to a fair trial, during which it will be the government's burden to prove guilt beyond a reasonable doubt at trial. [Source: DoJ N. Dist. of Fla. | U.S. Attorney's Office | May 26, 2020 ++]

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**Lansing, Mich.** -- Two people were arraigned on charges recently for defrauding the U.S. Department of Veterans Affairs (VA) and Michigan Department of Treasury out of hundreds of thousands of dollars by submitting fraudulent documents in support of claims for VA survivor benefits and Michigan Unclaimed Property, Attorney General Dana Nessel announced 1 JUN. A third individual has been charged in connection with this fraud but has not yet been arraigned. The Attorney General's enforcement operation was conducted in close collaboration with the U.S. Department of Veterans Affairs Office of the Inspector General.

**Melissa R. Flores**, 53, and a co-conspirator allegedly created aliases and obtained or created fraudulent documents, including vital records like birth certificates, to make it appear that they were heirs to various individuals who had died. Through this scheme, between 2013 and 2019, it's alleged that the two individuals obtained more than \$40,000 of Unclaimed Property from the Michigan Department of Treasury and more than \$430,000 from the VA. Meanwhile, **Steven Decker**, 32, received proceeds from the scheme and used some of the money to conceal property used to conduct the fraud. "Committing fraud against our state or federal agencies that directly give back to their communities will not be tolerated," Nessel said. "Our veterans voluntarily put their lives on the line in service to this country to protect the

freedoms and liberties we as U.S. citizens enjoy. For someone to take advantage of the public benefits set aside for their families is a slap in the face to servicemen and women across the country.”

Flores, of Westland, is subject to sentencing as a habitual offender, fourth notice. She was arraigned on the charges 3 JUN before Judge Sandra Cicirelli in 18th District Court. Flores is scheduled for a probable cause conference at 8:30 a.m. 4 JUN before Judge Mark A. McConnell and a preliminary hearing at 8:30 a.m. June 11 before Judge Cicirelli. She is charged with:

- One count of conducting a criminal enterprise, a felony punishable by up to 20 years’ imprisonment, \$100,000 fine and forfeiture of proceeds and items used during the crime;
- Two counts of false pretenses between \$20,000 and \$50,000, a felony punishable by 15 years’ imprisonment, \$15,000 fine or three times the value of the money or property involved, whichever is greater;
- Forgery of documents affecting real property, a 14-year felony; and
- Four counts of false pretenses between \$1,000 and \$20,000, a felony punishable by up to five years’ imprisonment and a \$10,000 fine or three times the value of the money or property involved, whichever is greater.

Decker, of Wyandotte, is charged with one count of criminal enterprises – racketeering proceeds, a felony punishable by up to 20 years’ imprisonment, \$100,000 fine and forfeiture of proceeds and items used during the crime. He was arraigned 29 MAY before Judge Elizabeth DiSanto in 27th District Court. He is scheduled to appear in court for a probable cause conference at 1:30 p.m. 4 JUN. DiSanto set a \$10,000 cash or 10 percent surety bond. A third individual has been charged with conducting a criminal enterprise and multiple counts of false pretenses. The identity of that individual is being withheld pending arraignment on the charges. [Source: Mich. Dept of Attorney General | Ryan Jarvi | June 1, 2020 ++]

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**Aurora, Colo.** – **Joseph Prince**, age 61, of Aurora, Colorado was sentenced 11 JUN to serve 192 months (16 years) in federal prison for health care fraud, conspiracy, payment of illegal kickbacks and gratuities, money laundering, and conflict of interest charges. Prince was also ordered to serve 3 years of supervised release and pay \$18,777,134.68 in restitution to the Veteran’s Health Administration. Prince, who appeared at the sentencing hearing free on bond, was remanded at the hearing’s conclusion.

According to the indictment and evidence presented at trial, Prince was one of two Case Management Liaisons for the VA’s Spina Bifida (SB) Health Care Benefits Program. The program covers the medial needs of children of certain veterans of the Korea and Vietnam wars with SB. Acting as a subject matter expert working in a Denver call center, Prince spoke with health care providers and SB beneficiaries or their families regarding their health care needs and reimbursement for care under the program. As the architect of an elaborate conspiracy based on a fictional VA home health program the defendant invented, Prince recruited friends and family members to open “home health agencies” knowing they lacked the necessary medical licenses or credentials to bill the VA for SB beneficiaries’ home health services. The defendant directed every aspect of the home health agencies; no changes were made to business operations without his knowledge, review, and approval.

Further, with direct access to the SB beneficiaries and their family members, Prince identified himself to them as the one in charge of the fictional program. He represented that he had the authority on behalf of the VA to approve family members as home health care providers for the SB beneficiaries, even though the caregivers had no specific training certifications. He told these family members to sign up as contractors with “vetted” home health agencies, which were those companies owned by his friends and family. The defendant then directed the completion and submission to the VA of fraudulent and inflated claims for home health services by unapproved providers through unlicensed home health companies.

A written plan of care from a medical professional was required for a beneficiary to receive home health benefits under the SB program. In furtherance of his scheme to defraud, Prince would often pre-populate the number of hours

the beneficiary was eligible for home health care on a physician's written plan before submitting the plan for the physician's signature. Then when speaking to the beneficiaries, Prince would instruct them to submit logs reflecting the maximum hours of plan service even when beneficiaries said they did not or could not provide that many hours of service, often presenting false information to the beneficiaries about what they were permitted to bill for under the program. The defendant instructed the home health companies regarding how much to charge the VA for the fraudulent claims, directing them to keep approximately 80% of the paid amount for the company and send just 20% to the caregiver family member. When beneficiaries questioned the disparity between the caregiver's pay and the agency's pay on statements of benefits, Prince lied about agency expenses incurred to operate the home health entities.

Between June, 2017 and June, 2018, Prince referred approximately 45 SB beneficiaries to the sham home health entities. During that time, the home health entities submitted fraudulent claims totaling over \$20 million to the VA, and approximately \$18 million of that was paid out to five home health entities from the SB Health Care Benefits Program. Prince benefited from the scheme through payments to one of the companies owned by his wife, and from kickbacks paid to him by two of the agencies. As part of his agreement with these two, Prince received kickbacks of 50% of the VA payments for each beneficiary after expenses. Prince received approximately \$1.5 million in kickbacks from two of the home health entities between December, 2017 and June, 2018.

As a federal government employee, Prince unlawfully used his public office to benefit himself and receive illegal kickbacks and gratuities. "The defendant stole from taxpayers and from a program designed to help those who served our nation," said U.S. Attorney Jason R. Dunn. "The defendant will be spending a substantial amount of time in prison because of his fraudulent behavior." Co-conspirator and long-time friend Roland Vaughn pled guilty to paying an illegal gratuity to a public official on August 1, 2019, and was scheduled to be sentenced by Judge Moore on 25 JUN. Additional friends Glenn Beach and Catherine Beach each pleaded guilty to paying an illegal gratuity to Prince and are scheduled to be sentenced on June 22, 2020. Prince was indicted by a federal grand jury in Denver on June 21, 2018, and was found guilty by a trial jury on March 12, 2020. He was sentenced by U.S. District Court Judge Raymond P. Moore. [Source: DoJ Dist. Of Colo | U.S. Attorney's Office | June 12, 2020 ++]

**\* Vets \***



## Vet Cemeteries

### Update 04: National Cemeteries Resume Committal & Memorial Services

U.S. Department of Veterans Affairs (VA) national cemeteries will resume committal services starting 8 JUN in all but two VA national cemeteries. VA national cemeteries will contact families who were unable to hold a committal service due to the COVID-19 pandemic to arrange memorial services for their loved ones beginning in July. "During the last 10 weeks VA national cemeteries have continued performing our essential mission — to inter Veterans and eligible family members," said VA Secretary Robert Wilkie. "We believe we have a robust set of measures in place that will allow us to conduct committal and memorial services while protecting the health and safety of Veterans, their families and our team members who serve them."

While VA is eager to resume normal operations, the department's national cemeteries have remained open for interments and visitation throughout the pandemic. However, as a matter of health and safety, committal services and

military funeral honors have been deferred since 23 MAR. Interments scheduled on or after 9 JUN, will be offered the option of a committal service at the time of interment. The 20-minute services are held in covered shelters located throughout cemeteries, not at the gravesite, and precede burial, according to a VA's website. Families can choose to have readings or request military funeral honors be performed. At Calverton and Long Island national cemeteries, that option will be available starting 22 JUN, provided state and local guidance permit. Military funeral honors, customarily provided by the Department of Defense and volunteer honor guards, will be based on local availability.

VA national cemeteries will continue adherence to the Centers for Disease Control and Prevention guidelines to prevent the spread of COVID-19 by limiting the number of individuals attending committal services, practicing physical distancing between individuals not from the same household, ensuring all attendees and employees wear face coverings, encouraging frequent use of hand sanitizer and asking sick individuals to stay home. The number of permitted attendees will vary based on state and local guidelines for gathering sizes provided the facility can accommodate increased attendees while maintaining physical distancing. Families may continue to choose direct interment and opt for a memorial service later when all restrictions have been lifted.

Memorial services for Veterans and eligible family members who were interred without a committal service between March 23 and June 8 will commence in July. For more information, visit the National Cemetery Administration (NCA). Media should contact NCA Public Affairs chief Les' Melnyk at [Les.Melnyk@VA.gov](mailto:Les.Melnyk@VA.gov). To make burial arrangements at any VA national cemetery contact the National Cemetery Scheduling Office at (800) 535-1117.

**Editor's Note:** To read what to expect at a military committal service go to <https://www.va.gov/burials-memorials/what-to-expect-at-military-funeral>.

[Source: VA Press Release| June 5, 2020 ++]

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## COLA 2021

### Update 01: House Votes Vet's to Have Parity w/SSA's

The House on 4 JUN passed by voice vote an annually required measure to increase cost-of-living adjustments tied to veterans benefits in parity with the COLA approved by the Social Security Administration. Senate passage and the president's signature would normally be mere formalities, but those could face delays this year as Congress deals with the COVID-19 pandemic that has disrupted regular schedules. Veterans benefits affected by the COLA increase include disability and dependent compensation; clothing allowances; and dependency and indemnity compensation to surviving spouses and children.

The 2018 COLA increase for both veterans and Social Security recipients was 2.0%; it was 2.8% in 2019, according to SSA. Last year saw an increase of 1.6%. It is difficult to project what it might be for 2021 in an economy ravaged by the novel coronavirus. Since 1975, Social Security COLA increases have been guaranteed by law, but veteran benefits COLAs are not, requiring annual bills to be passed by Congress. Last year, the COLA increase for veterans was approved with no opposition. The Social Security Administration bases the annual COLA increase for its recipients on the Consumer Price Index, as determined each December by the Labor Department's Bureau of Labor Statistics.

This year's bill was introduced by Rep. Elaine Luria (D-VA), a retired Navy commander, and co-sponsored by Rep. Mike Bost (R-IL), a Marine veteran. Both stressed the need for urgent action by the Senate. "During this public health emergency, it is more important now than ever to provide this cost-of-living adjustment to disabled veterans who depend on their benefits to pay for necessities," Luria said in a statement 4 JUN. "I urge my Senate colleagues to quickly pass this economic relief and pay raise for our veterans." In his own statement Thursday, Bost added, "Now

more than ever, it is critical that the men and women who have served our nation receive the benefits they have earned."

The linkage of the veteran COLA increase to Social Security has been a perennial sore point for many vets, who feel it should be tied to military pay raise increases instead. The 2020 pay raise approved for the military was 3.1%. Rep. Mac Thornberry (R-TX), ranking member of the House Armed Services Committee, said in a 7 MAY roundtable with defense reporters that he expects next year's military pay raise to be in the same range. [Source: Military.com | Richard Sisk | May 29, 2020 ++]

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## Normandy

### This Year a Pandemic Remembrance



The essence of war remembrance is to make sure the fallen are never forgotten. All it takes is a wreath, a tiny wooden cross, a little token on a faraway grave to show that people still care about their fallen hero, parent or grandparent. This year, though, the pandemic stepped in, barring all travel for families to visit the World War II graves in France's Normandy, where 25 MAY marked the 76th anniversary of the epic D-Day battle, when allied troops successfully stormed the beaches and turned the war against the Nazis. So anguished families turned to the next best thing — an Englishman living on D-day territory, a pensioner with a big heart and a small hole in his agenda.

For years, Steven Oldrid, 66, had helped out with D-Day events around the beaches where British soldiers had landed — and often left their lives behind — be it organizing parking, getting pipers to show or getting sponsors for veterans' dinners. Laying wreaths though, seemed something special, reserved for families and close friends only. But in pandemic times, pandemic rules apply. Oldrid was first contacted in March. "I was actually choked up when I got the first request," Oldrid said. "I'm always on the other side. Always in the background," he said. "They asked 'Steven, can you lay our wreath? Well, they sent me five, and then another one said, 'Can you lay one for my granddad?' 'Can you lay one for my dad?'" Before he knew, it in this extraordinary year, he had become the extraordinary wreathlayer — proof that kindness cannot be counted in pounds, euros or dollars, but in time and effort to organize a day around the wishes of others.

As 6 JUN approached, the boxes of wreaths and grave markers piled up in his garage. And to soothe the nerves of families, he has also been filming live for Facebook several ceremonies and wreathlayings. Among those struggling with not being able to go to Normandy this year was Jane Barkway-Harney of the British veteran Glider Pilot Regiment Society, whose father participated in the D-day landings. "It makes me feel physically sick because you feel as though you're letting everybody down," she said. "I feel so strongly that it is our right and our duty to go." Still, whatever Oldrid is asked "I know he'll say 'yes' because he actually doesn't know the word 'no.' It is not in his vocabulary," said Barkway-Harney.

Through it all, he keeps a smile. "It's not ever, never will be a burden, he said "It's a pleasure and an honor." What does he get in return? On the internet it is "Thank you, Steve. A big hearts and thumbs up," he said. And from his previous work helping out families and friends of veterans, he knows something else is coming too. "They do actually bring me some English products like teabags and salad cream, baked beans and crisps for the kids." [Note: Go to

<https://youtu.be/0wg5x5WaZPo?t=16> for a 10 min actual footage clip of D-Day] [Source: KTUL Staff | Maureen Wurtz | May 22, 2020 ++]

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## **Vet Fraud & Abuse**

### **Reported 01 thru 15 JUN 2020**



A support rally was held after police say an 82-year-old Air Force veteran holding a Donald Trump sign was pushed to the ground and kicked in the ribs and legs by a man who had ripped the sign from his hands. Dozens of supporters came out Saturday afternoon in Fall River, Mass., holding Trump signs and others that demonstrated their support of Charlie Chase, the Air Force veteran who was allegedly attacked, according to The Herald News, a local newspaper. One sign read, “Disgraceful to Attack Seniors!” Steve Thomas, a community member, said he went to the rally in support of Chase. "I've seen Charlie many times over the last six to nine months either standing with an American flag or a Trump sign gently waving to people as the drive by, honking their horns and he always has smile on his face and I'm here to support him," Thomas said. A local dentist echoed Thomas' support. "We're here for Charlie Chase, who needs to know we will be with him and nobody should fear holding a sign for whomever it is. Nobody should be in fear to be beaten up simply for holding a sign. God bless you, Charlie," he said.

Aidan Courtright, 27, of Fall River, is charged with committing a civil rights violation with injury; assault and battery on a person over 60 years old; vandalizing property; and assault and battery with a dangerous weapon on a person over 60, police said. Pleas of not guilty were entered on his behalf during an arraignment on 3 JUN. Police responded to reports of the assault at about 5:30 p.m. 2 JUN, Fall River police Lt. Daniel Dube said. The suspect pulled up in his car, grabbed and destroyed the sign and pushed the victim wearing his red hat to the ground, then kicked him, Dube said. The victim was taken to the hospital with bruising on his lower back, police said. Courtright's attorney, Marc Roberts, asked for a dangerousness hearing scheduled for Thursday to be delayed in order to gather “character and other information to present to the court.” [Source: MilitaryTimes | Zach England | June 8, 2020 ++]

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## **GI Bill Delimiting Date**

### **Pandemic Impacted Students**

Most veterans have ten years from their date of release from active duty to use any educational benefits they may have. The Department of Veterans Affairs will normally extend the delimiting date for only three reasons:

- 1) You returned to active duty (for any reason other than training) for 90 days or more
- 2) You had an illness or disability that prevented you from attending school
- 3) You were detained by a foreign government or power after your last discharge or release from active duty

Now, with the enactment of the Student Veteran Coronavirus Response Act of 2020, (Public Law 116-140), the Department of Veterans Affairs (VA) has been granted the authority to extend eligibility periods (i.e. delimiting dates) for students who had been pursuing a course or program of education and received GI Bill education benefits when their school temporarily closed/temporarily suspended a program of education on or after March 1, 2020. Public Law 116-140, section 6, authorizes VA to extend the eligibility period if the beneficiary is prevented from pursuing a chosen program of education before the expiration of such period for using entitlement because an education institution closed (temporarily or permanently). This section applies to:

- Montgomery GI Bill-Active Duty (chapter 30)
- Montgomery GI Bill-Selected Reserves (chapter 1606)
- Dependents' Education Assistance for children (chapter 35)
- Post 9/11 GI Bill (including those recipients of the Fry Scholarship)
- Post 9/11 GI Bill Transfer of Entitlement Spouses and Children

Specifically, Public Law 116-140 authorizes VA to extend the 10-year eligibility period for MGIB and the 15-year eligibility period for Post-9/11 GI Bill beneficiaries who meet the following criteria may apply for the extension:

- Were actively enrolled between March 1, 2020, and December 31, 2020;
- Had an interruption in training due to COVID-19;
- Had not reached their delimiting date prior to the interruption; AND
- Experienced a closing (temporary or permanent) of their educational institution or
- Experienced a temporary suspension of a program

In order to apply for this extension, you must submit a request to VA. The request doesn't require a particular VA form, but the beneficiary's signed statement should include:

- The beginning and ending dates showing the beneficiary was unable to attend training and
- A statement indicating, it was due to COVID-19

You may send your request through the "Submit a Question" link at: <https://gibill.custhelp.va.gov>. If you have questions about your GI Bill benefits, contact the Education Call Center at 1-888-442-4551 between 8 AM and 7 PM Eastern Time, Monday-Friday or you may use the following link: <https://gibill.custhelp.va.gov> through the "Submit a Question". For more information about applying for an extension of your MGIB-AD delimiting date based on one of the first 3 reasons [click here](#). For the location of the office handling your records [click here](#).

[Source: US Department of Veterans Affairs | Kevin Secor | June 9, 2020 ++]

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## WWII Vets [228]

Alfred Eiken | B-29er & DFC Awardee



Originally from Taos, Missouri, Alfred Eiken graduated from St. Francis Xavier High School in 1941. He enlisted in the Army Air Forces in May 1942. After basic training, he attended bombardier school at Midland Army Air Field in

Midland, Texas. Bombardiers released bombs using a device called the Norden bombsight from planes. They also sometimes trained as navigators, a role Eiken also served during the war.

Eiken graduated from bombardier school in July 1943. He went to India as part of the China-Burma-India Theater campaign and promoted to first lieutenant in December 1944. Eiken later transferred to Tinian in the Mariana Islands. The island was the main base for 20th Air Force activity in the Pacific after April 1945. Eiken joined the 58th Bombardment Wing as part of the 40th Bombardment Group, 45th Bombardment Squadron. During the spring and summer of 1945, he completed 28 successful flights in the Pacific. Eiken was on Tinian when the Japanese surrendered Aug. 15, 1945. Two weeks after the surrender, he volunteered with 11 other men to fly supplies on a B-29 Super Fortress to a prisoner of war camp near Fukuoka, Japan. On 30 AUG, the crew attempted to cross the Sobo Mountain Range in Kyushu during severe weather. The aircraft clipped a mountain peak and crashed, bursting into flames near Mount Oyaji. All aboard died.

Eiken and the other eleven crew members were buried in the U.S. Armed Forces Cemetery in Yokohama. In 1949, his remains were returned to the U.S. and he was reinterred at the New Saint Xaviers Catholic Church Cemetery in Taos, Missouri. In 1995, locals dedicated a memorial to the crew in Takachiho, Japan, near the crash site. For his service during World War II, Eiken received a Distinguished Flying Cross and three Air Medals. After his death in 1945, he posthumously received a Purple Heart. We honor his service. [Source: Vantage Point | Sarah Concepcion | June 3, 2020 ++]

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## **Vietnam Vets [41]**

**Alfred Rascon | MoH Medic**

When you join the military, you don't always get the job of your choice. Army Spc. 4th Class Alfred Rascon didn't choose to be a medic when he joined the Army. But he did as he was assigned, and he did so with such distinction in Vietnam that, after a years-long push by fellow platoon members, he earned the Medal of Honor.



Rascon was born in Chihuahua, Mexico, in 1945, but his parents immigrated to Oxnard, California, when he was 2 or 3. The family of three lived in an area with bars that service members were known to frequent. Rascon said some of those service members would give him their hand-me-downs or he would buy them for cheap at a nearby second-hand store. This exchange led to his early fascination with the military. In fact, according to a Library of Congress interview, Rascon was so enthralled by the idea of becoming a paratrooper that he made his own parachute when he was 7, jumped off his roof and broke his wrist. So, it was no major surprise when he enlisted in the Army right out of high school. His parents had to sign a waiver because he was only 17.

In late 1963, Rascon was assigned as a medic to the 1st Battalion, 503rd Infantry, 173rd Airborne Brigade. He was stationed in Okinawa in 1964, but as the Vietnam War escalated, his unit was relocated. In May 1965, he became part of the first major ground combat unit to serve there. Rascon said he learned quickly how medics had to depend on their

wits, their skills and each other to aid the wounded during battle. In the early morning of March 16, 1966, Rascon was assigned to a reconnaissance platoon on its way through Long Khanh province to reinforce another battalion under attack when they were suddenly fired upon. Several of the point men in the squad were seriously wounded. "It was total chaos," Rascon said during a Veterans History Project interview. "You could hear everything so distinct and clear. Also, you could smell the cordite from the explosions of the hand grenades going off. ... I had no idea what was going on in front of me, other than the fact that somebody said, 'Hey doc, somebody's wounded.'"

With that, Rascon moved forward, ignoring directions to stay put until cover came. After several failed attempts to try to reach an injured soldier on an open trail, Rascon jumped up, ignoring the flying bullets and grenades around him, and grabbed the soldier. He then put his own body between the injured man and the enemy fire. Rascon got hit by shrapnel and took a bullet to the hip, but he ignored the pain and pulled his fellow soldier from the fire-laden trail. Rascon, 20, was on the move again when a second soldier yelled that he was almost out of ammunition. So, Rascon crawled through more enemy fire to get back to the soldier he had just saved. Realizing that soldier was dead, he stripped that man of his ammo and gave it to the second soldier to continue his assault. "There was nothing I could do for him," he said of the slain soldier. "You've got to get on and help the rest [who] are living."

Shortly after that, Rascon was hit in the face and torso by grenade fragments, which really rattled him. "I didn't want to play anymore. I didn't want to take care of anybody," he remembered. "But then I had to come back and put myself together again — gather my composure." As he did so, he looked up the trail and saw an abandoned machine gun, its ammunition and a spare barrel only about 10 yards from the enemy. Fearing that the gun and ammunition would fall into the wrong hands, an injured Rascon went to recover them. He then handed them off to another soldier, who was able to fire at the enemy, helping the pinned-down squad. Despite his own wounds, Rascon kept searching for the injured. When he saw point grenadier Neil Haffey being targeted by small-arms fire and grenades, he covered Haffey with his own body, absorbing the grenade blasts himself. The act saved Haffey's life, but injured Rascon further.

"I laid there, I don't know for how long, and came to, and the fire fight was still going on. And all of a sudden, everything stopped," Rascon remembered. The enemy had broken contact. "The fire fight terminated, and it was like a dead still." Despite his own intense injuries, Rascon stayed on the battlefield to help the wounded and direct their evacuation. It was only after someone put him into a medical helicopter that he allowed himself to be treated. Rascon wasn't expected to live, but after a few days at a field hospital in Saigon, he was transferred back to Japan, where he spent the next few months in recovery.

Rascon got out of the Army, went to school and got a job. However, he eventually rejoined the Army with a commission and served another tour of duty in Vietnam. He retired as a major. Rascon was given a Silver Star for his valor in Vietnam in 1966. His platoon had recommended him for the Medal of Honor, but the request somehow got lost. It wasn't until a reunion of the 173rd Airborne Brigade in the 1980s that his fellow soldiers discovered he had never received it. Those men renewed their efforts to get Rascon the medal he deserved. Finally, on Feb. 8, 2000, Rascon was presented with the Medal of Honor by President Bill Clinton at a White House ceremony. Seven members of his platoon were there to celebrate.

Later, Rascon reflected on the medal's meaning. "You put this around your neck, and for the rest of your life, this is what you have to carry," he said. "But you have to carry it for yourself and others, and you represent what America is about. It's a humbling experience, and it's something that I don't take lightly." He also reflected on his platoon's efforts to make the high honor happen. "I did not take an oath to receive accolades or be given awards. I took an oath to myself to help others, because that's what I was — a medic. And they took, obviously, an oath to come back and save me and take care of me, because we were there to take care of each other," he said. One of his platoon mates was once asked why they renewed their Medal of Honor quest for him. "The response by one of the individuals from the recon platoon was that 'We don't want to change history. We just wanted to correct it,'" Rascon said. "I think that speaks for itself." Rascon and his wife, Carol, currently live in Laurel, Maryland. Rascon continues to interact with the military to this day. Thank you, major, for your service! [Source: DOD News | Katie Lange | June 8, 2020 ++]

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## National WWII Memorial

### Update 01: Vandalized During George Floyd Protest



The National World War II Memorial was among the landmarks in the nation's capital that were vandalized amid the 30 JUN weekend protests. In the wake of the death of African American George Floyd, the vandals asked in graffiti on the outside of the memorial's central fountain whether black veterans count. The Friends of the National World War II Memorial responded to the question affirmatively on Twitter, adding that the memorial honors and remembers the one million black veterans who served. According to the National Park Service, several memorials across Washington, D.C., were vandalized, including the Lincoln Memorial, where someone asked "Y'all not tired yet?" [Source: Stars & Stripes | Meredith Tibbetts | May 31, 2020 ++]

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## Military Retirees & Veterans Events Schedule

As of 15 JUN 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 | JUN 15, 2020 ++]

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## **Vet Hiring Fairs**

### **Scheduled As of 15 JUN 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 | June 15, 2020 ++]

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## **State Veteran's Benefits**

### **Colorado 2020**

The state of Colorado provides several benefits to veterans as indicated below. To obtain information on these plus discounts listed on the Military and Veterans Discount Center (MCVDC) website, refer to the attachment to this Bulletin titled, "**Vet State Benefits – CO**" 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.colorado.gov/dmva>.

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

[Source: <https://www.military.com/benefits/veteran-state-benefits/colorado-state-veterans-benefits.html> | OCT 2018 ++]

**\* 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>.

## Vet Jobs

### Update 266: H.R.7111 | Veterans Economic Recovery Act

On 4 JUN congressional leaders introduced the Veterans Economic Recovery Act. The House Committee on Veterans' Affairs, Ranking Member Phil Roe. (D-TN) said, "America's veterans are dedicated, talented, and hard-working leaders in their fields, as employers around the world can attest. That is why the veteran unemployment rate reached its lowest level in modern history earlier this year. Unfortunately, veterans - particularly young veteran women - have not been spared from the economic devastation caused by the COVID-19 virus and by our national response to it. I am introducing the Veterans Economic Recovery Act today to rapidly retrain those veterans so that they have the knowledge and skillset they need to successfully transition from military to civilian life, quickly reenter the workforce, and thrive in the post-pandemic economy. We have perhaps no greater calling than the calling to help those who have served live their version of the American dream once they hang up their uniforms. This bill will help us do just that."

The centerpiece of the Veterans Economic Recovery Act of 2020 would be the creation of a rapid retraining program to provide unemployed veterans and reservists with 12 months of educational benefits, to pursue training in high-demand occupations. The education benefits available under the rapid retraining program would be equivalent to the benefits provided under the Post-9/11 GI Bill. To be eligible to participate in the rapid retraining program, veterans must:

- Be between the ages of 25-60;
- Be unemployed on the day of application;
- Have an honorable or other than dishonorable discharge;
- Not be eligible for any other VA education benefit;
- Not be enrolled in another Federal or State job training program;
- Not be receiving disability compensation for reasons that have led to un-employability; and
- Not be in receipt of any unemployment benefit when they begin training under this program.

Members of the National Guard or Reserve who were called up on Federal orders to assist states with the COVID-19 response would also be eligible for the rapid retraining program as long as they meet other age, unemployment, discharge requirements. The bill would also incorporate provisions of H.R. 5766, which was introduced make needed improvements to the VET Tec pilot program and of H.R. 2326, to help veterans and servicemembers transition to civilian life. [Source: HCVA Press Release | June 4, 2020 ++]

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## Vet Homeless Recovery Programs

Update 06: H.R.7105/S.3898 | Homeless Vets COVID-19 Response Act



As the coronavirus pandemic continues in the United States, veteran advocates have increasingly warned that the economic downturn could lead to more homeless vets. But the Department of Veterans Affairs is limited in what help it can offer. VA even put out a public call for donations to help. Now, lawmakers are stepping in aiming to change that. Reps. Gus Bilirakis (R-FL) and Mike Levin (D-CA) in the House and Sens. Dan Sullivan (R-AR) and Kyrsten Sinema (D-AZ) in the Senate, introduced the Homeless Veteran Coronavirus Response Act on 4 JUN.

Thousands of homeless veterans have seen shelters shutter, funding and resources dry up and access to services all but evaporate as the virus spread across the country, advocates said. The new bill aims to allow VA to use existing funds for a wider range of services to help. Congress already provided VA nearly \$20 billion in emergency pandemic response funds, and about \$300 million of that \$20 billion was allocated for homeless veterans' needs, though advocates say they need closer to \$1.3 billion. The \$300 million was intended to help house homeless vets in hotels and pay for testing for those who fell ill. VA does not currently have the authority to provide food, phones or other supplies to homeless veterans, VA officials told Connecting Vets.

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. Avoiding a major spike in veteran homelessness "will require significant investment in programs to serve homeless veterans," Kathryn Monet, CEO of the National Coalition of Homeless Veterans, told lawmakers previously.

- “The coronavirus pandemic has exacerbated the crisis of veteran homelessness that we were already facing, and we must do more to get our nation’s heroes off the streets,” Levin said in a statement 4 JUN. “Our legislation takes commonsense steps to facilitate shelters, transitional housing and other services for veterans and their families in the face of public health challenges. We must expand these services as soon as possible.”
- “During this pandemic, we want to provide a safety net for our most vulnerable populations -- especially those who have honorably served our nation,” Bilirakis said. “This bipartisan bill provides much-needed emergency relief.”

Specifically, the bill would:

- Allow VA to use existing homelessness funding to provide food, shelter, transportation, clothing, blankets, hygiene items and "telecommunications equipment" during the COVID-19 emergency;
- Allow VA to collaborate with outside groups to manage the use of its property, buildings or other facilities as temporary shelters;
- Increases the maximum Grant and Per Diem (GPD) per diem rate;
- Allows GPD providers to use per diem payments for food, shelter, clothing, blankets, hygiene items and more, as well as formerly homeless veterans now living in facilities operated by GPD recipients;

- Allows VA to provide GPD payments for additional traditional housing beds without notice or competition during the crisis;
- Allows VA to waive some inspection and code requirements during the emergency if the facility meets local safety requirements, to allow for quicker identification of alternative sites, facilitate social distancing or isolation and more;
- Requires VA ensure veterans participating in a VA homeless program have access to VA telehealth services they are eligible for during the pandemic emergency.

Top Veterans Affairs lawmakers in the House and Senate also sponsored the legislation. 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 <https://www.volunteer.va.gov/apps/VolunteerNow> 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 of homelessness

[Source: ConnectingVets.com | Abbie Bennett | June 04, 2020 ++]

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## **Burn Pit Toxic Exposure**

### **Update 77: H.R.7072 | SFC Heath Robinson Transparency Act**

The thousands of veterans who claim that their exposure to burn pits during the wars in Iraq and Afghanistan left them sick may be closer to getting assistance from the Veterans Administration due to the legacy of a recently deceased soldier. On 1 JUN, the **SFC Heath Robinson Transparency Act** (H.R. 7072) was presented on Capitol Hill as an addendum to the previous legislation under the Burn Pits Accountability Act that was a part of the National Defense Act signed into law by President Trump back in December. The new provision, which was presented by representatives Tulsi Gabbard (D-HI) and Brian Mast (R-FL) is a new non-partisan initiative that aims to hold the VA accountable when collecting data on burn pit exposure.

"There are clear patterns between exposure and these rare cancers or respiratory illnesses. But the answer that we always get back from both the DOD and the VA is [that] the evidence isn't there. The data isn't there. The research doesn't yet show that this correlation exists." Rep. Gabbard tells Fox News. "The aim of these bills together is to lay that foundation to prevent what is the hardship that our Vietnam veterans faced with Agent Orange." The Heath Robinson Act aims to improve data tracking and accountability in how it is collected to better identify and determine the link between burn pit exposure, and reported chronic illnesses like respiratory ailments and rare cancers.

Under this new bill, the secretary of Veteran Affairs will be required to document every veteran who may have been exposed to burn pits while on duty and present findings to Congress every quarter. A biannual report will identify how many veterans have complained about burn pit exposure, made disability claims and the resulting outcomes. The report must also include a comprehensive list of conditions burn pit exposed veterans have. A registry was created by the Veterans Administration in 2011, but signing it does not guarantee assistance. Many veterans are unaware that the registry exists.

Gabbard said that the bill will aim to combat what appeared to be a reluctance from the VA and the Department of Defense from collecting this data. "This has not been a focus of either agency or department, and there does not seem to have been any kind of real effort made towards recognizing that this is a serious problem, that both the DOD and the VA don't seem to even have a handle on how big it is," Gabbard said. "I can only guess that the resistance comes from being afraid of what the cost may be to actually provide the care and the benefits to each of these service members who's been impacted." Service members and their families concerned with the effects of burn pit exposure say they

struggle to keep up with the high cost of medical treatments. There are more than 180,000 names signed to the VA registry, but it is estimated that 3.5 million veterans have been exposed to burn pits.

The Investigative Unit at Fox News has reported extensively on veterans made sick from their exposure to burn pits. Many service members said the pits were a crude method of incineration in which every piece of waste was burned, including plastics, batteries, appliances, medicine, dead animals and even human waste. The items were often set ablaze using jet fuel as the accelerant. The pits were used to burn more than 1,000 different chemical compounds day and night. Most service members breathed in toxic fumes with no protection.

One of those service members who was made sick from exposure was SFC Heath Robinson, who succumbed to a rare form of cancer this past May and is the namesake of the new bill. Robinson is believed to have contracted a rare autoimmune disorder called mucus membrane pemphigoid after he was exposed to burn pits during a 13-month tour with the Ohio National Guard. While he received assistance due to the fact he was still serving in the military, he and his family have been long-time advocates for other veterans. "He never blamed the military. You sign up as a soldier and you know you're going to go to war and there's going to be a chance of you getting shot or blown up and that you have that risk. But honestly, you just don't think about things like exposure," Robinson's wife, Danielle, told Fox News. She added that Heath felt it was important to go public with his story to help his fellow veterans.



**Heath Robinson (left) & Wife Danielle Robinson (right) at his funeral**

"He never once blamed any of his higher-ups for giving him that duty," Robinson said. "His main focus was to get legislation passed and to start speaking out and telling our stories so that they shut down any remaining burn pits so that other young soldiers are not being exposed to it." Danielle Robinson's mother, Susan Zeier, became an advocate and lobbyist after Robinson was diagnosed in 2017. Along with the advocacy group, Burn Pits 360, Zeier was a major factor in getting the Robinson Act introduced on Capitol Hill. "Heath wasn't, but so many of them were being denied benefits by the V.A. and being told their symptoms are psychosomatic and that," Zeier tells Fox News. "I just got so angry I couldn't believe our country would just turn a blind eye to all these war heroes that needed our help." "I've never really been a political activist or anything. But I just started writing to my senators."

Zeier said she did not get much response at first, but eventually got the attention of Sen. Sherrod Brown (D-OH) which led to three years of lobbying efforts. Brown, along with his Republican counterpart, Sen. Rob Portman, announced on Thursday that they are presenting a companion bill in the Senate. "This is a cost of going to war that we have to take responsibility for as a country," Brown said in a recent statement. "On the Vets committee we have a long history of putting party politics aside to work on behalf of the people who served this country, and I'm hopeful we can make progress on this bill, to take steps to help connect the dots between exposure to burn pits and the illnesses that so many of our veterans have developed."

Heath's wife, Danielle, believes that he would be proud that he was able to help the scores of veterans being denied proper treatment. "I feel like if he was still here, he would know that his fight to live longer would have more meaning behind it, not only just to be with his friends and family, but to be paving the way to help other soldiers," she said. "With the way his drive and motivation were, I think he would just be feeling like his battle is another step to accomplishing something huge that could help his brothers and sisters in the military." [Source: Fox News | Perry Chiaramonte | June 5, 2020 ++]

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## Arlington National Cemetery

### Update 84: S.3935 | Presidential Burial Entitlement

Sen. Tammy Duckworth (D-IL) wants to prohibit U.S. presidents and vice presidents from being buried at Arlington National Cemetery unless they've served in the military. Duckworth, an Iraq War veteran and retired U.S. Army officer, introduced legislation 10 JUN to bar nonveteran presidents and vice presidents from Arlington. The cemetery is nearing capacity, and the Army, which operates it, has proposed to restrict eligibility criteria. If fewer veterans and service members can be buried there, open spots shouldn't go to presidents or vice presidents who haven't served, Duckworth reasoned. "This legislation makes sure that no burial space should be reserved for individuals who are not servicemembers or veterans — even if he or she served as president or vice president of the United States," Duckworth said in a statement.

Current President Donald Trump and Vice President Mike Pence have not served in the military. Duckworth has been a longtime critic of Trump and his medical exemption from the Vietnam War draft. Only two U.S. presidents are buried at Arlington National Cemetery: William Howard Taft, who died in 1930, and John F. Kennedy, who was assassinated in 1963. Kennedy served in the U.S. Navy during World War II. As a lieutenant, he commanded a patrol torpedo craft in the South Pacific. He was awarded a Navy and Marine Corps Medal and a Purple Heart. Before he was president, Taft was President Theodore Roosevelt's secretary of war. During World War I, Taft enlisted in the Connecticut Home Guard as a show of support for the war. The home guard carried out duties of the Connecticut National Guard while guardsmen served on active duty. No U.S. vice presidents are buried at Arlington.

U.S. Army Secretary Ryan McCarthy proposed last year to restrict eligibility criteria for burial at Arlington in a move to extend its use as an active cemetery for the next 150 years. McCarthy's announcement in September 2019 kick-started a long rule-making process to change the criteria. Under rules now, most veterans and military retirees are eligible for either above- or below-ground burial in Arlington. Even with recent expansions, Arlington is expected to reach capacity in the mid-2050s. The Army proposed restricting below-ground burial to servicemembers killed in action, Purple Heart recipients, former prisoners of war, combat veterans who were awarded the Silver Star or above, service members who had combat-related deaths and combat veterans who also served as government officials and "made significant contributions to the nation's security at the highest levels of public service." In addition, Arlington plans to reserve 1,000 burial plots for Medal of Honor recipients. Presidents and vice presidents also would be eligible for burial, regardless of military service.

Under the proposed changes, above-ground inurnment would be available to World War II veterans, armed forces retirees, combat veterans who served at least two years on active duty and veterans without combat service who worked as government officials and contributed to national security. "The hard reality is we are running out of space," Karen Durham-Aguilera, director of the cemetery, said at the time. "To keep Arlington National Cemetery open and active well into the future means we have to make some tough decisions that restrict the eligibility." As the debate about the restrictions continues, Duckworth said she wants to prioritize burial spots for "those who gave their lives to defend and protect the nation." [Source: Stars & Stripes Nikki Wentling | June 10, 2020++]

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## Hurricane Nuking

### Update 01: H.R.7075 | Climate Change, Hurricane Correlation & Strategy Act

In August 2019, Axios reported that President Donald Trump repeatedly asked top national security officials to consider using nuclear bombs to weaken or destroy hurricanes. Now, one congresswoman wants to make it illegal for Trump, or any president, to act on this idea, which experts say would be both ineffective and extremely dangerous. On 1 JUN, Rep. Sylvia Garcia (D-TX) introduced the **Climate Change and Hurricane**

**Correlation and Strategy Act**, a bill that explicitly prohibits the president, along with any other federal agency or official, from employing a nuclear bomb or other "strategic weapon" with the goal of "altering weather patterns or addressing climate change." In a phone interview, Garcia told The Washington Post that the bill was drafted as a direct response to last year's report that Trump has floated the idea of nuking hurricanes. Trump denied ever making such a suggestion in a tweet shortly after Axios published its report.

The bill, which has no co-sponsors and no hearing date, appears unlikely to make it out of committee anytime soon. It has been referred to three committees: Armed Services; Energy and Commerce; and Science, Space and Technology. With no companion bills in the Senate, the chances of it appearing on the president's desk, much less being signed into law, are slimmer. But after hearing Trump's alleged comments on nukes and hurricanes and researching the issue further, Garcia felt she had to at least get the idea of a ban on using nuclear weapons to disrupt the weather on the table. "When I heard our president suggest that we needed to launch a nuclear weapon to disrupt a hurricane, my first thought was that's a really dumb idea," Garcia said. "When we did the research, we found that others have thought of that idea before."

The bill comes at the start of the 2020 Atlantic hurricane season, which is off to a quick start, with Tropical Storm Cristobal, the earliest-recorded third named storm of any season, striking Louisiana on Sunday. The season is expected to bring above-average storm activity, with 14 to 19 named storms, according to the National Oceanic and Atmospheric Administration. According to James Fleming, a professor at Colby College and author of "Fixing the Sky: The Checkered History of Weather and Climate Control," people have been discussing the possibility for almost as long as nuclear weapons have existed.

In October 1945, Vladimir Zworykin, associate research director at Radio Corporation of America, suggested that if humans had technology to perfectly predict the weather, military forces could be sent out to disrupt storms before they formed, perhaps using atomic bombs. That year, UNESCO director Julian Huxley spoke at an arms control conference in Manhattan, where he discussed using nuclear weapons for "landscaping the Earth" or dissolving the polar ice cap. In a 1961 speech at the National Press Club, U.S. Weather Bureau head Francis Reichelderfer said he could "imagine the possibility someday of exploding a nuclear bomb on a hurricane far at sea," according to a 2016 report by National Geographic. The United States even conducted several near-space experiments using nukes, including Operation Argus, a 1958 field test in which the military and the Atomic Energy Commission detonated atomic bombs more than 100 miles above the South Atlantic Ocean in an ill-conceived effort to induce artificial radiation belts in Earth's magnetic field. According to Fleming, the Argus tests, along with subsequent high-altitude nuclear detonations, helped "fuel discussions" leading to the Partial Test Ban Treaty of 1963, which prohibits atmospheric nuclear weapons tests.

While nuking a hurricane in an attempt to destroy or weaken it would probably cause an international uproar, the Partial Test Ban Treaty wouldn't prohibit the president from doing so. There's no domestic law or international treaty that would prohibit such an action, according to Scott Sagan, a professor of political science at Stanford University. "It would be a stupid thing to do, but it would not be an illegal thing to do," Sagan said. He said test bans wouldn't cover the actual use of a nuclear weapon against a perceived threat to the United States. In such circumstances, the president has sole authority to use nuclear weapons. Hurricane experts have long maintained that detonating a nuclear device in a hurricane would have little effect on it, according to NOAA. As the agency explains on its website, [noaa.gov](http://noaa.gov), the energy released by nuclear weapons pales in comparison to the energy released by a typical hurricane, which NOAA describes as comparable to a 10-megaton nuclear bomb exploding "every 20 minutes."

Even detonating multiple nuclear bombs inside a hurricane is unlikely to disrupt the storm, though the radioactive fallout released downwind could have catastrophic effects for people and the environment. "We don't have any knowledge on how far that fallout might spread," said Michael Jacquari Smith, a recent meteorology graduate from Jackson State University who has investigated the issue. "It's just like dealing with covid-19 - we don't know much about it." "It was a bad idea when [the NOAA] wrote this FAQ," said Phil Klotzbach, a meteorologist and tropical cyclone expert at Colorado State University, "and it's still a bad idea."

In addition to prohibiting the president from attempting to alter the weather with nukes, Garcia's bill calls for the White House, the Environmental Protection Agency, and the NOAA to issue five annual reports to Congress on "ways

to combat increasing hurricane activity due to warming oceans from climate change," as well as a "a one-time scientific explanation and analysis on the use of nuclear bombs to alter severe weather, such as hurricanes." This explanation would explore the health and environmental risks of deploying nuclear weapons on hurricanes, the radioactive fallout, and "how such use would or would not address the systemic issues and challenges of hurricanes." Climate studies show that warming seas and air temperatures are making hurricanes more damaging by increasing their rainfall output and favoring higher-end, "major" storms of Category 3 intensity or greater. Scientists have also been seeing an uptick in storms that rapidly intensify from weak to major hurricane status, which is enabled by warm sea surface temperatures, among other factors.

Garcia's district on the eastern side of Houston was heavily impacted by flooding during Hurricane Harvey in 2017, a storm that featured extreme rainfall totals that scientists eventually tied in part to climate change. Klotzbach said the bill's call for annual reports on hurricanes and climate change seemed redundant, given that many reports on the topic already exist. But he felt that a modeling study investigating the effects of dropping a nuclear bomb on a hurricane could be useful, if only to help scientists debunk the idea in the future. Fleming, of Colby College, said that the new bill seemed like "an overreaction to an off-the-cuff comment, a nonexistent threat." Axios's reporting noted that Trump raised the idea not once, but at multiple points in time, including with top national security and intelligence aides.

Kerry Emanuel, a hurricane expert at MIT, sees things a bit differently. "If we have a leader who would contemplate using a nuclear weapon on a hurricane," he said, "we have a much more extensive and serious problem than could be covered by a specific bill like this one." [Source: The Washington Post | Maddie Stone | June 8, 2020 ++]

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## **NDAA 2021**

### **Update 01: Senate sets to work on 2021 Bill**

Senate Majority Leader Mitch McConnell announced 28 MAY that the annual defense policy bill would be on the agenda when the Senate returns for its June work period. As Congress starts to draft the defense policy bill, a bicameral group led by Democrats Rep. Jackie Speier and Sen. Kirsten Gillibrand are working on language aimed at dramatically overhauling the military appeals process regarding military sexual trauma. VVA is also working with Senators to include the following language in the NDAA.

- More funding for PFAS clean up at DOD installations;
- More blood testing for service members and families;
- End DOD use of non-essential uses of PFAS;
- Prohibition on incineration until DOD finalizes guidance required by last NDAA; and
- A registry to notify DOD personnel and dependents that they may have been exposed to PFAS

The National Defense Authorization Act (NDAA) is the name for each of a series of United States federal laws specifying the annual budget and expenditures of the U.S. Department of Defense. The first NDAA was passed in 1961. [Source: VVA Government Affairs Newsletter | June 1, 2020++]

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## **Passed Vet Bills**

### **House, Senate, & Signed into Law since 15 MAR 2020**

Following are the bills passed in Congress in the last 90 days that would in one way or another impact on veteran's finances or welfare:

**House Passed** -- [H.R.6168](#) - Veterans' Compensation Cost-of-Living Adjustment Act on 28 MAY

**Senate Passed**

- [S.3084](#) - A bill to amend title 38, United States Code, to modify the limitation on pay for certain high-level employees and officers of the Department of Veterans Affairs, as amended. (Resolving differences)
- [S.3414](#) - Major Medical Facility Authorization Act. (Cleared for the president.)

**Signed into Law**

- [H.R.4771](#) - VA Tele-Hearing Modernization Act PL 116-137 on 4/10/20
- [H.R.6322](#) - Student Veteran Coronavirus Response Act of 2020 PL 116-140 on 4/28/20
- [H.R.4803](#) - Citizenship for Children of Military Members and Civil Servants Act PL 116-133 on 3/26/20
- [S.760](#) - Support for Veterans in Effective Apprenticeships Act of 2019 PL 116-137 on 3/26/20
- [S.3503](#) - A bill to authorize the Secretary of Veterans Affairs to treat certain programs of education converted to distance learning by reason of emergencies and health-related situations in the same manner as programs of education pursued at educational institutions. PL 116-128 on 3/21/20

[Source: <https://www.congress.gov/public-laws/116th-congress> | June 15, 2020 ++]

**\* Military \***



**MOH Awards**

**Update 18: German Auction House Sells Historic Medal**



A German auction house has sold an historic Medal of Honor — despite opposition from Sen. Ted Cruz and the National Medal of Honor Museum who urged the U.S. government to intervene and stop the sale. Army Pvt. Thomas Kelly earned the Medal of Honor, the highest military award for valor, for his service in 1898 during the Spanish-American War while he was serving with Company H, 21st U.S. Infantry. The National Medal of Honor Museum says he was awarded the medal for rescuing injured soldiers as he came under enemy fire in Santiago, Cuba. Additionally, Theodore Roosevelt also earned a Medal of Honor for his valor in the same battle, the museum noted.

U.S. law bars the sale of military medals or decorations authorized by Congress, and those who violate the law could face a fine and up to six months in prison. Despite the urging from the National Medal of Honor Museum to remove the listing on 27 MAY, Hermann Historica GmbH auction house sold the medal for more than \$15,000 on that day National Medal of Honor Museum President and CEO Joe Daniels also wrote letters to U.S. government officials including President Donald Trump, Secretary of State Mike Pompeo, Secretary of Defense Mark Esper and Attorney General Bill Barr, calling on them to halt the sale of the medal. “This Medal of Honor is a priceless American treasure that belongs here in our country,” Daniels said in a statement Wednesday. “We’re asking our elected leaders

and officials in the administration to do what they can to prevent people from illegally profiting off of Private Kelly's heroism and bring the medal home where it belongs."

Additionally Cruz, a Republican from Texas, waded into the dispute and urged Pompeo to intercede on the matter. "The sale harms the dignity and honor of all recipients of the Medal of Honor," Cruz wrote in a letter 26 MAY. "The Congress and the United States have long sought to prevent such affronts, and indeed 18 U.S. Code § 704 authorizes fines and imprisonment when those sales occur within our jurisdiction." "I urgently call on you to work with the U.S.'s foreign partners, including with officials of the Federal Republic of Germany, to ensure the sale is suspended," Cruz wrote.

But ultimately, the efforts did not stop the sale from going through. Bernhard Pacher, the managing director of Hermann Historica, noted the law doesn't apply to him since he is not in the U.S. "There's nothing morally bad in selling a medal, even if it's pointed out to me that it's illegal in the U.S., because I'm not in the U.S.," Pacher told Stars and Stripes. "In general, there's way less emotion here towards objects of historical value than there is in the United States," he said. This isn't the first time Pacher has sold a Medal of Honor either. Stripes reports he's previously sold four others, including one for more than \$7,400. The auction listing says the item sold for €14,000 — more than \$15,000. A total of 3,525 Medals of Honor have been awarded to service members, according to the National Medal of Honor Museum. The museum's database says 31 soldiers, 66 sailors, and 15 Marines were awarded the Medal of Honor during the Spanish American War. [Source: MilitaryTimes | Diana Stancy Correll | May 29, 2020 ++]

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## Army ERCA System

### Newest Supergun Will Cost \$500M before its Ready to Fight



The Army's plan to build a fleet of Extended Ranger Cannon Artillery (ERCA) systems starting in fiscal year 2021 will cost the service at least a half billion dollars, according to a new assessment from the Government Accountability Office — and that's just for the basics. Initiated in September 2018, the middle-tier acquisition rapid prototyping effort for the XM1299 long-range precision fires prototype known as Increment IC — which includes new armament, electrical systems, and "other upgrades" — will end up costing the service approximately \$486 million, according to the GAO assessment.

The Army plans on fielding 18 of the Increment 1C prototypes to a battalion for operational testing by fiscal year 2023, with the effort projected to end in October 2023 "to gather information for future ERCA increments," according to the assessment. This is just the beginning for those 18 prototypes developed under the ERCA effort: The Army is planning a separate Increment 2 effort, "which it expects will leverage the cannon and other components designed in Increment 1C," per the GAO report. Increment 2 may prove essential to whether the Army's supergun actually seeing action. While officials recently put the XM1299 through its paces at the Yuma Proving Ground, the nine technologies identified as critical to the ERCA Increment 1C development — namely the gun mount and projectile — are all currently immature, per the report.

"While the Army is still developing its plan to mature these technologies, it intends to demonstrate that they will near maturity in early 2020," according to the GAO report. "The Army expects all to be mature upon the completion of the rapid prototyping effort in 2023." The GAO was unable to identify a potential cost for Increment 2, which will build and issue another 18 prototype vehicles starting in fiscal year 2024. Developed in response to increasing concerns of near-peer adversaries like Russia and China, the ERCA prototype originally nailed targets with pinpoint accuracy at ranges up to 38 miles (62 kilometers) during testing at Yuma back in March 2019. During both rounds of testing, the XM1299 far outstripped the range of both the M109A7 Paladin (18 miles, or 30 km, with a rocket-assisted projectile) and the M777 (25 miles, or 40km, with a rocket-assisted projectile) howitzers.

BAE received a \$45 million contract in 2019 to integrate the new Army cannon into a standard Paladin chassis. According to Defense One, the defense contractor aims to deliver the cannons to a battalion by 2023. "That will give us the opportunity to test the platform in the hands of an operational unit and evaluate the operational concept for support fires at the division level," Brig. Gen. John Rafferty Jr., director of Army Futures Command's Long Range Precision Fires Cross Functional Team, told Defense One. The Army is also working with General Dynamics on a \$7.9 million contract to develop a 155mm ramjet-assisted long-range artillery round capable of nailing targets at ranges of up to 60 miles (100 kilometers) away. [Source: Task & Purpose | Jared Keller | June 3, 2020 ++]

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## **Minuteman III Program**

### **Hackers Steal Secrets from Nuclear Missile Contractor**

Minuteman III is the land-based component of the US nuclear deterrent, stored in hundreds of protected underground launch facilities operated by the US Air Force. Each ICBM is capable of delivering multiple thermonuclear warheads further than 6,000 miles, or the distance between London and Buenos Aires.

Hackers have stolen confidential documents from a U.S. military contractor which provides critical support for the country's Minuteman III nuclear deterrent, Sky News has learnt. After gaining access to Westech International's computer network, the criminals encrypted the company's machines and began to leak documents online to pressure the company to pay extortion. It is unclear if the documents stolen by the criminals include military classified information, but files which have already been leaked online suggest the hackers had access to extremely sensitive data, including payroll and emails.

There are also concerns that Russian-speaking operators behind the attack could attempt to monetize their haul by selling information about the nuclear deterrent on to a hostile state. Court documents in the U.S. allege that Russian cyber criminals with a financial motivation have collaborated with the intelligence services in order to steal classified government documents. A spokesperson for Westech confirmed to Sky News that the company had been hacked and its computers encrypted, and that investigations to identify what data the criminals had managed to steal were ongoing. Westech International, Inc. provides information technology services. The Company offers test and evaluation, engineering, technical, and administrative support services and serves customers in the United States. It is involved with the U.S. nuclear deterrent as a sub-contractor for Northrup Grumman, providing engineering and maintenance support for the Minuteman III Intercontinental ballistic missiles.

Brett Callow, a researcher for Emsisoft which specializes in tackling ransomware incidents, told Sky News: "This is not the first incident in which a contractor has leaked data and, unless action is taken, it will not be the last. "The information exposed in these incidents could potentially be of interest to other nation states and present a risk to both national security and to the safety of service personnel. "Even if a company pays the ransom, there is no guarantee that the criminals will destroy the stolen data, especially if it has a high market value. "They may still sell it to other governments or trade it with other criminal enterprises," Mr Callow warned, adding that another criminal group operating under the same model is offering interested parties the opportunity to bid for its stolen data.

Westech's computers were encrypted with the MAZE ransomware, which is traded on a range of Russian-speaking underground cyber-crime markets and has been used to attack dozens of companies in the West in the past year alone. The creators of MAZE seem to operate under an affiliate model allowing hackers to use their tool in exchange for a slice of the profits, according to research into the group by cyber security firm FireEye. Charles Carmakal of FireEye's incident response arm Mandiant told Sky News that the creators of the ransomware were definitely separate from the groups operating it - although there was some co-ordination between them all.

The creators have a centralized voice through their naming and shaming website, Mr Carmakal noted, where they leak documents in order to extort their victims. However there are various groups performing the attacks themselves, some of whom FireEye has identified recruiting collaborators on Russian-language cyber-crime forums. Mr Carmakal said it was not always easy for these types of criminals to get access to their governments if they wished to sell particularly valuable data. "The real risk is that, as these groups have proven they will do, the threat actors will publish the data they've stolen," he added.

Westech's spokesperson told Sky News: "We recently experienced a ransomware incident, which affected some of our systems and encrypted some of our files. "Upon learning of the issue, we immediately commenced an investigation and contained our systems," they added. "We have also been working closely with an independent computer forensic firm to analyse our systems for any compromise and to determine if any personal information is at risk." Sky News can confirm that personal information is included in the documents which the criminals have leaked online. [Source: Sky News (UK) | Alexander Martin | June 3, 2020 ++]

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## Navy Terminology, Jargon & Slang

### 'Kapok' thru 'Knuckle dragger'

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

**Kapok** – (USN) Life jacket, so called for the highly buoyant material originally used for the floatation filling. These lifejackets have an orange canvas cover which leaves nasty stains on white uniforms, even when not covered with grease or other crud.

**Keelhaul** – Ancient form of punishment from the days of sail, in which a sailor was thrown overboard and dragged under the ship to the other side with a line. Usually fatal, and if not, then causing serious injury due to the barnacles and other hard objects encrusting the hull.

**Kevlar** – (1) A synthetic Aramid fiber used for body and splinter armor. (2) A type of helmet used by US forces. See "FRITZ."

**Ki, kai, kye** - (RN) Hot chocolate made from slab chocolate shavings mixed with water into a cloyingly sweet drink. Pronounced to rhyme with 'try'.

**Killick** - (RN, RCN) Leading rate. Often used with the branch name or nickname, e.g. Killick Stoker, Killick Bunting Tossler.

**King Neptune** - The mythological God of the Sea. He always presides, with his court, at the LINE-CROSSING CEREMONY.

**Kipper** – (UK) (1) Obsolete term for torpedo. (2) An Englishman. Also seen as Kipperland, i.e. England or the UK.

**Knee-knockers** - The coaming of a watertight door or bulkhead opening. These coamings are a foot or so off the deck. So called because they can wreak havoc on the shins of those new to shipboard life.

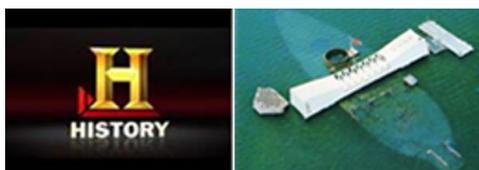
**Knock It Off** – (Aviation) The radio call to stop an ACM engagement. May be made for safety reasons, fuel shortage, or because an aircraft has met the kill criteria for the exercise. Any participant (or an observer) may make the call.

**Knot** – A measure of speed, equating to one nautical mile per hour. "Knots per hour" is incorrect usage.

**Knuckle-dragger** - Any sailor whose job requires more brawn than brains. See DECK APE, ORDIE.

[Source: <http://hazegray.org/faq/slang1.htm> | June 15, 2020 ++]

## \* Military History \*



## Russian MiG Shootdown

### 50 Years a Secret

E. Royce Williams is being called a forgotten hero in a forgotten war — a military pilot whose heroic action was never fully recognized because his mission was filed away as top secret. Now members of American Legion Post 416 in Encinitas, CA want to shed light on the retired Navy captain's distinguished service. They are campaigning to get him the Medal of Honor while he is still among us. Williams, now 95, spent 37 years forging a highly regarded career in the U.S. Navy, retiring in 1980. But it was one dog fight — about 35 minutes long, off the coast of North Korea on Nov. 18, 1952 — that made him a hero.



To his friends, family, and others he served with, Williams was known as a decorated fighter pilot, who led a successful career in the Navy, where he flew more than 220 missions in Korea and Vietnam. However, even his wife wasn't aware of what he'd done on Nov. 18, 1952. That morning, Williams was continuing what had become a daily routine for him as a young Navy pilot stationed onboard the USS Oriskany off the coast of Korea during the Korean War; flying his F9F-5 Panther fighter aircraft over the skies of North Korea to attack targets in support of operations on the ground. On this particular morning, the only difference was the targets were further north than usual – close to the country's border with the Soviet Union.

Despite a blizzard sweeping in with heavy winds and snow, Williams said the mission began successfully, with minor amounts of anti-aircraft fire. However, they hadn't counted on the nearby Soviet base to notice their presence. Within minutes, the Soviets went to general quarters and scrambled seven MiG-15 fighters to react to the situation. "Our combat information center notified us that there were inbound bogeys," said Williams. "I spotted seven contrails coming from the north, and identified them as MiGs." Once the MiGs passed over Williams and his wingman, they circled around and split into two groups – four to the right, and three to the left. Williams lost sight of the aircraft, and was ordered to move closer to the strike group to protect it in case the Soviets attacked.

That's when they dropped back in on Williams. "They dropped back in and started shooting," said Williams. "Since they started the fight, I shot back." Williams quickly locked on to one of the aircraft and hit it, watching as it caught fire and billowed smoke on its way down. His wingman followed it, leaving Williams alone with the remaining MiGs. In another intense moment, Williams was able to dodge the weapons fire and shoot back, downing another MiG, leaving two of the original four in the fight. "I'm on the defensive – I'm not really declaring war on them," said Williams. As he kept maneuvering to avoid being hit by the hundreds of bullets being fired, one of the Soviet pilots made a grave mistake, putting his aircraft directly in Williams' sights. He took the opportunity and opened fire, downing a third MiG.

On another turn, Williams felt his aircraft shake violently as it was hit by a MiG's 37mm cannon – ripping holes in his fuselage and exploding, leaving his aircraft severely damaged. As he struggles to stay in the fight, something else goes wrong – Williams runs out of ammunition. The remaining MiGs followed Williams as he turned his damaged aircraft into the storm, using the high winds to shield himself from the incoming rounds as he headed full speed back towards his task force. "I could see the bullets coming over me, and under me," said Williams. As he approached the task force, the remaining MiGs quickly retreated, assuming Williams probably wouldn't make it back to the Oriskany due to severe damage regardless. Williams knew if he ejected, he'd end up freezing to death before he could be rescued, and his communications were now severed due to the damage done to his aircraft. He had no choice but to attempt a landing.

To make matters worse, the task force had gone to general quarters with orders to open fire on any unidentified aircraft; since Williams couldn't communicate with them, they opened fire on his aircraft – luckily stopping once he got close enough to identify. His Panther was unable to slow down or it would stall, which forced Williams to make his landing at 200 miles per hour. Somehow, he was still able to catch a wire on the flight deck and emerged unscathed. The next day, the crew inspected his Panther and found 263 holes in the aircraft. "You'd be surprised, it was almost like a training mission," said Williams, recounting the story. "I was pretty stable."

Soon after returning, Williams was ordered into a meeting with his Admiral and a representative of a brand new government agency – the National Security Agency. The NSA had been testing new communications equipment that was intercepting radio chatter from the Soviets, and they knew if any details from Williams' mission went public, the Soviets would know the United States could hear their communications. Therefore, Williams was ordered not to tell a soul about his mission – it was classified as Top Secret. For the rest of his accomplished Navy career, and for decades after retirement, the details of Williams' dogfight with Soviet MiGs over North Korea remained a secret. When he was finally contacted by the government and told his mission was declassified, the first person Williams said he told was his wife.

Peter-Rolf Ohnstad Jr., with American Legion Post 416, has been helping with the MOH quest. He says the Medal of Honor resolution was approved by the regional American Legion district, "enthusiastically endorsed" by the state American Legion and "overwhelmingly approved" at the group's national convention in 2017. "Williams has never sought this recognition," Ohnstad notes. "He is the quietest, humblest person I've ever met." A replica of Williams' Panther sits on the USS Midway Museum flight deck bearing four MiG kill symbols. Williams is taking the quest for a Medal of Honor in stride. It's in his past. He says he doesn't expect any additional recognition. What was currently on his mind is climbing aboard a World War II plane on Memorial Day in Riverside and flying with one of 18 vintage warbird pilots over Southern California to pay tribute to veterans of all conflicts. [Source: San Diego Union-Tribune | & War is Boring | Diane Bell | May 24 & 28, 2020 ++]

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## **WWII Theodore Roosevelt Jr. Only General to Storm Normandy Beaches in 1<sup>st</sup> Wave**



Theodore Roosevelt Jr., who had been shot in the leg and gassed nearly to blindness in World War I, was not going to let World War II go by without his direct involvement. First wave. D-Day. He was 56 and walked with a cane when his Higgins Boat reached Utah Beach on June 6, 1944. Eldest son of the 26th U.S. president, Roosevelt Jr. famously said The American Legion could never have been founded by one individual. It was a point he made often in 1919, the organization's founding year, when crowds of newly minted veterans shouted for him to serve as the first national commander. He declined the nomination in order to ensure that The American Legion would not be perceived as politically partisan in any way.

Prior to U.S. entry in World War I, he helped form American Legion, Inc., a national network of citizens trained to serve should the call to arms come. He led combat missions across France and soon after the armistice of Nov. 11, 1918, arranged the earliest meetings to plan what would become The American Legion. In May 1919, he presided over the St. Louis Caucus where the Preamble to the American Legion Constitution was drafted and most of the organization's purposes and values were set in motion. Like many of The American Legion's earliest founders, Roosevelt Jr. returned to duty during World War II. He was a beloved leader, considered a "dog-faced general" by his troops, and, as he had done during World War I, he gained the respect of top career generals.

One of those generals, however, was opposed to Roosevelt Jr.'s request to enter the European Theater at Normandy as part of history's largest amphibious military invasion. Maj. Gen. Raymond "Tubby" Barton rejected Brig. Gen. Roosevelt Jr.'s verbal requests. Then, he put it in writing, stating that his experience and ability to report the situation from the beach back to the command would be vital to the operation's success. He also noted that, "I personally know both officers and men of these advance units and believe that it will steady them to know that I am with them." Reluctantly, Barton finally gave in. Roosevelt Jr. became the only U.S. general to storm the beaches in the first wave of the Normandy invasion, leading the 4th Infantry Division, 8th Infantry Regiment, into France. His landing craft famously drifted off course and reached shore approximately one mile from its target destination on Utah Beach. Reportedly, he let the troops know he didn't care where they landed. "We'll start the war from right here!" he is said to have shouted to the young soldiers scrambling onto the beachhead.

As German forces began firing, Roosevelt Jr., also reportedly befuddled the enemy by limping back and forth to the Higgins Boat, armed only with a pistol, to keep the troops moving. That same morning, Roosevelt Jr.'s son, Capt. Quentin Roosevelt II, stormed Omaha Beach. Roosevelt Jr. was the oldest man in the invasion and the only father whose son also came ashore on D-Day. "His valor, courage, and presence in the very front of the attack and his complete unconcern at being under heavy fire inspired the troops to heights of enthusiasm and self-sacrifice," his Medal of Honor citation would later read. "Although the enemy had the beach under constant direct fire, Brig. Gen. Roosevelt moved from one locality to another, rallying men around him, directed and personally led them against the enemy. Under his seasoned, precise, calm, and unflinching leadership, assault troops reduced beach strong points and rapidly moved

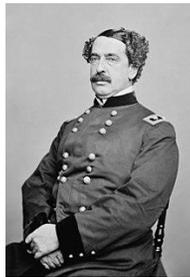
inland with minimum casualties. He thus contributed substantially to the successful establishment of the beachhead in France.”

Once inland, he was often found among the rank-and-file soldiers, seated in his jeep, which bore the name “Rough Riders” in honor of the 1st Cavalry Brigade his father had led in battle during the Spanish American War. Five weeks after coming ashore at Utah Beach, Theodore Roosevelt Jr., died of a heart attack and was buried in Ste. Mere-Eglise. His grave was later moved to the Normandy American Cemetery near Omaha Beach, where it is often visited by current-day American Legion national commanders. [Source: The American Legion | Jun 02, 2020 ++]

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## **Civil War Abner Doubleday**

### **Baseball Supposed Inventor Disputed**



Although Abner Doubleday achieved minor fame as a competent combat general with experience in many important Civil War battles, he is more widely known as the supposed inventor of the game of baseball, in Elihu Phinney's cow pasture in Cooperstown, New York, in 1839.

The Mills Commission, chaired by Abraham G. Mills, the fourth president of the National League, was appointed in 1905 to determine the origin of baseball. The committee's final report, on December 30, 1907, stated, in part, that "the first scheme for playing baseball, according to the best evidence obtainable to date, was devised by Abner Doubleday at Cooperstown, New York, in 1839." It concluded by saying, "in the years to come, in the view of the hundreds of thousands of people who are devoted to baseball, and the millions who will be, Abner Doubleday's fame will rest evenly, if not quite as much, upon the fact that he was its inventor ... as upon his brilliant and distinguished career as an officer in the Federal Army."

However, there is considerable evidence to dispute this claim. Baseball historian George B. Kirsch has described the results of the Mills Commission as a "myth". He wrote, "Robert Henderson, Harold Seymour, and other scholars have since debunked the Doubleday-Cooperstown myth, which nonetheless remains powerful in the American imagination because of the efforts of Major League Baseball and the Hall of Fame in Cooperstown." At his death, Doubleday left many letters and papers, none of which describe baseball or give any suggestion that he considered himself a prominent person in the evolution of the game, and his New York Times obituary did not mention the game at all. Chairman Mills himself, who had been a Civil War colleague of Doubleday and a member of the honor guard for Doubleday's body as it lay in state in New York City, never recalled hearing Doubleday describe his role as the inventor.

Doubleday was a cadet at West Point in the year of the alleged invention and his family had moved away from Cooperstown the prior year. He was a career United States Army officer and Union major general in the American Civil War. He fired the first shot in defense of Fort Sumter, the opening battle of the war, and had a pivotal role in the early fighting at the Battle of Gettysburg. Gettysburg was his finest hour, but his relief by Maj. Gen. George G. Meade caused lasting enmity between the two men. In San Francisco, after the war, he obtained a patent on the cable car

railway that still runs there. In his final years in New Jersey, he was a prominent member and later president of the Theosophical Society.

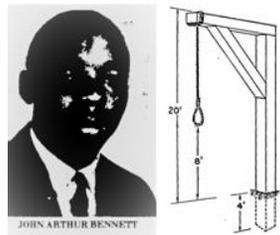
Furthermore, the primary testimony to the commission that connected baseball to Doubleday was that of Abner Graves, whose credibility is questionable; a few years later, he shot his wife to death and was committed to an institution for the criminally insane for the rest of his life. Part of the confusion could stem from there being another man by the same name in Cooperstown in 1839. Despite the lack of solid evidence linking Doubleday to the origins of baseball, Cooperstown, New York, became the new home of what is today the National Baseball Hall of Fame and Museum in 1937.

There may have been some relationship to baseball as a national sport and Abner Doubleday. While the modern rules of baseball were formulated in New York during the 1840s, it was the scattering of New Yorkers exposed to these rules throughout the country that spread not only baseball but also the "New York Rules", thereby harmonizing the rules, and being a catalyst for its growth. Doubleday was a high-ranking officer, whose duties included seeing to provisions for the US Army fighting throughout the south and Border States. For the morale of the men, he is said to have provisioned balls and bats for the men. [Source: DoD News & [https://en.wikipedia.org/wiki/Abner\\_Doubleday](https://en.wikipedia.org/wiki/Abner_Doubleday) | David Vergun | June 2, 2020 ++]

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## Military Executions

Army Pvt. John Bennett | 16 April 1961



It's been more than half a century since the U.S. military executed a service member. Army Pvt. John Bennett was hanged in 1961 at Fort Leavenworth prison in Kansas, convicted of raping and attempting to kill an 11-year-old Austrian girl. The 26-year-old soldier's execution barely made the newspapers, according to a profile of Bennett published in 2000 in the Los Angeles Times. But by today's standards, it probably would have generated a huge amount of attention and controversy. Bennett was black, the Austrian girl was white, and Bennett's defense was "brief and ineffective," the Times reported.

The Times story went on to say that during the six years between Bennett's trial and his execution, eight other black soldiers were executed -- but the six white prisoners on death row lived. The white prisoners "had killed little girls or killed more than once. ...President Dwight Eisenhower commuted sentences of four. Two were spared by the court," the paper said. And there was evidence in Bennett's case that he suffered from mental health problems that, in today's justice system, might have spared him. The soldier's lawyer never brought up Bennett's mental history, and Bennett didn't testify, the newspaper said.

"The biggest concern with the military death penalty was that it fell disproportionately on African-American soldiers," says Eugene R. Fidell, who teaches military justice at Yale Law School. During World War II, blacks accounted for less than 10% of the Army. During the war, 70 soldiers were executed in Europe and, of those, 55 were black, wrote Dwight Sullivan, a military law expert, for the nonprofit Death Penalty Information Center, which analyzes and studies issues surrounding capital punishment. After President Harry Truman ordered an end to segregation in the armed forces in 1948, the racial disparity in executions increased, Sullivan said. Between 1954 and 1961, 11 of 12 service members executed were black.

A 2012 study that analyzed racial disparity in military death penalty cases between 1984 and 2005 found minorities were twice as likely as whites to be given the death penalty, a finding considerably higher than in civilian courts, said Catherine Grosso of Michigan State University's College of Law, a co-author of the study. As commander-in-chief, the U.S. president is the only person who can sign a death warrant for a service member. Eisenhower signed off on Bennett's execution, but by the time Bennett's final day came, President John F. Kennedy was in office. "The data were sufficiently troubling that when Pvt. Bennett's case came before President Kennedy, an analysis was done of all military cases, and his staff was concerned about adverse public reaction," Fidell said. "In the end, JFK declined to interfere with the execution."

Apart from the Times story, few news outlets appear to have written about Bennett, an indigent son of a Virginia sharecropper. According to the paper, the ammunition handler and truck driver's court-martial happened in Austria. The trial lasted five days. The girl, who the Times says was named Gertie, came into contact with her attacker while she was walking across a meadow in the town of Seizenham. Residents said that a man who looked like Bennett had stumbled into their homes, asking for a prostitute. Bennett, the paper said, claimed he and the girl had consensual sex. Later, the wife of an Army sergeant, said that the girl showed up at her home and repeatedly used the word N-word, the Times reported.

Bennett was charged with rape, and prosecutors added a charge of attempted murder for leaving the girl in a meadow, the newspaper said. Gertie testified for the prosecution and pointed Bennett out at the trial, according to the Times. Bennett was in the disciplinary barracks' boiler room at Leavenworth and "waited calmly" as Col. Weldon W. Cox read his sentence, according to a 1994 Military Law Review article. Cox asked the condemned soldier whether he wanted to make a final statement. "Yes," he answered. "I wish to take this last opportunity to thank you and each member of the staff for all you have done in my behalf." [Source: CNN | Ashley Fantz | July 28, 2013 ++]

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## **Military History Anniversaries**

**16 thru 30 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 16 thru 30 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**

**Charles George | Korea**



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

*MEDAL OF HONOR posthumously*

*To*

**Charles George**

**Rank and organization:** U.S. Army 179th Infantry Regiment, 45th Infantry Division

**Place and date:** Near Songnae-dong, Korea, 30 November 1952

**Entered service:** Whittier, N.C.

**Born:** 23 August 1932, Cherokee, N.C.

### Citation

Pfc. George, a member of Company C, distinguished himself by conspicuous gallantry and outstanding courage above and beyond the call of duty in action against the enemy on the night of 30 November 1952. He was a member of a raiding party committed to engage the enemy and capture a prisoner for interrogation. Forging up the rugged slope of the key terrain feature, the group was subjected to intense mortar and machine gun fire and suffered several casualties. Throughout the advance, he fought valiantly and, upon reaching the crest of the hill, leaped into the trenches and closed with the enemy in hand-to-hand combat. When friendly troops were ordered to move back upon completion of the assignment, he and 2 comrades remained to cover the withdrawal. While in the process of leaving the trenches a hostile soldier hurled a grenade into their midst. Pfc. George shouted a warning to 1 comrade, pushed the other soldier out of danger, and, with full knowledge of the consequences, unhesitatingly threw himself upon the grenade, absorbing the full blast of the explosion. Although seriously wounded in this display of valor, he refrained from any outcry which would divulge the position of his companions. The 2 soldiers evacuated him to the forward aid station and shortly thereafter he succumbed to his wound. Pfc. George's indomitable courage, consummate devotion to duty, and willing self-sacrifice reflect the highest credit upon himself and uphold the finest traditions of the military service.



The VA Medical Center in Asheville, North Carolina is named in honor of Charles George and thus is officially known as the Charles George VA Medical Cen

Several boys recovered George's Purple Heart, Bronze Star and GCM in an antique shop. The owner donated the medals on the condition the boys find the family and return them, which they di

[Source: <http://www.cmohs.org/recipient-detail/3115/george-charles.php> | June 2020 ++]

### \* Health Care \*



## PTSD Detection

### Update 03: Basics

PTSD (posttraumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault. It's normal to have upsetting memories, feel on edge, or have trouble sleeping after a traumatic event. At first, it may be hard to do normal

daily activities, like go to work, go to school, or spend time with people you care about. But most people start to feel better after a few weeks or months. If it's been longer than a few months and you're still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later on, or they may come and go over time.

Anyone can develop PTSD at any age. A number of factors can increase the chance that someone will have PTSD, many of which are not under that person's control. For example, having a very intense or long-lasting traumatic event or getting injured during the event can make it more likely that a person will develop PTSD. PTSD is also more common after certain types of trauma, like combat and sexual assault. Personal factors, like previous traumatic exposure, age, and gender, can affect whether or not a person will develop PTSD. What happens after the traumatic event is also important. Stress can make PTSD more likely, while social support can make it less likely.

PTSD symptoms usually start soon after the traumatic event, but they may not appear until months or years later. They also may come and go over many years. If the symptoms last longer than four weeks, cause you great distress, or interfere with your work or home life, you might have PTSD. There are four types of PTSD symptoms, but they may not be exactly the same for everyone. Each person experiences symptoms in their own way.

- **Reliving the event** (also called re-experiencing symptoms). Memories of the traumatic event can come back at any time. You may feel the same fear and horror you did when the event took place. For example:
  - You may have nightmares.
  - You may feel like you are going through the event again. This is called a flashback.
  - You may see, hear, or smell something that causes you to relive the event. This is called a trigger. News reports, seeing an accident, or hearing a car backfire are examples of triggers.
- **Avoiding situations that remind you of the event.** You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event. For example:
  - You may avoid crowds, because they feel dangerous.
  - You may avoid driving if you were in a car accident or if your military convoy was bombed.
  - If you were in an earthquake, you may avoid watching movies about earthquakes.
  - You may keep very busy or avoid seeking help because it keeps you from having to think or talk about the event.
- **Negative changes in beliefs and feelings.** The way you think about yourself and others changes because of the trauma. This symptom has many aspects, including the following:
  - You may not have positive or loving feelings toward other people and may stay away from relationships.
  - You may forget about parts of the traumatic event or not be able to talk about them.
  - You may think the world is completely dangerous, and no one can be trusted.
- **Feeling keyed up** (also called hyperarousal). You may be jittery, or always alert and on the lookout for danger. You might suddenly become angry or irritable. This is known as hyperarousal. For example:
  - You may have a hard time sleeping.
  - You may have trouble concentrating.
  - You may be startled by a loud noise or surprise.
  - You might want to have your back to a wall in a restaurant or waiting room.

Children may have symptoms described above or other symptoms depending on how old they are. As children get older, their symptoms are more like those of adults. Read more about PTSD in [Children and Teens](#), and [Very Young Trauma Survivors](#). Here are some examples of PTSD symptoms in children:

- Children under 6 may get upset if their parents are not close by, have trouble sleeping, or act out the trauma through play.

- Children age 7 to 11 may also act out the trauma through play, drawings, or stories. Some have nightmares or become more irritable or aggressive. They may also want to avoid school or have trouble with schoolwork or friends.
- Children age 12 to 18 have symptoms more similar to adults: depression, anxiety, withdrawal, or reckless behavior like substance abuse or running away.

**Will People with PTSD Get Better?**



After a traumatic event, it's normal to think, act, and feel differently than usual—but most people start to feel better after a few weeks or months. Talk to a doctor or mental health care provider (like a psychiatrist, psychologist, or social worker) if your symptoms:

- Last longer than a few months
- Are very upsetting
- Disrupt your daily life

"Getting better" means different things for different people. There are many different treatment options for PTSD. For many people, these treatments can get rid of symptoms altogether. Others find they have fewer symptoms or feel that their symptoms are less intense. Your symptoms don't have to interfere with your everyday activities, work, and relationships. There are two main types of treatment, psychotherapy (sometimes called counseling or talk therapy) and medication. Sometimes people combine psychotherapy and medication. Psychotherapy, or counseling, involves meeting with a therapist. Trauma-focused psychotherapy, which focuses on the memory of the traumatic event or its meaning, is the most effective treatment for PTSD. There are different types of trauma-focused psychotherapy, such as:

- Cognitive Processing Therapy (CPT) where you learn skills to understand how trauma changed your thoughts and feelings. Changing how you think about the trauma can change how you feel.
- Prolonged Exposure (PE) where you talk about your trauma repeatedly until memories are no longer upsetting. This will help you get more control over your thoughts and feelings about the trauma. You also go to places or do things that are safe, but that you have been staying away from because they remind you of the trauma.
- Eye Movement Desensitization and Reprocessing (EMDR), which involves focusing on sounds or hand movements while you talk about the trauma. This helps your brain work through the traumatic memories.

Medications can be effective too. Some specific SSRIs (selective serotonin reuptake inhibitors) and SNRIs (serotonin-norepinephrine reuptake inhibitors), which are used for depression, also work for PTSD. These include sertraline, paroxetine, fluoxetine, and venlafaxine. [Source: National Center for PTSD | DVA | June 1, 2020 ++]

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**Prescription Drug Costs**

**Update 56: BCBS Sues CVS over Inflated Drug Prices**

Blue Cross Blue Shield insurers in six states have sued CVS Health Corp. over an alleged scheme to overcharge them for generic drugs by submitting claims for payment at “inflated prices.” The lawsuit, filed 27 MAY in the Rhode Island federal court, added to mounting pressure that CVS has been facing since 2015 over its cash discount programs,

which it said were designed to compete with Walmart and other “big-box” discounted pharmacies. According to the complaint, health insurers typically negotiate “lesser-of” contracts with pharmacy benefits middlemen to pay the lower cost of either the negotiated drug price or the cash price that insured patients would pay. But the BCBS companies alleged that CVS had offered lower prices for “hundreds” of generic drugs and later told insurers that the prices were much higher than they actually were.

“By intentionally submitting falsely inflated usual and customary prices, CVS knew that it was being overpaid for these generic drug transactions. In fact, as internal documents show, that was CVS’s plan all along,” BCBS’s attorneys from Partridge Snow & Hahn wrote in the 46-page complaint. “CVS has now pocketed billions of dollars in ill-gotten gains through this unlawful scheme— including many millions from plaintiffs,” they said. CVS, however, is not the only pharma firm to land in hot water over claims for prescription drug prices. Last month, 50 independent pharmacies sued OptumRx, a major pharmacy benefit manager, in a proposed class action over its alleged failure to comply with state pharmacy claims reimbursement laws.

That suit claimed that OptumRx paid local pharmacies substantially less than it paid large chain retail pharmacies like CVS or Walgreens and knowingly reimbursed local pharmacies below wholesale cost to stock necessary generic prescription drugs. Still, CVS is preparing for a planned trial later this year over substantially the same issue in the first class action to target the Woonsocket, Rhode Island-based company for overcharging for generic drugs. CVS has said in financial filings that it is “defending itself against these claims.”

The BCBS suit has cited “internal documents” from public legal filings to argue that CVS concealed its alleged scheme from third-party payors for years. “Had CVS been open and notorious about its fraudulent pricing scheme, it never would have succeeded—plaintiffs would have insisted that CVS submit the correct usual and customary price,” the complaint said. “Indeed, while carrying out this scheme, CVS internally feared that third party payors would learn of the deception and demand correction.” [Source: BenefitsPRO | Thomas McParland | June 02, 2020 ++]

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## Prescription Drug Costs

### Update 57: Big Pharma Attacks Efforts to Guard against COVID-19 Price Gouging

After House Democrats announced a plan to ensure that drugs and vaccines for Covid-19 are affordable and accessible to all, a coalition of conservative groups began quietly working to undermine that effort. On 15 APR, Rep. Jan Schakowsky (D-IL) along with Reps. Peter DeFazio (D-OR), Rosa DeLauro (D-CT), and Lloyd Doggett (D-TX) laid out basic principles for the development and pricing of coronavirus therapies and vaccines. Their demands were simple: Pharmaceutical companies should have to set reasonable prices for their drugs and vaccines used to treat or prevent Covid-19. They should be required to make the costs of research and manufacturing of these products public. During the pandemic, the legislators said, companies should not be able to profit exclusively from these potentially lifesaving drugs.

“Exclusivity determines who has access, who can manufacture, and how we scale up production to meet the need,” the members of Congress noted in a press release at the time. “We cannot leave these decisions up to a single, profit-motivated private company.” Few have spoken out against the protections that were designed to ensure equitable access to lifesaving medicines — at least publicly. But privately, a coalition of conservative groups attacked the proposed patient protections as “dangerous, disruptive, and unacceptable.” In a 7 MAY letter, representatives of 31 groups, including Hudson Institute, the Council for Citizens Against Government Waste, and Consumer Action for a Strong Economy, called on Congress to reject the drug pricing guidelines and defended patents and the exclusive right to profit from drugs as “America’s great assets.”

It’s worth noting that at least 15 of the groups arguing for the rights of pharmaceutical companies to exclusively profit from coronavirus-related products have received funding from the pharmaceutical industry. Among the

organizations that signed the letter and also received donations from either drug companies or the trade groups that represent them are the American Legislative Exchange Council Action, whose parent organization, ALEC, received at least \$530,000 from the trade group Pharmaceutical Research and Manufacturers of America, or PhRMA, since 2015; Americans for a Balanced Budget, which has received more than \$375,000 from PhRMA since 2015; and the Institute for Policy Innovation, which received \$374,500 from PhRMA during the same period. In all, 15 of the 31 groups received \$2.5 million in pharmaceutical industry contributions between 2015 and 2019, according to an analysis of tax filings and other records by Public Citizen.

The pharmaceutical industry, which spent \$295 million on lobbying in 2019, far more than any other sector in the U.S., has defended the present system of drug development and pricing as an effective way of incentivizing needed investment in pharmaceutical innovation. Currently drug companies can obtain patents, which typically grant them 20 years of property rights. Separately, they can obtain exclusivity for their drugs, which can prohibit the sale of competing products. Either way, according to PhRMA, which represents biotech research companies, intellectual property rights are the key to the creation of needed drugs.

The 7 MAY letter argued that denying companies exclusive rights to profit from their products or requiring them to disclose proprietary information would benefit China and hurt people with Covid-19 and other diseases. But according to Doggett, chair of the House Ways and Means Health Subcommittee and one of the authors of the guidelines, it is pharmaceutical greed that poses the real danger. “To know what interests these groups truly represent: Follow the money. Just like their generous campaign contributions, Big Pharma-funded propaganda seeks to protect monopoly power to extract the highest price — whatever the sick and dying will pay,” Doggett wrote in a statement emailed to The Intercept. “This letter only encourages continued inaction to protect the taxpayer investment from a Congress that has remained completely impotent in the face of Big Pharma.”

The 15 APR guidelines, which have yet to be codified into proposed legislation, were not the Democrats’ first effort to guard against price gouging during the pandemic. In March, Schakowsky and others attempted to insert language into the coronavirus aid package that would have limited drug makers’ intellectual property rights and allowed the federal government to take action if it had reason to believe that treatments or vaccines developed with public funds were priced too high. But while an early draft of the bill included these provisions, lobbyists for the pharmaceutical industry succeeded in getting them removed from the final legislation.

Perhaps most galling to the Democratic lawmakers is the fact that the vast majority (if not all) of the drugs they seek to protect from exorbitant pricing have been developed at least in part with taxpayer dollars. Between 2010 and 2016, every drug approved by the Food and Drug Administration benefited from science funded with federal research through the National Institutes of Health, according to the advocacy group Patients for Affordable Drugs. During that time, taxpayers spent more than \$100 billion on that research. Although American taxpayers are the “angel investors” of pharmaceuticals, as Doggett put it, many cannot afford the treatments they’ve bankrolled. Some 58 million people in the U.S. reported being unable to afford medicines, according to a November 2019 Gallup poll, which also found that 34 million people reported knowing someone who had died after not getting treatment.

The problem isn’t new. “We have seen it time and again: The government does all the work through Phase III trials, and then licenses it over to a manufacturer to finish the approval. It is like those years of government investment did not exist,” DeLauro wrote in a statement to The Intercept. “As the Chair of the subcommittee that funds the National Institutes of Health and the Biomedical Advanced Research and Development Authority, I am all deeply aware of just how much money the U.S. government invests in the critical, life-saving biomedical research in this country.”

People with HIV and hepatitis C are also painfully familiar with the failings of the U.S. drug pricing system. Although medicines have become available over the past 10 years to treat these viral infections, tens of thousands of people still die because they are unable to afford them. “We have watched as those epidemics continue to spiral out of control and kill people,” said James Krellenstein of the PrEP4All Collaboration, a group that formed in 2018 to advocate for universal access to lifesaving HIV medications and expanded its work to include Covid-19 in February. “In both of

these cases, we see we have highly, highly effective drugs in many cases funded by public money and we see drug companies pricing these as exorbitant prices.”

Some of the companies that are receiving government funding to develop coronavirus treatments and vaccines have offered assurances about their pricing. Stéphane Bancel, the CEO of Moderna, which received \$486 million of federal funding to speed its work on a coronavirus vaccine, promised to be “very thoughtful” when it comes to pricing. And Johnson & Johnson, which received more than \$600 million in federal funding for its coronavirus treatment and vaccine work, said that its vaccine, at least, would be “affordable.” But Krellenstein said that leaving decisions about coronavirus drug pricing in drug companies’ hands — the approach taken with HIV and hepatitis C — would be a grave mistake. “We know from the past decade that the current approach of doing nothing results in the perpetuation of epidemics and the perpetuation of mass death,” he said.

In the case of remdesivir, an antiviral therapy made by Gilead Sciences that is being tested as a treatment for Covid-19, PrEP4All argues that because U.S. government scientists appear to have contributed in various ways to its creation, the government may actually co-own the patents. If remdesivir proves to be effective in fighting the virus, which is an open question, the group argues that the government could easily expand access to it. Gilead donated its initial supply of the drug to the federal government and is now preparing to sell it. The company’s CEO Daniel O’Day told CNBC, “We understand our responsibility both to patients and also to shareholders and we’ll be balancing that.”

Regardless of its ownership of remdesivir, the U.S. government has the right to override any patent as long as it provides the company “reasonable compensation” through a legal provision known as Section 1498. The law functions as a sort of eminent domain for patented products, allowing the government to break a company’s monopoly on a product and permit low-cost competition. An increasing group of people could benefit from this and other steps to make Covid-19 drugs affordable. When Schakowsky and her colleagues first unveiled their proposal in April, there were just over 600,000 confirmed coronavirus infections in the U.S. By the time the pharmaceutical industry-funded groups sent their letter to House members, that number had doubled. Less than a month later, it has tripled to more than 1.8 million, and more than 105,000 people have died from Covid-19.

But U.S. lawmakers have yet to enact protections from price gouging. And while the American pharmaceutical industry is pushing to maintain its ability to exclusively set drug prices and profit from pharmaceutical products, much of the world is moving in the other direction. On 29 MAY, the World Health Organization unveiled a global effort to pool intellectual property, data, and research related to Covid-19. While 36 countries have already announced their support for the project, the U.S. was not among them. Just as WHO was detailing its plan to broadly share the benefits of scientific advancement, President Donald Trump was announcing his plan to withdraw from the global organization.

PhRMA, Hudson Institute, Council for Citizens Against Government Waste, Consumer Action for a Strong Economy, ALEC, Americans for a Balanced Budget, and the Institute for Policy Innovation did not respond to inquiries from The Intercept for this story.

[Source: The Intercept | Sharon Lerner | June 2, 2020 ++]

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## Heart Failure

### Update 02: Palliative Care Impact on Recovery

Palliative care, which focuses on pain relief and emotional support, can help reduce the risk of readmission among heart failure patients, according to a new study. The study, published in the Journal of the American Heart Association, examines data for more than 57,000 patients who had been hospitalized for heart failure at 124 Veterans Affairs medical centers between 2010 and 2015. About 1,400 patients received palliative care, focused on maximizing their quality of life, during their hospital stay for heart failure. Researchers followed up with them about six months after they were discharged from the hospital. They found 31 percent of the patients in the palliative care group experienced repeated hospital readmissions, and 40 percent of patients who did not receive palliative care were repeatedly readmitted. Also,

only 2.8 percent of patients in the palliative care group required mechanical ventilation versus 5.4 percent of patients not in that group. "There's a perception that [palliative care is] provided only at the very end of life, and that's not true," said James L. Rudolph, MD, study co-author and the director of the Center of Innovation in Geriatric Services at the Providence (R.I.) VA Medical Center. "Palliative care added to heart failure treatment plans, especially when a patient is hospitalized, can have a big impact on the patient and the entire health system." [Source: Becker's Healthcare | Hospital Review | May 20, 2020 ++]

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## Insomnia

### Update 05: Relaxation Techniques and Sleeping Habits

Using relaxation techniques and changing sleeping habits can help you fall asleep faster and get more restful sleep. It is often difficult to say why someone is sleeping poorly. Nearly one out of five people sometimes have trouble with insomnia. Lying in bed and worrying about not being able to fall asleep can actually prevent you from sleeping. Many want to get more sleep again without having to take sleeping pills. It can then be worth giving relaxation techniques a try and checking whether the problems might be caused by certain habits, such as drinking coffee late in the evening. It is also important to not worry too much about how much sleep you get.

#### Relaxation Techniques

The aim of relaxation techniques is to achieve physical and mental relaxation. They are meant to reduce physical tension and interrupt the thought processes that are affecting sleep. Studies show that people who have learned relaxation techniques sleep a bit longer at night. The main benefit of the relaxation techniques was being able to fall asleep somewhat more quickly. But these approaches don't help everyone. There are different types of relaxation techniques:

- *Progressive muscle relaxation*, also called Jacobson's or deep muscle relaxation: This technique involves tensing groups of muscles all over the body one by one and then consciously relaxing them again. You can learn muscle relaxation by visiting a course or using an audio training course.
- *Autogenic training* (AT): Autogenic training involves focusing awareness on different parts of the body and consciously relaxing them. At an advanced level, even involuntary bodily functions like pulse and breathing can be influenced to achieve deep physical relaxation. Autogenic training is taught in courses.
- *Biofeedback*: This method helps you to feel how your body reacts to tensing and relaxing. It involves placing electrodes on your body to measure muscle tension, your pulse and brain activity. You can monitor these different measurements on a screen and see how muscle relaxation or thinking particular thoughts affects them. Biofeedback can be done at the doctor's or by using a portable biofeedback device at home once you've been instructed in how to use it.
- *Imagery* (visualizations): Another common type of relaxation training is imagery, where you visualize peaceful, pleasant scenes or imagine yourself breathing quietly, gently falling asleep and having a good night's sleep.

#### Habits

Studies suggest that changing your sleeping habits can help improve the quality of your sleep. People who had been instructed about sleep habits slept more peacefully and didn't wake up as often. There are courses that teach you about how you can change your sleeping habits. In these studies a typical course lasted four weeks with one session per week. There are many different things you can do to change your sleeping habits. Here we list some of the more common ones. But it is difficult to tell from the research which of them are most likely to work.

Sleep hygiene -- The following set of "sleep hygiene" habits can have a positive effect:

- Not drinking alcohol, coffee or tea and avoiding other stimulants four to six hours before going to bed.
- Avoiding smoking before bedtime or during the night.
- Avoiding heavy meals and spicy foods before going to bed.

- Getting more physical exercise during the day, but avoiding exercise right before going to bed.
- Trying to make sure your bedroom is quiet, dark and not too hot or cold.



Stimulus control -- The aim of stimulus control is to help improve the sleep-wake cycle by creating a strong association between the person's bed and sleeping. A fixed schedule and specific bedtime habits are needed. For instance:

- Make it a basic rule to only go to bed when you feel tired.
- Get up if you are having difficulty falling asleep (again).
- Only use your bed for sleeping (or sex), and not for reading, watching TV or eating.
- Always get up at the same time in the morning.

Limiting sleep time (Sleep restriction therapy) -- This approach aims to restrict the time you spend in bed to the time when you are actually asleep. For example, if you usually lie in bed for eight hours, but only sleep six hours, then the idea is that you should not spend more than six hours in bed.

First you see how much sleep you get on average over a period of about two weeks. It may help to keep a sleep diary. Another half an hour of time spent falling asleep is added to the average sleeping time. That's the time between "lights out" and actually falling asleep. The best time for you to go to sleep is then calculated "backwards," using your wake-up time as the starting point: For instance, if your alarm is set for 6:00 a.m. and you need six hours' sleep as well as half an hour to fall asleep, you would go to bed at 11:30 p.m. Adjustments like these could help you find the optimum length of time to spend in bed in order to get a good night's sleep.

Cognitive behavioral therapy (CBT) – This aims to change thought patterns that may be keeping you from sleeping. It is not the same as "positive thinking." It is about changing exaggerated, unrealistic beliefs about sleep. For example, if someone believes that they will always wake up at three in the morning and then not be able to go back to sleep, it may turn into a self-fulfilling prophecy. Another example of a negative thought that can affect sleep is: "If I don't fall asleep now I definitely won't make it through tomorrow." A more realistic thought might be: "This happens from time to time. But I might still get some sleep. And it's no big deal if I don't." A more realistic attitude towards sleep also includes not worrying about how much sleep you end up getting. It's more important that your sleep is restful enough for you to feel good the next day.

When treating insomnia, cognitive behavioral therapy methods can be combined with other approaches, such as relaxation techniques and better sleep hygiene. Even if you don't have cognitive behavioral therapy, you can still examine your own thinking and try to change negative thought patterns. That could help to get rid of thoughts that are keeping you from sleeping.

Can napping during the day -- There are conflicting theories and research results about whether it is a good or bad idea to nap during the day. Some studies have looked at whether napping during the day can make up for not getting enough sleep at night, helping you to drive more safely, for example. Other researchers have studied whether napping helps you sleep better at night or perhaps even has the opposite effect, making you sleep worse at night instead. There are no clear results yet. As with many questions about sleep, you will probably have to try out a few things first to find out what works best for you.

[Source: InformedHealth.org | June 4, 2020 ++]

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## Dehydration

### Senior's Overlooked Health Risk

Most of us worry about illness as we grow older. Cancer, diabetes and heart disease all become concerns in our senior years. But one relatively common and potentially fatal condition — dehydration — often flies under the radar. The human body is, after all, comprised of 60% water, so water is clearly critical to a healthy and productive lifestyle. Dehydration occurs when your body loses more fluid than it is taking in. The lack of fluid can prevent the body from functioning normally. When this happens, you may experience symptoms such as lack of urination, fainting and confusion. Rapid heartbeat and rapid breathing also may occur. In severe dehydration, the body can go into shock. For some people, dehydration is fatal.

Dehydration can occur at any age. But seniors are particularly susceptible. Most people's sense of thirst diminishes with aging, so older adults may not drink enough fluids. The danger increases for seniors who have medical conditions — such as diabetes, cystic fibrosis or kidney problems — that cause them to urinate more often or sweat more profusely. Older adults also have less fluid in their bodies than younger people. Fortunately, the solution to dehydration is a simple one: Drink more fluids. This is especially important when you exercise or spend time outdoors in hot weather. The National Institutes of Health (NIH) recommends taking the following steps to prevent dehydration:

- Drink more water every day. Aim to drink 64 oz. of water a day on days without heavy exercise or sun/heat exposure. According to Harvard Medical School, most healthy people should drink between four to six cups of water daily, however, this amount may vary based on the individual. Fluid needs differ from person to person, so ask your physician how much water you should drink daily.
- Drink extra fluids after exercising or spending time outside on a hot day. The NIH says sports drinks can help restore minerals you may lose through sweating. Drinking additional fluids also makes sense when you are sick.
- Skip drinks with sugar and caffeine. Sugary drinks are especially bad for people with diabetes, and caffeinated drinks have a slight diuretic effect, meaning they lead to more frequent urination.
- Many foods — including celery, cucumbers, watermelon and strawberries — also have a hydrating effect when you eat them.

It's important to stay hydrated on a regular basis and not to wait until you are thirsty. By the time a senior is becoming thirsty, he or she already is becoming dehydrated, according to the Cleveland Clinic. Dehydration is a common source of hospitalization among seniors. The Mayo Clinic suggests seeing a doctor if you or a loved one experience the following:

- Diarrhea for 24 hours or more
- Irritability or disorientation
- Sleepiness and a lower level of activity than normal
- An inability to keep down fluids
- Bloody or black stool
- Infrequent urination and dark colored urine

Following are a few ways to enhance your fluid intake:

- Drink from a refillable and reusable water bottle so you can keep track of the amount you are drinking when at work, traveling, or even at home. Brita® offers a variety of reusable [filter water bottles](#) that are not only designed to help you hydrate throughout your busy day, but also filter out the impurities found in household tap water.
- When water tastes good you'll drink more of it. Check out these fun [recipes](#) to enhance the taste of your water.
- Eat your water! Apples, cantaloupe, watermelon, cherry tomatoes, oranges, celery and carrots all help you stay hydrated.

- Start each day with a glass of water (no ice). Drink it before you have coffee, tea or juice. It will help replace fluids lost overnight and get your hydration efforts off to a good start.
- Establish regular water breaks during your work day (e.g., before or after each meeting).
- Cook with high-quality sea salt. Unrefined sea salt is rich in trace minerals which aid cell health and hydration.
- Don't overdo it! Although unusual, it is possible to become ill by drinking too much water or other fluids.

[Source: MoneyTalksNews & <https://www.brita.com> | Chris Kissell | June 8, 2020 ++]

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## Amblyopia

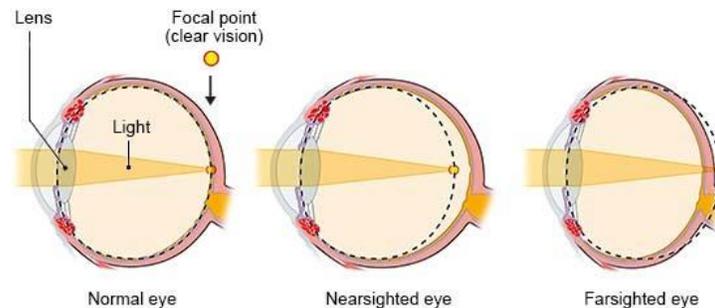
### Lazy Eye in Children

Normally, our brain processes the images sent by both eyes equally. This is needed for the best possible vision. In some children, though, one eye is favored by the brain because it provides a sharper image. The brain then ignores the images from the other eye. As a result, the child's vision doesn't develop properly because the information from the weaker eye is no longer used. This is known as amblyopia, or "lazy eye."

#### Symptoms & Causes

If your child has a squint or trouble recognizing things, it could be a sign of lazy eye. They may, for instance, have to hold toys or other objects very close to their eye to see them properly, or always turn their head to one side when looking at things. Lazy eye (Amblyopia) develops when the two eyes keep sending such different images to the brain that the brain can't merge them into one. The most common cause of this is a squint (strabismus). If a child has a squint, one eye will look straight ahead while the other looks up, down or to the side, so it is taking in a completely different image. In an effort to avoid seeing double, the brain often blocks out the images from the eye that doesn't see as well, and relies on just one eye. About 60 to 70% of children who have a squint have a lazy eye because of this, compared to only 2% of children who don't have a squint.

Refractive errors are another common cause of amblyopia. They make the image that appears on the retina of the eye blurry. There are three different kinds of refractive error:



**Illustration: Refractive errors in nearsightedness and farsightedness**

- *Nearsightedness* (shortsightedness or myopia): The eye can only focus clearly on objects that are close by. When looking into the distance, though, the lens can't bend the incoming light in a way that results in a clear image on the retina. This might happen if, for instance, the eyeball is a little too long.
- *Farsightedness* (hyperopia): The eye can only focus clearly on objects that are far away. When looking at things close-up (e.g. when reading) the lens can't bend the incoming light enough, for instance because the eyeball is too short.
- *Astigmatism* (not shown in the illustration): Everything appears blurry because the lens or the cornea is deformed.

Refractive errors are more likely to lead to a lazy eye if each eye is affected in different ways (i.e. one eye is farsighted or nearsighted and the other one is normal, or one eye is farsighted and the other is nearsighted). Lazy eye is only rarely caused by another eye disorder. Eye disorders that can cause lazy eye include a cloudy lens at birth (congenital cataracts), a droopy eyelid (called ptosis) or a missing eye lens (aphakia) at birth.

### Prevalence & Diagnosis

Lazy eye is a common vision problem in children and young adults. It is estimated that about 3% of children and young people in Europe are affected overall, and up to 6% of preschool children. Lazy eye is equally common in boys and girls. It usually develops before the age of 7. There are several tests that eye doctors can do to find out whether a child has amblyopia: A physical examination can help to see whether the poor eyesight is caused by something else, like a cataract. The following eye tests are suitable for diagnosing lazy eye:

- *Eye charts:* Doctors can use eye charts to find out how well a child can see. The child is asked to read things like numbers or letters from an eye chart or screen. Eye charts for younger children may have simple symbols on them – like a circle, a house or an apple – and the child is asked to say what they can see. Or there might be symbols that look like the letter C (a broken ring) or E. The symbols are arranged in rows on the charts and face in different directions. Then the child is asked to say where the “gap” in the C-shaped ring is, for example. Or they are given a kind of E-shaped plastic fork and are asked to hold it in the same direction as the symbol they are looking at.

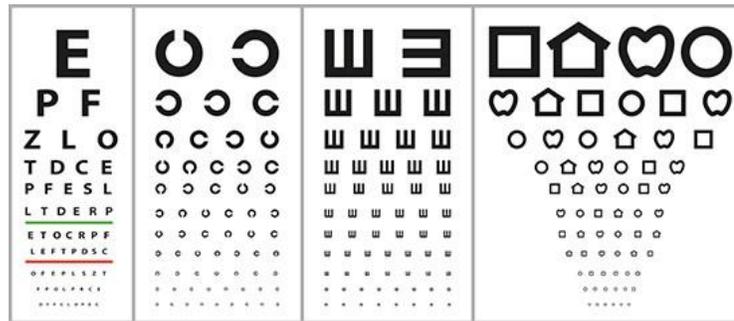


Illustration: Different types of eye charts

- *Retinoscopy:* Toddlers and babies can have an examination using an instrument known as a retinoscope. Here the child doesn't have to recognize anything or say what they can see. Instead, the doctor shines a light into the child's eye and observes how the light reflects off the retina at the back of the eye. By holding various corrective lenses in front of the light beam, the doctor can find out exactly how farsighted or nearsighted the child is in that eye. Depending on the equipment used, eye drops are typically given to dilate (open) the pupils before examining the eyes with a retinoscope. The eye drops occasionally cause skin irritations or burning in the eyes.
- *Covering one eye:* A slight squint isn't always visible to the naked eye. To tell whether a child has a squint, the position of their eyes can be measured – for instance, with a test in which the eyes are covered one at a time. The doctor then checks whether the other eye moves.

### Screening & Treatment

Specialists believe that eyesight mainly develops in the first five years of life. They think that lazy eye should be detected and treated as early as possible in order to avoid lifelong vision problems, as well as problems at school and in the child's social development. For this reason, an extra screening test was introduced in Germany for all preschool children who have statutory health insurance. This test is called “U7a” in the German health care system, and its main aim is to detect vision problems. It is offered in addition to the existing screening examinations for children in Germany (the so-called “U-Untersuchungen”), and is aimed at toddlers who are nearly three years old (between 33 and 35 months old).

Lazy eye can't be fixed instantly by putting on glasses that correct the problem. But there are a number of different ways to improve vision in the weaker eye – for instance with glasses, an eye patch on the stronger eye, or with eye drops. Treatment might only be needed for a few weeks. Although it can sometimes take quite a long time to get good results, lazy eye can be treated successfully in most children. If another eye problem (e.g. a droopy eyelid) is causing the lazy eye, that problem is treated first.

[Source: [www.informedhealth.org](http://www.informedhealth.org) | June 4, 2020 ++]

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## Hydroxychloroquine

### Update 04: Study Authors Can't Vouch for Data Used

Three of the four authors of a study that found the antimalarial drug hydroxychloroquine was dangerous for hospitalized covid-19 patients retracted it 4 JUN, saying they could “no longer vouch for the veracity of the primary data sources.” The retraction notice was posted by the medical journal Lancet, which had published the study on 22 MAY. The study, purportedly based on the health records of almost 100,000 patients around the world, found that hospitalized covid-19 patients treated with the antimalarial drug hydroxychloroquine — a drug repeatedly touted by President Trump — had a sharply higher risk of death and heart problems compared to those who did not receive the drug. It also showed the drug didn't provide a benefit. The study was “observational,” which is less rigorous than a randomized, placebo-controlled clinical trial.

Almost immediately after the study's publication, critics raised questions about the data and analysis provided by a private company, Chicago-based Surgisphere, and its founder, Sepan Desai. Another study that also relied on the database — one that looked at the effects of blood-pressure medications on covid-19 patients — also was retracted Thursday, by the New England Journal of Medicine. Desai, who was listed as one of four authors on the study, was not immediately available to comment.

The retractions raised concerns in the medical and scientific community that researchers and even prestigious medical journals are lowering their standards in a rush to publish during the pandemic. “I'm concerned that the usual standards, both at the level of the journals and at the level of authors and faculty rushing to get high-impact work published, has meant that our usual standards have fallen,” said Steven Joffe, a medical ethicist at the University of Pennsylvania. “Everybody should be stopping and pausing and asking: ‘Are we moving too quickly; are we confident in the quality of our data, and our analysis?’” he added. “There is a need for caution and scrutiny at every level of the process.”

Controversy surrounding hydroxychloroquine and a related drug, chloroquine, has swirled for months, partly because Trump has urged people to try the drugs and has taken hydroxychloroquine himself, even in the absence of a clear benefit. The Food and Drug Administration has warned that the drug can cause heart problems and urged that it be used only in hospital settings or clinical trials. The Lancet retraction is unlikely to quell the controversy about the drug. On 3 JUN, researchers at the University of Minnesota Medical School reported the results of a randomized, placebo-controlled trial, saying the drug was no better at preventing covid-19 than a placebo. Additional randomized trials, considered the gold standard, are being conducted.

The authors of the Lancet study said in their statement that they launched an independent third-party peer review of Surgisphere, with the consent of Desai, to confirm the completeness and accuracy of the data and to replicate its analysis. But, they said, the company declined to provide the full data set to the reviewer, saying it would violate client agreements and confidentiality requirements. “As such, our reviewers were not able to conduct an independent and private peer review and therefore notified us of their withdrawal from the peer-review process,” said the statement by the lead author, Mandeep R. Mehra, a Harvard Medical School professor and physician at Brigham and Women's

Hospital, and two other authors. The authors apologized to the editors of the journal and its readers for causing “any embarrassment or inconvenience.”

The study had a major impact, prompting the World Health Organization to temporarily suspend use of hydroxychloroquine in a clinical trial on covid-19 treatments, and France banned its use in covid-19 patients. [Source: Washington Post | Laurie McGinley | June 4, 2020 ++]

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## **HIV Drug Cost**

### **Create Challenges for Patients on Medicare**

While Medicare shoulders a large share of the cost of drugs for Americans aged 65 or older as well as those who have disabilities, the enormous expense of HIV drugs—including antiretroviral therapy (ART) and preexposure prophylaxis (PrEP)—means that Medicare recipients living with HIV may still have a tough time affording these medications. A team of investigators from the University of Hawaii in Honolulu, Massachusetts General Hospital in Boston, and other institutions published an analysis in JAMA Network Open of formulary and pricing files for 3326 individual first-quarter 2019 Medicare Part D plans from across the country. They found that the median annual retail cost of ART was \$35,780, with patients expected to pay out of pocket as much as \$4350. For PrEP, the median annual retail cost was \$20,570, with patients responsible for \$2990. Taxpayer-financed Medicare paid the greatest percentage of drug costs, anywhere from half to two thirds; if patients were eligible for low-income subsidies, Medicare might cover about 76% of ART expenses and 65% of PrEP expenses.

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

According to co-author Rochelle Walensky, MD, MPH, an infectious disease physician at Massachusetts General Hospital and professor of medicine at Harvard Medical School, pharmaceutical companies need to find a way to lower HIV drug costs. “The key issue is very high drug prices that keep going up without a clear or substantial improvement in the quality of the drugs,” Walensky said. “Insurance plans should carry more of the cost, but this will likely lead plans to raise premiums. The real need is for lower drug prices or, at the very least, [to] prevent the inflation in drug prices year after year; these increases are simply for industry profit at the expense of the patients and the public.” Similar ART and PrEP regimens in countries that have generic options and negotiated pricing cost less than \$100 per year, Walensky noted. Federal law prohibits Medicare from engaging in price negotiations.

The problem is likely to get worse as more HIV patients age into Medicare. Right now 25% of HIV patients are covered by Medicare, a number that is expected to rise as ART allows people with HIV to live normal or near-normal lifespans. According to Tseng, almost half of people currently living with HIV are 50 or older. Unless laws are changed to give Medicare the ability to deal directly with manufacturers and to encourage competition among multiple players, excessive costs are likely to hamper our quest to end HIV in the U.S. [Source: ContagionLive | Laurie Saloman | May 08, 2020 ++]

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## Cancer Screening

### Update 02: Low-Dose CT Lung Scans are Saving Lives

Katherine Bennett-Wilson has smoked a pack of cigarettes a day for 50 years. So when the 66-year-old had her annual physical last May, as part of the Medicare screening process, her doctor told her she needed a low-dose CT scan of her lungs. “They saw nodules in the right upper lobe of my lung,” recalled Bennett-Wilson, who lives in South Philly. “I had to do a follow-up around six months later to see if they had gotten any bigger.” That scan, and a follow-up PET scan, showed that one nodule had grown, and she would need surgery to remove it. “It was cancer, but [my doctor] got it so early,” she said. “That’s the benefit of the screening. He caught it early at stage 1 so I don’t have to do chemo or radiation. Without that test, I never would have known I had it. It could have grown and been much worse than it was.”

Lung cancer is the leading cancer killer in both men and women in the United States, according to the American Lung Association (ALA), though lung cancer death rates are declining. Because smoking is the most common risk factor for getting lung cancer, screening those at risk annually is saving lives. Recent studies showed that choosing the right patients — like Bennett-Wilson — and screening them with low-dose CT scans could find cancers earlier, and improve patients’ survival overall, said Nathaniel Evans III, director of thoracic surgery at Jefferson Health, and Bennett-Wilson’s doctor. According to the American Cancer Association (ACA), lung cancer death rates dropped 51% from 1990 to 2017 among men and 26% from 2002 to 2017 among women.

That decline is a direct result of fewer people smoking, said Anil Vachani, co-director of lung cancer screening at both Penn Medicine and the Philadelphia VA Medical Center. As smoking has declined, so have lung cancer deaths, but former smokers are still at risk. “Unfortunately, lung cancer frequently presents with nonspecific symptoms. People can have tumors growing in their lungs and not have any symptoms for a long, long time,” he said, because lungs are comprised mostly of air with few pain receptors. By waiting until someone shows symptoms — coughing up blood, losing weight or pain — the cancer is usually late stage. Stage 1 lung cancer is significantly more treatable and potentially curable compared to stage 3 and 4 lung cancer.

About 10% to 15% of smokers develop lung cancer. While to some, that number may seem low, approximately 541,000 Americans living today have been diagnosed with lung cancer at some point in their lives, according to the ALA. “A quarter of the population in some parts of Philadelphia smoke,” said Evans. “So even if only 10% of them get cancer in their life, that ends up being a huge proportion of people.” Screening is recommended for smokers age 55 and older who have smoked 30 pack years — a pack a day for 30 years or two packs a day for 15 years, for example. They also need to have smoked sometime over the last 15 years. Insurance will pay for the screening. The initial scan will be covered without co-pay for those meeting the high-risk criteria who are ages 55 to 80 and have private insurance, or are 55 to 77 and have Medicare, according to the ALA.

For patients who don’t have any signs or symptoms of lung cancer, screening identifies early stage cancer “in about 4% or 5% of them,” said Evans. And if they are still smoking, patients who are screened also get counseling for smoking cessation, Evans said. That’s a great opportunity to try and help them quit, added Vachani. “At the time they’re getting screening is perhaps when they are worried about their lung health and future cancer risk,” he said. “We get them the necessary resources to think about quitting and help them quit.”

Like any diagnostic screening, there are risks, most notably, a small amount of radiation that comes with any CT scan, Vachani said. The accumulation of radiation over time can increase the risk for new cancers. There is also the risk of false positive results, which lead to more testing. Evans urges smokers who fit the screening profile to get the scan. “One of the things that prevents people from getting screening is that they’re afraid of what they will find,” he said. “We only find anything on about a quarter of the scans, and 90% of the things we find are benign. You’re much more likely to be able to get peace of mind that everything’s fine than you are to find a lung cancer. And if you have a cancer, it’s better to find out about it than not.”

Though there are causes of lung cancer unrelated to smoking — exposures to radon, secondhand smoke, environmental factors such as air pollution, and occupational exposures like asbestos — currently, the screening is not recommended for nonsmokers. “We don’t have a way of identifying nonsmokers who are high risk enough, that we could justify screening them,” Evans said. For patients who don’t have a lung cancer, quitting can decrease their risks of developing one, Evans said. “Much of the damage they’re doing to their lungs can be reversed just by not smoking anymore. For patients who smoke that do have lung cancer, smoking puts them at risk for complications no matter what type of treatment they have.”

Evans said treatment of lung cancer is much different than it was 20 or 30 years ago. “Most patients’ understanding of lung cancer is based on when their parents or grandparents might have lung cancer,” he said. “That’s not the way it is anymore. It’s hard to get people to screen for things if they think, no matter what happens, you can’t do anything about it anyway. The reality is, at all stages of the disease, there are new treatments every day.” [Source: Philadelphia Inquirer | Terri Akman | June 11, 2020 ++]

## \* Finances \*



## Dental Cost

### Update 3: New COVID-19 Infection Control Fee

After nearly two months at home due to the COVID-19 pandemic, Erica Schoenradt was making plans in May to see her dentist for a checkup. Then she received a notice from Swish Dental that the cost of her next visit would include a new \$20 “infection control fee” that would likely not be covered by her insurer. “I was surprised and then annoyed,” said Schoenradt, 28, of Austin, Texas. She thought it made no sense for her dentist to charge her for keeping the office clean since the practice should be doing that anyway. She canceled the appointment for now.

Swish Dental is just one of a growing number of dental practices nationwide that in the past month have begun charging patients an infection control fee between \$10 and \$20. Swish and others say they need the extra money to cover the cost of masks, face shields, gowns and air purifiers to help keep their offices free of the coronavirus. The price of equipment has risen dramatically because of unprecedented demand from health workers. Dentists say they struggle to pay these extra costs particularly after most states shut down dental offices in March and April for all but emergency care to reserve personal protective equipment for hospital use. They are also seeing fewer patients than before the pandemic because some fear going back to the dentist and at the same time dentists need to space out appointments to keep the waiting room uncrowded.

Nearly two-thirds of dental offices across the country have reopened for routine care, according to the American Dental Association. The association, which sets industry standards, says dentists who opt to charge the extra infection control fee should disclose it to patients ahead of each visit, a spokesperson said. “The infection control fee is helping us mitigate the costs of the extra expenses,” said Michael Scialabba, a dentist and vice president of 42 North Dental, whose 75 dental offices in New England are charging an extra \$10. Why don’t dentists just raise prices instead? Dentists said they have little or no leverage with large insurance companies to force them to raise their reimbursement rates. The ADA asked insurers to take into account additional COVID costs dentists face and many insurers responded by

agreeing to pay extra fees. For example, Harrisburg, Pennsylvania-based United Concordia Dental agreed to pay dentists \$10 per patient per visit in May and June to offset their PPE expenses for all fully insured clients. The company has more than 9 million members nationwide.

The new infection control fee upsets some patients, although most understand that the cost of dentistry has increased, said Rishi Desai, director of operations and finance at Swish Dental, which has eight locations in the Austin area. “We are just as frustrated with all of these, too, but as a small business we had to reassess things.” Desai, whose wife, Viraj, is a dentist and the founder of the dental chain, said the extra money will help the practice survive. “We are not making money off this,” he said. “This is just to sustain us so we are not bleeding out cash.” He noted that last year Swish was paying about \$6 for a box of 20 face masks. Today, \$6 buys a single mask. The dental office has installed sneeze guards, staffers are wearing face shields over their masks, and the offices have added air filtration systems and hired additional sanitation staff members to clean their offices every day. He estimates the offices are working at only about half capacity since reopening in mid-May. In weighing how to handle the extra costs, Swish was reluctant to cut employee wages, he said. “Everyone is trying to figure this out,” he added.

Kim Hartlage, office manager of Klein Dental Group in Louisville, Kentucky, said insurers recommended the office add an infection control fee. The insurers balked at raising their reimbursement rates. She said the small office has had to buy many more disposable masks and gloves. “We’ve had to step up our game,” she said. So far, she hasn’t heard any feedback on the \$10 fee. “We have very understanding clients,” she said.

Tamar Lasky, an epidemiologist, said she likes her Owings Mills, Maryland, dentist and was glad the office was communicating the many precautions it was taking to prevent the spread of COVID-19. But she was stunned when informed by email that a \$15 “infection control charge” would be added to her bill. “I can readily imagine there are a range of additional expenses, as well as a loss of revenue associated with the pandemic, but infection control is not an extra service. It is part of the practice of dentistry,” Lasky said. “I’m not sure what is the best solution to the increased costs of tighter infection control but this new charge may not be covered by insurance, and that passes all the burden to the patient.” [Source: Kaiser Health News | Phil Galewitz | June 10, 2020 ++]

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## **Military Pay Raise 2021**

### **Key Senate Panel Approves 3%**

A key Senate panel on 9 JUN approved a 3 percent pay boost for troops starting next January, with bipartisan support for the idea. The mark matches the expected pay boost prescribed under federal statute and, if approved, would represent the first time in a decade that troops have seen consecutive years with salary boosts of at least 3 percent. This past January, military pay increased by 3.1 percent. Senators included the 3 percent pay raise in the personnel section of the Senate Armed Services Committee’s annual defense authorization bill draft. If approved by the full committee — and it is expected to be later this week — the pay raise plan will match White House recommendations. The pay increase level is already publicly backed by several leaders on the House Armed Services Committee.

In past years, that figure has been trimmed to help cut overall defense budget costs, with savings redirected to a host of other modernization and readiness efforts. But outside advocates have cautioned against such moves, saying lower-than-expected pay raises can hurt military families’ finances and lower morale. For junior enlisted troops, the proposed raise would amount to roughly \$860 more a year in pay. For senior enlisted and junior officers, the hike equals about \$1,500 more. An O-4 with 12 years’ service would see more than \$2,800 extra next year under the increase. The final draft of the authorization bill — and the official pay raise agreement — isn’t expected to pass until later this fall.

Personnel subcommittee Chairman Sen. Thom Tillis (R-NC) said his panel’s draft section of the measure also includes increased incentive pays for military health care professionals, in an effort to continue recruiting those specialists amid the ongoing coronavirus pandemic. Senators also approved temporary retirement eligibility relief to

reserve personnel forced into difficult conditions by the ongoing pandemic. Details of that plan were not immediately released. The plans passed the subcommittee without objection, although several Democrats on the panel lamented that leaders refused to include several reform provisions related to military sexual assault, including eliminating the ability of appellate panels to overturn some convictions.

Sen. Kirsten Gillibrand (D-NY), and a vocal advocate on the issue, promised to keep pushing the issue during the full mark-up later this week. Unlike the House Armed Services Committee, which holds the majority of its votes and debate in public view, the Senate Armed Services Committee each year holds the majority of its work on the annual defense authorization bill behind closed doors. Of the six subcommittees, only the personnel panel held its mark-up work this week in a public session. Senate committee leaders have said the arrangement allows for quicker consideration of amendments and eliminates worries about shifting between classified and non-classified topics. But open government advocates have long criticized the practice, especially given the House committee’s ability to achieve the same legislative goals without secrecy. [Source: MilitaryTimes | Leo Shane III | June 10, 2020 ++]

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## **TRICARE Coverage**

### **Update 07: Plan to Include Dependents to Age 26 w/o Additional Costs**

A new House plan would extend Tricare coverage for dependents up to age 26 without any premium increases in an effort to help military families deal with the financial effects of the ongoing coronavirus pandemic. Rep. Elaine Luria (D-VA), who is introducing the legislative proposal in mid-JUN, said the issue is one of basic fairness for troops and their loved ones. “The Affordable Care Act allows young adults to stay on their parents’ health plans until age 26. However, military families do not receive this same benefit under Tricare,” she said in a statement. “During this public health emergency, it is more important than ever to provide our servicemembers and their families with affordable and accessible health care.”

Under current Tricare rules, dependents can be covered under the military health insurance program until age 23 if they are enrolled in college classes and until age 21 if they are not. About 40,000 dependents are currently enrolled in the Tricare Young Adult Program, which allows military families to keep those children on the health insurance until age 26, but at a cost of several hundred dollars a month. By switching those individuals to free coverage, some military families could save more than \$4,000 a year. Luria’s plan — dubbed the Health Care Fairness for Military Families Act — would be retroactive until the beginning of this year. Her office did not have an estimate for how much the overall plan would cost.

The issue of health insurance costs has again gained policy traction in recent months as unemployment and medical concerns have risen as a result of the coronavirus pandemic, which has infected nearly 2 million Americans and killed more than 110,000 of them since early March. In recent months, defense health officials eliminated most patient co-pays and cost shares for telehealth appointments and broadened their assortment of covered services in an attempt to blunt the impact of the pandemic on military families. No timeline has been announced for when the new Tricare plan may be debated or voted on by congressional committees. [Source: MilitaryTimes | Leo Shane III | June 09, 2020 ++]

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## **U.S. Budget**

### **COVID-19’s Undiscussed Crisis**

America’s self-inflicted virus continues to ravage the nation. The current U.S. budget deficit could soon exceed a record \$4 trillion. The massive borrowing is being driven both by prior budget profligacy and a hurried effort by the current administration to pump liquidity into a quarantined America. The shutdown has left the country on the cusp of a self-

inflicted economic collapse not seen since the Great Depression. Americans may soon have to service a staggering national debt of about \$30 trillion — nearly \$100,000 of debt for every American. Democrats and Republicans can blame each other, either for spending too much or for too little taxation, or both. But both sides will agree that managing such an astronomical debt requires several frightening choices.

- **One**, Americans would be forced to live with permanent near-zero interest rates, or perhaps even negative interest rates. We are already seeing how the current low interest rates punish those who were thrifty and put away money in savings accounts. Negligible interest rewards those who borrow but forces savers to look for returns in volatile real estate or the risky stock market. In other words, there would be little interest paid out on the federal debt. The selling point for investors would be that the U.S. at least honors its bonds and debts and is safer than alternative global investments. America would become a permanent debtor that avoids paying much interest to anyone who lends it ever more money — on the cynical rationale that investors have no other safe place to put their money.
- **Two**, Americans, who are already taxed heavily at the local, state and federal levels, would simply have to pay even more. Top earners might pay a real tax rate of 60 percent to 70 percent of their incomes to government, with deleterious effects on incentives to create or earn further wealth. Gasoline prices are at astonishing lows, so some have advocated yet another federal fuel tax increase, a national sales tax or a wealth tax on the rich. The problem with constant increases in taxation is the ensuing culture of even greater spending that inevitably follows and the destruction of individual incentive.
- **Three**, the government could make draconian cuts in spending, focusing mostly on entitlements such as Social Security and Medicare, along with defense, where the bulk of federal expenditures are found. Cutting Social Security and Medicare is usually political suicide. In times of growing tensions with China, Russia, Iran and North Korea, it would equally be foolish to slash defense spending. Instead, expect some sort of reductions in Social Security benefits for high-income Americans, along with higher Medicare deductibles for everyone.
- **Four**, the government could fall into the bad habits of the 1970s and simply expand the money supply, fuel inflation and pay down the debt with funny money. We would then likely experience the baleful consequences that a prior generation faced with stagflation and curative but staggeringly high interest rates during the Nixon, Ford, Carter and early Reagan administrations. Rather than fooling with interest rates and the money supply, a mixture of increased revenue and spending cuts seems wiser. Yet both are far harder to enact politically than just letting the Federal Reserve Board adjust national liquidity and interest.
- **Five**, the government could hope that new deregulation and more tax incentives might spur GDP growth of 3 percent or more per annum and thus "grow" our way out of deficits by radically expanding the economy. Such optimism is frequently voiced but rarely has prevented large budget deficits. A decade ago, the bipartisan National Commission on Fiscal Responsibility and Reform, headed by former Republican Sen. Alan Simpson and former Democratic official Erskine Bowles, charted a pathway out of debt. The commission outlined a holistic plan of gradual cuts and revenue increases. Its wise recommendations found little to no political support.

In the first two decades of the 21st century, the United States has faced three existential crises. The first was the 9/11 terrorist attack on the World Trade Center and the Pentagon, which prompted a global effort to fight radical Islamic terrorism. The second occurred in 2008, when the U.S. financial system and stock market nearly collapsed. The third began earlier this year with the COVID-19 epidemic and a quarantine that reduced the economy to its most shaky state since the 1930s. During the first two crises, we snapped back the economy with low interest rates, increased government spending and larger annual deficits — and passed the greater long-term debt to another administration, another Congress and another generation of Americans. We are postponing another rendezvous with reality. But as we near \$30 trillion in debt, what cannot go on much longer soon probably won't. [Source: Jewish World REview | Victor Davis Hanson | May 28, 2020++]

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## Cybercrime

### Military Members Disproportionately Affected



Those who serve the nation are finding themselves at a much greater risk of being the victims of cybercrime and identity theft, according to a recent [study](#) by the Federal Trade Commission. Active duty service members are 76 percent more likely to report that an identity thief misused one of their accounts, such as a bank account or credit card, according to the FTC. The report, released in May, also found that active duty service members are nearly three times as likely to report that someone used a debit card or some other electronic means to take money directly from their bank account. This finding, according to the report, suggests that service members “are experiencing highly disproportionate instances of theft from their financial accounts compared to the general population.” They are also 22 percent more likely to report that their stolen information was misused to open a new account, especially new credit card accounts.

Keeping a close eye on credit reports, which can help someone spot early warning signs, “can be difficult for active duty troops,” according to the FTC. “They report that creditors often send notices to old addresses, which may delay their ability to act on warning signs, such as bills from unknown creditors or unexpected credit card charges.” The FTC said 20 percent of active duty service member reports indicate that they have already experienced two or more types of identity theft.

- Kristin Judge, the CEO and founder of the [Cybercrime Support Network](#) (CSN) — a nonprofit working to fight cybercrime — said there are several reasons service members are susceptible to these crimes. One reason, she said, is that troops are used to getting information from federal agencies that they have to click on and cybercriminals can take advantage of that by disguising themselves as entities of the government. Additionally, frequent moving provides an opportunity for housing and rental scams, and if someone is on active duty, they may not be reachable. In this case, if a spouse or someone else at home notices fraudulent activity, they may not be able to discuss it, delaying the response time.
- Rachel Dooley, the Chief Marketing Officer of CSN and a military spouse, added that the reliance on the internet by frequently mobile individuals and families creates a breeding ground for people to click and accidentally overshare information. “When you move a lot or you’re isolated and relying solely on the internet to learn about new schools, doctors, sporting events, housing, cars, or loans, you’re pulled into that world and cybercriminals know it,” she said. Dooley warned that cybercriminals can take advantage of those who are distracted.

All of these factors contribute to servicemembers’ susceptibility to cybercrimes and the criminals have gotten exceptionally crafty. Their main tool, according to Judge, is “social engineering” — convincing targets that they are dealing with a legitimate entity. “To do social engineering well,” she said, “you just have to spend some time on the internet and gather facts about someone that could make it more personalized, so that what you send them sounds real.” A thief could find enough information to send a message that includes names of family members, someone’s rank, when and where they served, and more — and then use that to claim they are acquaintances and ask for money or more personal details. “You could put that together pretty quickly if you just do a search on someone online, because we put so much information about ourselves out there,” Judge said.

Additionally, cybercriminals will target locations around military posts and bases, according to Dooley. She said “the information is out there, but then they also know geographically how to geotarget people and pretty much be able to come up with someone of that demographic,” meaning that there can be predatory rentals for houses and cars targeting service members at bases.

Recovering from cybercrimes can be a large challenge and take months to years to resolve, but steps can be taken to avoid being victimized by a scam. CSN has identified “[three golden rules](#)” to keep in mind. The first is to “slow it down” — take your time and ask questions to avoid being rushed into a scam. After that comes doing your research and confirming that whoever is contacting you is actually who they are. Lastly, never pay someone on the spot – if something does not seem quite right, it probably is not. “If we can get the three golden rules out to the military community and before they clicked on something, sent money, or followed through, if they went through these three golden rules, then we may be able to stop them from being impacted by a scam,” Dooley said.

The FTC recommends [MilitaryConsumer.gov](#) as a resource for servicemembers, veterans, and their families to avoid scams and manage money. Here are a few things you can do now to protect yourself:

- Check your bank account regularly. Report a lost or stolen debit card or unauthorized transactions immediately. Your bank may have a service to alert you to every transaction or transactions over a certain amount.
- To prevent someone from misusing your debit or credit cards, many banks will let you temporarily lock or freeze your card online or through their mobile app. You can quickly and easily unlock the card at any time the same way.
- Don’t give out authentication information – including PIN numbers or verification codes – to anyone who calls, emails, or texts you. If you didn’t initiate the contact, you can bet it’s a scam.
- Sign up for free [credit monitoring](#), available to active duty servicemembers, to get notifications of activity on your credit reports.
- Put an active duty alert on your credit reports if you’re deploying. Alerts last a year (you can renew) and require creditors to take steps to verify your identity before granting credit in your name.
- Even if you’re not deploying, consider placing a fraud alert if you suspect identity theft. Consider a credit freeze if you want a bit more protection and if it fits your situation, know your rights under the Servicemembers Civil Relief Act. Talk with a [Personal Financial Manager or your military legal assistance office](#).
- Go to [IdentityTheft.gov](#) to report and get a plan to recover from identity theft.

More resources and preventative measures for military personnel and families can be found at <https://fraudsupport.org/incidents/military-personnel-and-families>. [Source: MilitaryTimes | Zach England| June 10, 2020 ++]

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## **COVID-19 Scam**

### **Update 01: False Exposure Notifications**

Public health officials are rolling out COVID-19 contact tracing programs to help slow the spread of the disease by informing people who have had contact with someone who has tested positive. Of course, scammers are finding nefarious ways to use these efforts for their personal gain.

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

- You receive an unsolicited message via text, email, or a social media messenger. The message explains that you’ve come into contact with someone who has tested positive for COVID-19. The message instructs you

to self-isolate and provides a link for more information. Alarmed, you are tempted to click and get more details. But don't fall for it! These links can contain malware that downloads to your device.

- Another version of this scam involves a robocall claiming to be part of "contact and tracing efforts." Again, the call informs you that you've been exposed to someone who tested positive for COVID-19. After electing to speak to a representative, the "contract tracer" asks you to verify personal information. This starts with questions about your full name and date of birth, but can quickly move to Personally Identifying Information (PII) and/or financial accounts. While contract tracers do normally reach out by phone, be sure to hang up if the caller doesn't meet the guidelines described below.

#### **How to tell a real contact tracer from a scam:**

- Contract tracers will ask you to confirm your identity, but not for financial information. Tracers will ask you to confirm your name, address, and date of birth. In most cases, they will already have this information on file. They will also ask about your current health, medical history, and recent travels. They will not ask for any government ID numbers or bank account details.
- Contact tracers will identify themselves. The call should start with the tracer providing their name and identifying themselves as calling from the department of health or another official team.
- Contract tracing is normally done by phone call. Be extra wary of social media messages or texts.
- A real contact tracer will never reveal the identity of the person who tested positive. If they provide a person's name, you know it's a scam.
- Think the link may be real? Double check the URL. Scammers often buy official-looking URLs to use in their cons. Be careful that the link is really what it pretends to be. If the message alleges to come from the local government, make sure the URL ends in .gov (for the United States) or .ca (for Canada). When in doubt, perform a separate internet search for the website.

#### **For More Information**

This Miami Herald [article](#) has more information about the contact tracing scam. To learn more about scams related to the coronavirus and how to protect yourself from them, see these BBB [Tips on COVID-19](#). If you've been the victim of a coronavirus related scam, please report it on the [BBB.org/ScamTracker](https://www.bbb.org/ScamTracker). Your report can help others to stay alert and avoid similar scams. [Source: BBB Scam Alert | June 5, 2020 ++]

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## **Unemployment Insurance Scam ID Thieves Will Take These Too!**

The latest reports are historically grim: nearly 40 million Americans have been thrown out of work due to the COVID-19 pandemic. For the tens of millions of newly jobless, state unemployment insurance benefits are a lifeline that helps them keep the lights on and provide food for their families. Unfortunately, to add salt to the wounds of the newly unemployed, circumstances are ripe for identity thieves. The combination of billions of dollars in federal stimulus money flowing in to state unemployment funds and tens of millions of new claimants has created a once-in-a-lifetime opportunity for identity thieves seeking to steal those benefits.

According to the Secret Service and multiple media reports, organized rings of criminals are working to siphon off unemployment insurance payments, potentially worth hundreds of millions of dollars, intended for workers laid off due to the COVID-19 pandemic. In the state of Washington, for example, scammers reportedly made off with unemployment benefits worth nearly \$1.6 million in a single month. This scam is reportedly even affecting consumers who have not yet lost their jobs.

### How the scam works

- Identity thieves use databases of personal information (likely obtained via data breaches) to create phony accounts on state unemployment insurance office websites.
- Once they successfully create an account, they have the benefits direct-deposited into a bank account controlled by the scammer or an accomplice. The scammer then uses the deposited funds to purchase untraceable bitcoins, gift cards, or money orders. Those purchases are often performed by so-called “money mules” who may themselves be ensnared in a romance fraud or work-from-home scheme run by the scammers.

### Tips to Avoid Being Scammed

If you’ve recently become unemployed, the following steps can help you reduce your risk of becoming a victim of this scam:

- Log on and create a profile on your state unemployment office’s website as soon as you are laid off. This will reduce the window of opportunity for scammers to create fake profiles in your name and steal your unemployment benefits. For information on your state’s unemployment insurance benefits and instructions on how to file a claim, [click here](#).
- If you have already created a profile with your state unemployment office, log in and verify that no one has filed a claim in your name. If you’ve used a password on your profile that you’ve used on other accounts, change your password to something unique that you haven’t already used elsewhere.
- If you receive communication that someone else has applied for unemployment benefits in your name or your unemployment benefits claim was denied because someone else already applied, file a fraud complaint with your state’s unemployment office promptly. The U.S. Department of Labor maintains a list of state unemployment fraud hotlines at <https://www.dol.gov/general/maps/fraud>.
- Put a credit freeze on your credit report with the three major credit reporting bureaus (Experian, Equifax, and TransUnion). If identity thieves have the personal information necessary to steal your unemployment benefits, they likely also have the information they need to take out credit or engage in other criminal activity. A credit freeze will prevent anyone from accessing your credit file until you unfreeze it with a PIN. For more information on credit freezes, refer to the FAQ <https://www.consumer.ftc.gov/articles/0497-credit-freeze-faqs#can> from the Federal Trade Commission.
- If you’re looking for work, beware of online ads or unsolicited email and text offers to participate in work-from-home job opportunities. Common schemes involve offers to be a mystery shopper, payment processing agent, money transfer agent, or other similar jobs where you are asked to allow deposits to be made to your personal bank account. These jobs don’t exist and participating in one (even unwittingly) could land you in legal trouble.

If you’ve been affected by an unemployment benefits fraud or any other coronavirus-related scam, FRAUD!ORG wants to hear from you! By filing a complaint at Fraud.org via their secure online complaint form, you can help law enforcement bring scammers to justice. They share complaints with a network of nearly 200 law enforcement and consumer protection agency partners who can and do put fraudsters behind bars. [Source: Fraud.org || June 1, 2020 ++]

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## Credit Card Overpayment Scam

### Looks Like Credit Card Help

At first glance, this scam looks so helpful. It’s a call or text message wanting to help you resolve an overpayment on your credit card. However, this sneaky con is actually a phishing scheme. And it’s only likely to get more popular, as COVID causes many shoppers to buy online and businesses to only accept credit cards.

### How the Scam Works

- You get a text message or a phone call from someone claiming to represent your credit card company. There's a problem with a recent transaction, it says. You've been overcharged, and the company wants to help you get your reimbursement. This scam is especially convincing because scammers often have targets' names.
- Sounds harmless, right? The problem is that this is really a phishing con. You need to answer a few questions in order to get your money back. Of course, these questions are asking for Personally Identifiable Information (PII).

**Tips to spot this scam:**

- Consider how the company normally contacts you. If it's by phone, be suspicious if you suddenly start receiving emails or texts. Banks and credit card issuers have secure communications channels that require you to log into your account before you can read the message. Be especially cautious of generic emails that include little or no specific information.
- Check directly with the bank or credit card issuer before sharing information. Use the customer service phone number on the back of your card, on your statement, or on the company's website. Don't click on any links in the message.

**For More Information**

Learn more about credit card scams at [BBB.org/CreditCardScam](http://BBB.org/CreditCardScam). For more about scams, go to BBB Scam Tips ([BBB.org/ScamTips](http://BBB.org/ScamTips)). To report a scam, go to BBB Scam Tracker ([BBB.org/ScamTracker](http://BBB.org/ScamTracker)).

[Source: BBB Scam Alerts | June 12, 2020 ++]

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## **Tax Burden for Connecticut Retired Vets**

### **As of JUN 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 Connecticut:

**Sales TAX**

The Connecticut state sales tax rate is 6.35%, and the average CT sales tax after local surtaxes is 6.35%.

- Groceries, prescription drugs and non-prescription drugs are exempt from the Connecticut sales tax
- Counties and cities are not allowed to collect local sales taxes
- Connecticut has no special sales tax jurisdictions with local sales taxes in addition to the state sales tax
- Connecticut has a higher state sales tax than 59.6% of states

Connecticut has a variety of special sales tax cases in which certain items are exempt or subject to special tax rates:

- Clothing costing less than \$50 is fully exempt from the sales tax
- Internet services, magazine and newspaper subscriptions, and textbooks are fully exempt from the sales tax
- Compact Fluorescent Light Bulbs are fully exempt from sales tax as part of an energy-efficiency subsidy
- Shipping and handling charges on sales of tangible property & services are subject to sales tax
- Special sales tax rates of 4.5% apply to the sale of motor vehicles, and 1% on the sale of computer and data processing services. All sales, rentals, leases, and title transfers of goods are subject to the general state sales tax.

## Excise Taxes

An excise tax is a tax directly levied on certain goods by a state or federal government. The most prominent excise taxes collected by the Connecticut state government are the fuel tax on gasoline and the so-called "sin tax" collected on cigarettes and alcoholic beverages. Connecticut collects an average of \$602 in yearly excise taxes per capita, one of the highest average per capita excise taxes in the country.

**Alcohol:** Liquor \$5.40 per gal | Wine: 72¢ per gal | Beer: 23¢ per gal. Note that the IRS also collects a federal excise taxes on alcoholic beverages, which are included separately from Connecticut's alcohol taxes in the final purchase price.

**Cannabis Tax:** N/A

**Cellphone:** The average tax collected on cell phone plans in Connecticut is \$6.96 per phone service plan, one of the lowest cellphone taxes in the country. Connecticut's average cellphone tax is ranked #41 out of the 50 states. The Connecticut 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 monthly bill.

**Cigarettes:** \$3.40/pack of 20. One of the highest cigarettes taxes in the country ranked #4 out of the 50 states.

**Diesel Fuel:** 25 cents/gallon (Plus federal excise tax on diesel @ 24.4 cents per gallon)

**Gasoline:** 25 cents/gallon (Plus federal excise tax on gasoline @ 18.4 cents per gallon)

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

## Personal Income Taxes

**All taxpayers:** Connecticut collects a state income tax at a maximum marginal tax rate of 3% to 6.99% of Federal taxable income spread across 7 tax brackets. Like the Federal Income Tax, Connecticut's income tax allows couples filing jointly to pay a lower overall rate on their combined income with wider tax brackets for joint filers. Connecticut's maximum marginal income tax rate is the 1st highest in the United States. Connecticut's personal exemption incorporates a standard deduction, and is phased out for households earning over \$71,000. An additional state tax credit, ranging from 75% to 0% of taxable income, is available based on your adjusted gross income. To view the Instruction Pub for completing state tax form CT-1040 go to [https://portal.ct.gov/-/media/DRS/Forms/2019/Income/CT-1040-Online-Booklet\\_1219.pdf](https://portal.ct.gov/-/media/DRS/Forms/2019/Income/CT-1040-Online-Booklet_1219.pdf)

**Personal Exemptions/Credits:** \$12,000 married filing separately; \$15,000 for single; \$19,000 for head of household; or \$24,000 for married filing jointly, or qualifying widow(er) Dependents none.

**Standard Deduction:** None

**Medical/Dental Deduction:** None

**Federal Income Tax Deduction:** None

**Retirement Income Taxes:** Social Security is exempt for individual taxpayers with federal adjusted gross income of less than \$75,000 and for married filing jointly taxpayers, with federal AGI below \$100,000. All out-of-state government and federal civil service pensions are fully taxed. Tax information for seniors ([click here](#)).

**Retired Military Pay:** Connecticut exempts military pensions.

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

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

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

## Property Taxes

The median property tax in Connecticut is \$4,738.00 per year for a home (2<sup>nd</sup> of 50) worth the median value of \$291,200.00 (4<sup>th</sup> of 50). Counties in Connecticut collect an average of 1.63% (7<sup>th</sup> of 50) of a property's assessed fair market value as property tax per year. Connecticut's median income is \$85,993 per year, so the median yearly property tax paid by Connecticut residents amounts to approximately 5.5% of their yearly income. exact property tax levied depends on the county in Connecticut the property is located in. Refer to <http://www.tax-rates.org/connecticut/property-tax#Counties>.

State law provides a property tax credit program for Connecticut homeowners who are elderly or totally disabled, and whose incomes do not exceed certain limits. Property tax credit can be up to \$1,250 for married couples and \$1,000 for single people. Credits are based on a graduated income scale. Refer to <https://uwc.211ct.org/property-tax-credit-for-elderlydisabled>.

State law provides a basic \$1,000 property tax exemption for certain honorably discharged veterans who actively served at least 90 days during war time, or their survivors. State law also provides an additional exemption for veterans and disabled veterans who are eligible for the basic exemption and who can meet certain income limits. The veteran's original copy of his/her Honorable Discharge (DD-214 Form) must be filed in the land records of the town of residence prior to October 1 in order that the exemption may be granted. For income qualified applicants, an application must be filed biennially with the Assessor's Office of the town of residence between February 1 and October 1st.

Taxes and real and personal property are assessed and collected by individual towns or other taxing districts. All assessments are at 70% of fair market value. An annual property tax credit or rent rebate is available to residents, age 65 or older, or to a surviving spouse of a previously approved applicant who is age 50 or older. Regardless of age, totally disabled persons are also eligible. Income parameters apply. Municipalities may provide additional tax relief for seniors. Call 800-286-2214 or 860-297-5962 for details. Refer to <https://www.cga.ct.gov/PS94/rpt/olr/hm/94-R-0733.htm>.

### **Inheritance and Estate Taxes**

Connecticut imposes an estate tax which taxes the transfer of estates valued at \$2.0 million or more at a progressive rate starting with 7.2 percent of the first \$100,000 over the threshold and rising to 12 percent for the amount above \$10.1 million. This is applicable to estates of decedents dying on or after January 1, 2011. Additional information can be found at <http://www.ct.gov/drs/cwp/>

### **Other State Tax Rates**

- 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 <http://www.ct.gov/drs/cwp/view.asp?a=1509&q=443614> for tax instructions and forms. Visit the Connecticut Department of Revenue site <https://portal.ct.gov/drs> or call 860-297-5962 for further information. [Source: <http://www.tax-rates.org/connecticut/sales-tax> | June 2020 ++]

**\* General Interest \***



## Notes of Interest

June 01 thru 15, 2020

- **Divorce.** The divorce rate has skyrocketed for Americans aged 65 and older, roughly tripling since 1990, according to [Pew Research Center's latest numbers](#). Divorce typically is costly in any time of life. Average total divorce costs are about \$12,900, [a Nolo survey found](#).
- **Nurse Wages.** The average annual wage in 2019 for a registered nurse: was \$77,460 with highest pay in California at \$104, 060 and the lowest pay in South Dakota at \$59,540. For a state by state breakdown refer to <https://www.forbes.com/sites/andrewdepietro/2019/10/31/nurses-salary-state/#cdc22c215a73>.
- **VA Cemetery.** The U.S. Department of Veterans Affairs (VA) announced Cheyenne National Cemetery for the name of the new VA national cemetery in Cheyenne, WY.
- **Economy.** The Congressional Budget Office predicts that financial fallout from the COVID-19 pandemic will slim the U.S. economy by about \$8 trillion over the next decade.
- **VA Trustworthiness.** The trust that veterans have in the health care they receive from the Department of Veterans Affairs is at an all-time high. They recently released survey results showing veteran trust in VA health care outpatient services has increased more than 5 percent since 2017, reaching 90.1 percent as of 12 APR. Around 3.5 million of the veterans who have responded to the survey over the past three years said they “agreed” or “strongly agreed” that they had trust in their health care.
- **Honor Flights.** The Honor Flight Network, which sends veterans to tour the war memorials in Washington, said 11 JUN it would cancel all trips to the nation’s capital through the end of 2020. Under normal circumstances, the network would have transported about 20,000 to Washington this year, the group estimated. It was on track to reach the milestone of providing 250,000 trips to veterans in the 15 years since Honor Flight was founded.
- **TRICARE Manuals.** To view any of the TRICARE Manuals go to <https://manuals.health.mil>.
- **Cholesterol.** Which Is Good Cholesterol? – LDL or HDL: Hint: One will make your family **H**-appy.

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

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## Contactless Credit Cards

Update 01: Pros & Cons



Do you have a credit card? The answer almost certainly is yes, so pull it out of your wallet and scan for something that looks like the Wi-Fi symbol you see on laptops and cellphones. If you find this symbol, your credit card is contactless. That means the next time you make a purchase at a store, you may not have to insert your card into the chip reader. Instead, you can merely wave the plastic in front of the reader. This is good for two reasons:

1. When you wave a card, you don’t have to touch the card reader. That means one less chance that you will touch something contaminated with germs that might infect you with the coronavirus.
2. Waving a card is a much faster way to make a payment than inserting the card into a chip reader, which is also referred to as “dipping” the card.

However, the contactless system is not foolproof. Some users have reported trouble using contactless technology at their local supermarkets, and others have voiced similar complaints about the technology’s reliability. Plus, some card readers do not accept contactless cards at this time. Those who have them can look for the contactless icon when shopping to identify retailers that accept contactless payments. Chip readers from Square — the payment processor

whose app prompts you to leave a tip when you pay — typically accept them, so start there. You’ll get into the habit of knowing which card to use where, so you can avoid flailing around at the register and get to your next errand slightly faster.”

If your credit card is not contactless, you can ask the issuer or check its website to find out if your particular card is available with contactless technology. If it is, you likely can request a replacement card that is contactless. JPMorgan Chase, for example, lists all 22 contactless cards that it offers on its website <https://creditcards.chase.com/contactless-credit-cards>. The company also notes that customers can replace an existing Chase card with a contactless one by visiting the Chase Card Replacement page. [Source: MoneyTalksNews | Chris Kissell • June 1, 2020 ++]

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## **COVID-19 Changes**

### **Some that May Outlast the Pandemic**

Right now, it may feel like most people are in a perpetual state of waiting. Waiting for state restrictions to ease, waiting for news about jobs or school, waiting for news about a coronavirus vaccine... But even after things return to a more normal state — whenever that may be — it’s clear that some of the changes we’ve made will be permanent. Some of those may be positive. Others may forever remain annoying reminders of this unusual time. No one can predict the future, but here’s a look at many things that we expect to be part of our lives long after we return to a more normal state.

#### **No magazines in waiting rooms**

Waiting rooms are famous for their ancient issues of magazines. But now the CDC [recommends](#) that dental offices, for one, clear waiting areas of toys, magazines and other shared objects that can’t easily be disinfected. Hospitals and doctors offices are among those hopping on the trend. Bringing your own books, magazines and smartphone games may have to fill in for the foreseeable future.

#### **Working from home**

Some employers offered [work-at-home](#) options before the pandemic. But now, state lockdown orders make it a must-do for many more. Going forward, companies that value their employees will feel pressure to offer some kind of work-at-home technology if working from a distance is a realistic possibility.

#### **Social-distancing stickers**

If you’ve shopped at all during the pandemic, you’ve likely seen stickers on store floors showing how far apart from other customers to stand while waiting in a line. Expect more of these wherever lines are likely — at the entrances of popular businesses, for ordering coffee or sandwiches and when checking out at a store, for a few examples. One-way aisle traffic stickers also seem likely to stick around, guiding the flow of customers to avoid face-to-face encounters.

#### **Face masks in public**

Some states now require residents to wear face masks or other facial coverings when they visit stores or ride public transport. There’s no one national rule but expect to continue seeing folks wear them, from the disposable medical kind to fancier versions with sports team or pop culture logos.

#### **Cashless stores**

We’ve known for years that paper money, traveling from person to person, staying in circulation for years, never getting washed, can harbor thousands of microbes. Credit and debit cards, because they stay in one person’s possession, can be a safer and cleaner option — especially if they are contactless and only need to be waved in front of a reader.

#### **Movies at home**

With movie theaters closed, Hollywood studios have been funneling some of their big new titles, such as Pixar’s “Onward,” on to various streaming services. If brick-and-mortar theaters can return to some kind of normal operations,

then some movie blockbusters surely will be reserved for the big screen. But the future of streaming video services has never looked better. There are seemingly more streaming services than ever before.

### **Shaking hands**

Wave goodbye — from a socially approved distance — to the practice of handshakes and other touchy-feely greetings. Maybe substitute a wave, a thumbs-up or Mr. Spock’s “live long and prosper” [Vulcan hand gesture](#) from “Star Trek.”

### **Plexiglass separators in stores**

Cashiers don’t want to be sneezed on these days any more than you want them to sneeze on you. Those transparent plastic barriers you’re seeing in supermarkets and other stores are likely to stay up.

### **Vacationing close to home**

Disney World and Hawaii may be out of reach for a while, as flying seems fraught with issues. To quench our wanderlust, travelers are likely to rediscover local destinations, including day trips and nearby national and state parks.

### **Drive-in theater revival**

At a drive-in theater, moviegoers have always stayed socially distanced in the family car, with the exception of snack runs and bathroom breaks. Even drive-ins have had to adjust. Some are adding online ticket and concession sales. But the old-fashioned drive-in just might continue to be one of Hollywood’s hottest destinations.

### **Dairy delivery**

The neighborhood milkman, delivering clanking bottles of milk to your door, is not a relic of the past. Local dairies that deliver milk, eggs, butter and more never entirely disappeared, and the coronavirus may be helping this old tradition make a modest comeback.



### **Voting by mail**

Today, 28 states offer mail-in ballots as an option but only five states — Utah, Colorado, Washington, Hawaii and Oregon — conduct their elections entirely by mail. But since standing in long lines at crowded polling places seems less appealing these days, the mail-in practice may be poised to spread. Washington’s secretary of state told the New York Times that officials from every other state and Puerto Rico have spoken to her or to her election director about how to make voting by mail work.

[Source: MoneyTalksNews | Gael F. Cooper | June 5, 2020 ++]

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## **Russia Nuclear Weapons**

### **Update 02: New Rules Released for Using in War**

Russia laid out its rules for resorting to nuclear weapons in the event of war as part of its new military doctrine, widening its scope of strategy as it struggles to get the United States to renew longstanding limits on arsenals. The document, approved by Russian President Vladimir Putin, outlines four scenarios in which Moscow would order the use of nuclear weapons, two of them new and involving potential instances of nuclear first-use.

The established protocol permits use when an enemy uses nuclear or other weapons of mass destruction on Russia or its allies, and in situations when conventional weapons "threaten the very existence of the country." The two new provisions include cases in which the government receives "reliable information" that a ballistic missile attack is imminent or enemies damage the nation's critical and military facilities to the degree that the ability to retaliate with nuclear weapons is disrupted. The document describes containing and deterring aggressions against Russia as being "among the highest national priorities." Ultimately, Moscow's nuclear weapons policy is described as being "defensive in nature" and designed to safeguard the country's sovereignty against potential adversaries.

The United States has remained ambiguous about the tenets of its own threshold for using nuclear weapons. The latest Nuclear Posture Review, published in 2018, stated the country considers using nuclear weapons "only in extreme cases when it is forced to defend the U.S. or its allies or partners." In a quickly-deleted document shared last year by the Joint Chiefs of Staff, however, indicated a more potentially broader application for such weapons of mass destruction. "Using nuclear weapons could create conditions for decisive results and the restoration of strategic stability," one passage said. "Specifically, the use of a nuclear weapon will fundamentally change the scope of a battle and create conditions that affect how commanders will prevail in conflict."

Both the Soviet Union and the United States amassed tens of thousands of nuclear weapons during their decades-long Cold War and although both countries have taken significant steps toward non-proliferation, they remain in possession of the world's largest stockpiles. Since coming to office in 2017, President Donald Trump has threatened to let a historic treaty limiting and allowing information-sharing mechanisms of the U.S. and Russia's arsenals expire. The New Strategic Arms Reduction Treaty (START) limits Russian and U.S. deployed intercontinental ballistic missiles, submarine-launched ballistic missiles and heavy bombers to 700 each. Deployed warheads on either side may not exceed 1,550 and deployed and non-deployed launchers were capped at 800.

The deal, signed in 2010 as the successor to the original START, is set to expire next February and the Trump administration has so yet to negotiate an extension. Instead, the White House has sought a new deal involving new, more advanced weapons platforms including highly-maneuverable, hypersonic missiles, as well as other countries, such as China, which has declined to subject its much smaller arsenal to such restrictions. "The next arms control agreement must be multilateral," Marshall Billingslea, Assistant Treasury Secretary for Terrorist Financing and nominee for Under Secretary of State for Arms Control and International Security Affairs told reporters last week. "We do absolutely expect that whatever arrangements are reached, the Chinese will be part of a trilateral framework going forward."

Billingslea linked, in principle, the adoption of a more hardline strategy with the White House's recent decision to exit the Open Skies Treaty that allows for the mutual passage of spy planes over U.S. and Russian territory. Trump in August also exited the 1987 Intermediate-range Nuclear Forces (INF) Treaty banning land-launched missiles between 310 and 3,420 miles, and has since tested such weapons. [Source: The Associated Press | Robert Burns | May 16, 2020 ++]

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## Car Washing

### 9 Mistakes Made by Many Washers



Summer is upon us, a time to get out and drive. Washing your car regularly keeps it looking its best and gives a longer life to the finish on your favorite ride. Unfortunately, many of us make foolish decisions when cleaning our vehicles. Following are some common mistakes you likely make when washing the car.

### **1. Cleaning with a kitchen sponge**

Using a standard cleaning sponge to wash your car can create untold damage, says professional auto detailer Larry Kosilla. He says such sponges can be “devastating to your paint” because dirt and contaminants get pushed along the surface as you wipe. By contrast, car mitts made for the purpose of washing a car grab these contaminants and trap them in the mitt’s fibers until they are released when you dip the mitt into a bucket of water. For example, Chemical Guys boasts that its MIC497 Blue Microfiber Wash Mitt contains fibers that act “like a piece of Velcro” to hook and loop material, “trapping and holding abrasive dirt and filth deep within the pile of the premium wash mitt.”

### **2. Turning to dish soap**

Dish soap may do a fantastic job on plates and cutlery, but it is not meant to clean your car’s exterior. This type of soap contains chemicals that can “oxidize the paint job, strip the clear coat, and make the paint dull looking,” according to NuWash, a mobile car care service based in Austin, Texas. Instead, use a car shampoo specially made for washing vehicles. Doing so will help guard your car’s paint, rubber and metal surfaces from moisture and debris.

### **3. Squeezing cleaning product directly on the car**

Taking a bottle of car shampoo or car wax and squeezing it directly onto the car’s surface is unwise. Doing so can leave dark spots on your car’s surface, according to the experts at All-N-1 Auto Detail And Reconditioning in Greenwood, Indiana. Instead, always follow the product directions. That typically means using the manufacturer’s recommended applicator, All-N-1 notes.

### **4. Washing in a circular motion**

Washing your car by using a circular motion just feels right. But it’s all wrong, according to the experts at Scholfield Honda Service Centers in Wichita, Kansas. Using a circular motion creates swirl marks, light circular scratches in the paint finish. You might see these when the car is parked in sunlight. To avoid such damage, move the sponge or wash mitt lengthwise across the hood and panels.

### **5. Letting the sun shine down as you wash**

The sun’s powerful rays quickly evaporate the soap and water you apply to your car. That can make it difficult for those suds to do their job of removing dirt and grime, say the folks at AvalonKing, which sells ceramic coating for vehicles. They recommend washing your car in the shade and planning your washes for early in the morning or close to sunset.

### **6. Using too much wax**

Car wax helps protect your car’s exterior. However, using too much wax is wasteful, and simply leads to over-buffing and the removal of earlier coats of wax, according to the experts at Simoniz Original Wax. Stick to one to two coats of wax. That should be plenty to do the job right.

### **7. Spraying ammonia-based cleaners onto glass**

One of the best parts of cleaning your car is looking through glass that is sparkly clean. But it is best to avoid using ammonia-based glass cleaners when wiping windows. If the ammonia drips inside the car, it can damage upholstery and the dashboard, according to the On All Cylinders automotive blog. So, look for ammonia-free glass cleaners. Mothers, Windex and Glass Plus all sell them.

### **8. Wiping excess dirt with a dry towel**

It’s easy to miss a spot or two when cleaning that shows up after your work is done. When this happens, don’t grab a dry towel and try to quickly rub out the dirt spot. Doing so simply grinds the dirt in, scratching the paint. Similarly, never use a dirty towel to clean your car. According to the Car Care website: “When you drop your towel on the

ground, it picks up all types of debris, including little rocks which will put a nice scratch in your car's paint. So, once you drop the towel on the ground, that towel is done."

### **9. Washing the wheels and tires last**

It is natural to start washing your car at the top and work your way down. But washing the wheels and tires last is a mistake, because much of the gunk and grime you spray off will end up on the surface of the car that you just cleaned. The folks at Reliable Detailing in Virginia Beach, Virginia, urge you to clean your wheels and tires first, then turn to the rest of the car, working from the top down.

[Source: MoneyTalksNews | Chris Kissell | June 3, 2020 ++]

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## **RP-US Relations**

### **Update 05: Philippines Backs off Threat to End U.S. Alliance**

In a strategic setback for China, the Philippines government reversed itself 2 JUN and said it would maintain a longstanding military pact with the United States that President Rodrigo Duterte has criticized as unfair. The Philippine foreign secretary, Teodoro Locsin, made the announcement over Twitter, saying that he had informed Washington in a diplomatic note. The decision not to terminate the agreement was made "in light of political and other developments in the region," Mr. Locsin said in the diplomatic note, without elaboration.

The United States welcomed the reversal. "Our longstanding alliance has benefited both countries, and we look forward to continued close security and defense cooperation with the Philippines," the United States Embassy in Manila said in a statement. Political analysts interpreted the reversal as a sign that China's neighbors are worried about its growing military assertiveness. The Philippines, Vietnam and Malaysia all have disputes with China about its territorial claims in the South China Sea.

Some analysts saw the reversal as a strategic gain for the United States, given that the Philippines is the only U.S. treaty ally bordering the South China Sea, a vital maritime shipping route. "In light of China's continued assertion of its historic rights in Vietnamese and Malaysian waters over the last year, Manila may have concluded that its previous rapprochement with Beijing would not protect Philippine interests," said M. Taylor Fravel, a political-science professor who is director of the Security Studies Program at the Massachusetts Institute of Technology.

Bonnie Glaser, director of the China Power Project at the Center for Strategic and International Studies in Washington, said it remained unclear how the move by the Philippines to at least temporarily prolong the pact, known as the Visiting Forces Agreement, would affect the country's South China Sea policy. But she also saw it as a setback for China. "Beijing has long sought to weaken U.S. alliances, and has benefited from the friction in recent years in U.S.-Philippine relations," she said. "So a decision by Manila to suspend plans to terminate the V.F.A. will be seen as contrary to Chinese interests." There was no immediate comment from China on the Philippines's decision.

In February, Mr. Duterte had ordered the termination of the Visiting Forces Agreement, endangering a security blanket for the Philippines, which has been facing increasingly hostile Chinese actions in the South China Sea. Under the agreement, Washington and Manila had 180 days after the issuance of a termination notice -- until August, in this case -- to try to salvage the deal. The pact permitted the United States military to conduct large-scale joint exercises in the Philippines, decades after the Americans were evicted from naval bases north of Manila because of lease disagreements. Mr. Duterte's decision to end the military alliance had followed Washington's refusal to grant a visa to the Philippine lawmaker, Ronald dela Rosa, the early architect of Mr. Duterte's violent war against drugs.

The notice to terminate the Visiting Forces Agreement came as Mr. Duterte was warming up to China while distancing himself from the United States, the Philippines' former colonial ruler, and alarmed those in his administration who saw the alliance as a cornerstone of Philippine security and a counterweight to China's growing

regional naval might. Mr. Duterte had been lashing out at the United States, saying that it had always gotten the better of the pact. He also had complained that American troops took their modern weapons with them after the military exercises. He called the Americans "ill mannered" and cursed Central Intelligence Agency agents who he said may have been bugging his phone. Mr. Duterte had also dismissed the deterrent effect of American forces against China, with which the Philippines has overlapping territorial claims in the South China Sea. "They do not mean harm," he said of China and its military, as long as "we do not also do something that is harmful to them."

Under the Visiting Forces Agreement, Philippine forces have received training from their American counterparts to combat terrorism and drug trafficking. Hundreds of joint exercises are conducted annually. Jose Antonio Custodio, a military historian at the Institute of Policy, Strategy and Development Studies, a Philippine think tank, said that many of Mr. Duterte's own allies had not been enthusiastic about ending the treaty, and potentially a military alliance that stretched back to 1951. Mr. Custodio said that Manila needed the alliance more than the United States did, adding that the economic effects of the coronavirus pandemic would "wallop" the Philippines' ability to maintain and modernize its armed forces. [Source: New York Times |Jason Gutierrez |June 3, 2020 ++]

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## Coronavirus SITREP 13

### The Virus Isn't Done With Us Yet



After months of deserted public spaces and empty roads, Americans have returned to the streets. But they have come not for a joyous reopening to celebrate the country's victory over the coronavirus. Instead, tens of thousands of people have ventured out to protest the killing of George Floyd by police. Demonstrators have closely gathered all over the country, and in blocks-long crowds in large cities, singing and chanting and demanding justice. Police officers have dealt with them roughly, crowding protesters together, blasting them with lung and eye irritants, and cramming them into paddy wagons and jails.

There's no point in denying the obvious: Standing in a crowd for long periods raises the risk of increased transmission of SARS-CoV-2, the virus that causes COVID-19. This particular form of mass, in-person protest—and the corresponding police response—is a "perfect set-up" for transmission of the virus, Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases, said in a radio [interview](#) on 5 JUN. Some police-brutality activists (such as Black Lives Matter Seattle) have issued statements about the risk involved in the protests. Others have organized less risky forms of protests, such as Oakland's Anti Police-Terror Project's massive "caravan for justice."

The risk of transmission is complicated by, and intertwined with, the urgent moral stakes: Systemic racism suffuses the United States. The [mortality gap](#) between black and white people persists. People born in zip codes mere miles from one another might have life-expectancy gaps of 10 or even 20 years. Two racial inequities meet in this week's protests: one, a pandemic in which black people are dying at [nearly twice](#) their proportion of the population, according to racial data compiled by the COVID Tracking Project at The Atlantic; and two, antiblack police brutality, with its long American history and intensifying militarization. Floyd, 46, survived COVID-19 in April, but was killed under the knee of a police officer in May.

Americans may wish the virus to be gone, but it is not. While the outbreak has eased in the Northeast, driving down the overall national numbers, cases have only plateaued in the rest of the country, and they appear to be on the rise in recent days in COVID Tracking Project data. Twenty-two states reported 400 or more new cases 5 JUN, and 14 other states and Puerto Rico reported cases in the triple digits. Several states—including Arizona, North Carolina, and California—are now seeing their highest numbers of known cases. These numbers all reflect infections that likely began before this week of protest. An even larger spike now seems likely. Put another way: If the country doesn't see a substantial increase in new COVID-19 cases after this week, it should prompt a rethinking of what epidemiologists believe about how the virus spreads.

But as the pandemic persists, more and more states are pulling back on the measures they'd instituted to slow the virus. The Trump administration's Coronavirus Task Force is winding down its activities. Its testing czar is returning to his day job at the Department of Health and Human Services. As the long, hot summer of 2020 begins, the facts suggest that the U.S. is not going to beat the coronavirus. [Collectively, we slowly seem to be giving up.](#) It is a bitter and unmistakably American cruelty that the people who might suffer most are also fighting for justice in a way that almost certainly increases their risk of being infected. The protests have led to unusually agonized public-health communication. They have not been met with the stern admonition to stay home that has greeted earlier mass gatherings. Given the long-standing health inequities that black Americans have experienced, hundreds of public-health professionals signed a letter this week declining to oppose the protests "as risky for COVID-19 transmission": "We support them as vital to the national public health and to the threatened health specifically of Black people in the United States," they wrote. Yet the protests are indisputably risky, and officials at the Centers for Disease Control and Prevention have warned the gatherings might "seed" new outbreaks.

Protesters themselves are not necessarily ignoring the pandemic. In videos of marches taken this week, many if not most, of the demonstrators appeared to be wearing masks. Photos and videos of protests show both large, tightly packed crowds and some demonstrators attempting to adhere to some form of social distancing. Protesters carrying hand sanitizer and water pass through the crowd in many cities. But the evidence does not reveal universal compliance with public-health guidelines. Protesters lay close together on the ground in many cities for nearly nine-minute-long "die-ins," evoking the length of time that Derek Chauvin, a Minneapolis police officer, knelt on Floyd's neck. Many protests have involved some form of shouting, chanting, or singing, which research suggests can be especially effective modes of transmission for the virus. Earlier this week, near the White House, a mostly masked crowd loudly sang "Lean on Me."

Protesters and public-health officials alike may be taking into account what The New York Times called "a growing consensus" that being outdoors mitigates some risk of transmission. The virus appears to perish quickly in a sunny, humid environment, even at room temperature, according to research conducted in April by the Department of Homeland Security. (Viral particles may survive for hours longer in drier conditions, and epidemiologists do not believe that these climatic effects alone will dampen the outbreak.) The virus also seems to be more difficult to transmit outside, especially during the day, though scientists still do not know enough about the virus to say confidently that large outdoor gatherings are completely safe. The number of protests over the past week means that researchers will soon have a much better understanding of the risks of outdoor transmission.

Many of the potential drivers of coronavirus transmission this week do not involve protester tactics: Dozens of police forces have used security measures that could allow the virus to spread more easily. In Washington, D.C., for instance, federal officers used tear gas or another chemical irritant on hundreds of peaceful protesters gathered in front of the White House on 1 JUN so that President Donald Trump could pose for a photograph. Tear gas and chemicals like it force people to cough and gag, a fertile mode of transmission for the virus. Later that night, city police crowded protesters together before arresting them one by one, an aggressive crowd-control technique known as "kettling." Hundreds of protesters who were arrested this week were sent—even if briefly—to the city's jails, which have so many coronavirus cases that the District government has separated that number out from the citywide total.

In Philadelphia, city police teargassed hundreds of peaceful protesters marching on a freeway, prompting them to cough and gag. (There is no evidence that the demonstrators posed a threat to the safety of officers or bystanders, or were becoming violent, according to the local NPR affiliate.) In New York City, officers crammed hundreds of peaceful demonstrators together, then struck them with batons. From Iowa to Texas, officers used tear gas on large, largely peaceful gatherings; in at least five states, police deployed pepper spray or tear gas on children or teenagers, some of whom just happened to be nearby and were not attending the protests. Journalists from across the country have reported that police officers are wearing masks less often than protesters. “The state is the one with the duty to protect public health,” Alexandra Phelan, a professor of global-health law at Georgetown University, told us earlier this week. Regardless of what the police think of the protests, she said, it is their obligation under international and domestic law to keep the protesters safe, including minimizing the health risk from viral spread.

There are too many variables to know exactly what the summer has in store for the outbreak in America, including what effect the protests will have. There are some signs of hope. Masks are in use around the country. Outdoor transmission seems to be fairly unlikely in most settings. And testing availability has improved. According to data from the COVID Tracking Project, the United States can now conduct 3 million tests a week. The public-health system is discovering and diagnosing a much greater percentage of cases than it did in the early days of the outbreak. Morgan Stanley estimated that the transmission rate in the U.S. was just above 1; this suggests that there has not been explosive growth in the number of active cases in recent weeks. But that estimated rate also implies that cases are not rapidly declining. And the slow growth reflects the time before the full data from states’ recent moves to reopen their economy became available—before large swaths of the public returned to work, and before the mass protests and jailings began.

Few people believe that the U.S. is doing all it can to contain the virus. A brief glance at [Covid Exit Strategy](#), a site that tracks state-by-state progress, reveals that most states are not actually hitting the reopening marks suggested by public-health experts. Yet state leaders have not stuck with the kinds of lockdowns that suppressed the virus in other countries; nobody has suggested that cases must be brought to negligible levels before normal activity can resume. No federal official has shared a plan for preventing transmission among states that have outbreaks of varying intensity. The Trump administration did not use the eight weeks of intense social distancing to significantly expand our suppression capacity. What our colleague Ed Yong called “the patchwork pandemic” appears to have confused the American public about what is going on. The virus is not following one single course through the nation, but, like a tornado, is taking a meandering and at times incomprehensible path through cities and counties. Why this workplace but not another? Why this city or state but not others?

The virus has not mapped neatly onto American political narratives, either. While some questions remain about their accounting, Georgia and Florida—where leaders opened up early and residents seemed relatively defiant of public-health advice—have seen relatively flat numbers, while California, which took a more conservative approach, has seen cases grow. The state most poised for major trouble seems to be Arizona, where the outbreak is spreading very quickly. Not only is the state (which lifted its stay-at-home order on May 16) setting new records for positive tests and people in the hospital, but the percentage of tests that are coming back positive is also growing. So much for warm weather and sunshine alone stamping out viral transmission, as some had hoped: Phoenix saw only a single day’s high under 90 degrees during May. The state’s age demographics also haven’t played an obvious role: The state is slightly younger than the U.S. as a whole.

Americans have not fully grasped that we are not doing what countries that have returned to normal have done. Some countries have almost completely suppressed the virus. Others had large outbreaks, took intense measures, and have seen life return to normal. Americans, meanwhile, never stayed at home to the degree that most Europeans have, according to mobility data from Apple and Google. Our version of the spring lockdown looked more like Sweden’s looser approach than like the more substantial measures in Italy, or even the United Kingdom and France. Swedish public-health officials have acknowledged that this approach may not have been the best path forward.

For several weeks at the beginning of the outbreak in the U.S., the need to control the virus took precedence over other concerns. Now, for many people, the pandemic is no longer the most pressing national issue. As protesters and

some public-health officials have said they are weighing the harms of police violence against the risk of increased viral spread and choosing to gather in the streets, state governments have made similar risk-reward arguments about balancing public-health and economic concerns. The virus does not care about these trade-offs. Retail reopenings and racial-justice protests may exist on different moral planes, but to the virus they both present new environments for spreading. Maybe the U.S. will somehow avoid another New York–style outbreak. Maybe the number of new infections will not grow exponentially. Maybe treatments have sufficiently improved that we will see huge outbreaks, but fewer people will die than we’ve come to expect. If so, it won’t be because the United States made concerted, coordinated decisions about how to balance the horrors of the pandemic and the frustration of pausing everyday life. Instead, the United States has moved from attempting to beat the virus to managing the harm of losing.

This is America. The problems with our response to the pandemic reflect the problems of the country itself. Our health-care system is almost uniquely ill-suited to dealing with a national health crisis; preexisting health disparities, entrenched and deepened by decades of racism, cannot be erased overnight; state and local health departments desperately needed federal leadership they did not receive; the Senate has not entertained a longer-lasting economic-rescue package that would allow a more prolonged period of sheltering in place; states are facing a fiscal cliff. And yet, even though this health crisis reflects our nation’s political, social, and civic infrastructure, this plague has no consideration for morality. People partying in a pool may live while those protesting police brutality may die. People who assiduously followed the rules of social distancing may get sick, while those who flouted them happily toast their friends in a crowded bar. There is no righteous logic here. There is no justice in who can breathe easy and who can’t breathe at all. [Source: The Atlantic | Alexis C. Madrigal & Robinson Meyer | June 8, 2020 ++]

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## **Homeowners Insurance**

### **Update 16: Renovations Impact**

Planning a home renovation can involve fun activities, such as designing a new floor plan or picking fixtures and paint colors. Having a heart-to-heart with your home insurance carrier may not be part of your preparations, but it should be. Many house improvements that boost your home’s value could render your home insurance coverage inadequate and leave you vulnerable to losses. Other upgrades may trigger lower premiums — savings you don’t want to miss simply because you didn’t think about your home insurance during renovation. Here’s how five common home upgrades or repairs can affect your homeowners insurance policy by either boosting or lowering the cost.

How renovations impact your home insurance

#### **1. Renovating your roof: decrease**

A new roof may not be the most exciting home improvement, but it sure can save a lot of cash when it comes to homeowners insurance. Some homeowners can get even bigger discounts if they live in hurricane-, wind- or hail-prone states and their new roof employs special loss-mitigation measures, such as hurricane straps, waterproofing or the very best shingles. While most home policies cover roofs, some insurers use depreciation schedules based on the age of the roof to determine how much protection you get. Based on the age of the roof, some policies won’t cover it at all. But the newer the roof, the more the insurer will spend to replace it. Consider adding flood insurance if you live in a flood-prone area, as your flood insurance could cover the cost of damage or leaks to your roof.

#### **2. Building a pool: increase**

A pool may make you the most popular house on the block, but it means your home is the riskiest from an insurance standpoint. The standard policy usually comes with \$100,000 in personal liability protection, which would cover medical costs for a person injured in your pool and any legal expenses if you’re sued. However, an insurer may recommend that a pool owner opt for at least \$500,000 in liability coverage. The insurer also may require a fence around the pool with a lock to cover the newly built liability. If the pool has a diving board or slide, it will be considered an even greater potential hazard.

### 3. Adding an office for a home business: **increase**

Say you want to go full time making reclaimed-wood furniture at home for your Etsy site. Will your home insurance cover the assets of your newfound business? Most homeowners policies protect equipment for home-based businesses up to about \$2,500. That might not be enough for a business owner who uses specialized machinery or stores large amounts of supplies or inventory. Unfortunately, you may need to bolster your existing policy or purchase an additional business policy. This is particularly true if your business is the type that creates heavier foot traffic in your home, such as piano lessons or private yoga sessions. However, if your business doesn't bring visitors to your home and requires little equipment or supplies outside of a basic computer, your existing home policy should do the trick. That said, depending on your insurance provider, you may have a few options:

- Endorsement to your existing homeowners policy: This typically jumps the \$2,500 protection amount to \$5,000.
- Business-owners policy: Combines a wide array of coverages into a single policy.
- In-home business insurance: Costs about \$300 a year, and features the same protection you would get if you were a larger company with smaller policy limits and premiums.

### 4. Expanding your space: **increase**

Sometimes a home needs to grow to accommodate an expanding family. That can mean adding more livable square footage, such as in a dank basement or humid attic above the garage. In other instances, a new addition may be in order. Your insurance will need to be altered to account for the value of the new space. You may need to consider other types of coverage for the newly built areas of your home. A finished basement with new carpet, drywall and insulation may need water backup coverage if the sump pump is located there.

### 5. Upgrading your kitchen or bath: **both**

Sometimes nothing can give a house the facelift it needs quite like making over a kitchen into a chef's dream or a master bathroom into a spa sanctuary. But unless you give your home insurance a makeover, too, the renovation may be at risk. For example, say your insurer based your coverage on a kitchen with laminate countertops and generic cabinets. But then you spend \$40,000 on granite countertops, custom cabinets and top-of-the-line appliances. Would your existing coverage be sufficient to rebuild your remodeled kitchen after a disaster? Not if you don't update your policy. Call your insurer about the renovation and provide records and photos to validate what you've done. Your premium most likely will go up because your home is now worth more.

One small bonus: If your contractor upgrades the home's electrical or plumbing systems during a kitchen or bath renovation, you could wind up with an insurance discount. Depending on the type of upgrade, it could be as much as 20%. However, you will need to ask if you qualify for a discount. It won't be given to you automatically.

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So, do you need homeowners insurance during remodeling? Short answer: Yes. During renovations, you need to protect items in your home that aren't covered with the typical homeowners insurance policy, so speak to your insurance provider about purchasing the following home renovation insurance:

- *Construction material coverage* -- This coverage protects any materials you've purchased, whether they're on your property or are en route to your property. If they are damaged or stolen, construction material coverage will cover the costs of their replacement.
- *Foundation collapse* -- Should your home's foundation be damaged during construction, foundation collapse will cover the cost of its repair.
- *Vacant home insurance* -- If you need to live outside of your home while renovations or remodeling is being done, you should purchase vacant home insurance. This will protect your home should any damage occur to it and you don't notice it until you're back home.

Don't forget to make copies of your contractor's insurance -- Contractors normally have insurance to protect them and you while they're on the job. To work on your home, they will need liability, property and worker's compensation. Get copies of each before signing any type of agreement with them.

To protect the full value of your home, you will need to update your home insurance after a renovation. To be on the safe side, you should let your insurer know before you make the renovations in case something goes wrong during the process. Even though experts estimate that remodeling projects increase home values at least by 25%, many homeowners don't increase their coverage. When you chose your insurance provider, part of your premium was established by your home's square footage and the cost that would be required to fix or rebuild it. This means that when you increase the value of your home, you also need to increase the cost of your coverage. Without increased coverage, should a disastrous event occur, any improvements you've made will not be covered. Another thing you need to consider is that if you make significant improvements outside of your home, meaning you add structures like a high-end shed or pool, they will not be covered unless you purchase add-on coverage for other structures. [Source: MoneyTalksNews | Bankrate.com | June 4, 2020 ++]

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## Have You Heard?

### A Senior's Viewpoint of Today

I talked with a man today, an 80+ year old man. I asked him if there was anything I can get him while this Corona virus scare was gripping America. He simply smiled, looked away and said:

"Let me tell you what I need! [pause]...

*I need to believe, at some point, this country my generation fought for [pause]...*

*I need to believe this nation we handed safely to our children and their children [pause] . . .*

*I need to know this generation will quit being a bunch of sissies . . . that they respect what they've been given . . . that they've earned what others sacrificed for."*

I wasn't sure where the conversation was going or if it was going anywhere at all. So, I sat there, quietly observing. As the old man continued

"You know, I was a little boy during WWII. Those were scary days. We didn't know if we were going to be speaking English, German or Japanese at the end of the war. There was no certainty, no guarantees like Americans enjoy today. And no home went without sacrifice or loss. Every house, up and down every street, had someone in harm's way. Maybe their Daddy was a soldier, maybe their son was a sailor, maybe it was an uncle. Sometimes it was the whole damn family...fathers, sons, uncles...

Having someone, you love, sent off to war...it wasn't less frightening than it is today. It was scary as Hell. If anything, it was more frightening. We didn't have battle front news. We didn't have email or cellphones. You sent them away and you hoped...you prayed. You may not hear from them for months, if ever. Sometimes a mother was getting her son's letters the same day Dad was comforting her over their child's death.

And we sacrificed. You couldn't buy things. Everything was rationed. You were only allowed so much milk per month, only so much bread, toilet paper. EVERYTHING was restricted for the war effort. And what you weren't using, what you didn't need, things you threw away, they were saved and sorted for the war effort. My generation was the original recycling movement in America.

And we had viruses' back then...serious viruses. Things like polio, measles, and such. It was nothing to walk to school and pass a house or two that was quarantined. We didn't shut down our schools. We didn't shut down our cities. We carried on, without masks, without hand sanitizer. And do you know what? We persevered. We overcame. We

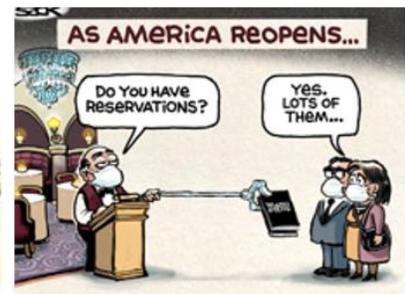
didn't attack our President, we came together. We rallied around the flag for the war. Thick or thin, we were in it to win. And we would lose more boys in an hour of combat than we lose in entire wars today."

He slowly looked away again. Maybe I saw a small tear in the corner of his eye. Then he continued: "Today's kids don't know sacrifice. They think a sacrifice is not having coverage on their phone while they freely drive across the country. Today's kids are selfish and spoiled. In my generation, we looked out for our elders. We helped out with single moms whose husbands were either at war or dead from war. Today's kids rush the store, buying everything they can...no concern for anyone but themselves. It's shameful the way Americans behave these days. None of them deserve the sacrifices their granddads made.

So, no I don't need anything. I appreciate your offer but, I know I've been through worse things than this virus. But maybe I should be asking you, what can I do to help you? Do you have enough pop to get through this, enough steak? Will you be able to survive with 113 channels on your tv?"

I smiled, fighting back a tear of my own...now humbled by a man in his 80's. All I could do was thank him for the history lesson, leave my number for emergency and leave with my ego firmly tucked in my rear. I talked to a man today. A real man. An American man from an era long gone and forgotten. We will never understand the sacrifices. We will never fully earn their sacrifices. But we should work harder to learn about them...learn from them...to respect them.

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### Thought of the Week

“This quarantine made me realize I have no real hobbies beside going out to eat and spending money”

--- Anonymous

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